CONTENT

This Abstract Book, the Program Book, and the Congress Magazine can be found on the congress website in digital versions.

http://www.eabct2016.org/print/
Dear Colleagues,

On behalf of the organizing committee, we are delighted to welcome you to Stockholm for the 46\textsuperscript{th} annual Congress of the European Association for Behavioural and Cognitive Therapies. The theme of this year’s meeting is Roots and present branches of CBT, and we hope that you find the interesting history and the exciting future of CBT well reflected in the scientific program of the congress. This year’s congress is also a milestone in Sweden in that the two Swedish CBT associations have come together to organize this meeting for the first time.

Professor Gerhard Andersson has chaired the scientific committee, supported by Dr. Cecilia Svanborg as vice-chair and Dr. Sarah Vigerland as coordinator. We are thrilled about this year’s scientific programme and we sincerely thank all people involved in the hard work by planning, reviewing abstracts, organizing and sending countless of e-mails the past four years.

Let’s have a look at the congress in numbers. The scientific committee proudly presents 16 keynote speakers whose talks will cover topics from the early roots to the future of CBT. Thirteen full-day, pre-congress workshops are offered, and the program includes 30 in-congress workshops (of which more than half are offered at no additional fee). We are also pleased to announce 11 meet the expert sessions. Several of our experts and keynote speakers are also included in one of the 6 panel discussions or 5 clinical roundtables. Our Swedish-speaking audience will be able to listen to a panel discussion in which the Swedish Minister of Health and Social Affairs will participate. Moreover, the scientific program contains 72 symposia comprising more than 290 individual presentations, 97 open paper presentations, and finally, more than 200 poster presentations.

We hope you are as excited as we are, and we wish you a wonderful congress!

Sincerely,

Dr. Björn Paxling
Congress President

Kristoffer N. T. Månsson
Congress Vice President
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KEYNOTE SPEAKERS
INTENSIVE, BRIEF, AND EFFECTIVE TREATMENTS FOR ANXIETY DISORDERS: A META-ANALYSIS

PROFESSOR LARS-GÖRAN ÖST
STOCKHOLM UNIVERSITY, SWEDEN; KAROLINSKA INSTITUTET, SWEDEN

Chair: Per Carlbring, Stockholm University, Sweden

ABSTRACT

CBT for anxiety disorders are usually carried out in weekly 50-60 min. sessions for 10-15 weeks, both in research studies and in clinical practice. In the early 1980’s Öst developed the one-session treatment for specific phobias and today more than 30 RCTs, on both children and adults, have been published by researchers in various countries. This format has later been successfully applied in RCTs for Social phobia specific subtype (Hinto, 2011) and PTSD (Basoglu, 2007). In the other anxiety disorders there are examples of effective treatments which are brief compared to the original format: Panic disorder with agoraphobia in two sessions (Salkovskis, 2006), Panic disorder without agoraphobia in five sessions (Clark, 1999), Generalized anxiety disorder in five sessions (Durham, 2004), and Obsessive-compulsive disorder in 4-5 days (Whiteside, 2010; Havnen, 2014). Some of the advantages of brief treatment are that patients don’t have to travel to a therapist weekly for a number of weeks, the treatment can be more cost-effective than standard treatment, the attrition risk is reduced, and it can simplify dissemination of evidence-based treatments. Some disadvantages are the intensive treatment may not be suitable for anxiety disorders requiring a lot of exposure in natural situations in order to test catastrophic beliefs, and that some insurance companies and administrative booking programs do not approve of this format. The keynote will systematically review intensive and brief treatments for anxiety disorders and compare its efficacy with standard treatments.
COGNITIVE BEHAVIOR THERAPY: PROGRESS AND FUTURE CHALLENGES

PROFESSOR TERRY WILSON
RUTGERS UNIVERSITY, UNITED STATES

Chair: Ata Ghaderi, Karolinska Institutet, Sweden

ABSTRACT
Among the striking accomplishments of CBT to date is the reality that we now have effective, empirically supported treatments for multiple clinical disorders. However, two major challenges remain. First, we need to improve effectiveness of existing psychological treatments. Second, relatively few people worldwide have adequate access to effective mental health care. We need to increase the global dissemination and implementation of evidence-based treatments.

Our clinical research agenda must include the following: theory-based development of more effective interventions; identification of the moderators and mechanisms of behavior change; improved evidence-based training of therapists to achieve competence in the implementation of CBT treatments; and an urgent and innovative focus on the scalability of CBT that will involve trans-diagnostic approaches, task-sharing (use of non-traditional service providers), cultural adaptation of treatments, self-help interventions and advances in technology.
THURSDAY, SEP 1, 12:15

PSYCHOLOGICAL TREATMENTS OF POSTTRAUMATIC STRESS DISORDER: ADVANCES AND FUTURE CHALLENGES

PROFESSOR ANKE EHLERS
UNIVERSITY OF OXFORD, UNITED KINGDOM

Chair: Maria Tillfors, Örebro University, Sweden

ABSTRACT
Over the past decades, there has been significant progress in the development of psychological treatments for posttraumatic stress disorder (PTSD). Several trauma-focused cognitive behavioural treatments for PTSD have been shown to be efficacious, and the effect size for symptom improvement with treatment has increased over the years. The presentation will review some of the research that informed the development of more effective treatments, using the example of cognitive therapy for PTSD (Ehlers & Clark, 2000).

Despite these advances, there remains room for improvement and a significant minority of patients only show modest benefits. Recent research has sought to better understand the psychological mechanisms of treatment effects. For example, trauma-focused psychological treatments have in common that they focus on the patients’ memories of their traumatic events and the personal meanings (appraisals) of the trauma. Mediation analyses and latent growth curve analyses of changes over time showed that changes in appraisals and memory qualities drive symptom change.

A further challenge is that despite large-scale dissemination efforts, many people with PTSD are currently not able to access psychological treatments. Self-study assisted treatments and therapist-assisted internet-based treatments show promise and may play a role in solving this problem.
THURSDAY, SEP 1, 12:15

LOOKING BACK AND FORWARD: FROM BEHAVIOUR THERAPY TO VIRTUAL REALITY EXPOSURE THERAPY

PROFESSOR PAUL EMMELKAMP
UNIVERSITY OF AMSTERDAM, THE NETHERLANDS

Chair: Cecilia Svanborg, Karolinska Institutet, Sweden

ABSTRACT

Nearly 50 years ago behavior therapy was used for the treatment of anxiety disorders. After a brief critical review of the research into the effects of these behavioural procedures I will discuss the pros and cons of cognitive approaches in the treatment of anxiety. Is cognitive behavior therapy indeed superior to behaviour therapy as stand alone treatment or is the implementation of cognitive procedures around the world the result of a highly effective marketing campaign? Finally, I will address the effects of virtual reality exposure therapy (VRET) and where further technological development can add to evidence based treatments. Additionally, it will be discussed whether cognitive therapy may enhance the effects of VRET or other technical adjuncts to exposure based therapies.
WHAT CAN THERAPIST LEARN FROM SPORTS?

PROFESSOR PATRICIA VAN OPPEN
VU UNIVERSITY MEDICAL CENTER, THE NETHERLANDS

Chair: Per Carlbring, Stockholm University, Sweden

ABSTRACT
Psychotherapy is helpful in reducing psychological problems. A large number of studies have demonstrated the effectiveness of different psychotherapeutic treatments for psychological problems such as anxiety, depression, and post-traumatic stress disorder and schizophrenia. Unfortunately, research emphasizes that we are still not able to predict treatment failures. However until now, 'evidence based' psychotherapy seems often neglected in clinical practice. In this lecture several reasons are mentioned why patients with mental health problems are deprived of evidence based psychotherapy. For example, psychotherapists apply their own preferences and make often use of their clinical intuition. Several opportunities are mentioned to solve this problem, such as to improve the training during educational programme of psychotherapists and to adapt the career requirements for psychotherapists. In other fields, research findings are also used during the workouts. Within the national selection of baseball and hockey players in the Netherlands, implementation of recent research findings during their workouts and matches are quite common. Furthermore, therapists must learn to make 'evidence based' decisions which are often not in accordance with their clinical intuition. Such as Van Gaal did with the crucial keepers exchange during the World Cup Soccer in 2014. Additionally, it is important to obtain more appreciation for implementation of effective treatments in clinical practice for clinical researcher within the Universities. Furthermore, research has demonstrated that utilisation of anecdotal case reports have more effect on clinical practice than commonly used scientific research articles.
ABSTRACT

As attention control is essential in preventing and treating psychopathology, mindfulness interventions targeting attention control are a promising approach. As psychopathology can be transmitted intergenerationally (from parents to children but also the other way round) mindful parents can influence the development of their children and mindful children their parents, and mindful partners can influence the quality of the partner relationship, which in turn will influence mindful parenting. In this keynote mindfulness is approached from a family perspective. Evidence is presented on how mindfulness for the father, mother and their child influence the psychopathology in the whole family. I will demonstrate this system perspective using data from our own trials on mindfulness (MYmind) for families of a child with ADHD and autism-spectrum disorder, trials on mindful parenting for parents of children with different forms of psychopathology, data on mindful parenting for mothers with their baby, and finally mindful parenting for pregnant couples.
THURSDAY, SEP 1, 16:15

COGNITIVE BEHAVIOR THERAPY (CBT): WE HAVE A LONG PAST BUT A SHORT HISTORY. NOW ON TO THE FUTURE

PROFESSOR ART FREEMAN
TOURO COLLEGE, UNITED STATES

Chair: Astrid Palm Beskow, founder and former Director of The Center for Cognitive Psychotherapy and Education, Gothenburg, Sweden

ABSTRACT
A computer search of the literature for CBT publications prior to 1977 finds that the term Cognitive Behavior Therapy (CBT) barely existed. However, the philosophical and theoretical underpinnings of CBT can be traced back millennia to the Stoic philosophers and on to the early pioneers in psychotherapy. It is, however, only in the past 40 years that CBT has been established academically and institutionally as a scientific and international force in the world of therapy treatment of the broad range of disorders, practiced in many venues, and with diverse and varied patient populations.
NEW DEVELOPMENTS OF PSYCHOLOGICAL INTERVENTIONS FOR SOMATIC PROBLEMS

PROFESSOR WINFRIED RIEF
UNIVERSITY OF MARBURG, GERMANY

Chair: Ata Ghaderi, Karolinska Institutet, Sweden

ABSTRACT

Somatic problems are a typical challenge for psychotherapists. It is unclear how to deal with patients mainly complaining about somatic problems, how to motivate them for psychological interventions, and how to tailor psychological interventions to medical conditions.

I will start the presentation by summarizing psychological factors that contribute to the exacerbation and maintenance of somatic symptoms, and that are crucial for symptom management. A feature of crucial relevance is patient’s subjective illness model. Therapists have to address and analyze patients’ illness model respectfully, and ways are shown how to modify dysfunctional illness beliefs to more helpful illness perceptions. Another crucial variable are patients’ expectations about treatment, illness course, and outcome. Research on placebo mechanisms has impressively shown that patients’ expectations are the major predictor of treatment outcome. Therefore we developed interventions how to modify patients’ expectations early in treatment programs. Expectation focused psychological interventions (EFPI) are a new tool not only for patients with mental disorders, but also for patients with medical conditions. A randomized clinical trial on psychological pre-surgery treatments including more than 100 patients of cardiac surgery confirmed the powerful effects of expectation-focused interventions. Options how to broaden this approach to mental disorders will be presented. Finally, we will summarize other interventions (including third wave approaches) and their efficiency when attempting to modify somatic problems. It is concluded that progress depends on an improved understanding of the psychological mechanisms that contribute to somatic symptoms, and on personalized tailored interventions that are based on deeper understandings of the relevant mechanisms in the respective patient. Practical examples will be highlighted.
ABSTRACT
Racism is now a present in our everyday lives here in Sweden and in the world. Political parties now openly encourage violence towards immigrants, and towards people of other cultures and religions such as Islam. If we seriously want to reduce this trend towards greater racism, we need to understand and disseminate the psychological components driving this destructive behaviour.

There is significant evidence that health care providers hold stereotypes based on race, class, sex and other characteristics that, in fact, influence interpretations of behaviours, symptoms as well as clinical decisions and treatment. Health care workers are often unaware of these stereotypes or stigma which they carry. There is also evidence to show that health care providers interact less effectively with clients from minority groups than with those from similar class, culture and race. So far, most programs for dealing with this problem have been to focus on improving health care providers with cross-cultural communication skills which have had only limited effects on these mostly unaware stigma that result in stereotyped conceptualisation and resulting action. We have developed a program called Uppsala Model of Human Connection which is based on Relational Frame Theory and entails intensive training in perspective taking skills. Students in the Clinical Psychology Program have been the first to receive this course which takes place during 2 semesters. Effects of the program are measured in terms of empathy, perspective taking, psychological flexibility, degree of stigma, stress and quality of life. Preliminary results will be presented at this talk. Psychologists have much to offer to help prevent racism.
MENTAL IMAGERY IN THE ROOTS AND BRANCHES OF CBT

PROFESSOR EMILY HOLMES
MRC COGNITION AND BRAIN SCIENCES UNIT, CAMBRIDGE; KAROLINSKA INSTITUTET, SWEDEN

Chair: Gerhard Andersson, Linköping University, Sweden; Karolinska Institutet, Sweden

ABSTRACT
In this talk we will explore the science and practice of mental imagery within cognitive behavioural therapy (CBT). We will consider this as potential ‘roots and branches’ of CBT and will look at experimental work not only in terms of how they inform the ‘present branches’ of CBT, but also explore how future branches may grow from this.

From a cognitive science perspective mental imagery involves an experience like perception in the absence of a percept, such as “seeing in our mind’s eye”. Imagery has extremely interesting properties - it recruits similar brain areas to actual perception, and enhances memory and learning. Our experimental work has shown that compared to verbal processing; mental imagery has a more powerful impact on emotion.

From a clinical practice perspective, intrusive, affect-laden images cause distress across psychological disorders. Imagery-based “flashbacks” to a past trauma are the hallmark of post-traumatic stress disorder (PTSD). Intrusive mental imagery can also occur of the future, such as “flashforwards” to suicide or manic pursuits in bipolar disorder. We need to know how to work with dysfunctional imagery, and promote adaptive imagery using imagery-focused CBT techniques.

My clinical research group has an interest in understanding and treating maladaptive mental imagery via psychological therapies. To do this, we are curious about what we can learn from cognitive psychology and neuroscience to inform treatment development (e.g. Pearson et al, 2016, *TICS*) and continue to grow the roots and branches of CBT.

In this keynote I will discuss recent work concerning intrusive memory encoding (Clark et al, 2016, *Psych Med*); disrupting memory re-consolidation via dual task interference to reduce the frequency of intrusive memories (James et al, 2015, *Psych Sci*), alongside recent translational work with patient groups (e.g. Holmes et al, 2015, *Trans Psychai*). A broader vision for science-informed psychological treatment innovation will also be explored (Holmes, Craske & Graybiel, 2014, *Nature*).

Website: [http://www.mrc-cbu.cam.ac.uk/people/emily.holmes/](http://www.mrc-cbu.cam.ac.uk/people/emily.holmes/)


PROFESSOR ARNOUD ARNTZ
UNIVERSITY OF AMSTERDAM, THE NETHERLANDS

Chair: Cecilia Svanborg, Karolinska Institutet, Sweden

ABSTRACT
Borderline Personality Disorder (BPD) is one of the most severe and difficult to treat mental health problems. A major change since about 25 years is that the idea that BPD is untreatable has been changed. Many psychological treatments for Borderline Personality Disorder have been developed and many have been investigated in studies with varying methodological quality. Most of them are claimed to be very successful and are “sold” around the world. This raises the problem what treatment(s) should be implemented. The traditional approach in evidence-based medicine is to base the degree of evidence for a treatment’s effectiveness on meta-analysis of controlled trials, for instance by comparing the treatment to a control treatment, like “treatment as usual” or a placebo condition. Next, proven treatments are compared mutually, so that the optimal treatment can be detected. This approach has its limitations, especially when too many treatments exist to be all tested in RCTs with large sample sizes and compared directly to each other. We therefore chose for a different approach, by which all treatments could be mutually compared, whether or not studies were case series studies, or open, controlled, or randomized clinical trials. We focused on (i) treatment retention; (ii) effectiveness on BPD-severity indices; and (iii) effectiveness on assessments of outcomes not representing BPD-pathology. We controlled for length of treatment, setting (inpatient/outpatient/day treatment), and modality (individual, group, combined individual-group). Contradicting the “Dodo bird verdict” we found significant differences between treatments in treatment retention and effectiveness. Most importantly, previous impressions that schema therapy is a very effective and acceptable treatment was confirmed: schema therapy trials showed the highest treatment retention and high effectiveness. Although it cannot be ruled out that different studies sampled from different populations, the results indicate that not all treatments are equal and that some are more acceptable and effective than others. Possible explanations will be discussed.
ABSTRACT
Effective psychological treatments have been developed for a wide range of mental health problems. However, in most countries the majority of people who could potentially benefit from such treatments have no chance of receiving them. How can we solve this problem? This talk focuses on two complimentary approaches.

The first approach is to develop delivery methods (such as internet based therapy) that require less therapist time and have a wider geographical reach without loss of effectiveness. This approach is illustrated by describing the development and evaluation of a version of cognitive therapy for social anxiety that delivers all the key features (including video feedback) of this complex therapy over the internet.

The second approach is to create a radical national programme that trains large numbers of new therapists and deploys them in evidence-based services with universal outcome monitoring and public transparency. This approach is illustrated with the English Improving Access to Psychological Therapies (IAPT) programme, one of the world’s largest attempts to disseminate evidence-based psychological therapies to the general public. Currently IAPT treats around 530,000 people with depression or anxiety each year and obtains pre and post treatment outcome data on 97% of these individuals. We will discuss the origins of IAPT, the scientific and economic arguments on which it is based, the training and clinical service models, progress to date, and future developments. Although every country is different, it is likely that some of the lessons from IAPT will be helpful to other countries as they move to increase access to psychological therapy.

Recommended Readings:
INTERNET-DELIVERED CBT: STATE OF THE ART AND FUTURE DIRECTIONS

PROFESSOR PER CARLBRING
STOCKHOLM UNIVERSITY, SWEDEN

Chair: Lars-Göran Öst, Stockholm University, Sweden; Karolinska Institutet, Sweden

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 120 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 keynote Carlbring will present recent research findings from efficacy and effectiveness studies, but also share 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 the Swedish research from analyzing the written content of email messages, sent from both the client and the therapist, suggestions will be shared.

In the keynote short 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.
FRIDAY, SEP 2, 16:15

CBT FOR CLINICAL PERFECTIONISM: CONTROVERSIES, COMPROMISE AND CHOICE

PROFESSOR ROZ SHAFRAN
UCL INSTITUTE OF CHILD HEALTH, UNITED KINGDOM

Chair: Gerhard Andersson, Linköping University, Sweden; Karolinska Institutet, Sweden

ABSTRACT
Perfectionism can be dysfunctional in a number of ways. First it can be present a significant clinical problem in its own right that interferes with functioning. Second, it can interfere with successful treatment of Axis I disorders. Third, it is a risk factor for the development of psychopathology. The first part of the keynote will present an overview of the current cognitive-behavioural approach to the understanding and treatment of perfectionism including results from the first meta-analysis indicating that it can be successfully addressed. Findings from different modes of delivery will also be presented. The second part of the keynote will describe top tips for treatment. The presentation will conclude with suggestions for future directions for the development of research and therapy for perfectionism.
SATURDAY, SEP 3, 12:15

A PERSONAL HISTORY OF AARON T. BECK AND COGNITIVE THERAPY

DR. JUDITH S. BECK
BECK INSTITUTE FOR COGNITIVE BEHAVIOR THERAPY, UNITED STATES

Chair: Gerhard Andersson, Linköping University, Sweden; Karolinska Institutet, Sweden

ABSTRACT
Aaron T. Beck, M.D., the father of Cognitive Therapy (which is a particular form of cognitive behavior therapy), is also my father. In this keynote address, I will trace the development of Aaron T. Beck, M.D., from neurology resident to psychiatrist, from psychoanalyst to researcher, from developer of psychopathology scales to developer of a revolutionary new system of psychotherapy. I will trace how his work, rejected by traditional psychotherapists, gradually gained acceptance over the years as the body of research demonstrating its efficacy undeniably grew and expanded.

I will also describe how the theory, research, and practice of cognitive therapy has increased exponentially in the past few years. First developed as a treatment for depression, cognitive therapy has been adapted for the range of psychiatric disorders by his colleagues throughout the world. It has been studied and is practiced by individuals from all mental health disciplines in individual, couples, family, and group formats, in community mental health centers, private practices, psychiatric hospitals, partial programs, university counseling centers, pain clinics, rehab programs, primary care settings, schools, prisons—the list could go on and on.

Finally, I will make note of Dr. Beck’s latest interests. At age 94, he still works constantly and is actively engaged in developing and investigating a recovery oriented cognitive therapy for individuals with schizophrenia. His research teams at the University of Pennsylvania are also studying suicidality.
ABSTRACT
Chronic pain is certainly a problem worthy of a well-designed, top performing, and high impact approach to health and human performance. In some ways, within the domains of physical health, those researching and treating chronic pain have led the way in the delivery of these such well-designed approaches. Operant, cognitive, and now more contextual approaches within CBT have often emerged and matured here first, in chronic pain, before being more generally applied to other physical health conditions. In this sense tracking the progress of applications in chronic pain is relevant more widely. This brings us to the latest developments, those including Acceptance and Commitment Therapy (ACT) and psychological flexibility (PF). These appear to have made some impacts, and yet one could wonder how meaningful these impacts might be. They may represent progress, evolution, steps toward a better, more effective, widely used and accessed, and perhaps radically different approach. Or they may represent a passing fad. They could represent no step forward at all, and could be found to be wrong in some fundamental ways. These matters are now frequently debated. This talk will present a view on the underlying question here: has anything been gained from ACT and PF and what ought to be done from here onward in CBT for chronic pain.
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WORKSHOPS
PRE-Congress Workshops
ABSTRACT

Scientific Background

“Clinical perfectionism” is a highly specific construct designed to capture the type of perfectionism that poses a clinical problem. The core psychopathology of clinical perfectionism is an overevaluation of achievement and striving that causes significant adverse consequences. Clinical perfectionism has been implicated in the maintenance of psychopathology, in particular eating disorders. A specific cognitive-behavioural intervention has been developed by the Oxford Eating Disorders Research Group for the treatment of clinical perfectionism in Axis I disorders including eating disorders, anxiety disorders and depression. More recently, the intervention has been enhanced by incorporating techniques used by clinical research groups in Australia. The intervention can be delivered in traditional face-to-face therapy, or in the form of guided self-help. A recent systematic review and meta-analysis indicates that the intervention is effective in reducing perfectionism as well as associated psychopathology.

Key Learning objectives

• To understand a cognitive-behavioural analysis of clinical perfectionism and the factors that contribute to its maintenance
• To learn how to assess clinical perfectionism and determine when it may warrant a specific intervention
• To be familiar with the cognitive-behavioural strategies used to address clinical perfectionism
• To be aware of the relevant research literature and current evidence-base for the intervention
• Training modalities
• The workshop will be interactive and include both experiential and didactic teaching and videos. Participants will have a chance to discuss their own cases.

Key references


Workshop Leader

Roz Shafran is Chair in Translational Psychology at the Institute of Child Health, University College London. She is founder of the Charlie Waller Institute of Evidence Based Psychological Treatment and a former Wellcome Trust Career Development Fellow at the University of Oxford. Her clinical research interests focus on the development, evaluation, dissemination and implementation of cognitive behavioural treatments for eating disorders, obsessive-compulsive disorder and perfectionism across the age range. She is currently working to understand and integrate evidence-based psychological treatments in young people with mental health disorders in the context of physical illness. She has provided national and international training workshops in her areas of clinical expertise, has over 100 publications, and has received an award for Distinguished Contributions to Professional Psychology from the British Psychological Society and the Marsh Award for Mental Health work.

Implications for Everyday Practice of CBT

The implications of this workshop is that practitioners are improved identification, assessment and treatment of a common clinical problem occurring in the context of a range of Axis 1 disorders.
ABSTRACT

Scientific Background

A number of researchers have noted that CBT is useful for the treatment of personality disorders (Davidson, et al., 2006; 2010; Rafaeli, 2009), though there have been relatively few outcome studies to date, despite the prevalence of this diagnosis (Crits-Christoph & Barber, 2015). Much of the research has consisted of single case studies, case descriptions, and controlled or uncontrolled trials, with a general paucity of randomized controlled trials (RCTs), except for Borderline Personality Disorder (BPD).

The subjects and their treatment have been quite varied. Studies have been conducted with patients who have a single personality disorder diagnosis, with patients who have a variety of personality disorder diagnoses, and with patients who have symptomatic diagnoses with comorbid personality disorders. Most patients received individual CBT treatment on an outpatient basis, though a few received group treatment instead of, or in addition to individual treatment, and a few studies were conducted with inpatients or patients in day programs. Studies also differed in length of treatment and in outcome measures. Although all studies used some form of CBT, the focus of treatment and treatment interventions often varied and some trials were conducted using concurrent treatments.

Key Learning Objectives

• Participants will be able to:
  • Describe how to conceptualize client with personality disorders
  • Develop, maintain, and capitalize on the therapeutic relationship
  • Use a variety of techniques from various psychotherapeutic modalities

Key References


Workshop Leader

Judith S. Beck, Ph.D., is the President of the Beck Institute for Cognitive Behavior Therapy, a non-profit organization in Philadelphia, Pennsylvania, USA, through which she has trained thousands of mental health professionals and students worldwide. She is also Clinical Associate Professor of Psychology in Psychiatry at the University of Pennsylvania. She is the author of the basic text in the field: *Cognitive Behavior Therapy: Basics and Beyond*, which has been translated into over 20 languages and *Cognitive Therapy for Challenging Problems*. She has written several other books and over 100 chapters and articles.

Implications for everyday clinical practice of CBT

An epidemiologic survey in the US has estimated that approximately 15% of adults have at least one personality disorder. A much higher percentage of adults have personality pathology that interferes with treatment. While many therapists are familiar with, and practice, standard CBT (for example, as is used in straight-forward cases of depression), they are often unaware of how to conceptualize and effectively treat clients whose acute disorders are complicated by a personality disorder. This workshop will cover the essentials of conducting therapy for these clients.
ANXIETY IN ADOLESCENTS AND EMERGING ADULTS: PREVALENCE, PHENOMENOLOGY, AND A DEVELOPMENTAL CBT TREATMENT MODEL

ABSTRACT

Background

Anxiety disorders are more frequent in adolescence and early adulthood than any other time in life and strong precursors for adult psychopathology. The 12-month prevalence for any DSM anxiety diagnosis for youth ages of 18-29 is 22.3%. Anxiety disorders also present with high comorbidity with other disorders, especially mood disorders. Randomized control trials (RCT) show that there are effective treatments for anxiety disorders, one of which is Cognitive-Behavioral Therapy (CBT). The Child/Adolescent Anxiety Multimodal Study (CAMS; Walkup, Albano et al., 2008) of 488 youth (ages 7 to 17) found that acute treatment with CBT, medication, or their combination, results in significant improvement in reducing anxiety symptoms. However, a naturalistic follow-up study of 288 CAMS participants revealed a more sobering finding, that nearly half of treatment responders had relapsed on average 6 years post-randomization, at the point of transitioning through adolescence into young adulthood (Ginsburg et al., 2014). CBT models have several limitations: 1) the focus is mainly on symptom improvement; 2) few explicitly address problems with developmental tasks, and 3) autonomy issues (e.g., the transfer of responsibility for managing the youth’s illness from parent to patient) may persist over and above the clinical improvement. Little is known of the utility of existing interventions for remediating functional impairment and for improving the life course of an emerging adult as they move through development.

Objectives

In this workshop, Dr. Albano will present the background and model for the “Launching Emerging Adult Program” (LEAP). LEAP is implemented as an age- and developmentally-appropriate treatment for anxiety and related disorders. The role of development, which has not been a primary focus of randomized trials, will be presented as a key factor in the stability of anxiety and emergence of concomitant disorders in young adults, a critical age group presenting with unique and challenging needs. Youth with anxiety disorders may be particularly challenged in launching into adulthood, as the disorder keeps adolescents and the emerging young adult dependent on family members and lagging same-age peers in achievement of age-appropriate tasks. LEAP involves a diagnostic and functional assessment to determine goals and prescriptive treatment modules to form a personalized program of individual, group and/or family sessions. Dr. Albano will present session content and specific examples of the LEAP modules to engage parents and adolescents/young adults to address anxiety, reduce parent overprotection, and meet developmental goals. Plans for managing concomitant conditions and issues will be presented, as this age group is at high risk for the emergence of psychosis and personality pathology. Exposure is key to the LEAP approach, for both the adolescent/young adult and for parents. The clinical program, along with data from our clinic and case examples with emphasis on developmental issues including confidentiality, parent-adolescent engagement, and methods for breaking the cycle of overprotection will be presented and audience participation encouraged.

References


Workshop Leader

Anne Marie Albano is Professor of Medical Psychology in Psychiatry at Columbia University and Director of the Columbia University Clinic for Anxiety and Related Disorders. Dr. Albano is a Fellow of the American Psychological Association.
and the Association for Behavioral and Cognitive Therapies, Founding Fellow of the Academy of Cognitive Therapy, a Beck Institute Scholar, and is Board Certified in Clinical Child and Adolescent Psychology. In 2016, Dr. Albano received the Outstanding Contribution by an Individual for Clinical Activities award from ABCT, and in 2008 the Rosenberry Award for service to children, adolescents and families from the University of Colorado at Denver. She is Past President of the Society for Clinical Child and Adolescent Psychology of the American Psychological Association and also past-president of the Association for Behavioral and Cognitive Therapies. She is Editor of the journal Evidence-based Treatment in Child and Adolescent Mental Health, past editor of Cognitive and Behavioral Practice, and past Associate Editor of the Journal of Consulting and Clinical Psychology. She has published more than 100 articles and chapters and is the co-author of several cognitive behavioral treatment manuals and of the Anxiety Disorders Interview Schedule for Children, all published by Oxford University Press. Dr. Albano served as a Principal Investigator of a 6-site, National Institute of Mental Health-sponsored study entitled “Child/Adolescent Anxiety Multimodal Treatment Study” (CAMS) and also was a PI for the Treatments for Adolescents with Depression Study (TADS). Both trials examined the relative efficacy of CBT, medication, combination treatment, and pill placebo in youth. Her book with Leslie Pepper, Helping Your Anxious Child: Free Your Child from Fears and Worries and Create a Joyful Family Life, was the 2014 Self-Help Book Award winner from the American Society of Journalists and Authors and received a 2014 Seal of Merit from the Association for Behavioral and Cognitive Therapies.
ABSTRACT

Scientific Background

Whether we are a person with chronic painful symptoms or a professional health care provider it is so easy to follow our thoughts and feelings, to give them control over what we do, and even to identify with them as if they are who we are. This is so normal that the very notion that there could be an alternative sounds strange. What else would guide us, and control what we do, if not our thoughts and feelings? This short workshop examines these psychological processes particularly within the context of treatment for chronic pain. The session will include a review of theory, an update on evidence, and direct experience of practical exercises designed to appreciate and alter the influences that determine our actions. These include influences for all of us, people seeking treatment for chronic pain (and other conditions) and people who provide this treatment. The model presented is called psychological flexibility and the methods based on contextual behavioral science, functional contextualism, and Acceptance and Commitment Therapy.

Key Learning Objectives

• To understand the evolution of psychological approaches to chronic pain.
• To learn to apply the psychological flexibility model to chronic pain and other physical health problems.
• To experience and practice methods of ACT aimed at enhancing clinical delivery and treatment outcome for people with chronic pain.

Training Modalities

The training will include brief lecturing, experiential exercises, small group practice and rehearsal, and some discussion.

Key References


Workshop Leader

Lance McCracken is Professor of Behavioural Medicine at King's College London, Psychology Department; Institute of Psychiatry, Psychology & Neuroscience. He is also Consultant Clinical Psychologist and Psychology Lead at the INPUT Pain Management Unit at Guy’s and St Thomas’ Hospital in London. He has practiced and researched applications of ACT and psychological flexibility to chronic pain for more than 20 years and has delivered more than 70 training workshops on related topics.

Implications for Practice

This is a practical skills workshop. This workshop should help participants to gain greater sensitivity to “context.” This includes both verbal cognitive aspects of context and direct experiences or environmental contingencies. The workshop should help participants better manage the interaction of these influences on patient behavior, through a mix of experiential methods and nonconventional cognitive methods.
ABSTRACT

Background
Supervision in CBT is conceptually and procedurally complex. Most of us learn to supervise by imitation or trial and error. As a result there is much implicit knowledge, several procedural accounts, but few explicit formulations. In the absence of such formulations our ability to consistently replicate best practice is limited. In Newcastle we have tapped into the implicit knowledge of experienced CBT supervisors to develop a conceptual map of clinical supervision. This framework identifies four interacting levels. The first level, primary inputs, includes the context in which supervision occurs and what is brought to supervision by the supervisor and the supervisee. The client’s impact upon supervision is recognised, as is the filtering effect of the selection and representation of therapy by the therapist.

The second level, parameter settings, outlines the characteristics of a specific supervisory project in the medium term and includes structure, the evolving relationship between supervisee and supervisor, required outputs, the material brought to supervision, and the range of roles and functions. The third level, dynamic focus, tracks the minute-to-minute focus across a range of topics in the course of any dialogue or activity. Much of supervision is focused on case conceptualisation, technique, and the therapeutic relationship; the context, therapist/supervisee and supervisory relationship also need to be addressed. The fourth level, learning process, concerns the stages through which supervision proceeds to enable new knowledge and skills. Close attention to these levels yields a clearer understanding of effective supervisory practice.

Key learning objectives
By the end of the workshop, participants will 1) have developed a conceptual map of the multiple factors influencing supervision processes, 2) be able to conceptualise what works well, 3) have practised key skills for effective supervision, 4) possess heuristics that identify problem points in supervision and address them, 5) be more aware of the assumptions and beliefs that influence supervisory practice.

Training modalities
Brief didactic presentations, observing and participating in role-plays, reflection on the supervisory processes observed, integration of personal experience as supervisor/supervisee.

Key references
Background reading of the supervision literature can be useful but it is preferable for participants to prepare by reflecting on their recent experience as a supervisor or supervisee. Specifically, please reflect on occasions where supervision went particularly well or got noticeably stuck.

Workshop leader
Dr Stephen Barton is Head of Training at the Newcastle CBT Centre and is an experienced CBT practitioner, supervisor and trainer. He has had a supervisory practice for the past 15 years with supervisees at different stages of development based in a variety of healthcare settings.

Implications for everyday clinical practice of CBT
The workshop is aimed at CBT therapists wanting to step up to be supervisors, those who are already supervising and those who want to improve their supervisory practice. The workshop will ground participant’s supervisory practice in a theoretically coherent model with concrete applications.
ABSTRACT

Background
Mindful Parenting (Bögels & Restifo, 2013) is a specific application of mindfulness training in a mental health care context, for parents who have (had) mental health problems that interfere with parenting, who suffer from chronic parenting stress, severe parent-child relational problems, or whose child or children have mental health problems. We also developed a “preventive” version of this program for parents with parenting stress and parenting questions or problems (Potharts & Bögels, 2015).

Objectives
In this workshop the theory and rationale, the program, and effects on parental and child psychopathology, parenting stress, (co)parenting, personal goals of parents, quality of life, parent-child relationships, and family functioning, of both versions of the 8 sessions mindful parenting group training, are reviewed. By means of meditation practices, in which participants place themselves in the role of parents, some of the specific mindful parenting practices can be experienced. Basic knowledge and experience with MBSR and/or MBCT is expected.

References

Workshop Leader
Professor Dr. Susan Bögels is a clinical psychologist and psychotherapist, specialized in Cognitive Behaviour Therapy for children and their families, and mindfulness trainer. She works as professor in developmental psychopathology at the University of Amsterdam and is the director of the academic treatment clinic for parents and children UvA minds and co-director of the academic training center UvA minds You in Amsterdam. Her main research theme is the intergenerational transmission of psychopathology. Mindfulness for parents and children is another area of research and clinical interest.
ONE-SESSION TREATMENT OF SPECIFIC PHOBIAS

ABSTRACT

Scientific background
Specific phobia is the most prevalent of all psychiatric disorders in the general population with a lifetime prevalence of 12.5%. However, few people suffering from specific phobia apply for treatment, mainly because they are not aware of the treatment possibilities, or they are afraid that the treatment itself will be worse than having the phobia. I have developed a rapid treatment that is carried out in one single session, which is maximized to 3 hours. The treatment is based on a cognitive behavior analysis of the catastrophic beliefs the patient has in relation to a possible confrontation with the phobic object or situation. Exposure in-vivo is done as a series of behavioral experiments to help the patient test the catastrophic beliefs they have. In animal phobics participant modelling is used as an adjunct. During the last two decades I have done 11 randomized clinical studies of one-session treatment (OST) in phobias of spiders, snakes, blood-injury, injections, dental care, flying and enclosed places in adults and 2 studies on various specific phobias in children and adolescents. The mean treatment time varies between 2 and 3 hours and the proportion of clinically significant improvement between 78-93%. The effects are maintained, or furthered, at the 1-year follow-up. These results have been replicated in at least 28 RCTs carried out in USA (8), Germany (4), Holland (4), Australia (3), Austria (2), England (2), Norway (2), Belgium (1), Canada (1), and Spain (1).

Key learning objectives
During the workshop the participants will learn to assess specific phobias and get knowledge regarding how these can be treated in a one-session format using exposure and modelling.

Training modalities
Video and live demonstrations

Key references

Workshop leader
Lars-Göran Öst, Professor emeritus of clinical psychology, Dept of Psychology, Stockholm University is the developer of one-session treatment for specific phobias. He has been doing research in CBT for 45 years and has two more treatments on the list of evidence-based treatments (applied relaxation for GAD and applied tension for blood phobia). He was also one of the founding “fathers” of the European Association of Behaviour Therapy in 1971.

Implications for everyday clinical practice of CBT
The workshop will show that all types of specific phobias can be effectively treated in one-session maximized to three hours. Research shows that 80-90% of the patients are remitted after a single session. In clinical situations therapists have an advantage; they can have the cake and eat it, i.e. if the goal is not reached within the 3 hour session one can just add another session next week and this is usually enough. By learning how to do OST therapist will have an effective treatment for the most prevalent anxiety disorder in the adult population.
ABSTRACT
Background
Racism is now a present in our everyday lives here in Sweden and the world. Political parties now openly encourage violence towards immigrants, and towards people of other cultures and religions such as Islam. There is significant evidence that health care providers hold stereotypes based on race, class sex and other characteristics that, in fact, influence interpretations of behaviours, symptoms as well as clinical decisions and treatment. Health care workers are often unaware of these stereotypes or stigma which they carry. There is also evidence to show that health care providers interact less effectively with clients from minority groups than with those from similar class, culture and race. So far, most programs for dealing with this problem have been to focus on improving health care providers with cross-cultural communication skills which have had only limited effects on these mostly unaware stigma that result in stereotyped conceptualisation and resulting action. Prejudice is shown to have significant consequence for those who are targeted in areas of education, physical and mental health care, housing, employment and even financial institutions. (e.g., Pager & Shepherd, 2008; Pascoe & Richman, 2009; Puhl & Heuer, 2009).

If we seriously want to reduce this trend towards greater racism, we need to understand and disseminate the psychological components driving this destructive behaviour. Based on that understanding we need to develop interventions that can help to encourage human connection over race, gender, culture and religion. The opposite of racism is empathy. The aim of the present workshop is to present an intervention program recently developed for use in a clinical psychology program in Sweden that can be used both in a face to face or internet program to reduce racism and increase empathy and human connection over race, gender, culture and religion.

Objectives
Participants will learn:
• how to conceptualize racism, stigma and prejudice from Relational Frame Theory
• an understanding of how perpective-taking helps to develop empathy
• to practice perspective taking skills used in empathy training for used in helping your self with you own reactions when helping clients.
• to practice perspective taking skills used in empathy training for helping clients with their stigma, prejudice and discrimination.

Workshop leader
Professor Dahl is a pioneering researcher on the treatment of epilepsy and several other applications of behavior therapy for somatic problems (behavioral medicine). She helped introduce acceptance and commitment therapy in Sweden and has been a mentor for numerous young clinicians and researchers in Sweden.
AN UPDATE ON COGNITIVE THERAPY FOR SOCIAL ANXIETY DISORDER IN ADULTS AND ADOLESCENTS

ABSTRACT

Background
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-focused treatment as usual, and placebo medication. Such a comprehensive demonstration of differential effectiveness is extremely rare in psychotherapy.

Recently, David Clark & Eleanor Leigh have also explored the value of CT_SAD as a treatment in adolescents, as well as adults. Preliminary results are very encouraging. This workshop provides a practical guide to cognitive therapy with adults and adolescents. It starts with an overview of the cognitive model, focussing on its treatment implications. Each of the steps in treatment is then described and illustrated with case material and videos of treatment sessions. The key procedures include: deriving with patients an individualized cognitive model; demonstrating the adverse effects of self-focused attention and safety behaviours through experiential exercises; video feedback and other procedures to correct excessively negative self-imagery, training in externally focused, non-evaluative attention; behavioural experiments to test negative beliefs; and ways of dealing with socially relevant traumatic memories (discrimination training & memory re-scripting). Guidance on the use of the most appropriate measures for identifying therapy targets and monitoring progress is also provided. The workshop explains why some procedures that are common in other CBT programmes (e.g. thought-records, positive self-talk in a phobic situation, exposure hierarchies) are NOT used in Clark & Wells’ cognitive therapy programme.

Objectives

You will learn

1. To identifying key processes in maintaining social anxiety disorder
2. The main procedures in cognitive therapy for social anxiety disorder
3. How to track change in the maintenance processes during therapy.

Recommended Reading


Workshop leader

Professor Clark is well known across the world for his work on panic disorder, social anxiety disorder and several other anxiety disorders. He is behind the IAPT (increasing access to psychological treatment) project in the UK which involves large scale training and implementation of CBT.
MENTAL IMAGERY: COGNITIVE SCIENCE AND COGNITIVE THERAPY

ABSTRACT
Background
From a cognitive science perspective mental imagery involves an experience like perception in the absence of a percept: seeing in our mind's eye, hearing with our mind's ear and so forth. Imagery has extremely interesting properties - it recruits similar brain areas to actual perception, and enhances memory and learning. Our experimental work has shown that compared to verbal processing, mental imagery has a more powerful impact on emotion.

From a clinical practice perspective, intrusive, affect-laden images cause distress across psychological disorders. Imagery-based intrusive memories and “flashbacks” to a past trauma are the hallmark of post-traumatic stress disorder (PTSD). Intrusive mental imagery can also occur of the future, such as “flashforwards” to suicidal acts or manic pursuits in bipolar disorder. We need to know how to work with dysfunctional imagery, and promote adaptive imagery using imagery-focussed cognitive psychotherapy techniques.

Objectives
This workshop will discuss the science and practice of imagery based cognitive therapy and we will draw on the techniques outlined in Hackmann A., Bennett-Levy, J. & Holmes, E. A. (2011). Oxford Guide to Imagery in Cognitive Therapy. Oxford: Oxford University Press, including how to assess and ‘microformulation’ imagery in psychological disorders. In addition we will discuss new techniques developed in reference to our team’s work in trauma, depression, and bipolar disorder, such as imagery re-scripting and metacognitive approaches.

Training modalities
The workshop will use training techniques such as group experiences and illustrative examples using video.

For further information see our group's webpage at: http://www.mrc-cbu.cam.ac.uk/our-research/holmes/

Key references


Workshop Leaders
Professor Emily Holmes, PhD, DClinPsych is a clinical psychologist and researcher. She completed her clinical psychology doctorate at Royal Holloway University of London, and a PhD in Cognitive Neuroscience in Cambridge. She is programme Leader of the Emotional Disorders and Mental Imagery group at the Medical Research Council Cognition and Brain Sciences Unit (MRC-CBU), Cambridge. She is also a consultant clinical psychologist with an NHS honorary contract, a Guest Professor at Karolinska Institutet, Sweden, and a Visiting Professor of Clinical Psychology at the University of Oxford. Personal home page (including publications): https://www.mrc-cbu.cam.ac.uk/people/emily.holmes/
ABSTRACT

Background
Treating patients with chronic depression can be challenging for the clinician. These patients often have difficulties establishing an open, trusting, and constructive relationship. Patients might appear withdrawn, anxious, suspicious, or even openly hostile. Their behavior can be understood, however, against the background of the pervasive maltreatment these patients often have endured with significant others. Still, their behavior is an obstacle for establishing a good therapeutic relationship and therefore the success of treatment. In this workshop we will present a psychotherapy model developed specifically to treat these patients called ‘Cognitive Behavioral Analysis System of Psychotherapy (CBASP)’ developed by James McCullough Jr.

In CBASP, personal involvement techniques are a central element of successful therapy. These techniques offer a new way of conceptualizing the therapist-patient relationship in the terminology of cognitive-behavioral therapy. With another interpersonal skills training technique called situational analysis, patients learn to recognize the consequences of their behavior and how to behave in a goal-directed manner in interpersonal situations.

Objectives
In the workshop we will briefly describe the theoretical foundation of CBASP and then introduce the techniques of CBASP using video and live demonstrations as well as exercises for the workshop participants. In the end, participants will have learned new strategies for the establishment of a constructive therapeutic relationship with their (often interpersonally traumatized) chronic depressive patients.

References

Workshop Leaders
Eva-Lotta Brakemeier, Jan Philipp Klein, Patricia van Oppen and Jenneke Wiersma are all experienced and certified CBASP therapists and supervisors/trainers in Germany and the Netherlands. Besides their clinical ambitions, they also do research in the field of chronic depression and psychotherapy.
Background

Schema Therapy (ST) developed by Jeffrey Young is an enhancement and development of cognitive behavioral therapy (CBT), and particularly integrates emotions, but also developmental aspects centrally in their diagnostic and therapeutic considerations. In addition, ST is based on a model of schemas, modes and the basic needs and “their fate” during the life course. Therefore, ST - in terms of technical and strategic variant of CBT – seems to be also and especially in the field of child and adolescent therapy particularly suited to generate action-guiding, diagnostic and therapeutic concepts.

In this Pre-Congress Workshop, first the schema therapeutic conceptual model (schemas, modes, coping strategies), the underlying theory (central importance of core needs in the context of developmental tasks), and requirements in the therapeutic attitude (eg, concept of “limited re-parenting” and “empathic confrontation”) are briefly outlined. Related to the children’s age some of the 18 schemas described by Young are outlined with their typical child and adolescent cognitions, coping strategies, and parental characteristics. In the center of the workshop are training and practice units, encompassing schema therapeutic strategies that have proven successful in schema- and modedriven, cognitive behavioral therapy of childhood and adolescence.

In a glance schema therapeutic strategies with younger patients are demonstrated: Working with drawings, board-games, using storytelling and fairy tale therapy techniques, working with finger puppets, marionettes, sand-play, metaphors, chair work, and the use of flash cards. Another focus is laid on the work with parents in terms of “Schema Coaching” that include schema or mode specific transactional processes between child and parent and shed a light on mutual reinforcement’s processes of child’s and parent’s maladaptive schemas and dysfunctional modes. Also during the workshop Group ST CA will be discussed. First of all, goals and stages of Group ST CA will be outlined. Ways of identifying the modes in group therapy will be presented (matrioshka model, discussing cartoons and behavior of the characters). Different techniques of mode-driven group work are going to be demonstrated. It will be discussed how a group CA schema therapist can address to different modes of a child to be able to help them to strengthen their healthy modes, weaken and disempower dysfunctional modes (using imagery, art- therapy, cinema and cartoontherapy, music therapy, fairytale therapy, CBT techniques, mode role-play). Basic tools of a group schema therapist are to be discussed.

Objectives

Workshop’s participants have understood and learned the following contents:
- Meaning/Importance of basic needs, early maladaptive schemas, modes and coping strategies
- Psychoeducation through drawings and finger puppets
- Limited re-parenting with child modes, especially with the vulnerable and angry child modes;
- Chair dialogue, audio flashcard,
- Empathic confronting the detached protector mode,
- Schema Therapy for caregivers/parents (Schema Coaching, Systemic Schema Therapy)
- Group ST with children and adolescents.
- Goals and stages of Group ST CA.
- Mode diagnostics in Group ST-CA
- Techniques of mode-driven group work (imagery, art- therapy, cinema and cartoontherapy, music therapy, fairytale therapy, CBT techniques, mode role-play).

Training modalities

Training modalities are didactic (conceptual model), and experiential (techniques) including practice units like role play.
References

Workshop Leaders
Christof Loose, PhD., works at the Institute of Experimental Psychology, Department of Clinical Psychology, and in his own Private Practice in Dusseldorf, Germany. He is certified in ST-CA, the chair of the Working Group ST-CA (ISST e.V.), editor and author of ST-CA books and Video-Learning (DVD) in Germany.
Maria Galimzyanova is an associate professor of St-Petersburg State University, (department of psychology of development and differential psychology), she is a member of St-Petersburg Institute of Schema-Therapy and works with children, adolescents, parents and adults in a psychological center “Anima” in St - Petersburg. Maria is certified as a trainer and supervisor in Individual ST, group ST and Child-and Adolescent ST.
RUMINATION-FOCUSED CBT AS A TRANSDIAGNOSTIC TREATMENT FOR DEPRESSION AND ANXIETY

ABSTRACT

Background

Rumination has been identified as a core process in the maintenance and onset of depression (Nolen-Hoeksema, 1991; 2000) and as a possible mechanism contributing to co-morbidity (Harvey et al., 2004). Furthermore, rumination seems to be a difficult-to-treat symptom, which is associated with poorer outcomes for psychological therapy. This workshop will illustrate how the CBT approach can be modified to reduce rumination in chronic, recurrent and residual depression, using new approaches derived from clinical experience and experimental research. A programme of research by Dr Watkins has suggested that the thinking style adopted during rumination can determine whether it has helpful or unhelpful consequences on social problem solving (Watkins & Moulds, 2005) and emotional processing (Watkins, 2004; Watkins et al, 2008). There is also strong reasons to consider rumination as an mental habit (Watkins & Nolen-Hoeksema, 2014). This experimental work has inspired a novel approach to treating depression, called Rumination-focused CBT, which focuses on changing the process of thinking, rather than simply changing the content of thinking, in order to be more effective in successfully reducing rumination and treating depression (Watkins, 2016). There is now empirical backing for the efficacy of this approach for difficult-to-treat patients in terms of a positive open case series (Watkins et al., 2007) and a randomised controlled trial funded by NARSAD (Watkins et al., 2011; Watkins, 2015), as well as in the prevention of depression and anxiety (Topper et al, submitted) with a recent trial showing that group RFCBT outperformed standard group CBT for treating severe major depression (Hvennegard et al., submitted).

The workshop will review the theoretical background and core techniques of the therapy, including functional analysis of thinking style, behavioural activation, use of imagery, experiential exercises and behavioural experiments to coach patients to shift to more adaptive styles of thinking. This workshop has been successfully received at a number of BABCP and EABCT events.

Objectives

- To review the theory and research relevant to depressive rumination
- To review the rumination-focused CBT approach, including behavioural activation, functional analysis, modifying thought-form-process, training in shifting thinking style, experiential exercises that counter rumination including relaxation, mental absorption and compassion
- To illustrate treatment approaches to depressive rumination via video and experiential approaches
- Workshop attendees will be able to describe the nature and consequences of rumination in depression.
- Workshop participants will have insight into CBT approaches for rumination in depression.
- Workshop participants will practise novel process-focused techniques for changing patient’s relationship to their ruminative thoughts.

Training modalities

didactic, experiential, role play, observation of video

References

Workshop Leader

Professor Watkins is Professor of Experimental and Applied Clinical Psychology at the School of Psychology, University of Exeter and co-founder of the Mood Disorders Centre, University of Exeter, and Director of the Study of Maladaptive to Adaptive Repetitive Thought (SMART) Lab. He trained at the Institute of Psychiatry, London, completed his PhD with Prof John Teasdale as his supervisor, and then held a joint research position between the Institute of Psychiatry and the Medical Research Council – Cognition and Brain Sciences Unit. He has specialist clinical training and expertise in cognitive therapy for depression. He currently works as a researcher, teacher, and clinical practitioner. He co-founded the Mood Disorders Centre, a partnership between the University of Exeter and Devon Partnership NHS Trust, specialising in psychological research and treatment for depression. His research has been funded by the Wellcome Trust, United Kingdom Medical Research Council (MRC).

Experimental Medicine Award and a NARSAD Young Investigators Award. A £3.6 million Wellcome Trust Capital award has funded the building of a new fit-for-purpose clinical research centre at Exeter. Professor Watkins was awarded the British Psychological Society’s May Davidson Award 2004 for outstanding early-career contributions to the development of clinical psychology. He is a current member of the UK NICE Guidelines Committee for Adult Depression.
IN-CONGRESS WORKSHOPS
PAID IN-CONGRESS
WORKSHOPS
FRIDAY 8:30-12:00

DR MIKE KEMANI
KAROLINSKA UNIVERSITY HOSPITAL, SWEDEN; KAROLINSKA INSTITUTET, SWEDEN

USING ACCEPTANCE AND VALUES IN PAIN MANAGEMENT
– INTEGRATING CORE CLINICAL STRATEGIES FROM
ACCEPTANCE AND COMMITMENT THERAPY IN CLINICAL
PRACTICE

ABSTRACT

Scientific background
Despite scientific advances within the medical field a substantial number of individuals continue to suffer from chronic pain, and for many of these persons pain also has debilitating effects on functioning in important areas of life. Studies indicate the efficacy of interventions based on cognitive behavior therapy (CBT), and during the past two decades, psychological interventions promoting acceptance of pain and related distress have also gained empirical support in both clinical and experimental studies (see e.g. Veehof et al., 2016). In Acceptance and Commitment Therapy (ACT), avoidance of pain and pain-related stimuli is considered central to disability and reduced quality of life. ACT seeks to decrease the impact of negatively experienced thoughts, emotions and physical sensations (i.e. defusion and acceptance) in order to increase the individual’s ability to act effectively in accordance with long-term goals and values (psychological or behavioral flexibility; McCracken and Morley, 2014).

This workshop will present an ACT approach for working with chronic pain. The clinical areas that will be covered include defusion, acceptance and values, and these areas will also be discussed in relation to core clinical aspects, e.g. exposure and motivation, within the broader CBT field. Also, recent scientific findings in the area of ACT and chronic pain as well as future research will be presented and discussed.

Key learning objectives
The learning objectives are to provide: (1) a basic understanding of core clinical strategies in ACT and how these relate to key clinical areas in CBT; and (2) an overview of the current empirical status of ACT for chronic pain and future areas of research.

Training modalities
The workshop will be provided in a combined format including lectures and clinical training by means of e.g. case illustrations and exercises.

Key references


Implications for everyday clinical practice of CBT
The workshops aims to provide empirically supported clinical interventions that in a straightforward manner can be integrated with the attendee's current therapeutic framework.

Workshop Leader
Mike Kemani (clinical psychologist, Ph.D) has worked clinically with chronic pain in adults, adolescents and children since 2007 at the Behavioral Pain Medicine Treatment Services at the Karolinska University Hospital in Stockholm. His doctoral thesis focused on efficacy and processes of change in ACT for chronic pain in adults, and he has authored and co-authored several scientific articles in the area of chronic pain. He also regularly gives lectures and presentations in the areas of ACT and chronic pain. He currently holds a position at the Karolinska University Hospital combining clinical work and clinical research.
EXPOSURE BASED COGNITIVE BEHAVIOR THERAPY FOR IRRITABLE BOWEL SYNDROME – THEORY AND TREATMENT

ABSTRACT

Scientific background

Irritable bowel syndrome (IBS) is associated with impaired quality of life and high societal costs. Although some studies show large treatment effects for psychological treatments such as psychodynamic psychotherapy, hypnotherapy, stress management, biofeedback, relaxation therapy, cognitive therapy, and cognitive behavior therapy, other studies show very little effect. These interventions target different stressors such as difficult interpersonal relationships, maladaptive coping strategies, negative self-schemas, negative appraisals of daily stressors, or general life difficulties. However, recent research suggests that the primary source of stress that causes symptoms is part of the illness itself. IBS-patients have developed hypervigilance towards their own body and react with fear and avoidance in response to naturally occurring gastrointestinal symptoms, which leads to decreased quality of life and increased awareness of symptoms. I will present an exposure and acceptance based therapy for IBS that has been evaluated series of five published studies, with response rates between 59% and 65%.

Key learning objectives

- Describe the mainstream psychological models of IBS and their empirical base in terms of outcome and mechanistic studies
- Explain the role of fear and avoidance in IBS and how exposure and acceptance interventions can be used to decrease symptoms and improve quality of life in IBS

Training modalities

Presentation and group discussions

References


Workshop leader

Dr. Brjánn Ljótsson is researcher and associate professor in psychology at the Department of Clinical Neuroscience, Division of Psychology, Karolinska Institutet, Sweden. He has worked for several years as clinical psychologist at a gastroenterology clinic specialized in managing and treating IBS and completed his PhD in 2011 on the topic. Dr Ljótsson is currently leading a project investigating the effects of CBT for IBS in children and adolescents and is involved in many other CBT research projects.

Implications for everyday clinical practice of CBT

These principles can be applied to other somatic disorders where fear, hypervigilance, and avoidance behaviors play a key role.
FRIDAY, SEP 2, 14:00-17:00

DR ERIK ANDERSSON
KAROLINSKA INSTITUTET, SWEDEN

CBT FOR OCD WITH COMORBID AUTISM (ADULT PATIENTS)

ABSTRACT

Background

Obsessive-compulsive disorder (OCD) is often accompanied with autism-spectrum disorders or autism-related symptoms. These patients often have considerable deficiencies in executive- and social functioning, which, in turn, may affect treatment outcome. The literature and research on OCD with comorbid Autism is limited and clinicians need to understand this patient group better.

In this workshop, we will first go through the evidence base regarding diagnostics and treatment alternatives for Autism-related OCD. Several case examples will be presented, and participants in this workshop will have the opportunity to analyze and discuss different problems that may arise in therapy. One particular focus will be on how to work with the patient’s context i.e. school, work, family, and home support. The focus here is to provide clinicians with hands-on experience on how to handle common difficulties when treating this patient group.

Key learning objectives

- Understand OCD in the context of Autism-related deficiencies and information processes
- Be able to conduct a behavior analysis on a case-example of Autism-related OCD with multiple difficulties
- Understand the role of the context for this patient group

Key references


Workshop leader

Erik Andersson is a clinical psychologist and PhD at Karolinska Institutet in Stockholm, Sweden. Erik works is specialized in treating adult OCD patients and has extensive experience in working with patients with Autism-related conditions. Erik conducts treatment research on psychological treatments for OCD and related conditions.
BUILDING SHAME RESILIENCE IN OCD AND BDD POPULATIONS

ABSTRACT

Background
Shame is a self-conscious and deeply painful emotion. It is often experienced as a wholly negative judgement leading us to feel worthless, small and often exposed (Tangey and Dearing, 2002). Shame is instrumental in causing many individuals to avoid rather than approach the meaningful life that many so wish to lead.

Shame often leads to poor access of treatment and often causes barriers within treatment due to difficulty in disclosing memories or cognitions related to shame experiences. When compared to guilt and embarrassment, shame appears to be more painful, more consistently correlated with psychopathology and more predictive of damaging outcomes.

Research has highlighted that shame and self-criticism are trans diagnostic (e.g. higher levels are found in people with depression, anxiety disorders, eating disorders, personality disorders and PTSD) and can accentuate and maintain these disorders.

High levels of shame and self-criticism have also been found to limit the effectiveness of standard therapy. One reason for such difficulties is that people may not have developed abilities to experience certain affiliative positive emotions such as safeness, reassurance and compassion. These individuals often come from abusive/bullying, neglectful and/or critical backgrounds.

Alongside more traditional CBT approaches to working with shame, participants will learn about the model underpinning CFT, rooted in evolutionary understanding of the development of mind, neuroscience, neurophysiological and attachment research helping to understanding the nature of our three basic emotions regulation systems, and our understanding the development and function of shame and self-criticism. We will also explore how by developing a ‘compassionate mind’, using imagery, breathing techniques, compassionate flexibility, mirror work and building strength and courage we can help people to work with their shame and self-criticism and build their shame resilience.

This workshop will aim to introduce participants to shame and its role in OCD and BDD. We will explore - from an evolutionary, attachment, neurophysiological and neuroscience perspective – an understanding of what may lead us to struggle with shame and self-criticism, and how the cultivation of affiliative feelings, along with the development of compassion, may facilitate and promote well-being. We will consider how shame and self-criticism can block affiliative feelings and explore how therapists may help their clients to develop a greater capacity to experience compassion (in particular, self-compassion) to reduce distress and suffering and how this can be best integrated into Cognitive Behavioural Therapy.

Workshop Objectives
A - Recognising shame in OCD and BDD populations
B - Participants will learn about the model underpinning CFT, rooted in evolutionary understanding of the development of mind, neuroscience, neurophysiological and attachment research helping to understanding the nature of our three basic emotions regulation systems, and our understanding the development and function of shame and self-criticism.

-Participants will learn skills and techniques to help build shame resilience
-Participants will feel more confident in their ability to integrate compassion approaches into Cognitive Behavioural Therapy (CBT) for OCD and BDD.

Teaching Methods
Experiential
Case Discussion
Role Play
Video
Didactic
References

Workshop Leaders
Tara O’Donoghue is a senior CBT and CFT psychotherapist specialising in assessment and treatment of OCD at the national specialist unit for OCD alongside Dr David Veale; The Anxiety Disorders Residential Unit, The Royal Bethlem, South London and Maudsley. The unit was recently part of the channel 4 series ‘Bedlam’. She has published an article with Dr David Veale focusing on behavioural change (featured in Behavioural & Cognitive Psychotherapy) and has presented about OCD at previous workshops.
Lisa Williams is a senior CBT and CFT psychotherapist who has worked in Mental Health for over 15 years. Lisa currently specialises in the assessment and treatment of OCD at the national specialist unit for OCD alongside Dr David Veale; The Anxiety Disorders Residential Unit, The Royal Bethlem, South London and Maudsley. She is also a honorary lecturer on the CBT Post Graduate Diploma Course at Canterbury Christchurch University and has taught CBT and CFT both nationally and internationally.
MAKING COGNITIVE THERAPY WORK: A FOCUS ON PRINCIPLES

ABSTRACT

Background

Clinicians who provide evidence-based treatments for the wide range of problems patients present with are faced with numerous challenges. Often, patient's descriptions of their problem don't match the problem outlined in the referral. Moreover, comorbid presentations are the rule rather than the exception; yet many treatments are designed to be disorder specific. Furthermore, while treatments are designed to be provided in regular weekly or fortnightly schedules they are often delivered according to a variable and unpredictable schedule due to cancelled and missed appointments by patients. Finally, many treatments emphasise the utilisation of various unique and innovative strategies and techniques yet many of these activities actually reflect common underlying evidence-based principles of effective treatment. A therapy therefore that could be applied transdiagnostically, according to a variable treatment session schedule, and based on robust principles of psychological distress and psychological change, would be extremely useful for primary care clinicians.

In this workshop, three important principles that are frequently mentioned in the literature and are integral to the provision of effective and efficient cognitive therapy will be described and explained through practical examples. The principles are: control; conflict; and reorganisation. The importance of control to people’s mental health and general wellbeing is emphasised repeatedly throughout the literature. When control is not mentioned explicitly, concepts such as regulation and self-determination point to the same principle. Conflict (incongruence, dissonance, dilemmas, or being in two minds) is also referred to frequently in the literature. Conflict is a general formulation underlying the distress that manifests in various symptom patterns. People become psychologically distressed when they want to achieve two incompatible goals at the same time. An example of such a conflict might be wanting to forget a past traumatic event but also wanting to remember it in order to understand how it happened and prevent it from happening again. Reorganisation is the third principle and it also has strong support in the literature. It is the process of change in which new perspectives, insights, and points of view are developed. This workshop will explain the way in which these three principles can be integrated to enhance the effectiveness of therapy by enabling clinicians to work flexibly and responsively.

The workshop will be presented by practicing clinicians and will equip participants with skills they will be able to use immediately in order to achieve the following outcomes in their practice:

- Increased therapist effectiveness through an expanded theoretical framework;
- Increased therapist confidence through a clearer understanding of how their practices promote therapeutic change for different patients with different problems;
- Increased patient satisfaction through the provision of effective and efficient treatment;
- Greater cohesiveness between therapeutic approaches through the recognition of fundamental commonalities; and,
- Increased therapist satisfaction in their own ability to work effectively with clients presenting with complex problems and comorbidities through a sound understanding of the transdiagnostic processes that techniques employ whenever they are effective.

Objectives

By the end of the workshop the participants will have had opportunities to:

1. Relate three key therapeutic principles to their own therapeutic practice;
2. Examine their own implicit models of therapeutic change;
3. Learn techniques to promote the participation and engagement of patients;
4. Explore the problem solving process of psychological reorganisation and how best to promote it;
5. Trouble-shoot ways of addressing and overcoming common problems in therapy such as poor engagement and motivation; and,
6. Develop ways of delivering cognitive therapy flexibly and adaptively using transdiagnostic methods to ensure each patient receives the optimum amount of therapy.
Training Modalities
In this workshop a range of training modalities will be used including: didactic, group discussion and problem solving, role play, DVD demonstrations and experiential activities.

References

Workshop Leaders
Professor Tim Carey PhD is Director of the Centre for Remote Health in Alice Springs. He is a clinical psychologist and Director and Vice-President of the Australian Psychological Society (APS). Professor Carey is a clinician, teacher, and researcher who has been developing and evaluating MOL in Australia and the UK since the 1990s.
Dr Sara Tai is Senior Lecturer in Clinical Psychology at Manchester University. She is an experienced practitioner, researcher, and trainer of CBT and MOL. She provides supervision and workshops internationally and is involved in research on psychoses and bipolar disorders in China, USA, Europe, and the UK.
ABSTRACT

Scientific Background and Description of Workshop

This workshop will address the key clinical skills that are needed for working with eating disorders using CBT. It will briefly consider the evidence base, including evidence that the approach presented here is effective. It will then consider the therapeutic principles that clinicians need to adopt to ensure that the therapy has the best chance of being effective (e.g., focusing on early change; dealing with our own anxiety; getting the therapeutic relationship right; actually delivering the therapy; the role of supervision; knowing when to stop).

The majority of the session will involve learning the key skills that any CBT therapist should be using when treating the eating disorders, regardless of specific diagnosis. The aim will be to address the ‘broken cognition’ that characterises these disorders. The skills will be focused on what the patient needs for recovery, and will be addressed using didactic presentation, case examples and interactive methods. The skills will include: risk management; monitoring and weighing; formulation of behaviours and cases; improving eating; exposure with response prevention; cognitive restructuring; behavioural experiments; surveys; and handling endings. There will be particular consideration given to the methods needed to improve body image, as this is such a strong risk factor for relapse.

Objectives

1. Understanding the cognitive and behavioural pathology of the eating disorders.
2. Adopting an appropriate therapeutic stance, based on key principles of effective CBT.
3. Using existing CBT techniques to deliver evidence-based CBT for eating disorders.

Modalities: A combination of didactic, case presentation, interactive discussion and role play.

References


Workshop Leader

Glenn Waller is Professor of Clinical Psychology at the University of Sheffield. He has worked in the eating disorders for over 25 years, developing evidence-based approaches. He is lead author of two books on CBT for eating disorders, and has contributed over 20 book chapters. He has published over 250 peer-reviewed papers, including studies of the effective treatment of eating disorders in routine clinical practice. He has presented and trained clinicians in many national and international settings. He is a Fellow of the Academy of Eating Disorders, and is a Past President of that organization.
THURSDAY, SEP 1, 14:00-17:00
PROFESSOR ANKE EHLLERS
UNIVERSITY OF OXFORD, UNITED KINGDOM

UPDATING TRAUMA MEMORIES WITH COGNITIVE THERAPY FOR PTSD

ABSTRACT

Scientific background

Treatment guidelines recommend trauma-focused cognitive behavioural treatments as treatments of choice for posttraumatic stress disorder (PTSD). Cognitive Therapy for PTSD is a version of these treatments that builds on Ehlers and Clark’s (2000) cognitive model of PTSD. This model suggests that people with PTSD perceive a serious current threat that has two sources, excessively negative appraisals (personal meanings) of the trauma and/or its sequelae and characteristics of trauma memories that lead to reexperiencing symptoms. The problem is maintained by cognitive strategies (such as thought suppression, rumination, safety-seeking behaviours) that are intended to reduce the sense of current threat, but maintain the problem by preventing change in the appraisals and trauma memory, and/or lead to increases in symptoms.

Cognitive Therapy for PTSD has been shown to be highly effective and acceptable to patients (Duffy et al., 2007; Ehlers et al. 2003, 2005, 2014, 2016; Gillespie et al., 2002; Smith et al., 2007). It has three goals. First, the idiosyncratic personal meanings are identified and changed. Therapeutic techniques include identification of hot spots during the trauma and associated meanings, socratic questioning, and behavioural experiments. Second, the trauma memory is elaborated. Idiosyncratic personal meanings of the trauma are updated with information that corrects impressions and predictions at the time, using a range of techniques. In stimulus discrimination training, the patient learns to discriminate triggers of reexperiencing symptoms from the stimuli that were present during the trauma. Third, the patient experiments with dropping maintaining behaviours.

Key Learning Objectives

Participants will learn to

• Identify important characteristics of trauma memories and their triggers,
• Identify key processes that maintain PTSD,
• Develop an idiosyncratic version of the treatment model with their patients,
• Identify ways of changing problematic meanings in PTSD.
• Identify ways of integrating changed meanings into trauma memories.

Training modalities

The workshop will give case examples to illustrate the different aspects of the model. Techniques used in the treatment are described and illustrated with clinical material and videotapes.

References


Workshop Leader

Anke Ehlers is a Wellcome Trust Principal Research Fellow and Professor of Experimental Psychopathology at the Department of Experimental Psychology, University of Oxford, United Kingdom. She has received several awards for her work on posttraumatic stress disorder, including the Award for Distinguished Scientific Contributions to Clinical Psychology, American Psychological Association and the Wilhelm Wundt- William James Award, awarded jointly by the European Federation of Psychology Associations and the American Psychological Foundation. Implications for Everyday Practice

Posttraumatic stress disorder is commonly seen in clinical practice. The workshop will equip participants with clinical tools to address the disabling reexperiencing symptoms that characterise this disorder.
INTERNET TREATMENT FOR ANXIETY DISORDERS

ABSTRACT

Scientific background

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 120 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 two pioneers in the field will present some recent research findings, but primarily share their 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.

Key learning objectives

• 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.

Training modalities

Lecture, role play, group discussions.

Key references


Workshop leaders

Both professor Per Carlbring and professor Gerhard Andersson are licensed psychologists, licensed psychotherapists and board certified specialists in clinical psychology. They have been active researchers in the internet interventions field since the late 1990s. For more information detailed see their respective web sites: www.carlbring.se and www.gerhardandersson.se

Implications for everyday clinical practice of CBT

After this workshop you will know more about how these alternative methods of CBT support can be integrated within a busy practice and supporting people in innovative ways.
THE ART OF EMPATHIC CONFRONTATION: HOW TO BY-PASS DYSFUNCTIONAL COPING BEHAVIORS WITHIN THE THERAPEUTIC RELATIONSHIP

ABSTRACT

Background
A common roadblock for change in therapy is treating clients with dysfunctional coping behaviors within the therapeutic relationship, e.g. clients that are emotionally detached, overly compliant or verbally attacking the therapist. Empathic confrontation is an interpersonal strategy used in Schema Therapy in order to by-pass these behaviors without raising resistance for change. On the contrary empathic confrontation will help reinforcing the therapeutic bond and enhance motivation for change. Schema Therapy is an innovative psychotherapy developed by Dr. Jeffrey Young for personality disorders, chronic depression, and other difficult individual and couples problems. Schema Therapy integrates elements of CBT, Attachment theory and Gestalt therapy into one unified and systematic approach to treatment.

Objectives
The presenters will give an overview of Schema Therapy and discuss its key conceptual components, i.e. Core Emotional Needs, Early Maladaptive Schemas, Coping Styles and Modes. They will outline the overall treatment philosophy of clients with interpersonal problems with a focus on empathic confrontation of dysfunctional coping behaviors. The participants will learn how to conceptualize dysfunctional coping behaviors using the Schema Therapy model, be informed about key maintenance factors of these behaviors and practice how to perform effective empathic confrontation.

Training Modalities
The workshop will contain video demonstrations, live role-plays performed by the presenters and dyadic role-plays among the participants. Key interventions that will be illustrated and practiced are empathic confrontation and multiple chair techniques.

References

Workshop Leaders
Both holds an Advanced Level Certification in Schema Therapy. Perris and Gyllenhammar introduced Schema Therapy in Sweden and have offered Schema Therapy training programs since 2005. Perris is the founding President of the International Society of Schema Therapy, (ISST) and current President of the Swedish Association for Cognitive and Behavioral Therapies. Gyllenhammar is the ISST coordinator for training and certification, (Swedish branch).
SATURDAY, SEP 3, 08:30-12:00

JOHN SWAN
UNIVERSITY OF DUNDEE, UNITED KINGDOM

Co-leader: Marianne Liebing-Wilson. NHS Tayside; University of Dundee

COGNITIVE BEHAVIOURAL ANALYSIS SYSTEM OF PSYCHOTHERAPY (CBASP) FOR PERSISTENT DEPRESSIVE DISORDER

ABSTRACT
Scientific Background and Description of Workshop

Significant numbers of people suffer from Persistent or Chronic Depression in which clinically low mood and associated symptoms continue unabated for two or more years but which may become a lifelong problem without effective treatment. Patients with Chronic Depression present particular challenges to psychological therapists that other depression specific psychotherapies have not been able to address. In Cognitive Behavioural Analysis System of Psychotherapy, (CBASP), patients learn how their current cognitive and behavioural repertoires produce and perpetuate interpersonal problems. Using a social problem solving algorithm known as Situational Analysis, they are then taught how to alter maladaptive patterns of interpersonal behaviour to improve the probability of achieving more salubrious outcomes desired outcomes in their social world.

CBASP is an interesting and challenging therapy to learn and is focused on meeting the needs of those depressed patients who meet criteria for chronic depression. Though CBASP is related to CBT, there are aspects of the model that are substantially different.

Objectives
1. To introduce participants to this new psychotherapy which is to date, the only therapy specifically designed to meet the clinical requirements of chronically depressed individuals.
2. Describe and outline the therapy process and key mechanisms of change using examples to illustrate the techniques specific to CBASP.
3. The theoretical model underpinning CBASP will be outlined.
4. Data from a UK based two year case series will be presented to underpin aspects of the application of the model (see references section)

Modalities

An active workshop combining the communication of information and concepts coupled with the opportunity to hear/see, using examples of practice captured on DVD, actual examples of CBASP therapy being delivered. There will be the opportunity to discuss and rehearse the main techniques of CBASP in role-play exercises.

References


Workshop Leaders

John is a Clinical Senior Lecturer and Course Director for the Post Graduate Training Programme in Cognitive Behavioural Psychotherapy hosted by the University of Dundee. Marianne is a Senior Adult Psychotherapist and Co-Director of the above training programme. In addition, both are trained and accredited practitioners of CBASP having worked closely with the originator of CBASP, Prof. James McCullough. Both are active clinicians specialising in the teaching and practice of chronic/persistent depression specific psychological therapies.
THURSDAY, SEP 1, 14:00-17:00

PROFESSOR LUSIA STOPA
UNIVERSITY OF SOUTHAMPTON, UNITED KINGDOM

IMAGERY AND THE SELF: UNDERSTANDING HOW IMAGERY MAINTAINS NEGATIVE SELF-VIEWS AND HOW YOU CAN USE IMAGERY TO CHANGE THEM

ABSTRACT

Background

Intrusive images are present in many disorders. They are often repetitive and uncontrollable, and act as emotional amplifiers in a number of models of psychopathology (Stopa, 2009). Holmes and Mathews (2010) argued that images trigger affective responses through direct influence on the brain’s emotional systems, through use of the same neural structures as perception, and through the activation of autobiographical memories. Negative self-images often derive from experiences such as neglect, abuse, bullying, and abandonment (Hinrichsen, Morrison, Waller, & Schmidt, 2007; Patel, Brewin, Wheatley, Wells, & Myers, 2007; Wells & Hackmann, 1993), and then help to maintain a vicious cycle of self-criticism, behavioral change (e.g., avoidance, withdrawal), and disturbing physiological and emotional responses. Traditional cognitive therapy techniques such as thought challenging can help people to re-evaluate their beliefs, but sometimes fail to impact on the emotional component of the beliefs. There is a growing body of evidence to suggest that imagery techniques, such as imagery rescripting are effective at helping people to re-evaluate and change negative views of self across a range of disorders (Stopa, 2011). This workshop will introduce a model of the relationship between imagery, autobiographical memory and the self based on Conway and Pleydell-Pearce’s (2000) self-memory system model and look at how imagery rescripting can be used to change negative self-representations.

Objectives

By the end of this workshop you should:

1. Understand how imagery maintains negative self-views across a range of disorders
2. Gain knowledge of the theory and practice of imagery rescripting.
3. Know how to integrate imagery rescripting with more traditional cognitive therapy intervention techniques

Training modalities

Didactic, modelling using videos of different imagery techniques, and role play.

References


Workshop Leader

Lusia Stopa is Professor of Clinical Psychology at the University of Southampton, UK. She is currently Director of the Clinical Psychology Doctoral Programme and strategic lead for postgraduate training in CBT. She trains and supervises cognitive therapists in the use of empirically validated therapies and is an active CBT practitioner. Her current research focuses on imagery and on how negative views of self can be represented by mental images, how these images maintain clinical disorders, and how they can be changed in treatment. Her innovative book, Imagery and the threatened self: Perspectives on mental imagery and cognitive therapy (2009), assembled scholars working in the field of mental imagery and disorders and linked research into images and the self in a range of disorders. She guest edited a special issue on imagery rescripting for Cognitive Behavioural Practice in 2011, and is currently writing a book on imagery for practitioners, which will be published by Guilford Press.
SATURDAY, SEP 3, 08:30-12:00

STIRLING MOOREY
SOUTH LONDON AND MAUDSLEY NHS TRUST, UNITED KINGDOM

WORKING WITH INTERPERSONAL PROCESS IN CBT SUPERVISION

ABSTRACT

Background
CBT prides itself on its ability to establish a collaborative client-therapist relationship, and the effectiveness of this partnership approach has been demonstrated in numerous randomised controlled trial. As therapists work with increasingly complex cases they are faced with challenges to collaborative empiricism, and the importance of understanding the interpersonal processes arising in the session becomes highly relevant.

This workshop is aims to give CBT supervisors a model for understanding the interpersonal process of the therapy session and the supervision session. The workshop will describe how cognitive models have been used by theoreticians from psychodynamic (e.g. Bowlby and Horowitz), cognitive behavioural (e.g. Safran and Segal) and integrative (e.g. Ryle) traditions to understand the therapy relationship. It will explore how the concept of interpersonal schemas can help to make sense of the patient’s reactions to us and our reactions to them. Difficulties in therapy will be conceptualized in terms of the interaction between the therapist’s and the patient’s beliefs/rules about self, others, and relationships – resulting in ‘schema congruence’, ‘schema conflict’ or ‘schema complementarity’. Supervisors can make use of this to help their supervisees understand alliance ruptures. The same method will be applied to understanding problems in the supervisor-supervisee relationship. A simple method for tracking these interactions will be introduced and participants will have the opportunity to apply it to their own cases.

Objectives
Participants will
1. understand how problems in the therapy and supervisory relationships can be described in terms of interpersonal schemas.
2. understand how ‘transference’ and ‘countertransference’ can be translated into cognitive behavioural language.
3. be able to use the interpersonal schema worksheet to map therapist-client and supervisor-supervisee interactions.
4. practice using the worksheet to identify ways out of the unhelpful cycles of interaction that can get set up in therapy and in supervision.

Training Modalities
1. Didactic and through large and small group discussion.
2. Demonstration role plays.
3. Skills role plays based on vignettes and participants’ own cases.
4. Small group work using the interpersonal schema worksheet as a tool for identifying and interrupting maladaptive interpersonal patterns.

References
Moorey “Is it them or is it me?” Transference and Countertransference in CBT in Whittington & Grey eds. How to become a more effective CBT therapist (Wiley, 2014).

Kennerley Developing and Maintaining a Working Alliance in CBT in Whittington & Grey.

Workshop Leader
Stirling Moorey is Consultant Psychiatrist in CBT at the South London and Maudsley Trust and Visiting Senior Lecturer at the Institute of Psychiatry, Psychology and Neuroscience. He has 30 years experience of training and supervising psychologist, psychiatrists and other health professionals in CBT, and was a co-founder and continuing contributor to the IOP Postgraduate Diploma in CBT. He has written on CBT in general, psycho-oncology and CBT in adversity. He has recently contributed a chapter on interpersonal process in CBT to How to become a more effective CBT therapist (Whittington & Grey, 2014)
RICCARDO DALLE GRAVE
VILLA GARDA HOSPITAL, ITALY

RESIDENTIAL AND DAY HOSPITAL CBT-E BASED TREATMENT FOR EATING DISORDERS

ABSTRACT

Background
The mainstay of the treatment of eating disorders is outpatient treatment. Nevertheless, there are patients who need more intensive treatment. The aim of the workshop is to describe a novel model of residential and day-care treatment for eating disorders, one that is entirely cognitive behavioural in orientation. The treatment was derived from the new “enhanced” form of outpatient cognitive behaviour therapy (CBT-E). Residential and day-care CBT-E retains three of the core characteristics of outpatient-based CBT-E: (1) it is designed to be suitable for all forms of clinical eating disorder; (2) the content of the treatment is dictated by the psychopathological features present and the processes that appear to be maintaining them; (3) the treatment addresses these processes using CBT-E strategies and procedures. However, it also has some features that distinguish it from the outpatient-based CBT-E: (1) it is delivered by multiple therapists from different professional backgrounds; (2) there is assistance with eating; (3) some elements of the treatment are delivered in a group format. In this workshop the treatment programme will be described in detail, together with data on its effectiveness, and the workshop will be illustrated with numerous clinical vignettes.

Objectives
At the completion of this workshop:
1. Participants will gain knowledge on how to adapt the CBT-E for the residential and day-care setting
2. Participants will gain knowledge on how a multidisciplinary team can apply a single psychotherapeutic treatment
3. Participants will gain knowledge on the use of a “manualized” treatment in a real world residential and day-care settings.

Training modalities
Didactic and interactive with clinical vignettes

References

Workshop Leader
Dr. Riccardo Dalle Grave is the head of Department of Eating and Weight Disorders at Villa Garda Hospital Garda (Vr) Italy. The department includes 18 inpatients beds and 14 day-care beds for eating disorders patients, 20 beds for patients with severe obesity, and an outpatient service for eating disorder and obesity. In this department, he has developed an original inpatient treatment for eating disorder based entirely on the enhanced cognitive behavior therapy (CBT-E). Over the past 20 years, dr. Dalle Grave have published about 100 papers in international peer-reviewed journals, several books in Italian, and two book in U.S.
ABSTRACT

Background

In acceptance based therapy of severe somatoform disorders, perspective taking techniques are essential to the process of mindfulness. Being mindful entails a sense of the perspective from which one observes: ‘I’m here now and the pain is in the left part of my back’.

Perspective taking is the fundamental cognitive capacity to consider the world from another (individual’s) viewpoint” (Galinsky et al., 2008). Patients can learn to take different perspectives like ‘how would my friend react to a pain like this?’ or ‘How will I remember my present fatigue next week?’ In this way they learn that their bodily sensations are private experiences which can be observed, tolerated and approached with an open mind. According to the relational frame theory, the relational frames of “I-YOU”, “HERE-THERE”, “NOW-THEN” are central to the development of perspective taking (Barnes-Holmes et al., 2004).

Together with developing the ability of perspective taking, patients enhance a sense of being observers of their own body related sensations, thoughts or emotions (McHugh et al., 2012).

Both perspective taking and the sense of being observer reduce the stimulus control exerted by the content of body related private experiences such as the thought ‘I can’t stand this any longer’ which eventually leads to avoidance.

Techniques of perspective taking can easily be combined with various therapies for severe somatoform disorders like cognitive behavioral therapy and acceptance and mindfulness based therapies.

Key Learning Objectives

Gaining knowledge and skills in perspective taking techniques in an acceptance and mindfulness based treatment for severe somatoform disorders

Training modalities

Presentations, demonstrations and exercises.

References


Workshop leaders

S.Thorsell (Shiva) is clinical psychologist (MSc), Head of the in-patient ward at Altrecht Psychosomatiek Eikenboom, Zeist, Dutch expertise centre for psychosomatic medicine. She is specialized in acceptance and commitment therapy and (self) compassion training.

J.A. Spaans (Jaap) is a senior clinical psychologist (MSc), CBT supervisor, Head of the day-treatment-service at Altrecht Psychosomatiek Eikenboom, Zeist, Dutch expertise centre for psychosomatic medicine. He is the author of several (ACT) self-help books and the chairman of the Dutch network of institutions for medically unexplained symptoms (NOLK).
FRIDAY, SEP 2, 08:30 – 12:00

DRIFTAH YOVEL
THE HEBREW UNIVERSITY OF JERUSALEM, ISRAEL

SETTING THE GROUNDS FOR A VALUED CHANGE IN ACT

ABSTRACT

Background

ACT practitioners are faced with several challenging tasks in the initial phase of therapy. 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 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, which 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.

Objectives

This in-congress workshop, which is suitable for professionals with at least some familiarity with ACT, will focus on the critical initial phase of therapy. We will learn how it can be structured and easy to implement, 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 highly meaningful and 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, and based on the client’s own treatment objectives, (c) start practicing flexibility right from the beginning of therapy (e.g., before completing formal or informal assessment) using behavioral exercises, (d) utilize current scientific knowledge (e.g., Wegner’s paradoxical effects of suppression) and common cognitive and behavioral techniques (e.g., listening to treatment sessions at home) in the service of these objectives, and also to enable the early development of basic ACT skills such as acceptance and defusion.

Training Modalities

The workshop will be based on an interactive didactic style. Relevant research findings as well as actual case examples will be provided to support and illustrate key points.

References

Recommended Readings:


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.
FREE IN-CONGRESS WORKSHOPS
THURSDAY, SEP 1, 08:30 – 12:00

DR HANNAH MURRAY
SPRINGFIELD HOSPITAL, UNITED KINGDOM

Co-leader: Sharif El-Leithy, Springfield Hospital, United Kingdom

BEYOND RELIVING IN PTSD TREATMENT: ADVANCED SKILLS FOR OVERCOMING COMMON OBSTACLES IN MEMORY WORK

ABSTRACT
Background
Good evidence exists for PTSD treatments in which memory-focused techniques such as imaginal reliving and prolonged exposure play a significant role. However, the evidence base is sparse for complex presentations of PTSD, for example where trauma has been experienced in early life, or is prolonged and severe. There are gaps in our understanding of how to adapt existing protocols to apply these treatments effectively with complex cases in routine clinical settings. Revisiting the principles and theories underlying treatment can help us generate novel, and adapt existing, techniques to overcome these difficulties. This workshop will bring together cognitive models of PTSD and memory, core CBT principles, and advanced therapeutic techniques to solve commonly encountered obstacles in PTSD treatment, such as overwhelming affect, difficulties connecting with feelings and memories, head-heart lag and problems identifying target memories in multiple trauma presentations.

Objectives
• Identify common obstacles in working with trauma memories
• Apply principles from existing cognitive models of PTSD to formulate these problems
• Understand how diverse memory techniques can be conceptualised using these models
• Learn practical ways to implement these techniques creatively while maintaining fidelity to cognitive models.

Training modalities
The workshop will complete Kolb's learning cycle using case material to present clinical examples of commonly encountered problems in PTSD treatment, theoretical frameworks to conceptualise these problems, generate solutions using a broad range of memory and experiential techniques, and give opportunities for participants to practice and reflect on using these techniques in their own work. Four key problem areas will be explored. For each area, a range of clinical examples will be presented, and generated from participants’ experiences. Fundamental principles will be applied to understand these difficulties; and how techniques from a range of models can be adapted to address the conceptual obstacles. Practical examples and tips on how to implement these techniques will be given, and participants will be invited to reflect on and role-play how they will apply similar strategies to their own cases.

References

Workshop Leaders
Drs Hannah Murray and Sharif El-Leithy are Clinical Psychologists based at the Traumatic Stress Service in South-West London. Between them they have 25 years of experience in working with complex cases of PTSD using trauma-focused CBT and supervise, teach and research widely in the field.
ABSTRACT

Background

A group format for depression can be just as effective as individual CBT for adults ([Hans & Hiller, 2013; Tucker & Oei, 2007]. This workshop will summarize up to date research on CBT for depression including group CBT and outline a group treatment protocol. The 12-week session-by-session protocol includes psycho-education with emphasis on Aaron Beck’s cognitive model of depression, behavioural interventions, cognitive interventions, and relapse prevention in the form of continued-CBT (boostersessions) and/or mindfulness-based relapse prevention groups. Issues such as group preparation, dropout prevention, outcome measures, group process factors, and group leader qualifications will be addressed. In addition to presenting didactic information and individual cognitive restructuring techniques (e.g., Thought Records), the importance of managing the group climate will also be addressed. A group format poses a unique challenge to CBT therapists and requires them to work actively with the various group process factors such as group cohesion and trust in order to enhance individual outcomes.

Objectives

(1) To become familiar with the research literature on group CBT for depression
(2) To appreciate the challenge in working with individual clients on cognitive restructuring yet capitalizing on the entire group climate
(3) To develop a group CBT program for depression based on receiving a comprehensive set of hand-outs

Training Modalities

The workshop will be both didactic and experiential. The experiential component will include workshop participants volunteering to form a mock group with the workshop leader demonstrating how to implement interventions such as working with Thought Records in a group setting.

References


Workshop Leader

Ingrid Söchting is the Director of the UBC Psychology Clinic and a clinical associate professor in the Department of Psychiatry at UBC. She is the coordinator of the UBC Psychiatry Residency CBT Training. Over the past 20 years, she has specialized in treatment for mood and anxiety disorders including groups for depression, anxiety disorders, OCD, and trauma. Prior to leading the clinic at UBC, she was chief psychologist in an outpatient mental health clinic. She teaches Master’s level course in the clinical psychology program at UBC and supervises psychology and psychiatry residents in CBT. She is involved in psychotherapy research and has published over 25 peer-reviewed articles. She has given over 50 invited lectures and workshops in Canada and abroad. Most recently, she has published a guide on group CBT for clinicians: Cognitive Behavioral Group Therapy: Challenges and Opportunities. Wiley Blackwell 2014. Dr. Söchting is a Canadian-Certified CBT therapist and a Certified Group Therapist of the American Group Psychotherapy Association. She is a Board member of the Canadian Institute for Obsessive Compulsive Disorder and the Canadian Group Psychotherapy Foundation.
DEVELOPING A TRAUMA-INFORMED TREATMENT OPTION IN PRIMARY CARE: A SKILLS-BASED MODEL FOR PATIENTS WITH ADVERSE CHILDHOOD EXPERIENCES (ACES)

ABSTRACT

Background

The landmark Adverse Childhood Experiences (ACE) study in San Diego, California, provided remarkable evidence of a strong relationship between exposure to childhood emotional, physical and sexual abuse and/or household dysfunction and subsequent elevations in health risk behaviors, addiction, and disease in adulthood (Felitti et al., 1998). Subsequent research has also clearly demonstrated the relationship between adverse childhood experiences (ACEs) and adult physical and mental health (Bellis, Lowey, et al., 2014). In spite of the demonstrated relationship between adverse childhood experiences and poor health outcomes in adulthood, very little effort in primary care settings has been directed towards the identification of adults who have experienced childhood trauma. Not surprisingly, adults with high ACE histories have been found to be particularly frequent consumers of services in primary care clinics. Primary care is thus a desirable setting for identifying adults with significant developmental trauma experiences and offering validated treatments to help offset the possible development of future health problems.

In this workshop, participants will learn about the development of a Calgary-based treatment specifically created for adults with high ACE histories. The treatment was developed with input from a variety of mental health and medical clinicians with experience in treating patients with trauma, but was also informed by a) a comprehensive literature review that covered both skills-based and reprocessing approaches to the treatment of trauma, and b) ongoing input from an advisory group comprised of adult patients who had significant ACE histories themselves. This innovative treatment has been offered in primary care settings in an open trial, supported by a robust relationship that has existed between approximately 50 mental health clinicians and over 800 family physicians in the greater Calgary area. The treatment process in the trial was initiated by family physicians who screened adult patients for ACEs and were trained in discussing the resultant ACE scores, and the treatment was offered in 6 session groups. This workshop will present the rationale and process used in developing the treatment, the specific content of the treatment, and feedback about the treatment provided by both primary care providers and patients.

Objectives

1. Describe the process used to develop the treatment
2. Outline the content of treatment and the supporting evidence-based research
3. Review in detail the skills-based content of each of the 6 group sessions
4. Share the evaluative results of the treatment from primary care providers and patients

Training modalities

- Presentation and discussion
- Interactive exercises with participants to share skills-based content

References


Workshop Leaders

Chantelle is a psychologist who works as a Behavioural Health Consultant in a number of family medicine clinics in Calgary, Alberta. She has a long-standing clinical interest in adults with childhood trauma histories, and serves as the chair of the ACE’s-Alberta Treatment Development Group. She previously served as the clinical supervisor of a program for women who were the victims of domestic violence.
SATURDAY, SEP 3, 08:30 – 12:00

PROFESSOR LARISSA NIEC
CENTRAL MICHIGAN UNIVERSITY, UNITED STATES

Co-leaders: Willemine Heiner, Mentaal Beter, The Netherlands; Frederique Coelman

PARENT-CHILD INTERACTION THERAPY: INNOVATIVE INTERVENTIONS GROWING FROM THE ROOTS OF BEHAVIORAL THEORY

ABSTRACT

Background
Conduct-disordered behavior in young children is a costly public health concern that poses significant challenges for society as a whole (Honeycutt, Khavjou, Jones, Cuellar, & Forehand, 2015). Without effective treatment, conduct-disordered behavior in children can lead to serious difficulties in broad areas of functioning, including difficulties in family, peer, school, and community interactions (Broidy et al., 2003). Parent management training (PMT) programs that are based on behavioral principles and involve parents as the primary agents of change are considered best practice in the reduction of conduct problems (Eyberg, Nelson, & Boggs, 2008). PMT programs that target at-risk children at an early age have a more significant impact compared to interventions which are provided five to ten years later, when behavior patterns have become more persistent (Heckman, 2006; Tremblay, 2006).

Rooted in behavioral theory and child-centered play therapy, Parent-Child Interaction Therapy (PCIT) is an innovative, evidence-based PMT program for children two- to seven-years-of-age with serious conduct problems. PCIT includes two phases of treatment designed to improve the parent-child relationship, reduce clinically significant child conduct problems, and increase effective parenting (e.g., Niec, Eyberg, & Chase, 2011; Eyberg & Funderburk, 2011). The efficacy of PCIT has been supported by rigorous studies within the US and globally (Cooley, Veldorale-Griffin, Petren, & Mullis, 2014; Thomas & Zimmer-Gembeck, 2007). PCIT is unique from most PMT programs in that it (1) is assessment driven (e.g., families progress through treatment when they demonstrate mastery of the parenting skills); (2) includes parents and children in each session; and (3) provides parents with in vivo feedback (“coaching”) by therapists during interactions with their children. PCIT contains the treatment components associated with larger effect sizes in the reduction of childhood conduct problems and the improvement of parenting skills (Kaminski, Valle, Filene, & Boyle, 2008).

From the roots of PCIT, strong branches have grown that include new, innovative models of service delivery (e.g., time-limited prevention models of PCIT; group PCIT) and adaptations to address different types of child psychopathology (e.g., developmental delays, anxiety, depression). This workshop will provide attendees with an understanding of the roots of PCIT and an overview of the new branches. Specifically, we will include discussion of the (1) theory underlying the intervention, (2) research supporting the intervention, and (3) techniques and core components of the intervention. We will consider the implications for clinical practice in order to maximize the benefits for children and families in need of treatment.

Objectives
Participants who successfully complete the workshop will be able to
1. Identify the ‘roots’ and core elements of Parent-Child Interaction Therapy, an evidence-based intervention for young children with conduct problems.
2. Describe the three primary, family-oriented goals of PCIT.
3. Understand the specific skills that are taught to parents in both phases of PCIT.
4. Describe the new innovations of PCIT meant to increase access to care for families.
5. Understand the latest adaptations of PCIT for children with different types of disorders (e.g., autism, anxiety).

Training modalities
In this workshop we will provide an overview of the PCIT model and will share the most current research findings regarding efficacy in global populations and the development of adaptations of the intervention. Training modalities will include lecture with audience participation and review and discussion of videos of actual PCIT cases. Role play and basic skill-building exercises will also be included.

References


Workshop Leaders
Larissa N. Niec, PhD is Professor of Psychology and Director of the Center for Children, Families, and Communities at Central Michigan University. As a PCIT Master Trainer, Dr. Niec provides training for therapists nationally and internationally. Her research interests include adaptations of the PCIT model, prevention of childhood conduct problems, and dissemination of PCIT to underserved populations.

Elizabeth Brestan-Knight, PhD is a Professor in the Department of Psychology at Auburn University and a PCIT Master Trainer. Her research interests include the behavioral observation of parent-child interactions (using the DPICS), parent education, and PCIT dissemination and implementation.

Willemine Heiner is a clinical psychologist in private practice, a PCIT Trainer, and a supervising behavioral therapist at Mentaal Beter (Hoofddorp/IJmuiden, The Netherlands).

Mariëlle Abrahamse, PhD is a researcher at de Bascule and the Academic Medical Center (Amsterdam, The Netherlands) and a post-doctoral fellow at the Center for Children, Families, and Communities at Central Michigan University (United States).

Frederique Coelman is a PCIT Master Trainer in The Netherlands.
ABSTRACT

Background

Cognitive control, the essential ingredient of willpower, has been deemed a key construct in the Research Domains Criteria (RDoC) framework (Insel et al, 2010). Willpower, the capacity to overcome impulses, maintain effort and pursue long term goals, is thus central to cognitive behaviour therapy across the clinical spectrum, but in particular where appetite, affect or motivation is distorted. When optimised, reward processing (another RDoC construct), can bolster willpower and sustain effort. Maintaining a valued goal in working memory, for example, promotes attentional engagement with goal congruent stimuli and reduces distraction. While executive functions such as working memory exercise a “top-down” influence on attentional deployment, recent evidence suggests that even arbitrary stimuli associated with reward (e.g. monetary gain) can invest these cues with salience. This is enduring for many months, suggesting that rewards can leverage automatic processes (which happens naturalistically in addiction) to promote therapeutic change. Learning is modulated by neural reward activation and, given CBT’s origins in learning theory, is pivotal in the clinical arena. Accordingly, extant clinical trial and meta-analytic research shows that treatments such as behavioural activation and contingency management consistently generate strong effect sizes. The focus in both cases is amplifying or accentuating reward processing, which seems to boost motivation and overcome anhedonia in depression and enhance impulse control in addiction. These are archetypal “willpower reliant” outcomes. The workshop aims to urge practitioners to recognise and utilise the “motivational magnetism” of reward as a way of sustaining the cognitive effort that defines willpower.

Objectives

• Willpower is sustained by valuing and appreciating larger long term rewards rather than opting for smaller short term rewards.
• How to apply motivational interventions that boost commitment to change, including strategies that promote self-regulation such as goal maintenance and working memory training.
• Acceptance in the face of setbacks, a compassionate stance and the support of others helps sustain willpower.

Willpower can be fostered through a seven-stage programme

• Reinforcing effort in advance of outcome is crucial, as the rewards delivered by willed effort are often delayed.
• Willpower is a shared and hence limited resource that requires careful stewardship.
• Overcoming habits places particular demands on willpower.
• Selecting one goal at a time, or prioritising a series of specific sub-goals, optimises willpower.
• Willpower can be enhanced by practicing self-restraint in diverse domains and the promotion of cognitive and neural fitness.
• Compassion and optimism foster willpower; emotional negativity depletes it.
• Willpower is usually challenged in ways that can be anticipated, allowing for coping strategies to be rehearsed in session.

Training modalities

The workshop will be interactive from the outset. It include a video presentation, experiential exercises and presentation of relevant scientific and clinical findings. The workshop should be relevant to practitioners who encounter clients presenting with emotional disorders, addictive disorders, or those aiming to sustain lifestyle or dietary changes linked to health concerns. Willpower is a well-accepted and usually nonjudgemental term with which to engage therapist and client into collaborative work aiming to boost effort, build resilience and learn from setbacks.

References


Workshop Leader

Frank Ryan is a cognitive behavioural therapist who works with people with substance misuse and associated problems. He is a Lead Clinical Psychologist for Camden & Islington NHS Mental Health Trust Substance Misuse Division in London and an Honorary Senior Lecturer at Imperial College Faculty of Medicine. He is the author of Cognitive Therapy for Addiction: Motivation and Change, Wiley, 2013 and Willpower for Dummies, Wiley-Blackwell, 2014
FRIDAY, SEP 2, 08:30 – 12:00

PIETRO MURATORI
IRCCS FONDAZIONE STELLA MARIS, ITALY

Co-leaders: Maria Helander, Karolinska Institutet, Sweden; Laura Ruglioni

COPING POWER FOR CHILDREN WITH AGGRESSIVE BEHAVIORAL PROBLEMS

ABSTRACT

Background
This workshop will provide an overview of the Coping Power program. The Coping Power Program, typically delivered as a small group intervention, has a 34 session child component and a 16 session parent component, although shorter versions and individually-delivered versions have been tested. Coping Power was developed for use with at-risk children, but has been adapted for use in different settings. Previous studies have examined its use with children with Oppositional Defiant Disorder and Conduct Disorder diagnosis, treated in outpatient clinics. We will review US and Dutch intervention research findings supporting this program effectiveness, and findings supporting the implementation in Swedish and Italian mental health services. Clinicians attending the workshop will be able to identify preadolescent children who are appropriate for intervention; to describe how the Coping Power model provides a framework for the assessment and intervention of specific children; and to implement tools to help the child recognize physiological cues of anger and manage their anger arousal, and to identify competent strategies for coping with social problems.

Objectives
To individuate who are appropriate for Coping Power. To know the contextual social cognitive model, a risk factors framework for Disruptive Behavior in children. To implement strategies and techniques provided in Coping Power.

Training modalities
Didactic and roleplay.

References

Muratori, P., Milone, A., Manfredi, A., Polidoro

Workshop Leaders
Pietro Muratori has been working as clinical psychologist in outpatients clinic for children and adolescent with Disruptive Behaviour Disorder. He led research and intervention projects about efficacy and dissemination of the Coping Power Program in Italian clinical contexts. His main research areas are related to clinical profiles in children and adolescent with Disruptive Behaviour Disorder diagnosis and primary prevention of childhood aggression.

Maria Helander has been working as clinical psychologist in Child and Adolescents psychiatry for 14 years. She has led the project of developing clinical guidelines for assessing and treating Disruptive Behavioral disorders within Child and Adolescent psychiatry in Stockholm. She is currently leading a research project examining the additive effect of the child component in the Coping Power Program to the Swedish Parent Management Training program KOMET.
FRIDAY, SEP 2, 08:30 – 12:00

DR SANJAY RAO
THE ROYAL OTTAWA MENTAL HEALTH CENTRE & UNIVERSITY OF OTTAWA, CANADA

TRANS DiAGNOSTIC EXPERIENTIAL CBT FOR RUMINATION

ABSTRACT

Background
Rumination is a phenomenon which can derail therapy. It is defined as repeated negative thinking about the past. It may have functional adaptive role in normal populations but is associated with poor outcomes in depression. However rumination may go undetected if it is not explicitly examined in patients. The phenomenon also occurs in other conditions like post-traumatic stress disorder, social anxiety disorder etc. Meta-analytic reviews have shown rumination as a strong predictor of psychopathology (Aldao, Nolen-Hoeksema & Schweiser 2010). Watkins and Nolen-Hoeksema (2014) conceptualised rumination as a habit to develop a rationale for treatment. Several interventions have been tried for rumination including cognitive behavioural, mindfulness and meta-cognitive approaches. Watkins et al (2011, 2012) developed a concreteness training approach to rumination and showed some initial success in treatment trials. Despite the above research practical approaches to dealing with rumination in therapy sessions have not been made explicit.

The purpose of this workshop is to develop skills in recognising this commonly occurring phenomenon and learn interventions using a structured approach. The interventions involve understanding the adaptive and maladaptive role of rumination, analysing the process and content of rumination, tracking rumination and applying a stepped approach to intervention for rumination. Rumination will be approached as a behaviour as well as a cognitive process with emotion processing implications. Participants will be able to practice a template for intervention using exercises, role-plays and discussions. They will also receive practical tips on how to prevent rumination from hijacking the therapeutic alliance. Techniques will be derived from a range of cognitive behavioral schools (behavioral, cognitive, mindfulness and metacognitive awareness approaches).

Objectives
1. Defining and detecting rumination from history, homework and in session interactions
2. Developing a systematic stepped transdiagnostic approach to rumination
3. Practise of skills from the 3 waves of CBT which can be applied to rumination
4. Methods of measuring outcomes of rumination interventions in clinical practise

Training Modalities
Experiential exercises on rumination, brief presentations and role plays. A systematic stepped approach will be used for delivering the intervention for rumination. Case examples of successes with rumination will also be provided.

References:

Workshop Leader
Dr Sanjay Rao is the Clinical Director of the mood and anxiety programme of the Royal Ottawa Hospital and Associate Professor of Psychiatry at the University of Ottawa and Dalhousie. He has trained in all the three waves of CBT and developed CBT services in UK and Canada. He developed a unique distance delivery intensive programme of CBT in for the province of Nova Scotia and reduced waiting times for CBT access. In the UK he was awarded North of England Doctor of the Year for improving access to CBT. He has delivered over 200 workshops in CBT and supervised students from different professional backgrounds. Dr Rao’s teaching approach is experiential and uses skills from all the 3 waves of CBT.
SATURDAY, SEP 3, 08:30 – 12:00

NIKLAS TÖRNEKE
NT PSYKIATRI, SWEDEN

TO START LEARNING RFT

ABSTRACT
Background
Relational frame theory (RFT) is the theory and research program about human language and cognition that is at the base of acceptance and commitment therapy. At the same time RFT is much more than just ACT. As it concerns human language it concerns all human activity that involves language, which of course makes it relevant to all human experience. In a very profound way RFT speaks to so diverse topics as our experience of ourselves, the so called future, our battle with the meaning of life and everyday problem solving. This workshop will present the basic conceptual tools used in RFT and explain basic terminology. It will not focus on research but on conceptual understanding needed for applying RFT to the human experience. A special focus will be given to clinical application of RFT for psychotherapy in general and ACT in particular.

Objectives
1. Participants will grasp the meaning of basic terminology used in RFT
2. Participants will be able to analyze areas such as problem-solving, the ability to follow instructions and the experience of self using concepts of RFT
3. Participants will be able to apply basic principles of RFT to clinical practice

Training modalities
Mainly didactic

References

Workshop Leader
Psychiatrist, licensed psychotherapist in private practice. Peer reviewed trainer in acceptance and commitment therapy since 2003. Author of “Learning RFT- An introduction to relational frame theory and it’s clinical applications” and “ABCs of human behavior”, co-authored with Jonas Ramnerö
THURSDAY, SEP 1, 08:30 – 12:00

DR DANIEL HAMIEL
INTERDISCIPLINARY CENTER HERZLIA, ISRAEL

FROM CRISIS TO GROWTH- RESILIENCE TRAINING WITH CHILDREN AND ADULTS TO PREVENT PSYCHOTPATHOLOGY AND BUILD LIFE SKILLS

ABSTRACT

Background

From Crisis to Growth- Resilience training with children and adults to prevent psychotpathology and build life skills. The objective of this workshop is to describe a preventive program to enhance resilience in the community. The program is delivered by mediators in different community settings: in the education setting, in the primary care clinics and in institutions for the elderly. The interventions are based on a program originally implemented in schools to prepare children to cope with routine and traumatic stressors. During 2009-2014, the School Resilience Program trained thousands of teachers and counselors in Israel, to take responsibility to deliver resilience- and trauma-focused interventions. The program, endorsed by the Ministry of Education for a national pilot program in 18 local authorities, has been activated in 1200 schools and kindergartens (approx. 350,000 students). An advantage of the program is the ecological use of the class setting and the teachers as “clinical mediators”, and the dissemination of simple but effective clinically-informed methods to help children confront everyday stressors and process feelings and experiences. Techniques found effective in the therapeutic setting have been “translated” into educational didactics to be used easily by teachers and students. The program integrates emotional, physiological and cognitive-behavioral techniques as well as methods to regulate the focus of attention (e.g., mindfulness) within a broader conceptualization of the concept of “control”. The students practice the techniques with daily stressors as a method of “immunization” for possible future severe challenges. This workshop, therefore, should be understood as part of a current innovative psycho-social approach to psychotherapy, directed to address masses of people who might need psychological assistance, based on principles of the 3rd wave of CBT and of Low Intensity CBT Interventions (LICBT-I).

A series of empirical studies has shown the effectiveness of the program concerning the children’s functioning, the teachers self-efficacy and pedagogical performance, and the classroom atmosphere. For example, in children trained before or after traumatic exposure (e.g. missiles attacks, war, earthquake), the program was effective in reducing by 50% their symptoms of post-trauma, anxiety, fears, school and sleeping difficulties, compared with children who had not participate in the program. Based on this program we have developed and implemented resilience enhancement programs for different age groups (e.g., for parents and educational staff of infants in day-care centers, for adolescents at risk in boarding schools, for primary care patients by their physicians and for the elderly (delivered by volunteers) to cope with the challenges of this age. The workshop is designed for clinical psychologists, school counselors, educational psychologists, physicians, educators and teachers. We will review the theoretical background and emphasize the practicing of the various techniques and learn how to implement the program in different setting

Objectives

Main goals

• To understand the theoretical background of the prevention and the School Resilience Program.
• To learn how to implement the principles and techniques with individuals and groups in different settings.
• To learn how to implement the program following daily life and traumatic stressors.

• Key Words: prevention, self regulation, resilience, daily stressors, trauma, class setting, community, biofeedback (psycho-physiology), 3rd wave CBT, LICBT-I, cognitive techniques, mindfulness, elderly, primary care.

Training modalities

This workshop is an experiential one. The participants will learn the theoretical background of the intervention. They will practice the techniques and learn how to implement different modalities of the intervention in different age groups and populations.

References


Workshop Leader
Dr Hamiel is the head of the CBT Unit, Tel-Aviv Community Mental Health Center and the director of the educational intervention unit of the Cohen Harris Resilience Center. This center was chosen by the Israeli government to disseminate a model of Disaster Preparedness and Civic Resilience for mass disaster, and developing programs to prepare children to cope with trauma as well as with daily stressors. He is a senior lecturer at the psychology department at the Interdisciplinary Center Herzlia, a leading academic institute in Israel.
Dr Hamiel teaches CBT workshops worldwide. He is involved in developing and performing resilience programs in the community: In primary care clinics, with the elderly and in schools. He is a leading figure in developing the low intensity CBT interventions done by moderators, so evidence based simple psychological interventions become more available for the community.
THE UNIFIED PROTOCOL FOR ADULTS, ADOLESCENTS AND CHILDREN: EMOTION FOCUSED, TRANSDIAGNOSTIC CBT

ABSTRACT

Background
The workshop will focus on disseminating current best practice of the UP for adults, adolescents and children, with examples from both individual and group formats. Since the body of research underlying the UP isn’t presented in book format but in scientific journals, and the UP integrates a broad, multi-disciplinary scientific basis, we will also highlight short summaries of the current scientific evidence for the demonstrations and exercises given during the workshop.

Objectives
- Practical understanding of the 8 modules in the UP and the applications for adults, adolescents and children
- Understanding of the distinguishing features of the UP and some of the advantages and disadvantages of this emotion-focused, transdiagnostic CBT treatment model
- An introduction to the evidence base for the UP

Training modalities
Demonstrations, experiential exercises, and role-play, with short summaries of the underlying evidence and short clinical examples putting the exercises and demonstrations in the context of a complete UP treatment.

References

Workshop Leaders
Mats Jacobson is a certified therapist, supervisor and trainer in the UP, having had extensive supervision on multiple full UP treatments from CARD, Boston. Mats is also member of the MINT network of MI trainers and a mindfulness instructor. Erik Nilsson is a certified therapist in the UP, having also had training from CARD, Boston. Erik is also conducting a research study on the UP.
SATURDAY, SEP 3, 08:30 – 12:00

DR LAURA PASS
UNIVERSITY OF READING, UNITED KINGDOM

BRIEF BEHAVIOURAL ACTIVATION FOR DEPRESSED ADOLESCENTS

ABSTRACT

Scientific Background and Description of Workshop

Background: Behavioural Activation (BA) is an effective treatment for depression in adults. Current treatment for depression in adolescents is sub-optimal and engagement in standard CBT is challenging. There is a need to develop low intensity treatments for depression that can be offered in a range of settings including schools. We have adapted Brief BA (BATD-R; Lejuez, et al., 2011) for use with adolescents (Pass & Reynolds, 2014).

Brief BA is designed to be delivered by a range of professionals including those who do not have specialist qualifications or extensive training. In a pilot study of Brief BA with 25 young people with clinically significant symptoms of depression engagement was excellent. Brief BA was acceptable to young people and their parents. Most young people reported clinically significant reductions in symptoms of depression and improved functioning. The therapists delivering Brief BA were from a variety of backgrounds and training, including clinical psychologists, a Psychological Well-being Practitioner (PWP), an assistant psychologist and a trainee clinical psychologist. We are currently piloting the delivery of Brief BA for depression in schools as an alternative referring young people for treatment in specialist mental health services.

Brief BA involves 6-8 weekly sessions, and a 30 minute review session one month later. Key elements of Brief BA for adolescents include:

- A focus on engaging young people in BA
- Scaffolding therapy to match the young person’s emotional and cognitive development
- The involvement of parents
- A focus on identifying young people’s values
- Including problem solving and contracting, with parental involvement
- Session by session workbooks for young people and their parents

This workshop will demonstrate the use of Brief BA with adolescents who are experiencing clinically significant depressive symptoms. It will focus particularly on how to engage young people in treatment, how to identify their values and link values to activities, and how to work with parents and young people. Case examples will be used to highlight specific challenges and techniques. Implications for the everyday clinical practice of CBT Brief BA for depression in adolescents provides a low intensity alternative to current evidence-based psychological therapies. It may also be an appropriate part of a stepped care pathway for depression in adolescents.

Objectives

Participants will acquire the following knowledge and skills:

1. Understand how Brief BA draws on behavioural theory to treat depression in adolescents
2. Engaging depressed young people and their parents or carers in brief Behavioural Activation
3. Helping young people to identify their values in three key areas - self, people that matter and things that matter
4. Linking young people’s values to activities and planning these in to daily life
5. Dealing with conflict and disagreement between young people and parents

Modalities

This workshop will be very practically based. Brief BA will be taught through instruction, group discussion, Q&A, modelling through case examples and video clips, and practice (role-plays).

Who the workshop is aimed at

This workshop would be suitable for clinicians who have experience of working with depressed young people in mental health settings. It would also be suitable for clinical staff with experience of Brief Behavioural Activation who would like to adapt it for use with young people.
References


Workshop Leader
Dr Laura Pass is a clinical psychologist working at the Charlie Waller Institute at the University of Reading. Her clinical research is focused on understanding depression in young people and developing and adapting evidence based treatments that can be delivered flexibly in a range of settings.
FREE MINI IN-Congress Workshops
THURSDAY, SEP 1, 10:30

DR JUDITH S. BECK
BECK INSTITUTE FOR COGNITIVE BEHAVIOR THERAPY, UNITED STATES

A COGNITIVE BEHAVIORAL APPROACH TO WEIGHT LOSS AND MAINTENANCE

ABSTRACT
Scientific background and description of workshop
A number of studies have demonstrated the efficacy of CBT for weight loss and maintenance, when added to a nutritional and exercise program. See, for example, Stahre & Hallstrom (2005); Shaw (2005); Werrij et al (2009); Spahn et al (2010); Cooper et al (20110).

Most dieters have difficulty either losing weight or sustaining weight loss. A significant reason for this is that they never learned the cognitive and behavioral skills they need to be successful. In this interactive workshop, we will discuss how to help dieters make fundamental changes in their thinking so they can maintain fundamental, and long lasting changes in their eating behavior. Skills include setting achievable goals; creating an accountability system; building self-efficacy; sticking to good eating habits; managing hunger, cravings, and the desire to eat for emotional reasons; solving diet-related problems.; staying on track and getting back on track immediately when they make a mistake; and continually motivating themselves through their lifetime.

Key learning objectives
- Participants will be able to Describe how the cognitive model applies to weight loss
- List techniques to deal with hunger, craving and emotional eating
- Use strategies to engage the reluctant or inconsistent dieter

Training modalities
Lecture from power point slides, roleplays, case discussion, question and answer

Key references

Workshop Leader
Judith S. Beck, Ph.D., is the President of the Beck Institute for Cognitive Behavior Therapy, a non-profit organization in Philadelphia, Pennsylvania, USA, through which she has trained thousands of mental health professionals and students worldwide. She is also Clinical Associate Professor of Psychology in Psychiatry at the University of Pennsylvania. She is the author of the basic text in the field: Cognitive Behavior Therapy: Basics and Beyond, which has been translated into over 20 languages and Cognitive Therapy for Challenging Problems. She has written four books for consumers on the topic of a cognitive behavioral approach to weight loss and maintenance.

Implications for everyday clinical practice of CBT
The number of overweight and obese individuals has significantly increased throughout the world in recent decades. Pharmacological approaches and traditional behavioral approaches result in modest weight loss, but only in the short-run. About 30% of bariatric patients regain most or all of the weight that surgery has allowed them to use. A cognitive behavioral approach, emphasizing skills training and relapse prevention, may allow individuals to lose weight and keep in off in the long run.
ABSTRACT

Background

The Internet has become a cornerstone of CBT during the last 15 years. Internet-delivered CBT (ICBT) has gained a substantial evidence base with well beyond 100 randomized controlled trials supporting its efficacy. ICBT requires not only treatment material suitable for delivery through the Internet (for example in the form of self-help texts). A web application is also required that for example enables functionality for communication, delivery of treatment content and the possibility to collect assessments in self-report format. Many clinics and clinicians do not have access to such a treatment application and hence cannot provide ICBT even if they have access to treatment material and clinical expertise.

While several web-based solutions for treatment delivery exist, we seldom talk about the actual development process of these applications. For many people, the task of developing a web-based ICBT treatment application can look like a massive challenge. While the task requires some basic knowledge about programming and web technologies, it is far easier than one can think.

A key for this process to work is to use a programming language that provides expressive power, high performance, and that is possible to integrate with modern web technologies. In this demonstration we will use a programming language called Clojure that has become increasingly popular during the last years. The language is easy to learn and has a large eco-system of freely available libraries that makes the process of developing a web application similar to LEGO construction.

During the talk, the workshop leader will show with actual programming code, how to construct a fully functional web-based application for ICBT treatment delivery. The system constructed during the talk will include different views for therapists and clients, access right management, encryption, database connection, logging, the possibility to automatically summarize collected self-report data, automatic change of presentation for smartphones and tablets, etc. Throughout the workshop, every step will be explained in detail.

Objectives

- Understand which web technologies are required for building an ICBT web application
- Take part of a demonstration of important steps in the development process of web-based ICBT treatment applications
- Understand the benefits of using the programming language Clojure for this task
- Gain knowledge on how to go further with an interest in developing your own ICBT web application

Implications for everyday clinical practice of CBT

The Internet has become a key modality for the clinical practice of CBT. However, outside of research settings, there exist few options for clinicians to use the Internet to communicate with their clients, to provide treatment material and to collect self-report data. This workshop will show how it is possible to develop web applications for ICBT with only a basic skill-set in programming and web technologies.

Training modalities

1.5-hour technical demonstration

References

Workshop Leader
Robert Johansson completed his PhD in clinical psychology from Linköping University in 2013. His research has mainly focused on developing and evaluating Internet-based treatments for depression. Besides ICBT research, he has conducted several studies on Internet-delivered psychodynamic psychotherapy and also research about the effectiveness and working mechanisms of a form of psychotherapy called Intensive Short-term Dynamic Psychotherapy. During the last years, he has developed an interest in the construction of software relevant for clinical psychology research and practice. He is currently working as a postdoc researcher in Research Group Kaldo, Karolinska Institutet, Stockholm, Sweden.
ABSTRACT

Background and description of workshop

This workshop will outline an approach to working with anxiety and depression in the setting of cancer and other life threatening physical illness. The basic principles of CBT still apply but being with people whose life expectancy may be limited can be daunting and deskillling. This mini workshop will give an overview of a treatment approach that has proven efficacy in cancer, and focus on how to work with patients' and therapists’ negative thoughts about realistically adverse situations such as physical symptoms, disability and poor prognosis.

Learning Objectives

Participants will learn

1. general principles of using CBT in cancer.
2. how to apply CBT to hopelessness in the face of a realistic negative prognosis
3. working with our own negative cognitions.

This workshop is suitable for all CBT therapists who would like to feel more confident when faced with people with serious physical illness. A previous knowledge of CBT for anxiety and depression is helpful but not essential. Participants do not need to be currently working in liaison or physical illness settings.

Suggested reading

ABSTRACT

Background
PTSD is a highly prevalent, often chronic and disabling psychiatric disorder that is associated with significant adverse health and life consequences. Fortunately, there is compelling evidence that cognitive-behavioral therapies, notably exposure therapies, are effective in reducing PTSD symptomology. Prolonged exposure is a specific exposure therapy program that is considered a first-line evidence based treatment for PTSD. Imaginal exposure is one of the key components of prolonged exposure and this mini-workshop will focus on imaginal exposure and its use within that context, and how to most effectively conduct that important part of the treatment.

Training modalities
The training will include a brief lecture part, followed by a technical demonstration and role plays.

Objectives
By the end of the workshop the participants will have a good understanding of why imaginal exposure is a vital part of prolonged exposure and also have gained knowledge of how to practically do imaginal exposure in an effective way. The mini-workshop is aimed both to people new to prolonged exposure as well as to people familiar to the method who want an opportunity to practice imaginal exposure and develop skills to conduct it in a more effective way.

References
Foa, E.B., Gillihan, S. J. & Bryant, R. A. Challenges and Successes in Dissemination of Evidence-Based Treatments for Posttraumatic Stress: Lessons Learned From Prolonged Exposure Therapy for PTSD. (2013) Psychological Science in the Public Interest, p 1–47

Workshop Leader
Maria Bragesjö is a clinical psychologist and licensed psychotherapist with extensive experience in treating cases with post-traumatic stress disorder (PTSD) with different types of traumas, especially cases with a comorbidity of dissociation, self-harming behaviors and suicidality. Maria Bragesjö is a certified therapist, supervisor and trainer in prolonged exposure. At the moment she is also enrolled as a PhD-student at Karolinska Institutet investigating if an early psychological intervention after trauma can prevent the onset of PTSD.
3

MEET THE EXPERTS
THURSDAY, SEP 1, 08:30 – 10:00

EXPERT ON RELAPSE PREVENTION OF DEPRESSION

PROFESSOR CLAUDI BOCKTING
UTRECHT UNIVERSITY, THE NETHERLANDS

Chair: Fredrik Holländare, Örebro University, Sweden

Professor Claudi Bockting is professor of Clinical Psychology at the University of Utrecht and a licensed CBT therapist in the Netherlands. She has a track record including studies on innovative interventions for relapse prevention in depression. More recently she studies innovative personalised interventions for common mental health disorders, both in high income as low income countries (global mental health).
THURSDAY, SEP 1, 10:30 – 12:00

EXPERT ON PTSD, MECHANISMS BEHIND PSYCHOPATHOLOGY AND TREATMENT RESEARCH

PROFESSOR ANKE EHLERS
UNIVERSITY OF OXFORD, UNITED KINGDOM

Chair: Ewa Mörtberg, Stockholm University, Sweden

Anke Ehlers is a Wellcome Trust Principal Research Fellow and Professor of Experimental Psychopathology at the Department of Experimental Psychology, University of Oxford, United Kingdom. She has received several awards for her work on posttraumatic stress disorder, including the Award for Distinguished Scientific Contributions to Clinical Psychology, American Psychological Association and the Wilhelm Wundt-William James Award, awarded jointly by the European Federation of Psychology Associations and the American Psychological Foundation.

Professor Ehlers is a Keynote speaker at the Congress and will talk about psychological treatments of PTSD at 12:15 on Thursday.
THURSDAY, SEP 1, 14:00 – 15:30

EXPERT ON SOMATIZATION, BEHAVIORAL MEDICINE, PLACEBO AND NOCEBO EFFECTS

PROFESSOR WINFRIED RIEF
UNIVERSITY OF MARBURG, GERMANY

Chair: Monica Buhrman, Uppsala University, Sweden

Professor Rief is an expert on somatization and medically unexplained symptoms. He is also interested in placebo and nocebo effects. His works spans over numerous areas in both basic and applied research including treatment trials in behavioral medicine.

Professor Rief is a Keynote speaker at the Congress and will talk about psychological interventions for somatic problems at 12:15 on Friday.
FRIDAY, SEP 2, 8:30 – 10:00

EXPERT ON EXPERT ON ANXIETY: FROM INFANCY TO OLD AGE

PROFESSOR RON RAPEE
MACQUARIE UNIVERSITY, AUSTRALIA

Chair: Fabian Lenhard, Karolinska Institutet, Sweden

Ron Rapee is Distinguished Professor of Psychology at Macquarie University and an Australian Research Council Laureate Fellow. Professor Rapee specializes in mental health, especially in anxiety and related disorders across the lifespan. He has developed a number of empirically supported treatment programs that are used across the world and has been honoured by awards from both scientific and consumer groups. His recent work has focused on prevention of anxiety and depression as well as on public dissemination and access to empirically validated programs. Prof Rapee received the Distinguished Career Award from the Australian Association for CBT and the Distinguished Contribution to Science Award from the Australian Psychological Society. He was awarded a Member of the Order of Australia in 2012 for his contributions to clinical psychology, especially among young people.
Anne Marie Albano is Professor of Medical Psychology in Psychiatry at Columbia University and Director of the Columbia University Clinic for Anxiety and Related Disorders. She received her Ph.D. from the University of Mississippi. Dr. Albano is a Fellow of the American Psychological Association and the Association for Behavioral and Cognitive Therapies, Founding Fellow of the Academy of Cognitive Therapy, a Beck Institute Scholar, and is Board Certified in Clinical Child and Adolescent Psychology. In 2016, Dr. Albano received the Outstanding Contribution by an Individual for Clinical Activities award from ABCT, and in 2008 the Rosenberry Award for service to children, adolescents and families from the University of Colorado at Denver. Dr. Albano is Past President of the Society for Clinical Child and Adolescent Psychology of the American Psychological Association and also past-president of the Association for Behavioral and Cognitive Therapies. She is Editor of the journal Evidence-based Treatment in Child and Adolescent Mental Health, past editor of Cognitive and Behavioral Practice, and past Associate Editor of the Journal of Consulting and Clinical Psychology. She has published more than 100 articles and chapters and is the co-author of several cognitive behavioral treatment manuals and of the Anxiety Disorders Interview Schedule for Children, all published by Oxford University Press. Dr. Albano served as a Principal Investigator of a 6-site, National Institute of Mental Health-sponsored study entitled “Child/Adolescent Anxiety Multimodal Treatment Study” (CAMS) and also was a PI for the Treatments for Adolescents with Depression Study (TADS). Both trials examined the relative efficacy of CBT, medication, combination treatment, and pill placebo in youth. Her book with Leslie Pepper, Helping Your Anxious Child: Free Your Child from Fears and Worries and Create a Joyful Family Life, was the 2014 Self-Help Book Award winner from the American Society of Journalists and Authors and received a 2014 Seal of Merit from the Association for Behavioral and Cognitive Therapies.
FRIDAY, SEP 2, 10:30 – 12:00

EXPERT IN IMAGERY AND THE SELF IN ANXIETY DISORDERS

PROFESSOR LUSIA STOPA
UNIVERSITY OF SOUTHAMPTON, UNITED KINGDOM

Chair: Ida Flink, Örebro University, Sweden

Lusia Stopa is Professor of Clinical Psychology at the University of Southampton, UK. She is currently Director of the Clinical Psychology Doctoral Programme and strategic lead for postgraduate training in CBT. She trains and supervises cognitive therapists in the use of empirically validated therapies and is an active CBT practitioner. Her current research focuses on imagery and on how negative views of self can be represented by mental images, how these images maintain clinical disorders, and how they can be changed in treatment. Her innovative book, Imagery and the threatened self: Perspectives on mental imagery and cognitive therapy (2009), assembled scholars working in the field of mental imagery and disorders and linked research into images and the self in a range of disorders. She guest edited a special issue on imagery rescripting for Cognitive Behavioural Practice in 2011, and is currently writing a book on imagery for practitioners, which will be published by Guilford Press.
FRIDAY, SEP 2, 14:00 – 15:30

EXPERT ON EXPERT ON ANXIETY DISORDERS, DEPRESSION, WORKSTRESS, PERSONALITY DISORDERS, ADDICTION, ADHD AND INTERPERSONAL VIOLENCE AND MANY OTHER CLINICAL AREAS

PROFESSOR PAUL EMMELKAMP
UNIVERSITY OF AMSTERDAM, THE NETHERLANDS

Chair: Gerhard Andersson, Linköping University, Sweden

Professor Emmelkamp is one of the founders of modern CBT and has worked with a range of problems including work of anxiety disorders and personality disorders, but also numerous other areas such as work-related stress, ADHD and early work in the use of the internet in CBT. Together with Edna Foa he was one of the first to focus on failures in behavior therapy.

Professor Emmelkamp is a Keynote speaker at the Congress and will talk about the history and future of CBT at 12:15 on Thursday.
FRIDAY, SEP 2, 14:00 – 15:30

EXPERT ON FEAR LEARNING AND EXTINCTION

DR ANDREAS OLSSON
KAROLINSKA INSTITUTET, SWEDEN

Chair: Dr Fredrik Åhs, Uppsala University, Sweden

Andreas Olsson completed his Ph.D. in psychology at New York University (2006) and post-doctoral training in the Social Cognitive Neuroscience lab at Columbia University (2006-08). In 2008, he joined the Karolinska Institutet, Department of Clinical Neuroscience, where he is an Associate Professor and Research group leader (www.emotionlab.se) since 2011.

Broadly, Olsson’s research aims at better understanding emotional learning and regulation (e.g. extinction) in social situations. In particular, he studies the neural processes underlying the acquisition and change of threat responses towards other individuals, and how these processes depend on social information. A related interest is in the transfer of threat and safety information between individuals, for example, how we learn the value of objects, people, and our own actions through observing others’ emotional behavior. To address these interests, Olsson takes a multi-method approach, including behavior, peripheral psychophysiology, and functional magnetic resonance imaging (fMRI).
SATURDAY, SEP 3, 08:30 – 10:00

EXPERT ON EATING DISORDERS, THE ROLE OF MANUALS IN CBT AND FORMER EDITOR IN CHIEF OF BEHAVIOUR RESEARCH AND THERAPY

PROFESSOR TERENCE WILSON
RUTGERS UNIVERSITY, UNITED STATES

Chair: Gerhard Andersson, Linköping University, Sweden

Professor Wilson is one of the founders of modern CBT and has worked with eating disorders and related conditions. He was the editor of Behaviour Research and Therapy for many years. Professor Wilson has a longstanding interest in evidence-based approaches including the role of treatment manuals.

Professor Wilson is a Keynote speaker at the Congress and will talk about the history and future of CBT at 12:15 on Thursday.
SATURDAY, SEP 3, 10:30 – 12:00

EXPERT ON COGNITIVE BIAS MODIFICATION

DR ERNST KOSTER
GHENT UNIVERSITY, BELGIUM

Chair: Alexander Rozental, Stockholm University, Sweden

Ernst Koster is associate professor and a principal investigator of the Psychopathology and Affective Neuroscience lab at Ghent University. He investigates the role of information-processing in emotional disorders such as depression and anxiety and has a strong interest in developing cognitive training programs to alleviate these disorders. He has published > 130 peer-reviewed articles and book chapters, many in top journals of psychology (Psychological Bulletin, Journal of Abnormal Psychology, Journal of Consulting and Clinical Psychology, etc). He is associate editor at Cognition and Emotion and serves on several editorial boards (Emotion, Behaviour Research and Therapy, etc). His research group is currently comprised of three post-docs and 8 PhD students. He is trained as a behavior therapist and sees patients in his private practice.
Dr. Dobson is a Professor of Clinical Psychology at the University of Calgary in Canada. His research has focused on both cognitive models and mechanisms in depression, and the treatment of depression, particularly using cognitive-behavioral therapies. He has participated in several trials of the treatment of acute depression, as well as prevention of depression. A current focus of his work is on the prediction and prevention of relapse in depression. Dr. Dobson's research has resulted in over 225 published articles and chapters, 13 books, and numerous conference and workshop presentations in many countries.

Dr. Dobson has also examined psychological approaches and treatments in primary care, and promoted the use of evidence-based treatments in family practice. He is also a Principal Investigator for the Opening Minds program of the Mental Health Commission of Canada, with a focus on stigma reduction related to mental disorders in the workplace (e.g. first responders, office workers, colleges and universities). Further, he has written about developments in professional psychology and ethics, and has been actively involved in organized psychology in Canada, including a term as President of the Canadian Psychological Association. He is a Past-President of both the Academy of Cognitive Therapy, and the International Association for Cognitive Psychotherapy. Among other awards, he has been given both the Canadian Psychological Association's Award for Distinguished Contributions to the Profession of Psychology, and the Donald O. Hebb Award for Distinguished Contributions to the Science of Psychology.
4

PANEL DISCUSSIONS AND CLINICAL ROUNDTABLES
THE ROLE OF ASSOCIATIONS IN THE CBT MOVEMENT – A PANEL DISCUSSION WITH EABCT PAST PRESIDENTS

Chair: Björn Paxling, The Swedish Association of Behaviour Therapy, Sweden

PANEL MEMBERS (YEARS AS EABCT PRESIDENT):
Eiríkur Örn Arnarsson (1992-1993), Icelandic Association for Cognitive and Behavioural Therapies, Iceland
Irene Oestrich (1990-1991), Danish Association of Behavioural and Cognitive Therapy, Denmark
Ján Praško (2002-2003), Czech Society for Cognitive Behaviour Therapy, Czech Republic
Lars-Göran Öst (1986-1987), Swedish Association of Behaviour Therapy, Sweden
Mehmet Sungur (2000-2001), Turkish Association of Cognitive and Behavioural Therapies, Turkey
Paul Emmelkamp (1987-1989), Dutch Association for Behavioural and Cognitive Therapy, The Netherlands

ABSTRACT
CBT associations have played an important role in the history of CBT. The associations have been essential in providing CBT education, and helped to bring researchers, clinicians and students together to collaborate in order to bridge the gap between science and practice.

The European Association for Behavioural and Cognitive Therapies (EABCT) is an organisation that brings together 51 full member associations and 4 affiliate associations from 41 different countries. In this panel we bring together past EABCT presidents to discuss the challenges they have faced and the solutions they choose.

Are the challenges that the CBT movement face similar across different countries and time periods? How can the associations best work with issues such as dissemination, accreditation, supervision, influencing policy makers and ensuring good clinical practice? These and similar questions will be in focus from a historical and contemporary perspective in this panel discussion.
CBT – WHY CAN’T WE TRANSLATE RESEARCH FINDINGS INTO PRACTICE?

Chair: Christopher Williams, University of Glasgow, United Kingdom

PANEL MEMBERS
Michael Scott, Psychological Therapies Unit, Liverpool England, United Kingdom
Steve Flatt, Psychological Therapies Unit, Liverpool England, United Kingdom
Nicole Rosenburg, University of Aarhus, Denmark
Joanne Woodford, University of Exeter, United Kingdom
Chris Williams, University of Glasgow, United Kingdom

ABSTRACT
CBT has been demonstrated to be efficacious for a wide range of disorders in well conducted controlled trials, but in routine practise it is difficult to achieve similar results. However steps have now been taken to better disseminate CBT, such the emphasis on group work in Denmark, and the Improving Access to Psychological Therapies (IAPT) in the UK designed to offer CBT in various formats. But the US Institute of Medicine report (July 2015) notes that dissemination efforts must be coupled with reliable research these implementations.

In this Clinical Roundtable an international panel examines whether the current delivery mechanisms of CBT increases accessibility, ensures fidelity to evidence based treatment protocols and brings about change comparable to that found in randomised controlled trials. Prof Chris Williams from The University of Glasgow, Scotland and President of the British Association for Behavioural and Cognitive Psychotherapies (BABCP) will act as the discussant. Dr Michael J Scott from the Psychological Therapies Unit, Liverpool, England provides an overview of how clients in IAPT programme have fared. He calls for better quality control of service delivery in which supervision is viewed primarily as a conduit for evidence based treatment, credible outcome measures and experimentation with different modes of service delivery. Mr Steve Flatt, also from the Psychological Therapies Unit, notes that IAPT is failing in many services to deliver the planned evidence-based interventions, and often falls well below outcome targets. Adj Professor Nicole Rosenburg from the University of Aarhus, Denmark, notes that RCTs have demonstrated that for depression and most anxiety disorders, individual and group CBT are equally efficacious. However it is only in Denmark that group interventions are a major player in the dissemination of evidence-based psychological treatments. In routine practice both modalities are equally effective and can be successfully interwoven. She discusses the strengths and limits of group CBT and suggests that other countries might profitably adopt the Danish model. Finally, Dr Joanne Woodford, University of Exeter, England, discusses difficulties translating results from explanatory RCTs into practice and highlights a need for more pragmatic trials representing routine practice conditions and with a greater consideration of intervention context, delivery and organisational factors associated with effectiveness. Further, researchers group have recently highlighted NICE recommendations for CBT self-help are based on research demonstrating the efficacy of self-help interventions utilising a more conventional CBT approach. However, within IAPT a “single strand” model of CBT self-help has been adopted, with low-intensity workers supporting a single CBT technique, rather than supporting multiple CBT techniques, more in line with a high intensity model of delivery. This disconnect between NICE recommendations and delivery of CBT self-help in practice further illustrates the need for more robust implementation of evidence based psychological interventions. Research indicates psychological treatments are more efficacious in participants demonstrating higher levels of severity at baseline. However, programmes such as IAPT, often exclude such high scoring patients from low intensity interventions.
ACT VS. BT VS. CBT. ONE HAPPY FAMILY OR THREE SEPARATE WAYS OF WORKING?

Chair: Ata Ghaderi, Karolinska Institutet, Sweden

PANEL MEMBERS
Lance McCracken, King’s College London, United Kingdom
Jonas Ramnerö, Stockholm University, Sweden
Keith Dobson, University of Calgary, Canada

ABSTRACT
While CBT is commonly used as an umbrella term we all know that there are different branches of CBT that are sometimes very similar and complementary, but also (at least in some texts) markedly different. The aim of this clinical round table is to use a fictive case and ask three experts how they would plan and implement treatment based on one of three forms of CBT.
LEARNING FROM THE PAST INCLUDING THE MISTAKES WE MADE

Chair: Lars-Göran Öst, Stockholm University and Karolinska Institutet, Sweden

PANEL MEMBERS
Paul Emmelkamp, University of Amsterdam, The Netherlands
Judith Beck, Beck Institute for Cognitive Behavior Therapy, United States
Ann Marie Albano, Columbia University, United States
Arnoud Arntz, University of Amsterdam, The Netherlands
Art Freeman, Touro College, United States

ABSTRACT
CBT including its different forms has become the dominant paradigm in psychotherapy and in particular the most evidence-based form of psychotherapy to date. But how did we get here? Are there things left to do? The panel will present their perspectives on the history of CBT (including both the behavioural and the cognitive angles) and will also discuss the hurdles along the way. Given the rapid development of CBT in health care and in research newer generations of researchers and clinicians will find this panel discussion informative and in the best of worlds we will benefit from the lessons learned and avoid the mistakes already made.
FRIDAY, SEP 2, 10:30
PD03 PANELDISKUSSION (SWEDISH LANGUAGE)

VÅRD AV PSYKISK OHÄLSA I SVERIGE – AKTUELL SITUATION OCH FRAMTIDA UTMANINGAR

Moderator: Sigrid Salomonsson, Leg Psykolog, Doktorand

PANELMEDLEMMAR
Annika Strandhäll, Socialförsäkringsminister, Socialdemokraterna
Ing-Marie Wieselgren, Psykiatrisamordnare på Sveriges Kommuner och Landsting
Barbro Westerholm, Riksdagsledamot, Liberalerna
Christian Rück, Överläkare, Psykiater, docent, Karolinska institutet
Per Carlbring, Leg Psykolog, Professor i psykologi, Stockholms universitet
Gerhard Andersson, Leg Psykolog, Professor i psykologi, Linköpings universitet och Karolinska Institutet

BAKGRUND OCH SYFTE
FRIDAY, SEP 2, 10:30
CRT03 CLINICAL ROUNDTABLE

INTERNET-DELIVERED CBT VERSUS SEEING YOUR PATIENT FACE-TO-FACE. ARE WE ABOUT TO BE REPLACED?

Chair: Lise Bergman Nordgren, Linköping University, Sweden

PANEL MEMBERS
Kerstin Blom, Karolinska Institutet, Sweden
Jaap Lancee, University of Amsterdam, The Netherlands
Claudi Bockting, Utrecht University, The Netherlands
Roz Shafran, UCL Institute of Child Health, United Kingdom

ABSTRACT
Internet-delivered CBT has been investigated in a large number of controlled trials and the evidence clearly suggests that this form of treatment can be as effective as face-to-face delivery. Indeed, a significant proportion of new CBT studies are conducted using the internet and we are approaching a situation where there is more evidence in favour of internet treatment (for some conditions) than there are face-to-face studies. Naturally, this may have consequences for policy makers and funders. Other stakeholders such as patients and therapists may also need to consider that CBT now can be available in different formats. This clinical round table will focus on the pros and cons of either treating a patient via the internet or face-to-face. The pros and cons of either format will be highlighted. The panel is also encouraged to consider safety issues and the prospect of combining approaches (so called blending).
WHAT CAN BIAS MODIFICATION TRAINING ADD TO CBT?

Chair: Per Carlbring, Stockholm University, Sweden

PANEL MEMBERS
Jonathan Huppert, Hebrew University of Jerusalem, Israel
Ernst Koster, Ghent University, Belgium
Ed Watkins, University of Exeter, United Kingdom
Johanna Boettcher, Freie Universität Berlin, Berlin, Germany
Simon Blackwell, Ruhr-University Bochum, Germany

ABSTRACT
Bias modification training is a broad but very different form of CBT that is heavily inspired by experimental psychopathology research. Basically this treatment targets mechanisms maintaining psychopathology such as selective attention and memory biases. Some studies have found large effects of bias modification training but there are also negative findings. The panel will discuss the pros and cons of this treatment format including the prospect of combining traditional CBT delivery with bias modification training.
SHOULD PARENTS BE INVOLVED IN CBT FOR CHILDREN?

Chair: Pia Enebrink, Karolinska Institutet, Sweden

PANEL MEMBERS
Ron Rapee, Macquarie University, Australia
Susan Bögels, University of Amsterdam, The Netherlands
Liv Svirsky, Beteendeterapeuterna, Sweden
Lars-Göran Öst, Stockholm University and Karolinska Institutet, Sweden

ABSTRACT
CBT for children is an important application that requires some adjustments in relation to work with adults. Clinicians include parents in case conceptualization and sometimes in the treatment sessions as well. The evidence is not clear when it comes to the added value of including parents in the sessions. The purpose of this clinical round table is to ask the panel describe if, when, and in that case how parents can be involved in CBT for children with anxiety disorders. Pros and cons will be highlighted.
SATURDAY, SEP 3, 08:30
CRT05 CLINICAL ROUNDTABLE

IS CBT REALLY GOOD ENOUGH FOR SEVERE PROBLEMS?
Chair: Cecilia Svanborg, Karolinska Institutet, Sweden

PANEL MEMBERS
Arnoud Arntz, University of Amsterdam, The Netherlands
Erik Andersson, Karolinska Institutet, Sweden
Antonio Pinto, Centre of Cognitive Behavior Therapy, Italy

ABSTRACT
While CBT is clearly effective for mild to moderate anxiety and mood disorders it is sometimes argued that CBT is either marginally effective or not effective at all for more severe and chronic conditions like psychosis, chronic pain, bipolar disorders, anorexia nervosa, just to mention a few. The focus of this clinical round table is on severe problems and how we can improve current interventions.
SATURDAY, SEP 3, 10:30
PD05 PANEL DISCUSSION

THERAPIST COMPETENCE AND THE USE OF MANUALS

Chair: Ewa Mörtberg, Stockholm University, Sweden

PANEL MEMBERS
Terry Wilson, Rutgers University, United States
Astrid Palm Beskow, founder and former Director of The Center for Cognitive Psychotherapy and Education, Gothenburg, Sweden
Stephen Barton, University of Newcastle, United Kingdom
Ed Watkins, University of Exeter, United Kingdom

ABSTRACT
Training of CBT therapists and other practitioners (not necessarily therapists) is crucial for the dissemination of evidence-based CBT protocols. However, while treatment manuals are part of controlled trials they are not necessarily focused on in CBT training. In training competence ratings are sometimes included but often the focus is on generic CBT techniques and not on adherence to specific manuals for diagnosed conditions. The issue of combining idiosyncratic case formulation procedures (including behaviour analysis and cognitive case formulations) with manualized treatment has been a longstanding discussion in the field. The panel will discuss the pros and cons of manuals but will also cover the role of manual adherence and therapist competence.
SATURDAY, SEP 3, 14:00
PD06 PANEL DISCUSSION

FUTURE CHALLENGES WE FACE IN CBT

Chair: Gerhard Andersson, Linköping University and Karolinska Institutet, Sweden

PANEL MEMBERS
Emily Holmes, MRC Cognition and Brain Sciences Unit, United Kingdom and Karolinska Institutet, Sweden
Patricia van Oppen, VU University Medical Center, The Netherlands
Brjánn Ljóttsson, Karolinska Institutet, Sweden
Björn Paxling, Psykologpartners, Sweden

ABSTRACT
The theme of the conference: root and present branches, is well covered in the programme. However, this panel will instead focus on future challenges. Only a minority of people who may benefit from CBT receive it, we cannot treat all, some conditions lack evidence-based CBT protocols, we need to consider the environment, research priorities are sometimes unclear, cost-effectiveness of CBT is not always known, prevention is rarely a focus, theoretical advancements are needed, and CBT needs to be integrated with basic science and indeed other forms of science as well. These are examples of topics the panel may discuss.
5

SYMPOSIUM OUTLINES
THURSDAY, SEP 1, 08:30
S06-DOBSON

A NOVEL CBT PROGRAM TO ADDRESS THE LONG-TERM EFFECTS OF CHILDHOOD ADVERSITY IN ADULTHOOD

Convenor & Chair: Professor Keith Dobson, University of Calgary, Calgary, Canada

First speaker: Dennis Pusch, Alberta Health Services
Second speaker: David Whitsitt, Alberta Health Services
Third speaker: Julia Poole, University of Calgary
Fourth speaker: Chantelle Klassen, Alberta Health Services

ABSTRACT
There is now clear and compelling evidence that adverse childhood experiences (ACEs) have a long-term effect on both psychological and physical well-being, even well into adulthood. This symposium will present the on-going work of a team of researchers and clinicians based in Alberta, Canada, who are studying this phenomenon, and developing a CBT protocol to address the long-term effects of ACEs in adults who present with chronic health problems in primary care settings. The symposium will provide a brief review of the research on ACEs and adult health, as well as the results from a recent large cohort study (N = 4,008) done by the research team. The symposium will emphasize the implications of the ACEs-Alberta results for the potential treatment of adults who experienced high rates of ACEs. For example, mediational analyses have demonstrated that emotion regulation accounts for adult health problems, significantly beyond the direct effects of ACEs themselves. Based on these and other results, a 6-session treatment program will be detailed that addresses the primary issues seen in this population (e.g. self-awareness, emotional regulation, social relationships). The preliminary results from an open trial using this treatment program will be presented, and there will be a discussion of the next planned steps in this program of work. Some of the opportunities of this program, as well as challenges for implementation, will be discussed by the symposium panel members.
THURSDAY, SEP 1, 08:30
S08-CARTWRIGHT-HATTON

ANXIETY OF CHILDHOOD: FAMILY AND PARENTING PROCESSES.

Convenor & Chair: Professor Sam Cartwright-Hatton, University of Sussex, Brighton, United Kingdom

First speaker: Polly Waite, University of Reading, United Kingdom
Second speaker: Barbara Hoff, University of Copenhagen, Denmark
Third speaker: Susan Bogels, University of Amsterdam, The Netherlands
Fourth speaker: Rachel Evans, University of Reading, United Kingdom
Fifth speaker: Sam Cartwright-Hatton, University of Sussex

ABSTRACT

This symposium will discuss the involvement of parents in the treatment and prevention of child anxiety, with an emphasis on low-intensity interventions.

The first three talks concern the value of delivering low-intensity interventions for youth anxiety, via parents. These will be followed by two talks that concern parental anxiety, the impact of this on children, and whether this impact can be avoided.

Therapist guided CBT, when delivered via parents, has been demonstrated to be an effective low-intensity treatment for childhood anxiety disorders (e.g. ‘The Overcoming Programme’, Thirlwall et al., 2013). This approach has been evaluated on an individual basis, but not in group format. The first talk (Rachel Evans) explores outcomes and experiences when this intervention is delivered in a group setting.

Although cognitive behaviour therapy (CBT) is generally effective for adolescents with anxiety disorders, a significant minority continue to experience clinical levels of anxiety following treatment. This warrants further investigation into likely critical variables. The second talk (Polly Waite) considers (i) whether parenting behaviours are associated with poorer outcomes for adolescents completing therapist-supported online CBT, (ii) whether involving parents in treatment is associated with better outcomes, and (iii) parents’ experiences of treatment.

The third talk (Barbara Hoff) presents a self-help program, with minimal therapist involvement, for parents of moderately anxious children. The programme comprised two therapist-led workshops, a Facebook group, and Cool Kids manuals for parents and children (Rapee & Wignall, 2002) and focused on transfer of control to parents. Initial findings suggest that parent-based self-help groups may be an effective treatment for children with moderate anxiety.

The final two talks consider the impact of parental anxiety on children, and whether this can be ameliorated.

In the fourth presentation, Susan Bogels will talk about the impact of maternal and paternal anxiety in parenting. She will focus on the role of parental anxiety on the development and/or overcoming of anxiety in their offspring, with a focus on differential susceptibility to parenting.

Finally, can we reduce the risk of anxiety in children of parents with anxiety disorders? Sam Cartwright-Hatton will present the results of a randomised controlled trial aimed at reducing this risk. Parents receiving treatment for their own anxiety were randomised to a control group, or to participate in a one-day group-based workshop on raising confident children. The results will be presented at the conference.
Approximately 2-5% of the general population suffers from nightmare disorder. In psychiatric populations, the prevalence can reach as high as 30%. In the DSM-5, nightmares are defined as extremely dysphoric and well-remembered dreams that cause clinically significant distress. Nightmares not only disturb sleep, but are also related to impaired cognitive functioning and overall wellbeing. Furthermore, nightmares are associated with general psychopathology and correlated with disorders such as posttraumatic stress disorder (PTSD), psychosis, substance abuse, and suicidality.

Unfortunately, nightmares often remain untreated, despite the availability of several effective psychological treatments. Imagery Rehearsal Therapy (IRT), a rescripting-based technique, is currently the most empirically supported treatment for nightmares. IRT effectively reduces nightmare frequency and distress associated with nightmares. However, research regarding IRT has weaknesses. For example, even though nightmares are much more prevalent in clinical populations, most IRT research has been conducted in samples of the general population or in specific clinical subsamples (e.g., PTSD). In addition, relatively little is known about the underlying mechanisms of IRT. Understanding the mechanisms that explain therapeutic change is fundamental to improving treatment efficiency and effectiveness.

In this symposium, new and exciting nightmare research will be presented. We will start with research on the psychometric properties of the most important measures used in nightmare research. Then, we will consider research on mechanisms of change in imagery rescripting for nightmares. We conclude with an example of how nightmare treatments can effectively be used in clinical samples. The following presenters are taking part in the symposium:

1) Regina Steil (Goethe University Frankfurt) will present data on the psychometric properties of the popular Nightmare Effects Survey and Nightmare Frequency Questionnaire.
2) Annika Gieselmann (Heinrich Heine University Düsseldorf) will present a newly developed nightmare distress questionnaire.
3) Anna Kunze (LMU Munich / University of Amsterdam) will present data on a clinical trial that investigated the efficacy of exposure- versus rescripting-based nightmare treatments, as well as their mechanisms of change.
4) Jaap Lancee (University of Amsterdam) will present research about the efficacy of IRT in addition to treatment as usual for patients with diverse psychiatric disorders suffering from nightmares.

Prof. Dr. Arnoud Arntz will share his thoughts on the importance of assessing and treating nightmares. Moreover, he will discuss the implications of the presented findings for imagery rescripting treatments in general.
RUMINATION-FOCUSED CBT TO TREAT AND PREVENT DEPRESSION AND ANXIETY: A SCANDINAVIAN PERSPECTIVE

Professor Edward Watkins, University of Exeter, Exeter, United Kingdom

First speaker: Edward Watkins, University of Exeter, United Kingdom
Second speaker: Morten Hvenegaard, University of Copenhagen, Denmark
Third speaker: Stine Moeller, Psychiatric Research Unit, Mental Health Centre North Zealand
Fourth speaker: Maria Tifors, Örebro University, Sweden
Fifth speaker: Malin Anniko, Örebro University

Rumination-Focused Cognitive Behaviour Therapy (RFCBT) explicitly targets repetitive negative thought, an important transdiagnostic risk factor for anxiety and depression (see Watkins, 2015, 2016 for details). There is evidence that individual RFCBT can be effective at treating depression, with RFBCT added to antidepressant medication significantly reducing remission and relapse relative to antidepressants alone in chronic and medication-refractory residual depression (Watkins et al., 2011). Moreover, a recent randomized trial found that group and internet versions of RFBCT halved the incidence of major depression and generalized anxiety disorder over the next year in 15-22 years olds selected as high risk because of elevated worry and rumination (Topper et al., under review).

The current symposium will review more recent evidence concerning the potential advantages of RFCBT, as a treatment for severe depression, and as a prevention intervention with transdiagnostic benefits, with a particularly Scandinavian slant. Dr Watkins will review the background and content of RFCBT, and present recent studies examining internet RFCBT to improve student wellbeing, including a randomized controlled trial seeking to replicate the Topper et al. study. Morten Hvenegaard, from the University of Copenhagen, will present a randomized controlled trial conducted in Denmark to compare the efficacy of group RFCBT with group CBT for the treatment of current episodes of severe major depression in 131 patients with major depression in a secondary care outpatient clinic. Watkins et al., (2011) suggested that RFCBT may produce better outcomes than standard CBT, although this was not directly tested, and this study seeks to remedy that. Group RFCBT reduced both depressive and anxiety symptoms significantly more than group CBT at end of treatment.

Dr Moeller will present an ongoing case-series investigating the feasibility and effect of individual RFCBT for patients with chronic and treatment-resistant depression, recruited from and treated within an outpatient mental health service in Denmark. Preliminary results will be presented, examining detailed patterns of symptomatic and functional change based on weekly assessments.

Drs Anniko and Tifors, from the University of Orebro, will present on the application of internet-RFCBT to prevent common mental health problems transdiagnostically in Swedish teenagers. They will present the methods and preliminary findings from a guided internet-based RFCBT prevention program for youths with elevated levels of stress and worry, but who are not currently meeting diagnostic criteria. The study utilises a cohort randomized trial embedded within a 5-year longitudinal-experimental study (the FORMAS study), which follows adolescents in the 7th and 8th grades in all public high schools of three Swedish municipalities in the spring of 2014 up to the third year at the gymnasium (N=3200). The results will be discussed in relation to the transdiagnostic perspective.
USE OF THE EXPERIENCE SAMPLING METHODOLOGY (ESM) AND PERSONALIZED ESM NETWORK MODELS IN THE TREATMENT OF MOOD DISORDERS AND THE EVALUATION THEREOF

Convenor & Chair: Dr Evelien Snippe, University of Groningen, Aduard, The Netherlands

First speaker: Claudia J.P. Simons, Maastricht University
Second speaker: Harriette Riese, University of Groningen
Third speaker: Evelien Snippe, University of Groningen
Fourth speaker: Christien Slofstra, University of Groningen

ABSTRACT
The Experience Sampling Methodology (ESM) has since long been used to study daily life experiences in an ecologically valid manner. ESM consists of repeated assessments of affect, behavior, cognitions, and contexts over the flow of daily life. Network models based on ESM may give insight in how daily life behaviors, cognitions, mood, and contexts interact from one moment in time to the next. In this symposium, we will show why the use of ESM and ESM network models may be promising in the treatment of mood disorders and the evaluation thereof.

First, self-monitoring of daily life experiences with ESM may be a valuable addition to care as usual for depression since it may improve mood in and by itself. This was shown in a randomized controlled trial on the effects of ESM self-monitoring in individuals who receive pharmacological treatment for depression, as will be presented by Claudia Simons. The results include that ESM self-monitoring with feedback on positive affect is associated with a clinically relevant decrease in depressive symptoms compared to a control group. Furthermore, ESM self-monitoring, both with and without feedback, was associated with improvement in daily life behaviors and empowerment.

Second, personalized dynamic network models based on ESM data may give insight to patients on how their symptoms interact in daily life and thereby can assist decision making in treatment. The application of such an approach in a single patient with a therapy resistant mixed anxiety-depressive disorder will be presented by Harriette Riese. A personalized network model of ESM assessments showed that when this patient felt relaxed at one moment in time, she became more physically active at a next moment in time. Physical activity, in turn, was followed by more somatic anxiety complaints and feeling tense. These results convinced the patient to start exposure therapy, which she first refused.

Third, network models representing the dynamic interactions among mental states (based on ESM data) may give insight in whether treatments reduce vulnerability underlying depression. Strong connections within a network of mental states can be indicative of vulnerability to depression. In a study presented by Evelien Snippe, it was examined if imipramine treatment and Mindfulness-Based Cognitive Therapy (MBCT) reduce the dynamic connections among mental states in individuals with depressive symptoms. Imipramine and MBCT did not greatly affect the dynamic connections among mental states while they did reduce symptoms, showing that emotional vulnerability underlying depression may be hard to change.

Fourth, analyses of ESM data may give gain insight in processes related to relapse that are targeted during treatment. Christien Slofstra illustrates this in a study examining the associations between a presumed vulnerability factor for relapse (i.e., imagery-based processing) an emotional disturbances. These associations were compared in previously-depressed and matched never-depressed individuals in parallel to a relapse prevention trial. There were more individual differences in imagery-based processing within the previously-depressed and never-depressed groups than between the groups. Furthermore, imagery-based processing of negatively valenced mental representations was not related to amplified, but dampened negative affect.
ABSTRACT

Research has shown that about 30% of patients applying for treatment at primary care centers (PC) suffer from common mental disorders, e.g. anxiety disorders, depression, and insomnia, or experience stress in their daily life. Cognitive behavior therapy (CBT) is an effective treatment of anxiety, depression and insomnia, but little is known about how to treat stress-related disorders and how to facilitate return to work after sick leave. Furthermore, accessibility to evidence-based treatments in PC is still low. CMD produce most long-term sick leaves in developed countries and yet this area has been under-researched in PC compared to the same disorders in secondary, specialist psychiatric care. This symposium presents results from the first large Swedish project testing evidence-based CBT for these disorders at four primary care centers in Stockholm County, Sweden. It also sheds light upon how stress-related disorders such as adjustment disorders and exhaustion disorder can be treated and how treatment accessibility can be increased in PC.

The first presentation describes a randomized controlled trial (RCT) comparing (a) CBT (specific to the principal disorder of the patients), (b) Return-to-work (RTW) intervention (based on cognitive behavioral principles), and (c) the combination of a and b, for patients on sick-leave due to their psychiatric disorder. Results show that on the primary psychiatric measure CBT was significantly better than RTW, and the combination did not differ from either.

The second presentation describes a study of patients with the same disorders but who were not on sick-leave. In the first phase all got 9 weeks of guided CBT self-help (individual book), and at post-assessment 52% were diagnosis-free. The remaining patients were offered to participate in the second phase, a RCT comparing individual CBT vs. continued self-help for 11 weeks. At post-treatment after phase 2, 40% in the CBT and 19% in the self-help condition were diagnosis-free. This illustrates the potential of a stepped care model.

The third presentation describes a RCT testing the same CBT for adjustment disorder and exhaustion disorder that was used in study 1 and 2, but now delivered via the internet and compared to a waiting list (n=100). Internet-delivered CBT for these stress-related disorders showed significantly superior symptom-reduction on all outcome measures compared to waiting list. Subgroup-analyses of adjustment disorder (n=53) and exhaustion disorder (n=47) indicate that the treatment was equally effective in both groups. This suggests that the new treatment is effective. Results may have implications for improving accessibility of treatment for this large group of patients in PC.
EMOTIONAL REASONING: FINDINGS ACROSS DISORDERS AND PERSISTENCE ACROSS TIME

Convenor & Chair: Dr David Berle, UNSW, Australia, Randwick, Australia
Discussant: Simon Blackwell, Ruhr University Bochum, Germany

First speaker: Klaske Glaschouwer, University of Groningen, The Netherlands
Second speaker: Miriam Lommen, University of Groningen, The Netherlands
Third speaker: David Berle, UNSW, Australia

ABSTRACT
Emotional reasoning (ER) refers to the use of emotional state information to validate one’s thoughts (e.g., “If I feel anxious, then there must be danger”; Arntz et al., 1995). It may serve to maintain unhelpful thinking styles in psychological disorders (Engelhard & Arntz, 2005). ER was first investigated in the context of anxiety disorders, however, recent years have seen an extension of this research into other disorders (e.g., PTSD, depression) and there are emerging findings suggesting that ER can occur in relation to a diversity of mood states (e.g., fear, disgust etc). This symposium will draw on findings from researchers in the Netherlands and Australia regarding ER across different disorders and will also explore issues regarding the temporal persistence of ER tendencies.

The first presentation will focus on ER in eating disorders. Individuals with eating disorders frequently report feelings of disgust towards food and their own bodies. A disgust-based reasoning process may occur whereby disgust may signal threatening outcomes (e.g., becoming fat) and in turn strengthen eating disorder symptoms and unhelpful behaviours. A disgust-based ER task was administered to women with high and low levels of eating disorder symptoms. The high symptom group inferred a heightened risk of becoming fat when exposed to scenarios implying disgust feelings after food intake, suggesting that disgust-based ER may indeed contribute to the origin and persistence of eating disorder symptoms.

The second presentation extends ER research into the area of obsessive-compulsive disorder (OCD). A large clinical sample of individuals with OCD was assessed and compared to participants with anxiety disorders and healthy controls. Danger appraisals were assessed both in relation to anxious feelings, but also explored in relation to feelings of responsibility. OCD patients appeared to engage in emotional reasoning to a comparable extent to participants with anxiety disorders. Moreover, only OCD patients demonstrated responsibility-related emotional reasoning.

In the third presentation, questions regarding the temporal stability of sadness- and anxiety-related ER are explored in student and clinical samples. It appears that ER tendencies are relatively persistent across time (8-week and 6-month long intervals) and that ER is relatively impervious to change during routine CBT interventions for anxiety disorders, highlighting a need for the development of specific strategies to more effectively address these tendencies.

Discussion will focus on converging themes regarding ER processes across different disorders and emotions as well as the role of ER in maintaining psychological disorders. The symposium will conclude with a brief discussion of the implications of these findings for the effective treatment of psychological disorders.


ABSTRACT
Up to 20% of adolescents meet diagnostic criteria for a depressive disorder over their lifetime (Thapar, Collishaw, Pine & Thapar, 2012). Depression is associated with high levels of comorbidity, and long term negative impacts on young people’s life trajectories. Although NICE guidelines recommend CBT for the treatment of depression in young people (NICE, 2005), the mechanisms of change have not been thoroughly investigated and remain unclear. Our understanding of depression in adults is founded on the idea that depressed individuals have been shown to experience systematic thinking errors that maintain their negative beliefs about the self, world and future (Beck, 1967), thus maintaining depression. Accordingly, CBT targets these cognitive processes, so that the person is able to challenge their biased cognitions to think in a more realistic way. This approach has been extended to young people with depression, based on the assumption that similar information-processing biases can be found in children and adolescents.

The purpose of this symposium is to gain a greater understanding of depression in youth in terms of interpretation biases that may maintain or cause depression. The symposium will explore what is already known about adolescent depressive interpretation biases, and what we still need to find out, and will present observational and experimental studies with community and clinical samples.

The first two presentations will examine interpretation biases in response to ambiguous scenarios and depression in adolescents. In the first presentation, Stella Chan will present novel data collected from a sample of adolescents recruited from the community in Scotland. The second presentation, by Faith Orchard will present data on clinically depressed and community adolescents and young adults. The interaction of interpretation biases and gender will be examined. In the third presentation, Eni Becker will present a study of a community sample of young people measured for depression and social anxiety, and their self-perceived likeability compared with peer-rated likeability. Results of the accuracy of perceived likeability will be discussed. These presentations have implications for understanding vulnerability and maintenance of adolescent depression.

The final presentation will examine the causal effect of interpretation biases. Leone de Voogd will present results of an RCT using cognitive bias modification with adolescents with heightened symptoms of depression. Adolescents were assigned to 8 sessions of CBM, placebo CBM or no training. Cognitive biases and emotional measures were measured pre- and post-training, and emotional measures were measured at 3 and 6 month follow-up. Findings and implications will be discussed.

Current CBT for adolescents with depression is based upon the premise that information-processing biases are central to the cause and maintenance of the disorder. Therefore, establishing if interpretation biases are characteristic of adolescents with low mood and mood disorders is critical. It is also important to establish if modification of these biases leads to a reduction in symptoms of depression. Investigating the causal role of interpretation biases in depression may highlight opportunities to develop better prevention and early intervention strategies for adolescents with depression.
CBT FOR INSOMNIA – STRATEGIES TO REACH MORE PATIENTS AND TO ENHANCE OUTCOME

Convenor & Chair: Dr Viktor Kaldo, Karolinska Institutet, Stockholm, Sweden

First speaker: Robert Johansson, Karolinska Institutet, Sweden
Second speaker: Milagros Llenas, Karolinska Institutet, Sweden
Third speaker: Viktor Kaldo, Karolinska Institutet, Sweden
Fourth speaker: Kristoffer Bothelius, Uppsala University, Sweden

ABSTRACT
Since long CBT has been established as a highly effective treatment for Insomnia, with specific rather than general effects. In the long run it is preferable over pharmacological treatment. Considering the very high prevalence of Insomnia, about 10%, reaching out to all individuals in need of treatment in a cost-effective way is of great importance. Along with the growing evidence that CBT can effectively treat Insomnia also when co-morbid conditions are present, the concept of “secondary Insomnia” has been challenged. Hence, the population where CBT for Insomnia can be considered relevant has grown even larger. However, it also points to the need to further explore how CBT could be used to decrease sleep related problems among an even broader palette of patient groups with psychiatric as well as somatic disorders.

In addition to the challenge of dissemination comes the fact that despite the effectiveness, about 40% of patients do not gain sufficient relief from symptoms. This calls for further exploration of possible mechanisms behind both pathology and beneficial treatment effects. It also encourages the development of new strategies to enhance the effect of treatment especially for the group that do not respond well to CBT.

This symposium will present four possible ways to tackle these challenges. First, Robert Johansson and Hanna Tarkian Tillgren will present a highly promising way to increase availability, by demonstrating that internet-delivered CBT for Insomnia is not just effective in RCT’s, but also when implemented in primary care. Second, Ylva Larsson and Milagros Llenas share the results of a pilot trial of using CBT for insomnia a rather difficult patient group – adults with ADHD. Third, Viktor Kaldo will show the potential of a new treatment strategy, where patients at risk for treatment failure are identified early on in Internet-delivered CBT for Insomnia, and then significantly benefit when being randomized to an enhanced treatment option. Finally, Kristofer Bothelius demonstrates that the third wave concept of Acceptance is also highly relevant for patients with insomnia, and discusses the clinical implications of this.
THURSDAY, SEP 1, 10:30
S04-YALTONSKAYA

CBT IN RUSSIA: OPPORTUNITIES AND CHALLENGES

Convenor: Dr Aleksandra Yaltonskaya, Association of Cognitive-Behavioral Therapists (Russia), Moscow, Russian Federation
Chair: Yakov Kochetkov, Association of Cognitive-Behavioral Therapists, Center of Cognitive Therapy, Moscow

First speaker: Yakov Kochetkov, Association of Cognitive-Behavioral Therapists, Center of Cognitive Therapy, Moscow
Second speaker: Aleksandra Yaltonskaya, Association of Cognitive-Behavioral Therapists, European Medical Center, Moscow
Third speaker: Aleksandr Erichev, V.M. Bekhterev Psychoneurological Research Institute, St.Petersburg
Fourth speaker: Irina Makhortova, N.N. Burdenko Voronezh State Medical University

At this symposium different aspects of developing cognitive-behavioral practice and research in Russia will be outlined. Presenters will demonstrate the most recent research of CBT in treatment of depression, obsessive-compulsive disorder, eating disorders and psychotic disorders among Russian population of patients. On top of that the participants will present how CBT is utilized in different types of clinical settings and different regions of the country. In addition, certain cultural aspects of using CBT in modern Russian social and clinical reality will be discussed.
CURRENT CHALLENGES AND FUTURE DIRECTIONS IN THE PREVENTION OF YOUTH DEPRESSION

Convenor & Chair: Johanna Löchner, Department of Child and Adolescent Psychiatry, Psychosomatics and Psychotherapy, Munich, Germany
Chair: Kornelija Starman, Department of Child and Adolescent Psychiatry, Psychosomatics and Psychotherapy, Munich, Germany
Discussant: Prof. Bruce Compas, Vanderbilt Kennedy Center for Research on Human Development, United States

First speaker: Dr. Sanne Rasin, Department of developmental psychology, Nijmegen, The Netherlands
Second speaker: Prof. Bruce Compas, Vanderbilt Kennedy Center for Research on Human Development, United States
Third speaker: Johanna Löchner, Department of Child and Adolescent Psychiatry, Psychosomatics and Psychotherapy, Munich, Germany
Fourth speaker: Prof. Patrick Pössel, Department of Counseling and Human Development, United States
Fifth speaker: Dr. Benjamin Van Voorhees, Department of Pediatrics, the University of Illinois at Chicago, United States

ABSTRACT
Depression is one of the most common psychiatric illnesses worldwide. The heavy social, personal and economic burdens of depression mean that developing effective prevention strategies is a major public health priority. In cases of early incidence of depression the prognosis is poor and treatment outcomes often lack success. This is why early intervention for youth depression is necessary. Recent meta-analytic reviews showed effectiveness in decreasing depressive symptomology for high-risk populations, e.g. children of depressed parents. The aim of the planned symposium is to provide a forum for international experts to discuss the latest evidence on prevention interventions for youth depression, cultural adaptations to existing programs, the mechanisms underlying successful programs, as well as novel online prevention strategies. The first presentation, by Sanne Rasing from the Radboud University of Nijmegen (Netherlands), will introduce the topic by giving an overview of findings from five randomised controlled trials (RCT) of youth depression programs. Included in the presentation will be a comparison of different prevention strategies, their challenges, and how this informs future directions for optimising prevention approaches. The second presentation constitutes a joint venture between Professor Bruce Compas, Vanderbilt University (USA), and Johanna Löchner, Ludwig-Maximilian University of Munich (Germany). Bruce Compas will describe the latest adaptation of his successful youth prevention program “Raising Healthy Children”. Johanna Löchner will then share her experiences of implementing the program in Germany, including cultural differences and challenges. She will also present preliminary findings from the first randomised controlled trial (RCT) of the program in Germany.

The third presenter, Professor Patrick Pössel, University of Louisville (USA) has been influential in the development and evaluation of diverse prevention programmes in Germany as well as in the USA. He will present data on the underlying specific and general mechanisms of change in existing prevention programs, highlighting the key factors likely to make interventions most efficient.

The final presentation will provide a new perspective on prevention approaches for youth depression. Dr. Benjamin van Voorhees, University of Illinois (USA), and Dr. Tracy Gladstone, Wellesley College (USA), will share their experience of developing and evaluating a novel internet-based depression prevention program for youth.

The symposium will be moderated by Prof. Paul Stallard, University of Bath (UK), who has over 30 years of experience working in child and adolescence mental health services. Paul Stallard has not only been involved in developing and evaluating prevention programs for youth depression, he has been influential in bridging research evidence with clinical practice and policy. He provides training for child mental-health care professionals in several countries around the world.

In summary, the symposium brings together international experts in the field of youth depression prevention research to discuss pressing topics and future directions. The exchange of experiences and ideas will not only boost prevention research and practice, but will also forge new international collaborations.
**THURSDAY, SEP 1, 10:30**
**S35-PROCACCI**

**PATIENTS WITH SEVERE PERSONALITY DISORDERS: WHAT TREATMENTS FOR WHICH PATIENTS?**

Convenor & Chair: Dr Michele Proacci, Thid Centre Cognitive Psychotherapy, Rome, Italy  
Chair: Arnoud Arnzt, University of Amsterdam, The Netherlands  
Discussant: Arnoud Arnzt, University of Amsterdam, The Netherlands

First speaker: Fabio Monticelli, Clinical Centre De Sanctis, Rome  
Second speaker: Michele Proacci, Third Centre Cognitive Psychotherapy, Rome  
Third speaker: Poul Perris, Swedish Institutet for CBT & Schema Therapy, Stockholm President of the Swedish Association for Cog  
Fourth speaker: David Koppers, Klinisch Psycholoog BiG/supervisor VGCT

**ABSTRACT**

In the general population the overall prevalence of personality disorders was around 15% (Grant et al. 2004). Often the difficulty of working with patients with personality disorders is not for the category of diagnosis but rather to the level of severity presented by the patient. Several studies have convincingly linked with the severity major interpersonal and life quality problems typical of PDs (Dimaggio et al., 2013; Hopwood et al., 2011; Verheul, Bartak, & Widiger, 2007). As is confirmed by the DSM 5 (American Psychiatric Association, 2013) the severity of personality disorder as well as the diagnosis is established by the degree of self-operation (as identity), the interpersonal aspects and dimensions, or by the presence of principal traits. Smerari et al (2014) found an interesting association between severity, metacognitive disorders, personality styles.

Purposes of this symposia, organized by EABCT Special Interest Group in Personality Disorders are as follows:  
a) Use a single case study to measure some personal and interpersonal variables (Metacognition and interpersonal motivational systems)  
b) See how the analysis of metacognitive functions helps to make differential diagnosis of personality disorders with other disorders (for example AVPD vs. SAD) and distinguish the different severity and change the focus of the treatments.

c) The CBT and integrative treatments allow you to deal with severe personality disorders, as in the case of Schema Therapy acting on personal and interpersonal components of BPD  
d) The treatment group (Schema Therapy Group) are effective for BPD and less expensive than individual treatments

**References**

- Bamels, L.L.M., Evers, S.M.A.A., Spinhoven, Ph., & Amtz, A. (2014) Results of a Multicenter Randomized Controlled Trial of the Clinical Effectiveness of Schema Therapy for Personality Disorders. American Journal Psychiatry, 175, 305-322  
NEW DEVELOPMENTS IN EXPERIMENTAL AND CLINICAL APPLICATIONS OF COGNITIVE BIAS MODIFICATION

Convenor & Chair: Dr Marcella Woud, Mental Health Research and Treatment Center, Department of Psychology, Ruhr-Universität Bochum, Bochum, Germany

First speaker: Eni Becker, Behavioural Science Institute, Radboud University Nijmegen, The Netherlands
Second speaker: Simon Blackwell, Mental Health Research and Treatment Center, Department of Psychology, Ruhr-Universität Bochum, Germany
Third speaker: Marcella Woud, Ruhr-Universität Bochum, Germany
Fourth speaker: Charlotte Wittekind, LMU Munich, Department of Psychology, Germany
Fifth speaker: Mike Rinck, Behavioural Science Institute, Radboud University Nijmegen, The Netherlands

ABSTRACT

Many psychological disorders are characterized by dysfunctional biases, for example, in attention, interpretation or approach avoidance tendencies. During the past years, we have witnessed a surge in research into “Cognitive Bias Modification” (CBM) techniques. The aim of CBM is to change dysfunctional cognitive processing styles using systematic computerized training techniques. The rationale underlying these CBM procedures is that there is an association between cognitive biases and symptoms of psychopathology. A number of CBM studies have demonstrated that cognitive biases can indeed be modified, and that the induced changes influenced subsequent levels of (analog) psychopathology. However, translation from experimental research to clinical applications of CBM has produced mixed findings.

The present symposium provides an overview of recent CBM research across a range of paradigms and populations, illustrating how research has attempted to overcome some of the challenges in CBM research or capitalize on successes.

While CBM targeting attentional bias has been the focus of much experimental and clinical research, the limitations of the most commonly used training paradigm have become increasingly apparent, highlighting the necessity of developing new methods. The first presentation, given by Eni Becker, introduces a novel CBM attentional-bias training procedure. The training is controlled by eye-tracking and allows assessment and training of both disengagement from negative pictures and maintained attention to positive pictures. Its effects on attentional processing, mood reactivity and recovery from a stressor, in an unselected and a dysphoric sample, will be presented. Simon Blackwell then presents a study aiming to address one of the problematic aspects of CBM in adolescent populations – the unengaging and “boring” nature of the original paradigms – by testing a potentially more engaging faster-paced imagery-based training in an unselected adolescent sample. Manipulation of imagery perspective additionally allowed investigation of the mechanisms underlying the relationship between mental imagery, mood, and cognition. Next, Marcella Woud will report a study investigating one potential method of strengthening the learning that takes place during CBM: sleep. The effects of sleep on computerized appraisal training in analog posttraumatic stress will be presented, in which the main outcome variables were trauma-related appraisals and symptoms such as intrusive memories. Two final studies investigate whether a form of CBM successfully applied in one area of addiction, alcohol dependence, could also be effective in other addictions. Charlotte Wittekind will present a training study in the context of pathological gambling, testing whether training to avoid gambling-related pictures by means of a joystick can reduce gambling pathology. Finally, Mike Rinck will present data that speak to the question of whether nicotine Approach-Avoidance-Training can reduce automatic nicotine-approach tendencies and actual smoking behavior.

Overall, the symposium illustrates the range of both experimental and clinical translational research that may be required for CBM to realize its potential and successfully transition from a lab-based experimental tool to a real-world clinical treatment.
PREDICTORS OF CHILDREN’S MENTAL HEALTH AND RELEVANCE FOR PREVENTION AND CBT

Convenor & Chair: Professor Simone Munsch, University of Fribourg, Fribourg, Switzerland

First speaker: Violetta Schaan, University of Luxembourg
Second speaker: Nadine Messerli-Bürgy, University of Fribourg
Third speaker: Kerstin Stülb, University of Fribourg, Switzerland
Fourth speaker: Simone Pfeiffer, University of Koblenz-Landau
Fifth speaker: Cornelia Mohr, University of Bochum

ABSTRACT
The aim of the symposium is to provide insights in biological and psychological determinants of the child’s and adolescent’s healthy development and potential effects of interventions and prevention programs which focus on emotional conditions and emotion regulations of parents and children. Further the symposium aims to raise awareness of interdependency between stress in early life, emotion and stress regulation capacity and individual and environmental resources that might help to improve efficacy of psychotherapeutic treatment. Therefore, the symposium highlights predictive aspects of mental health in longitudinal, cross-sectional and interventional study designs. Firstly, the symposium integrates evidence on psychophysiological correlates of early childhood conditions and discusses the trajectory of mental health problems in childhood and later life. Secondly, the symposium presents effects of adapted settings including new ways of integrated prevention providers and new approaches of including parents in standard programs of CBT interventions. The findings of all experimental and treatment research studies will be discussed under the perspective of their relevance to future prevention and therapy in children. The first presentation will focus on the processes leading to impaired mental and physical health of children of divorced parents and adoptees. Violetta Schaan will report her results of two studies investigating the relationship between early life adversity while focusing on the mediating role of rejection sensitivity on the long-term consequences of parental divorce and adoption in young adults. There is evidence that stress exposure influences the development of regulatory problems in infancy which predict future externalized problems at preschool and school age, however little is known about the impact on internalized problems. Nadine Messerli has investigated regulatory problems and stress exposure in the cohort study and will present her findings. Behavioral problems in children have also been related to alterations of biological stress responses, but findings are mixed. Kerstin Stülb presents her results on the relation of stress response during a stress task and behavior problems in preschoolers. Preventing behavioral problems and mental disorders in childhood and their persistence into adulthood is of broad impact and interest. There is evidence that emotion regulation is an essential feature of mental health and prevention programs focusing on this aspect could increase the effect. Simone Pfeiffer presents her findings on the benefits of an emotion regulation module in prevention programs in schools including aspects such as feasibility and acceptance of a program guided by Bachelor students. Previous research has shown that children of mentally ill parents run an increased risk to develop similar problems themselves. If parents undergo cognitive-behavioral therapy (CBT), children as well benefit of successful parental treatment. However, the transition of benefits of child CBT on parental psychopathology has not been investigated yet. Cornelia Mohr examined intergenerational transmission of treatment effect and will present her data on the impact of parental mood changes during a manualized CBT treatment for children and on the beneficial effect of the parental involvement in the child’s treatment.
ADDRESSING COMORBIDITY IN THREE SEPARATE COMPLEX PATIENT GROUPS.

Convenor & Chair: Dr Matthijs Blankers, Arkin, Amsterdam, The Netherlands

First speaker: Matthijs Blankers, Arkin & Trimbos Institute
Second speaker: Carolien Christ, Arkin & GGZinGeest
Third speaker: Marleen De Waal, Arkin & Academic Medical Center

ABSTRACT

Comorbidity of mental health disorders is highly prevalent. Approximately 50% of patients with a substance use disorder (SUD) have a co-occurring mental disorder. Besides, most patients with a depression also suffer from comorbid problems, such as alcohol abuse or violent victimization. However, most research focuses on patients with a single diagnosis, and evidence-based treatment options suitable for patients with comorbidity are scarce. We present three new interventions that address comorbidity in three separate complex patient groups and currently are examined in randomized controlled trials.
THURSDAY, SEP 1, 10:30
S59-OAR

IMPROVING TREATMENT ACCESS FOR ANXIOUS YOUTH: INNOVATIONS IN CBT DELIVERY

Convenor: Dr Ella Oar, Macquarie University, Australia, Sydney, Australia
Chair: Thora Halldorsdottir, Department of Translational Research, Max Planck of Psychiatry, Munich, Germany
Discussant: Susan Bogels, University of Amsterdam, Amsterdam, The Netherlands

First speaker: Ron Rapee, Centre for Emotional Health, Macquarie University
Second speaker: Sarah Vigerland, Karolinska Institutet, Sweden
Third speaker: Cathy Creswell, School of Psychology and Clinical Language Sciences, University of Reading
Fourth speaker: Ella Oar, Macquarie University

ABSTRACT

Anxiety disorders are highly prevalent in children and adolescents and are associated with significant impairment (APA, 2013). If left untreated these disorders tend to persist and may lead to the development of other psychiatric disorders including anxiety, mood and substance use in adulthood (Kessler et al., 2010; 2011). Cognitive behavioural treatments (CBT) have received strong empirical support for anxious children and adolescents (for a review, see Essau & Ollendick, 2013). The evidence for the effectiveness of CBT has predominantly been gained from studies that involve the delivery of “standard CBT” approaches (e.g., 12 to 20 weekly sessions). While outcomes are generally favourable, there still remains a significant proportion (20 – 50%) of youth who do not experience a clinically significant reduction in anxiety symptoms following standard CBT. In an effort to increase treatment accessibility for families along with treatment efficiency, and improve cost effectiveness, a growing body of research has begun to examine alternatives to traditional standard CBT delivery such as the development of low intensity (e.g., self help, internet-based, telephone based) and high intensity (e.g., massed exposure sessions) approaches.

In this symposium, each speaker will present outcomes from current international trials exploring innovative approaches for treating anxious youth which aim to improve outcomes for children and adolescents. In the first presentation, Dr. Sarah Vigerland and colleagues will report the outcomes of an internet delivered CBT for phobic and anxious youth. Vigerland et al., will also share their clinical experiences in delivering treatment using this medium. In the second presentation, Dr. Cathy Creswell and colleagues will compare the clinical and economical benefit of two brief psychological treatment for anxious youth. In the third presentation, Dr. Ella Oar and colleagues will explore patterns of response and remission following a modified One-Session Treatment for children and adolescents with Blood-Injection-Injury phobia. Moreover, characteristics of different responder groups will also be examined in order to determine correlates of a poorer response. Finally, Dr. Ron Rapee and colleagues will present a study examining self-help CBT in comparison to standard CBT, an initial examination from a larger stepped care treatment study. The discussant, Dr. Susan Bogels, will provide insights into the collective findings and suggestions on future directions.
NEW DEVELOPMENTS IN HOARDING DISORDER: HERITABILITY, DEVELOPMENTAL COURSE, RISK FACTORS, AND TREATMENT APPROACHES

Convenor & Chair: Dr Lorena Fernández de la Cruz, Karolinska Institutet, Stockholm, Sweden
Discussant: David Mataix-Cols, Karolinska Institutet, Sweden

First speaker: Volen Ivanov, Karolinska Institutet, Sweden
Second speaker: Kiara Timpano, University of Miami
Third speaker: Juliana Onwumere, King’s College London

ABSTRACT
Hoarding disorder (HD) is a mental condition newly included in the DSM-5. The cardinal feature of HD is persistent difficulties discarding items, leading to debilitating clutter. Although the research in this field has increased exponentially in the past decades, many gaps exist regarding the pathogenesis of the disorder and its course. Also, while important advances in the treatment of this condition have been achieved, many patients remain symptomatic after treatment, dissemination of the interventions is a challenge, and there are unmet needs in the familiar and social environment of those who hoard. This symposium will put together the latest developments in the field of HD, focusing specifically on its heritability, developmental course, risk factors, and intervention strategies.

In the first talk, Mr Ivanov will present the results of a twin study aimed to estimate the prevalence and heritability of hoarding symptoms across adolescence and young adulthood. Previous twin studies have indicated that hoarding symptoms in adults are heritable, with 40-50% of the variance being explained by genetic effects. However, the heritability of hoarding symptoms has not yet been estimated in the period between adolescence and adulthood. The results show that hoarding symptoms are moderately heritable in younger age groups and highlight the need of further study of unique environmental influences in the etiology of hoarding. The second talk, by Dr Timpano, will focus on poor attentional control (AC) as a risk factor for hoarding behaviors. Recent evidence has shown that attention deficits are predictive of hoarding symptoms. AC reflects the ability to willfully inhibit or terminate an ongoing prepotent response. Examining whether or not AC may reflect a key vulnerability factor for hoarding would have important implications for further refining the cognitive-behavioral model of hoarding, as well as treatment development. Results will be discussed in the context of recent etiological models of hoarding, along with treatment implications and future directions. The last two presentations will focus on treatment approaches to HD. It is known that persistence of symptoms after treatment, low treatment engagement, and difficulties in homework compliance are barriers that contribute to the limited efficacy of cognitive-behavior therapy (CBT). One potential way of overcoming these barriers is to provide patients with increased therapist support. Mr Ivanov will present the results of an Internet-support system as an adjunct to group CBT. The treatment was associated with significant reductions in hoarding symptoms and participants reported a high rate of treatment acceptability and satisfaction at post-treatment assessment. Lastly, Dr Onwumere will describe the findings from a two phase study. Phase 1 investigated the relationship between carer appraisals about HD and impact of caregiving in 53 carers. Phase 2 assessed the impact of a brief, group-based, CBT intervention for carers (n = 12). The main results confirmed high levels of carer burden, psychological distress, and accommodation of symptoms. The intervention showed a positive effect on carer wellbeing, understanding of HD, and positive experiences of caregiving. Implications for clinical practice and future research will be reviewed.
ABSTRACT

In our symposium, we will present (first) results of four randomised controlled trials (RCTs) addressing mindfulness in group and individual therapy: The first presentation is about a RCT that uses an adapted version of mindfulness based cognitive therapy (MBCT) for obsessive compulsive disorder (OCD) in a sample of 128 patients. OCD patients are randomised to either a MBCT-group or an active psychoeducative control group. The presentation will focus on the MBCT manual and includes first results of a pilot study. The second presentation will focus on a RCT about cognitively based compassion training (CBCT) in depressed patients. CBCT is applied to the depressed patients together with their partners in a group format. CBCT includes elements of typical mindfulness meditations as well as compassion based meditations. The full trial will include 120 patients. The study design and pilot results will be presented. The third presentation is about a component RCT with an add-on design in therapists in training: 150 patients with depression or anxiety disorders are randomised to either a treatment as usual + mindfulness (TAU+M) condition, practicing a brief, session introducing intervention with mindfulness elements; versus a TAU + PMR control group, practicing a session-introducing short form of PMR; versus a TAU control group without standardised session-introducing intervention. Treatment duration is 25 therapy sessions. The effects on therapeutic alliance on a session-to-session basis as well as effects on clinical symptomatology will be investigated. The study design and results of early stages of therapy (first 15 sessions) of the first 60 patients will be presented. The fourth presentation describes a RCT comparing the effects of MBCT+TAU versus CBASP+TAU versus TAU in 106 patients with depression in a bicentric design. The results of the study will be presented and discussed. A global discussion will then address potential clinical and scientific impacts as well as a synthesis of the four talks.
THURSDAY, SEP 1, 14:00
S12-NEUMER

TRANSDIAGNOSTIC INTERVENTIONS: NEW DEVELOPMENTS IN SCANDINAVIA

Convenor & Chair: Dr Simon-Peter Neumer, Centre for child and adolescent mental health; Eastern and Southern Norway (RBUP), Oslo, Norway
First speaker: Simon-Peter Neumer, RBUP
Second speaker: Kristin Martinsen, RBUP
Third speaker: Veronica Lorentzen, UNN
Fourth speaker: Pia Jeppesen, Institute for Clinical Medicine

ABSTRACT
Evidence-based approaches for children and adolescents have typically been disorder-specific, targeting one disorder at a time. Developing integrated programs that target multiple but related problems, a transdiagnostic approach, have great appeal and will probably make evidence based interventions more available to children in need. These interventions have traditionally been developed in the US (Chorpita & Weisz, 2009; Chu et al., 2009; Weersing et al., 2008; ), and until recently there were no development of such interventions in Scandinavia.
Recently several transdiagnostic programs have been developed in Norway and Denmark and the evaluation through randomized controlled studies is ongoing. A program illustrating this development is the EMOTION: Kids coping with anxiety and depression program for children aged 7 to 12, building on the essential core elements of the Coping cat program for anxiety and the Taking ACTION program aimed at depression. The EMOTION program is an intensive 20 sessions program that run for 10 weeks and it is designed to reduce symptoms of anxiety, depression or both. A pilot study in an elementary school examined recruitment strategies and the use of applicable screening routines successfully. The main study is evaluating the effect of the program in reducing symptoms on anxiety and depression in symptomatic children. The study is currently in its third year of data collection, and approximately 750 children have been enrolled.
Another, more brief transdiagnostic CBT treatment for emotional disorders is the SMART program, targeting adolescents aged 14 to 18 years. The program is designed as a modularized intervention and has a duration of 6 sessions. A randomized controlled study in 5 outpatient clinics in Norway with an expected total of 164 adolescents, is close to completion.
Finally, the Mind My Mind program is this year tested for the first time in a large RCT pilot study, in the municipal context in Denmark. The Mind My Mind manual comprises well-known cognitive and behavioural therapy techniques from evidence-based programmes for children age 6-16 years. The program targets subclinical or clinical levels of anxiety, depression, behavioural difficulties and co-occurring trauma-related problems in children and adolescents. This intervention can be tailored to the individual child with the support of “real time” digitized feedback, supervision and quality assessment. It is planned to offer the majority of children 13 weekly sessions followed by 2 booster sessions. During spring 2016, 89 children have already been included in the study.
The symposium will after a short introduction to the theme present the content of these newly developed transdiagnostic interventions, including preliminary results from the related RCT studies.
THURSDAY, SEP 1, 14:00
S18-LEGENBAUER

ANXIETY – A PATH TO PSYCHOPATHOLOGY? UNDERLYING MECHANISMS AND IMPACT ON THERAPY

Convenor: Professor Tanja Legenbauer, Ruhr-University Bochum, LWL University Hospital for Child and Adolescent Psychiatry, Hamm, Germany
Chair: Anke Klein, VU Amsterdam, The Netherlands
Discussant: Eni Becker, Radboud University Nijmegen, The Netherlands

First speaker: Rianne Van Niekerk, Radboud University Nijmegen, The Netherlands
Second speaker: Marie-Louise Reinholdt-Dunne, University of Copenhagen, Denmark
Third speaker: Anke Klein, Macquarie University, Sydney, Australia; Radboud University Nijmegen, The Netherlands
Fourth speaker: Tanja Legenbauer, Ruhr-University Bochum

ABSTRACT

As a basic emotion, anxiety prepares the body for the detection of potential threat. It arises at an implicit level and represents an adaptive and hypervigilant state. However, strong levels of anxiety affect the initial processing of information leading to biases in cognitive processing, the so-called attentional bias (AB): e.g. highly anxious individuals attend more often towards negative or threatening information compared to non-threatening information. It is assumed that the increased detection of threatening information is fed by and contributes to the manifestation of dysfunctional associative schemata, which in turn impact the aetiology and maintenance of psychopathological behaviour. Hence, alterations in cognitive processes are of paramount importance to better understand the aetiology and pathogenesis of anxiety disorders. However, as anxiety also acts as a transdiagnostic marker, it might play an important role in the development of a wide range of mental disorders. For example, recent research indicates an important role of anxiety in eating disorders.

Emphasizing the transdiagnostic approach and overall presence of dysfunction in attention and cognitive biases, this symposium features original and innovative findings from the realm of experimental psychopathology and clinical research in children and emerging adults. All contributions show a great methodological heterogeneity in terms of research paradigms and levels of assessment (i.e. subjective, behavioural, and neurophysiological indicators) and span from basic mechanisms to treatment outcome prediction.

The first contribution of Van Niekerk et al. focuses on the possible transmission of anxiety disposition from clinically anxious parents on their children. The findings indicate that children’s panic associations relate to the panic symptoms of the clinically anxious parent, but not to the panic symptoms of the child. In the second contribution, Reinholdt-Dunne et al. present their findings on attentional control and cognitive bias for emotional stimuli in clinically anxious children. These suggest that attention control abilities and cognitive bias reductions after completed cognitive behavioural therapy were maintained at 3 year follow-up. The study of Klein et al. integrates cognitive bias into a treatment approach in pathologically anxious children. The authors show that children with an interpretation bias prior to training showed a significant reduction in interpretation bias on the social threat scenarios after training. Furthermore, parents reported a significant reduction in social anxiety in their children. The final contribution of Legenbauer et al. deals with the role of trait anxiety and social phobia in the treatment of eating disorders. In two studies, impact of high anxiety levels on eating related pathology and treatment outcome in adolescents and emerging adults is examined. Results emphasize the role of high anxiety levels in eating disorders, in particular as a predictive factor for treatment response.

The four contributions will be discussed in terms of (a) the cross sectional nature of anxiety as underlying mechanism in psychopathology b) specific role of attentional control and cognitive bias among children and adolescents (c) methodological considerations for the appropriate assessment (d) as well as implications for treatment by Eni Becker.
NEGATIVE EFFECTS OF PSYCHOLOGICAL TREATMENTS – DETERIORATION, DEPENDENCY, AND ADVERSE EVENTS

Convenor & Chair: Professor Per Carlbring, Stockholm University, Stockholm, Sweden

First speaker: Naline Geurtzen, Behavioural Science Institute (BSI), Radboud University Nijmegen
Second speaker: Kristoffer Magnusson, Karolinska Institutet, Sweden
Third speaker: Julia Rheker, Department of Clinical Psychology and Psychotherapy Philipps-Universität Marburg
Fourth speaker: Alexander Rozental, Stockholm University

ABSTRACT

Negative effects of psychological treatments is a largely unexplored area of research despite findings suggesting that deterioration and adverse or unwanted events regularly occur. Prior investigations indicate that approximately 5-10% of all patients undergoing treatment deteriorate, with higher rates among substance abuse patients as well as children and adolescents. Furthermore, other types of negative effects have also been proposed to occur, such as, becoming dependent on one’s therapist or treatment, social stigma, and experiencing novel or stronger symptoms such as increased stress and anxiety or insomnia. Despite their potentially detrimental implications for adherence, motivation, and treatment outcome, little is known about their occurrence and characteristics. Some negative effects might be transient and related to the specific interventions being used, for instance, exposure, while others could be more enduring and linked to a negative treatment trend. More research is therefore warranted in order to understand what is causing negative effects and how they can be prevented during treatment. The current symposium consists of four presenters that have explored different aspects related to negative effects of psychological treatments. Naline Geurtzen will present a theoretical review and cross-sectional data concerning dependency effects in mental health care; how can dependency be assessed and understood in treatment, and in what way is dependency linked to other related constructs, such as, the therapeutic relationship. Kristoffer Magnusson will provide the results from an individual patient meta-analysis of 2866 patients in 29 clinical trials of Internet-based cognitive behavior therapy, reviewing deterioration rates among the treatment and control conditions, as well as possible predictors of deterioration. The findings indicate that 122 (5.8%) of the patients in treatment deteriorated, with more patients in the control conditions faring worse, 130 (17.4%). Also, clinical severity at pre treatment, being in a relationship, having at least a university degree, and being older were all associated with lower odds of deterioration. Julia Rheker will present the results of an investigation of negative effects using the instrument Inventory for the Assessment of Negative Effects of Psychotherapy (INEP) among patients in a psychosomatic as well as a psychiatric clinic. In both cases, negative effects were reported by the patients to a great extent, but with no differences between the two settings. Finally, Alexander Rozental will introduce a novel instrument for investigating negative effects of psychological treatments that has been distributed to patients in a clinical trial of cognitive behavior therapy for social anxiety disorder that was delivered via a smartphone, as well as via a survey that was administered to individuals recruited through media outlets and who had experienced adverse and unwanted events when undergoing treatment. In total, 653 patients completed the instrument, with the data being analyzed using an exploratory factor analysis, revealing a rotated six-factor solution; symptoms, quality, dependency, stigma, hopelessness, and failure. Unpleasant memories, stress, and anxiety were experienced by one-third of the participants. Further, increased or novel symptoms, as well as lack of quality in the treatment and
THURSDAY, SEP 1, 14:00
S28-SIBILIA

TRANS DiAGNOSTIC APPROACH: RESEARCH, ASSESSMENT AND INTERVENTION

Convenor: Professor Lucio Sibilia, Center for Research in Psychotherapy, Rome, Italy
Chair: Mehmet Sungur, Marmara University Faculty of Medicine, Turkey

First speaker: Lucio Sibilia, Center for Research in Psychotherapy, Rome, Italy
Second speaker: Tullio Scrimali, Aleteia, Catania, Italy
Third speaker: Stefania Borgo, Center for Research in Psychotherapy, Rome, Italy
Fourth speaker: Antonio Pinto, CEPICC, Naples

ABSTRACT
This Symposium explores and suggests an alternative lens through which to view the effectiveness of CBT: the trans-diagnostic approach to assessment and treatment. Researchers’ struggle to achieve with “protocols” better results may be limited by the use of a standard diagnostic system in psychiatry, in particular the DSM, against which protocols are tested. In fact, most patients show co-morbidity and thus require complex combinations of CBT procedures; moreover, in many diagnostic groups, such as personality disorders, stability and reliability of diagnoses are questionable. The alternative trans-diagnostic approach relies instead on the assessment of well researched psychological and behavioural dysfunctions (trans-diagnostic dysfunctions, which we propose to call TraDD). These are common to a range of clinical problems, albeit their combination can be specific of the individual patient; thus the treatment can be better individualised, allowing different CBT procedures to be better focused on the dysfunctions of individual patients without missing the benefits of using research-supported procedures. In fact, a number of CBT procedures have already been shown to impinge on TraDDs. The present Symposium aims at providing examples of such approach to CBT.
COGNITIVE REMEDIATION THERAPIES FOR AFFECTIVE DISORDERS: RECENT ADVANCES IN COGNITIVE TRAINING STUDIES

Convenor: Kristof Hoorelbeke, Ghent University, Ghent, Belgium
Chair: Ernst Koster, Ghent University
Discussant: Rudi De Raedt, Ghent University

First speaker: Kamilla Miskowiak, Copenhagen University Hospital
Second speaker: Susanne Schweizer, MRC Cognition and Brain Sciences Unit, Cambridge, United Kingdom
Third speaker: Kristof Hoorelbeke, Ghent University
Fourth speaker: Jasmien Vervaeke, Ghent University

ABSTRACT

Following a multitude of cross-sectional and prospective studies implicating cognitive control impairments in psychological malfunctioning and psychopathology, recent years have witnessed an increasing interest in cognitive training studies exploring transfer effects on indicators of emotional well-being. That is, cognitive control training has been proposed as a neurobehavioral intervention targeting cognitive vulnerability mechanisms such as maladaptive emotion regulation (e.g., perseverative negative thinking or rumination), known to place individuals at increased risk for developing affective disorders and a broad range of stress-related complaints. This symposium presents state of the art findings regarding the applicability and effectiveness of cognitive remediation (cognitive training) techniques as an intervention to reduce cognitive vulnerability for affective disorders and foster resilience and mental well-being. Effects of cognitive training on cognitive vulnerability for affective disorders and resilience are assessed in diverse populations, using multiple cognitive training approaches.

After giving a brief overview of findings concerning the involvement of cognitive processes in the context of vulnerability for affective disorders (Ernst Koster), our first speaker (Susanne Schweizer) will present results regarding the effectiveness of an affective cognitive control training for major depressive disorder. Following initial promising findings of affective cognitive control training on emotion regulation in healthy individuals, implementation possibilities for clinical depressed patients are discussed. Next, the second speaker (Kristof Hoorelbeke) will present the results of a randomized controlled trial study exploring effects of a cognitive control training for remitted depressed patients. Results suggest that cognitive control training holds potential to reduce cognitive vulnerability for depression and residual depressive symptomatology. The third speaker (Kamilla Miskowiak) will then present findings of a randomized controlled trial study exploring effects of cognitive training on patients with bipolar disorder who were currently in (partial) remission. Although this trial did not yield beneficial effects on overall cognitive and psychosocial functioning, the presenter will discuss lessons learned for future training studies in the context of cognitive vulnerability for bipolar disorder. Furthermore, clinically oriented cognitive training studies originate from basic experimental manipulations exploring the causal role of cognitive risk factors for affective disorders. Thus, the fourth speaker (Jasmien Vervaeke) will focus on how future users of cognitive training interventions (patients, clinicians, and policy makers) can be involved in the process of developing a user-friendly cognitive training. Specifically, she will present findings of a user requirements analysis of cognitive control training for remitted depressed patients, including discussion of the motivational value of gamification techniques. Finally, Rudi De Raedt will conclude with a discussion of the implications of these findings, and how further integrating cognitive and neurobiological research may improve the effectiveness of cognitive training as an intervention to reduce cognitive vulnerability for affective disorders.
THURSDAY, SEP 1, 14:00
S31-ASKEW

INDIRECT FEAR ACQUISITION AND REDUCTION VIA INFORMATION AND VICARIOUS LEARNING PATHWAYS

Convenor: Dr Chris Askew, Kingston University, Kingston-Upon-Thames, United Kingdom
Chair: Chris Askew, Kingston University
First speaker: Eline Möller, Universiteit van Amsterdam
Second speaker: Carol Newall, Macquarie University
Third speaker: Chris Askew, Kingston University
Fourth speaker: Andreas Olsson, Karolinska Institutet, Sweden

ABSTRACT

Research investigating the indirect learning of fear from others will be discussed in this symposium. Topics include the mechanisms underpinning acquisition of fear via vicarious (observational) learning, as well as family and temperament factors influencing fear acquired via threat information. Speakers will also consider the role of positive information and positive vicarious learning in reducing fear in children and adults. Factors affecting the success of fear reduction via indirect learning pathways will be discussed.

Eline Möller presents findings from a study looking at the development of children’s fears via threat information children receive from others and how this is related to children’s behavioural inhibition and parental anxiety disorders. Mothers, fathers, and first-born children were assessed pre-birth, at 4 months, 12 months, 2.5 years, and 4.5 years. At 4.5 years, children’s anxiety towards animals increased after receiving threatening information about them. Children higher in behavioural inhibition showed more anxiety when they were given no information about the animals, suggesting ambiguity may be frightening for these children. In addition, threat information had a greater effect on the fear levels of children of fathers (but not mothers) without an anxiety disorder than on those of fathers with anxiety disorders. Carol Newall will present a study investigating direct and indirect fear reduction. Following a vicarious fear learning procedure, children were assigned to one of three fear reduction groups: positive information, exposure/extinction or control. Of those children that acquired self-reported fear and behavioural avoidance following vicarious learning, positive information and exposure were associated with greater fear reduction than the control group. Chris Askew will describe a series of experiments investigating the prevention and reduction of vicariously acquired fear in children. Results of the studies showed that vicarious fear learning can increase children’s fear beliefs, avoidance, heart rate and attentional bias for stimuli. However, positive modelling with the stimulus beforehand can prevent the effects of vicarious fear learning, and positive modelling after vicarious fear learning can reverse negative learning. Moreover, fear learning is also reduced if children are later told the fear model was not as afraid as they appeared to be during learning. Andreas Olsson will present studies using behavioral and physiological measures of vicarious extinction learning in adults. The results show that shared, as compared to individual only, safety experiences enhance extinction and block the return of conditioned fear following reinstatement. Imaging (fMRI) results demonstrate that the success of vicarious extinction depends on activity in the ventral medial prefrontal cortex, suggesting that vicarious and direct extinction draw on partly overlapping basic brain mechanisms. Yet, vicarious extinction is social in nature, and dependent on socia...
THURSDAY, SEP 1, 14:00
S65-DICKSON

GOAL MOTIVATION PROCESSES IN MENTAL HEALTH

Convenor & Chair: Dr Joanne Dickson, University of Liverpool, Liverpool, United Kingdom

First speaker: Joanne Dickson, University of Liverpool, United Kingdom
Second speaker: Stephen Barton, University of Newcastle
Third speaker: Andrew MacLeod, University of London, United Kingdom

ABSTRACT
Emerging research suggests goal motivation is implicated in well-being and affective disorders. This symposium includes three presentations focused on goal regulation and dysregulation processes in mental health, as outlined below.

1. Theoretically, distinct approach and avoidance motivational sensitivities are thought to underlie depression. Yet, few studies have investigated approach and avoidance goal motivation in depression. The first presentation focuses on approach and avoidance goals, personal goal attainment likelihood and goal disengagement from unattainable goals and re-engagement with new goals in clinical depression. The results reveal problematic goal pursuit processes in depression, characterised by a deficit in approach goal motivation (but not increased avoidance goal motivation), more pessimistic goal likelihood expectations and increased readiness to disengage from unattainable goals and less engagement with new goals. Impaired approach goal motivation, together with pessimistic goal expectations, is apt to limit opportunities for experiencing goal reward and positive reinforcement. Notably, depressed people did not report perseverance on unattainable goals as some theories posit. Potential clinical implications are reviewed.

2. The second paper presents the results of two studies investigating life-goal disengagement in major depression. The results suggest a multi-level process maintains disengagement from desired goals. Depressed life-goals are intact and still subjectively important to depressed people but at the reasoning and planning level, depressed people struggle to generate reasons to engage with their goals in the present moment. Goals are represented as abstract desired states and attention to goal-discrepancies results in unproductive conceptual analysis seeking to explain why progress is not being made. This perpetuates depressive rumination which in turn suppresses planning and action. When depressed people are encouraged to differentiate their life-goals into sub-goals, counter-intuitively they generate more sub-goals than non-depressed but tend to represent them as hurdles or obstacles to be overcome. They expect a significantly higher level of threat to occur when putting them into action. Implications are considered for sharpening the focus of behaviour activation targeting disengagement and cognitive therapy targeting rumination.

3. Goals and planning (GAP) training: effects in community samples and clinical groups.
Depression is characterised by a range of problems with goal-directed behaviour. This talk will focus on a programme that teaches goal setting and planning skills. The programme utilises findings from the social cognition literature to help people identify personally relevant and meaningful life goals and acquire planning skills to move towards those goals. Studies utilising the approach in both a group and a self-help format will be reviewed. Evidence that the approach can reduce distress and increase well-being will be reviewed. These studies have been carried out in the general population and also in clinical groups – those who have a long history of depression and those who have severe and enduring mental ill health, mainly psychosis. New data from a just-completed randomised, controlled trial carried out in working adults will also be presented.
THURSDAY, SEP 1, 14:00
S66-BENNEBROEK EVERTSZ’

SYMPOSIUM ON CO-MORBIDITY OF MENTAL DISORDERS AND SOMATIC DISEASES

Convenor: Dr Floor Bennebroek Evertsz’, Academic Medical Center Amsterdam, Amsterdam, The Netherlands
Chair: Claudi Bockting, University of Utrecht, The Netherlands
Discussant: Markus Wolf, University Zurich, Switzerland

First speaker: Claudi Bockting, University of Utrecht, the Netherlands
Second speaker: Floor Bennebroek Evertsz’, Academic Medical Center Amsterdam, the Netherlands
Third speaker: Rosa Boeschoten, VU University Medical Center and GGZ in Geest, Amsterdam, the Netherlands
Fourth speaker: Yvonne Nestoriuc, University Hamburg, Germany

ABSTRACT

Psychiatric disorders are more prevalent in people suffering somatic diseases, with prevalence rates being two to even three times as high as for people without somatic diseases. Co-morbid-psychiatric disorders have been associated with poorer outcomes of somatic diseases in terms of more functional disability, higher care consumption, hospitalisation and poor quality of life. Physicians often do not recognize psychiatric disorders and rarely recommend psychotherapy. Moreover patients are often not treated for their psychiatric disorders. There is some evidence that cognitive behaviour therapy (CBT) can reduce distress in patients with somatic diseases.

In the first paper, Prof. dr. Claudi Bockting presents the results of a review aimed to examine the effect of co-morbid chronic somatic illness on depressive recurrence.

The American Psychiatric Association (APA) guidelines advices a longer duration of maintenance therapy to patients with Major Depressive Disorders (MDD) and co-morbid chronic somatic illnesses. Therefore, depressive recurrence rates between patients with and without a co-morbid somatic illness were compared.

The second presentation by MSc. Floor Bennebroek Evertsz is on the results of a randomized controlled trial investigating the effectiveness of a specially developed cognitive behavioral therapy (CBT) for Inflammatory Bowel Disease (IBD) with poor quality of life, co-morbid anxiety and depressive symptoms.

In the third presentation MSc Rosa Boeschoten deals with a study investigating the clinical profile of Major depressive disorder (MDD) in Multiple Sclerosis (MS) patients.

MDD is common in MS patients but may remain unrecognized because of overlapping symptoms and different presentation due to its specific MS-related neurobiological etiology.

The final paper of this symposium is presented by Prof. dr. Yvonne Nestoriuc about a multicenter randomized controlled trial investigate the efficacy of an expectation-focused intervention (including Cognitive Behavioral Therapy) to prevent side effects during adjuvant endocrine treatment for female patients with breast cancer. This expectation-focused intervention has been successfully studied in primary care in two German breast centers. Psychological prevention programs for side effects might be potential pathways in health care to improve patients’ quality of life during medication intake.

The symposium concludes with a general discussion on future research directions on the topic of comorbidity of mental disorders and somatic diseases. Clinical implications for treating co-morbidity will be discussed and future directions will be presented.
THE PREVALENCE OF VIOLENCE IN THE ICELANDIC POPULATION, SERVICE UTILIZATION AND ASSOCIATED OUTCOMES

Convenor: Edda Thordardottir, University of Iceland, Reykjavik, Iceland
Chair: Berglind Gudmundsdottir, Landspitali - The National University Hospital of Iceland
Discussant: Filip Arnberg, Uppsala University, Sweden

First speaker: Edda Thordardottir, University of Iceland
Second speaker: Berglind Gudmundsdottir, Landspitali - The National University Hospital of Iceland
Third speaker: Ingunn Hansdottir, University of Iceland
Fourth speaker: Rebekka Lynch, University of Iceland

ABSTRACT

Sexual and physical violence is a serious public health problem that affects the physical, mental and social well being of millions of people globally every year. However, studies on the prevalence of violence, service utilization and associated outcomes have been lacking in Iceland. This symposium presents four studies on sexual and physical violence that examine different factors aimed to enhance our understanding of post trauma recovery.

The aim of the first study was to assess the lifetime and 12-month prevalence of physical and sexual violence in the Iceland population and demographic characteristics of victims. Participants were 10,093 residents of Iceland, 18-84 years old, residing in both the capital and rural areas. Self-reported questionnaires were sent out in 2012 assessing physical and sexual violence exposure, demographic characteristics (e.g. sex, age, education level) of participants and current physical or mental health problems related to the violence. Response rate was 67% (6,783/10,093). Currently, data analysis is underway and will be completed in May 2016.

The second study examined service utilization of the psychological services at the Rape trauma center (RTC) in Reykjavik, Iceland. In 2010 to 2014, approximately 400 sexual assault victims were referred for psychological services at RTC. Overall, 70% asked to be contacted by a psychologist after the assault. However, only approximately one third of these survivors utilized psychological services and only 15% utilize the services fully. Furthermore, results showed that a large group of survivors declined treatment despite showing significant post trauma symptoms. This study highlights the importance of understanding what prevents survivors from utilizing services and what type of services survivors are most likely to utilize when needed following sexual assault.

The third study examines service satisfaction and long-term psychological outcomes among sexual assault victims seeking assistance at the RTC in Iceland during the years 2010-2014. A cohort study design using both retrospective and prospective data is underway to assess satisfaction with psychological services in order to be able to better meet the needs of this population. In addition, current psychological status 2-6 years after contact with the RTC is assessed as well as potential predictors of these outcomes, such as sociodemographic factors, trauma and psychiatric history, and social support. We are particularly interested in examining the relationship between service utilization and PTSD outcomes. Data collection is ongoing ending in May and data analyses will be complete by June.

The last study explored mental co-morbidities and hypertension in women exposed to violence in Iceland. Participants were 507 women, with similar socioeconomic backgrounds. Overall, 207 (41%) women reported having been exposed to physical or sexual violence. Women exposed to violence were more likely to report symptoms of depression and anxiety, but overall had the same rates of hypertension as unexposed women. Yet, among women exposed to violence, symptoms of anxiety or depression were associated with an almost doubled risk of hypertension while such risk elevations by mental health symptoms were not noted among women without lifetime exposure to violence.
**PSYCHOLOGICAL INTERNET INTERVENTIONS: WHAT IS NEW AND WHAT IS EFFECTIVE?**

Convenor: Martin Hautzinger, Tübingen University, Germany  
Chair: Gerhard Andersson, Linköping University, Sweden

First speaker: Gerhard Andersson, Linköping University, Sweden  
Second speaker: Thomas Berger, Bern University  
Third speaker: Jan Philipp Klein, Lübeck University  
Fourth speaker: Julian Rubel, University of Trier

**ABSTRACT**  
Research on psychological internet interventions is progressing rapidly. This symposium will highlight scientific evidence at the forefront of this exciting field. Given the high number of studies showing efficacy of internet interventions in the treatment of anxiety and depression the first talk by Gerhard Andersson will address the question if internet-delivered CBT (ICBT) for anxiety disorders is as effective as face-to-face psychotherapy. Thomas Berger will present results from a recently completed randomized trial of a transdiagnostic intervention for anxiety disorders delivered in primary care. The last two talks will focus on the EVIDENT study, one the largest randomized controlled trial conducted with an internet intervention for depression to date. It is also one of the first studies using both self- and clinician-ratings of depression severity as outcome measures. Jan Philipp Klein will focus on the main results of the trial and highlight results from subgroup analyses. Wolfgang Lutz will present data on patterns of early change in depressive symptoms and their relation to outcome and adherence. At the end of the symposium participants will have an overview of internet interventions for anxiety and depression and the current state of knowledge in this field.
ABSTRACT
Social anxiety disorder (SAD) is one of the most common mental health disorders. If left untreated, SAD typically runs a chronic course and total remission is rare. The onset of the disorder typically occurs somewhere in late adolescence or early adulthood. However, clinically anxious pre-adolescent children are commonly diagnosed with SAD, and adults who have SAD often report not remembering a period in their life when social anxiety did not cause them problems.

Existing psychological treatments developed specifically for childhood SAD are based on the assumption that children with SAD have social skills deficits and, as such, emphasise training social skills as well as incorporating more generic cognitive behavioural treatment interventions to manage fears (e.g. relaxation, challenging thoughts, exposure exercises). While generally efficacious, between one third and a half of children receiving these interventions retain their diagnosis post-treatment and so arguably there is considerable room for improvement.

In contrast, the most effective treatments for adult SAD are grounded on cognitive maintenance models (e.g. Clark & Wells, 1995; Rapee & Heimberg, 1997). They consist of a discrete number of clearly defined and carefully tested maintenance mechanisms that are then specifically targeted in treatment, leading to significant decreases in individual’s social anxiety. Whilst etiological models have been developed for childhood SAD, no maintenance model currently exists. Furthermore, the ‘fit’ of the adult cognitive models to children and adolescents has to this date received limited research attention.

This symposium will include theoretical discussions about how social anxiety disorder may function differently in young people (i.e. children and adolescents) versus adults and the importance of considering developmental factors whilst treating and formulating this particular anxiety problem. We will discuss the possibility whether child/adolescent social worlds differ to that of adults in ways that have implications for cognitive and behavioural treatment. In addition, we will summarise the existing research literature to consider what we do know and what we do not know about how well the adult cognitive models fit to young children/adolescents (e.g. is there evidence suggesting that there are the same maintenance mechanisms relevant in socially anxious children/adolescents as in socially anxious adults?).

The symposium will also cover findings from a recent trial where 8-14 year old children and adolescents were offered a behavioural treatment intervention with and without a parent education component; and case series in which individual cognitive therapy for SAD based on the Clark and Wells model was offered to a group of children and adolescents with severe SAD.

The symposium will conclude with a Q and A panel to allow the audience to ask questions.
FRIDAY, SEP 2, 08:30
S10-WICHERS

A NETWORK APPROACH TO PSYCHOPATHOLOGY:
PREDICTION OF CLINICAL COURSE AND MOVING TOWARDS PERSONALIZED MODELS

Convenor & Chair: Professor Marieke Wichers, University Medical Center Groningen, Groningen, The Netherlands

First speaker: Robin Groen, Maastricht University
Second speaker: Mark Van Winkel, GGzE Eindhoven; Maastricht University
Third speaker: Marieke Wichers, University Medical Center Groningen (UMCG)
Fourth speaker: Fionneke Bos, Rob Giel Research Center Groningen/UMCG

ABSTRACT

Relatively recent the network approach was introduced in the field of psychopathology. This theory suggests that mental disorders are the result of the dynamic interactions between mental states that keep activating each other, as nodes in a network, and thereby eventually create a cluster of co-occurring symptoms which we can call a mental disorder (Cramer, Waldorp, van der Maas, & Borsboom, 2010; Kendler, Zachar, & Craver, 2011). Therefore, network symptom dynamics may offer a novel window of opportunity to expose underlying mechanisms of psychopathology. Intensive time-series data are necessary to examine such symptom dynamics and truly test the theory behind the network approach. The advantage of such time-series data is that personal network models can be created, which help to improve personalized insight into mechanisms at play and personalized targets for treatment.

In this symposium we will present our most recent findings on time-series based networks of mental states in relation to follow-up outcome of psychopathology. This can further elucidate subtle mechanisms of vulnerability expressed in ongoing mental state dynamics. Furthermore, we will present how such scientific models may translate to tools for clinical practice.

First, Robin Groen will present a unique longitudinal study on networks based on daily time-series measures of depressive symptoms in depressed patients. She found that patients who show a reduction of symptoms 6 months later show different network dynamics than patients in whom symptoms remain present. For example, in the non-recovery group crying and blaming are more central, whereas in the recovery group worry and feeling lonely are more central. Thus, dynamic symptom patterns visualized in networks may inform us regarding patients' follow-up clinical course.

Second, Mark van Winkel will present a study that aims to further elucidate the role of social behaviour and loneliness as a mechanism in depression. He examined the dynamics between social anhedonia, being alone and feeling lonely and how these dynamics differ between people -from the general population- who will or will not make a transition to depression in the near future.

Third, Marieke Wichers will present data on a sample of adolescents with depressive symptoms. She uses the network approach to focus on reward dynamics, i.e. the dynamics between positive experiences, feelings of motivation, and moments of active behaviour. Based on time-series data she will show both group-models and personalized models and how these relate to follow-up course of symptoms. This may eventually reveal what specific spot in the reward cycle should be targeted in each individual to improve mental health.

Finally, Fionneke Bos used time-series data of people with and without anhedonia and matched for other depressive symptoms. She aimed to unravel the micro-mechanisms of anhedonia by examining the differences in networks between these groups. Results show how strong an impulse of stress or activity impacts on later affect states and vice versa and whether this differs per group. Her study is unique in that it is completely personalized with separate models for each participant. Thereby, such analyses are potentially useful as a complementary tool in clinical practice.
ONLINE OR FACE-TO-FACE TREATMENT FOR INSOMNIA?

Convenor & Chair: Dr Jaap Lancee, University of Amsterdam, Amsterdam, The Netherlands
Discussant: Viktor Kaldo, Karolinska Institutet & Internet Psychiatry Clinic, Stockholm

First speaker: Tanja Van der Zweerde, VU University, The Netherlands
Second speaker: Jaap Lancee, University of Amsterdam, The Netherlands
Third speaker: Kerstin Blom, Karolinska Institutet, Sweden
Fourth speaker: Ed De Bruin, University of Amsterdam

ABSTRACT

Insomnia affects about 10% of the general population. In order to fulfill a DSM-5 diagnosis for insomnia, people need to have problems with initiating and/or staying a sleep for at least three days a week for three or more months. Furthermore, these sleep problems need to have a negative effect on daytime functioning. Insomnia is associated with several forms of psychopathology. For instance, people suffering from insomnia disorder have a twofold chance of developing a major depression disorder in later life.

The most effective treatment format for insomnia is Cognitive behavioral therapy (CBT-I). However, the problem is that there are simply not enough therapists available to deliver this treatment. Delivering CBT-I via the internet has been suggested as a way to bridge the gap between the increasing demand in CBT-I and the unavailability of therapists. To date, several studies have investigated online CBT-I. In general favorable findings are observed for online CBT-I with large treatment effects on measures such as the Insomnia Severity Index.

These online treatments constitute a big promise since they can be offered at any time at any place with probable lower costs involved. A drawback of the most insomnia trials is that they generally compare those treatments to wait-list control groups. Comparing treatments to wait-list control groups is a first important step; however, maybe even more important is comparing these treatments to the standard treatment available: face-to-face treatment. Furthermore, the online treatments are often studied in samples of highly educated people that are accustomed to using the internet. A more stringent and more ecological valid test would be to implement and investigate this treatment in general practice.

In this symposium we have the luxury of presenting three randomized controlled trials on online versus face-to-face treatment for insomnia and additionally getting a glance on a trial of online CBT-I in GP practice. In this symposium we have the following presenters:

1) Tanja van der Zweerde (VU University, Amsterdam). In her talk she will present the design of a pragmatic trial where she will investigate the (cost) effectiveness of an online treatment with support from well-being practitioners in general practice.
2) Jaap Lancee (University of Amsterdam) will present data of a randomized controlled trial where individualized face-to-face treatment for insomnia was compared to guided online treatment.
3) Kerstin Blom (Karolinska Institutet & Internet Psychiatry Clinic, Stockholm) will present data of another randomized controlled trial on group treatment for insomnia compared to guided online treatment.
4) Ed de Bruin (University of Amsterdam) will present yet another randomized controlled trial but this trial concerns group treatment versus online treatment for insomnia in adolescents, compared to a wait-list.

Viktor Kaldo (Karolinska Institutet & Internet Psychiatry Clinic, Stockholm) will serve as a discussant in the symposium he will give his thoughts on how the research field of online and face-to-face treatment for insomnia should develop in the future. With this symposium we hope to give you a thorough overview of the exciting new developments in the field and at the same time give clinical guidelines when to offer online and when to offer face-to-face treatment for insomnia.
EXPOSURE-BASED THERAPY FOR SOMATIC DISORDERS: NEW INNOVATIONS

Convenor: Marianne Bonnert, Karolinska Institutet, Stockholm, Sweden
Chair: Brjánn Ljótsson, Karolinska Institutet, Sweden
Discussant: Lance McCracken, King’s College London, United Kingdom

First speaker: Josefin Särnholm, Department of Clinical Neuroscience, Karolinska Institutet, Stockholm, Sweden
Second speaker: Maria Lagerlöf, Karolinska Institutet, Sweden
Third speaker: Maria Lalouni, Karolinska Institutet, Sweden
Fourth speaker: Marianne Bonnert, Karolinska Institutet, Sweden

ABSTRACT
Somatic disorders such as Irritable bowel syndrome, functional abdominal pain, fibromyalgia, and atrial fibrillation, are all highly prevalent and are associated with lowered quality of life and a high societal burden. Although these disorders may differ in their phenotype and origin, they all seem to be linked to fear-driven avoidance behaviors of pain or other bodily symptoms. Fear and avoidance behaviors may in turn drive hypervigilance to bodily symptoms, which exacerbates the distressing symptoms further.

In this symposium, we will present how to do exposure-based therapy for Irritable bowel syndrome, functional abdominal pain, fibromyalgia, and atrial fibrillation. We will also present results from some of our recent studies including two face-to-face pilot studies and two large-scale internet-delivered randomized trials.

KEY LEARNING OBJECTIVES:
1. Learn the role of fear and avoidance in somatic symptom and functional disorders in maintenance of the disorder and development of disability.
2. Learn how exposure-based treatment can be used to target key mechanisms of the disorders. Common challenges for the clinician when conducting this type of treatment with both adults and children.
3. Learn how exposure-based treatment for these disorders can be delivered via the Internet and how effective the treatment is in terms of symptom reduction and quality of life.

PRESENTERS & TOPIC:
Josefin Särnholm, MSc, will present a pilot study (N=19) on a newly developed exposure-based treatment for adults with atrial fibrillation.
Maria Lagerlöf, MSc, will present the results from a randomized controlled trial (N=140) on ICBT for fibromyalgia in adults. The study is currently ongoing and results will be available at the time for the congress.
Maria Lalouni, MSc, will present a pilot study (N=20) on exposure-based CBT for children (age 8-12) with abdominal pain of functional origin (FGID).
Marianne Bonnert, MSc, will present the results from a national recruited randomized controlled trial on exposure-based ICBT for 100 adolescents (age 13-17) with IBS.
NEW BRANCHES OF CBT IN TREATMENT OF PSYCHOSIS

Convenor & Chair: Massimiliano Abbatecola, CEPICC Naples, Italy
Chair: Professor Antonio Pinto, Department of Mental Health ASL NA3 SUD, Naples, Italy
First speaker: Antonio Pinto, Department of Mental Health ASL NA3 SUD, Naples, Italy
Second speaker: Tania Lincoln, University of Hamburg, Germany
Third speaker: Massimiliano Abbatecola, CEPICC Naples, Italy

ABSTRACT
The treatment of Psychoses enjoyed lately a substantial contribution from the insights of the phenomenological and cognitive-evolutionary approaches, enabling the identification of elements with an adaptive meaning in the delusional ideations material, as well as from the tools used by the traditional cognitive-behavioral approach, in the correction of dysfunctional schemes and their related behaviors.

In this Sig symposium we will describe some new “third waves approaches” of interventions which have be proved to be effective, showing the possibility to integrate them. Furthermore the aim of this symposium will be also to disseminate these procedures between different groups of clinicians and researchers.

Antonio Pinto et al. (Italy) will show the application of an integrated CBT and Mindfulness protocol on patients either at the onset and with a more stabilized symptomatology, focused on the central moment represented by the constitution of the therapeutic alliance, and on the strategies to decrease the distress created by the illness itself.

Tania Lincoln (Germany) will introduce the potential of Compassion-Focused Imagery and Loving-Kindness Meditation for Treating Paranoid Delusions, showing that Compassion-focused imagery techniques are feasible and acceptable in patients with paranoid ideation, as it results from 3 pilot studies that will be presented.

Massimiliano Abbatecola et al (Italy) will conclude the symposium showing the application of the MCBT protocol for psychosis (Pinto, 2009), the Metacognition Training (Moritz et al., 2014) and a model of neurocognitive rehabilitation (Marker et al., 2006) in a group of ten schizophrenic outpatients.
MECHANISMS UNDERLYING THE EFFICACY OF EXPOSURE IN VIRTUAL REALITY FOR ANXIETY DISORDERS

Convenor & Chair: Professor Stéphane Bouchard, Université du Quebec en Outaouais, Gatineau, Canada
Discussant: Per Carlbring, Stockholm University, Sweden

First speaker: Claudie Loranger, Université du Québec en Outaouais
Second speaker: Cristina Botella, Universitat Jaume
Third speaker: Stéphane Bouchard, Université du Québec en Outaouais
Fourth speaker: Cristina Botella, Universitat Jaume

ABSTRACT
Many studies have documented the efficacy and effectiveness of using virtual reality to conduct exposure in the treatment of anxiety disorders (Wiederhold & Bouchard, 2014). However, the factors related to treatment outcome remain unclear. In this symposium, four studies will be presented in order to document: (a) the role of presence in the potential of virtual reality (VR) to induce anxiety reactions in people suffering from an anxiety disorder (PTSD); (b) mechanisms of change, including treatment expectations, in the cognitive behavior treatment (CBT) of panic disorder where VR and in vivo techniques were used to conduct exposure; (c) the role of cognitive changes and self-efficacy compared to other predictors of change, such as presence and treatment alliance, in the CBT of social anxiety using VR and in vivo exposure; and (d) expanding these findings on predictors of change to augmented reality exposure for specific phobia. The first study is based on an experimental anxiety induction protocol while the other three use randomized control trials. The findings highlight to contribution of a few factors specific to technology-based exposure and those common to CBT of anxiety disorders. Attendees to the symposium will benefit from a clear understanding of what are the few key factors they need to take into account when conducting exposure with VR and augmented reality.
FRIDAY, SEP 2, 08:30
S75-BJORNSSON

REACTIONS TO INTRUSIVE IMAGES ACROSS MENTAL DISORDERS

Convenor: Inga Wessman, McLean Hospital/Harvard Medical School, United States
Chair: Dr Andri Bjornsson, University of Iceland, Reykjavik, Iceland
Discussant: Christine Purdon, University of Waterloo, Canada

First speaker: Brenda Chiang, University of Waterloo, Canada
Second speaker: Andri Bjornsson, University of Iceland, Iceland
Third speaker: Johann Hardarson, University of Iceland, Iceland
Fourth speaker: Inga Wessman, McLean Hospital/Harvard Medical School, United States

ABSTRACT
In recent years, there have been increased research efforts aimed at identifying mental phenomena and processes that maintain psychopathology across mental disorders. One such phenomenon is imagery, and one such process is obsessions and compulsions. Research on intrusive thoughts and reactions to them has mostly been confined to obsessive-compulsive disorder (OCD). However, it has become clear in the last 10-15 years that intrusive images play a role in the maintenance of most psychiatric disorders, such as social anxiety disorder (SAD). However, reactions to such images in the form of appraisals, and ensuing compulsions have not been researched until recently.

In this symposium, three different research groups (in the U.S., Canada, and Iceland) assess images, and reactions to those images across mental disorders. Implications of the data for theoretical models and treatment of OCD, SAD and other disorders will be discussed.

In the first study, intrusive images were assessed among 40 individuals with OCD that were recruited from the community in Canada. Results suggest that intrusive images are common, with 59% of participants experiencing their recent obsession as an intrusive image. The vast majority (85%) of reported images depicted a brief video, which was equally like to occur in the field and observer perspectives. Finally, 75% of participants reported that the image was a representation of a memory.

The second and third talks come from the same study, conducted among 35 outpatients with social anxiety disorder (SAD) as a main diagnosis at an anxiety treatment center in Reykjavik, Iceland.

In the second talk, we will report data on whether individuals with SAD react to intrusive images with compulsive behaviors. Participants were interviewed with the Imagery Interview, which was adapted to focus specifically on reactions to intrusive images. Sixty percent of the participants reported experiencing recurrent, clinically significant intrusive images in the last 6 months. 85.7% of patients who had experienced a recurrent intrusive image reported at least one compulsive strategy in response to the intrusive image.

In the third talk we analyzed how those 19 individuals who reported having a recurrent intrusive image appraised those images. We assessed appraisal by asking participants whether the image means something about them, other people or the future. We then later performed a content analysis of the results which revealed that two of the most commonly occurring themes in the appraisals of the intrusive images were flawed and/or weak self (e.g., “I am inadequate”) and that others are critical and/or cruel.

In the fourth study, intrusive images were assessed with the Imagery Interview among 28 patients in a partial hospital program in the U.S. with a variety of psychiatric diagnoses. 20 out of 28 patients (71.4%) reported having recurrent intrusive images in the past 6 months. All patients with images appraised the intrusive image as having a negative meaning about themselves, other people, and/or the world or future. 8 out of the 20 patients (40%) with an intrusive image reported performing one or more compulsions.
MAKING CBT MORE POSITIVE

Convenor: Dr Nicole Geschwind, Maastricht University, Maastricht, The Netherlands
Chair: Fredrike Banninke, Amsterdam, The Netherlands

First speaker: Emily Holmes, Medical Research Council Cognition & Brain Sciences Unit, Cambridge, United Kingdom
Second speaker: Madelon Peters, Maastricht University
Third speaker: Fredrike Bannink, Amsterdam
Fourth speaker: Nicole Geschwind, Maastricht University
Fifth speaker: Nicole Geschwind, Maastricht University

ABSTRACT
Recent decades have witnessed a surge in the development of competency-based, collaborative approaches to working with clients.

In this symposium 'Making CBT more Positive’ we reveal how traditional CBT can become more positive, with a shift in the focus of therapy from what is wrong with clients to what is right with them, and from repairing the worst to creating what is best.

Drawing on insights from Positive Psychology and Solution-Focused Brief Therapy, the presenters show how the transition from traditional CBT to a more positive CBT represents an important paradigm shift from reducing distress to building success. This new approach may not only improve the well-being of clients, but also of their therapist.

Fredrike Bannink will chair the symposium, which brings together research on a number of interventions which can be used for making CBT more positive, as well as a study comparing a positive CBT focus with a traditional CBT focus. The symposium contains research findings based on quantitative as well as qualitative methods. Practical applications will be highlighted.

Prof. Emily Holmes will present evidence on the use of positive imagery in depression and bipolar disorder. Prof. Madelon Peters will present research on the effects of imagining your best possible self, an exercise originating from positive psychology. Drs. Fredrike Bannink will talk about her vision of a radical shift towards a positive CBT, based on her book “Practicing positive CBT” (Wiley, 2012). Dr. Nicole Geschwind will present findings from a study investigating the effects of CBT homework focused either on problems or on exceptions to problems. Dr. Emke Bosgraaf will discuss, based on a qualitative study, experiences of clients who participated in a treatment study comparing a positive CBT approach to a traditional, problem-focused CBT approach.
DEVELOPMENT, DISSEMINATION AND OUTCOMES OF ONLINE TREATMENTS FOR CHILDHOOD ANXIETY DISORDERS

Convenor & Chair: Dr Claire Hill, University of Reading, Reading, United Kingdom
Discussant: Eva Serlachius, Karolinska Institutet, Sweden

First speaker: Claire Hill, University of Reading, United Kingdom
Second speaker: Sarah Vigerland, Karolinska Institutet, Sweden
Third speaker: Lauren McLellan, Macquarie University, Australia
Fourth speaker: Maaike Nauta, Rijks University Groningen

ABSTRACT
Digital mental health innovation has seen rapid growth in the last few years, with an increasing range of psychological interventions available online and via smartphone or tablet application (apps). Several so-called "e-therapies" have emerged for the treatment of child and adolescent anxiety disorders. Whilst the current evidence supports the proof of concept of an online approach to treatment, more studies are needed. Typically, e-therapies have been developed by academics and clinical researchers, either through using internal resources or commissioning website development companies. Ensuring that e-therapies are scalable and sustainable beyond the realm of academic evaluation is crucial to ensure that online therapies are disseminated into clinical practice and available for young people to access. This symposium will consider e-therapies developed for the treatment of anxiety in children and adolescents in several different countries, the outcomes of these, and the challenges and considerations that are involved in each approach taken in development and subsequent dissemination.

Claire Hill will present a navigation of the challenges of development of e-therapies within the UK and an approach to adoption of e-therapies within the NHS. This will be considered alongside the development and evaluation of an online and smartphone application treatment for anxiety disorders in children aged 5-12 years old. The treatment is aimed for use within NHS clinics and is based on a therapist-supported, parent-led approach that has been demonstrated to be effective as a face-to-face therapy.

Sarah Vigerland will present on the feasibility, outcomes and clinician’s experiences of e-therapy for childhood anxiety disorders in a pilot study in a rural part of Sweden. The program content was developed by Clinical Psychologists in collaboration with an Interaction Designer, and underwent major revisions after two initial outcome studies. The technical platform was built by programmers located in Nepal. An agile work process was used successfully, but there have also been some challenges regarding language and time zones.

Maaike Nauta will present on “blended” interventions, which are internet-based interventions that combine face-to-face contacts with online working assignments and therapist feedback, possibly integrating the advantages of both. The development of an internet-based therapist-assisted version of Kendall’s Coping Cat intervention will be discussed in terms of how the 16-session format was adapted to a flexible 8-module blended intervention, incorporating therapist and child feedback, trying to make full use of the possibilities of the internet. We will share the experiences, pretreatment preferences and evaluations of 56 youth (aged 8-18 years), parents and therapists who have been included in an open trial.

Lauren McLellan will present on a project which 1) translated a face-to-face treatment for childhood anxiety (“Cool Kids”) for online delivery, and 2) conducted a randomised clinical trial comparing treatment and waitlist conditions to evaluate the efficacy and user satisfaction of the internet-delivered program. Details about the development of the Cool Kids Online treatment program will be provided, along with information about the implementation of the Australian Rotary Health-funded clinical trial.
ABSTRACT
Repetitive negative cognition such as rumination and worry are considered hallmark features of depression and anxiety. These thinking styles are well known to maintain and exacerbate these conditions. Several cognitive theories have been proposed to explain why individuals have difficulty inhibiting such thinking and the processing of negative information. In the current symposium we bring together key developments in the research on information-processing factors underlying persistent negative cognition.

One recent cognitive model of rumination is the attentional scope model (Whitmer & Gotlib, 2013). In this model it is proposed that individuals with high levels of rumination have a more narrow scope of attention which is further decreased in negative mood states. Lin Fang will present research testing this hypothesis. Then, Isa Rutten will present a novel task to examine the extent to which individuals are inclined to select emotional information when provided the option to categorize stimuli based on affective as well as non-affective features. In the third presentation, Berna Sari examined whether induced worry is associated with decreases in working memory capacity. For this purpose a change detection task was presented after an experimental procedure that compared active worry vs a neutral condition.

Subsequently, two papers are presented where novel cognitive training paradigms are used to reduce repetitive negative thinking. Elien Pieters will present the results of two trials examining a novel gamified attentional training procedure. This training aimed at reducing attention for negative information in order to reduce rumination and depression levels. A final paper Kristof Hoorelbeke will present a study examining whether cognitive control training influences rumination as well as positive appraisal. For this purpose, participants underwent an experience sampling procedure for a week after training.

Collectively, these papers provide an important update on the most recent research in the domain of repetitive negative thinking and information-processing.
NEW DEVELOPMENTS IN EXPERIMENTAL RESEARCH ON FEAR AND INTERVENTIONS TARGETING ANXIETY PATHOLOGY

ABSTRACT

Pavlovian and operant models have been proved to be useful frameworks to understand the development and maintenance of fear and has informed us about treatment of pathological fear. According to Pavlovian and more contemporary conditioning models, an original neutral stimulus (e.g., a car) becomes a danger cue (conditioned stimulus; CS) when it gets associated with an unconditioned stimulus (US; danger; e.g., accident). The CS thus becomes a predictor of danger (US), consequently evoking a conditioned response (CR; e.g., fear). Operant models explain subsequent behavioural changes, describing avoidance of CS as a way to prevent experiencing immediate fear, but ultimately maintaining irrational fears by the prevention of corrective experiences. As such, these models are at the core of exposure-based interventions and may also help to explain effectiveness of other interventions like imagery rescripting and eye-movement desensitization and reprocessing (EMDR). In exposure-based treatments people are confronted with the CS in the absence of the US, so the CS loses its signalling quality and does no longer evoke a CR (e.g., fear response). Other interventions focus on the memory representation of the US: by re-evaluating the US memory representation, the CR decreases as well. However, although both interventions have been proved successful in the treatment of anxiety disorders and posttraumatic stress disorder, about a third of patients do not benefit from treatment and an even larger number relapses after successful treatment. Further refinements of these models are needed to increase our understanding of pathological fear to ultimately target the problematic features and mechanisms in anxiety disorders more effectively. In this symposium, four speakers will present their newest findings on this topic and will discuss the implications for the clinical practice.

Dr. Marijn Kroes from New York University, USA, presents a study on the effects of reactivating memories of threatening events on the strength and the content of these memories, providing insight in the flexibility of episodic memories. Dr. Arne Leer from Utrecht University, the Netherlands, presents data on the effect of time on the forgetting of exact danger cues of the fear memory and the effect of an intervention in which the fear memory is reactivated on problematic fear generalization. Dr. Pauline Dibbets from Maastricht University, the Netherlands, compared the effects of reinstatement on interventions that are based on extinction to interventions based on US devaluation (imagery rescripting and EMDR). Dr. Andre Pittig from the University of Dresden, Germany, provides insight in decision making processes and how these are involved in the acquisition of fear and avoidance behaviour, which can further our insight in problematic avoidance behaviour that maintains anxiety.

In this symposium, all four presenters present experimental research on human fear conditioning and fear memory processes, and will discuss the relevance of this kind of fundamental research for the clinical practice dealing with patients with anxiety disorders. This way, the symposium aims to contribute to bridging the gap between (fundamental) research and clinical practice.
LATEST DEVELOPMENTS IN CHILD SPECIFIC PHOBLIA

Convenor: Thora Halldorsdottir, Max Planck of Psychiatry, Germany
Chair: Dr Ella Oar, Macquarie University, Australia, Sydney, Australia
Discussant: Lars-Göran Öst, Stockholm University, Sweden

First speaker: Lisa Clefberg, Department of Psychology, Stockholm University, Sweden
Second speaker: Ella Oar, Centre for Emotional Health, Macquarie University
Third speaker: Thora Halldorsdottir, Department of Translational Research, Max Planck of Psychiatry, Munich, Germany

ABSTRACT

Specific phobias are characterized by an excessive and persistent fear of a specific object/situation that interferes with the individual's daily functioning (APA, 2013). Of the anxiety disorders, specific phobias are the most commonly experienced in children and adolescents affecting approximately 5 to 10% of youth in community samples and 15% in mental health settings (Bener, Ghuloum & Dafeelah, 2011; Essau, Conradt, & Petermann, 2000; Kessler et al., 2005). Specific phobias typically develop early in life, with an average age of onset of 9 to 10 years old. Youth affected by the disorder frequently experience academic difficulties as well as social and personal distress and interference in their day to day activities (King, Muris, Ollendick, 2005). When untreated, specific phobias tend to have an unremitting course. Specific phobias have also been considered a 'gateway' disorder as they predict other psychiatric illness, such as anxiety, mood and substance use in adulthood (Kessler et al., 2010; 2011). As such, gaining an in-depth understanding of this chronic disorder and identifying for whom treatment is effective is a public health concern.

In this symposium, each speaker will present new findings on the clinical characteristics and moderators of treatment outcomes of phobic youth. In the first presentation, Dr. Ella Oar will examine the clinical phenomenology of Blood-Injection-Injury phobia, a largely neglected subtype in the child literature to date. In the second presentation, Dr. Lisa Clefberg will compare differences in life satisfaction between phobic children and adolescents in comparison to those with social anxiety disorder and a non-clinical control. Moreover, she will also identify predictors of poorer satisfaction. Finally, Dr. Thorhildur Halldorsdottir will present recent findings on the long-term outcomes of phobic youth who received either the One-Session Treatment (OST) or education support. The differential treatment outcomes between youth with and without co-occurring ADHD symptoms will also be examined. The present symposium will advance knowledge relating to one of the most prevalent and debilitating phobias in children and adolescents. Finally, the discussant, Dr. Lars-Göran Öst - a world renowned phobia researcher will providing insights for future research.
FACILITATING INTERNET-BASED PSYCHOTHERAPY FOR DEPRESSION IN ROUTINE PRACTICE

Convenor: Lisa Kooistra, Vrije Universiteit Amsterdam, The Netherlands
Chair: Annet Kleiboer, Vrije Universiteit Amsterdam
Discussant: Anna Anne Etzelmüller, Schön Klinik
First speaker: Annet Kleiboer, Vrije Universiteit Amsterdam
Second speaker: Rosa Boeschoten, GGZ inGeest
Third speaker: Lisa Kooistra, Vrije Universiteit Amsterdam, The Netherlands
Fourth speaker: Anna Etzelmüller, Schön Klinik
Fifth speaker: Mayke Mol, GGZ inGeest

ABSTRACT
Internet-based depression treatment is considered a promising alternative to current routine depression strategies such as face-to-face psychotherapy. Research suggests that some form of human guidance, such as weekly supportive emails, is key in ensuring effective delivery of online treatment and effect sizes of guided internet-based interventions are comparable to face-to-face interventions. However, it is still unclear whether these findings extent to routine practice and/or more complex patient populations. In addition, uptake of internet-based interventions in routine practice is relatively low. Therapists and patients are often sceptical about the benefit of internet-based treatment especially when problems are more severe or complex such as in specialized mental health care or somatic health care settings.

This symposium will focus on the transference of current knowledge on Internet-based treatment for depression to routine practice. We will present innovative studies that focus on various treatment settings, including the general population, primary care, and specialist services in mental and somatic healthcare. We will discuss lessons learned concerning development, testing and implementation of Internet-based treatment.

Presentation 1 presents 12-month clinical outcomes and cost-effectiveness of the role of support in Internet-based problem solving treatment (iPST) for adults with symptoms of anxiety and/or depression in the general population. Patients were randomized to (1) iPST without support (n=107), (2) iPST with support on request (n=108), (3) iPST with weekly support (n=106), or (4) no Internet-based intervention but non-specific chat or email (n=110). Primary outcomes were symptoms of anxiety (HADS) and depression (CES-D). The results underscore the importance of structural support in Internet-based interventions for depression and anxiety.

Presentation 2 elaborates on these findings and focuses on the value of Internet-based PST with weekly support when provided to Multiple Sclerosis (MS) patients with depressive symptoms recruited from a specialized medical center. Patients were randomized to an intervention (n=85) or waitlist control group (n=86). The primary outcome was depression (BDI-II) was measured post-treatment and at 4-month follow-up. Unexpectedly, patients in both groups improved significantly. Additional text-messages did not increase the compliance rate of the intervention (51%). Possible explanations are discussed, as well as the role iPST can have within this setting.

Presentation 3 discusses blended treatment for depression in specialized mental health care. Blended treatment entails the integration of face-to-face psychotherapy and Internet-based therapy into one treatment protocol. The concept of blended care will be introduced, along with a showcase of a blended cognitive behavioural depression treatment (bCBT). Initial experiences with bCBT in routine practice will be discussed from patient (n=7), and therapist (n=9) perspectives. The initial evaluation showed that bCBT has the potential to be a suitable intervention for depressed patients in specialized mental health care. Therapists stated that the highly structured blended treatment helped them adhere to an evidence-based treatment manual in this complex patient group.

Presentation 4 and 5 will discuss initial findings from the MasterMind project in the Netherlands and in Germany. The MasterMind study focuses on implementing and up-scaling evidence-based Internet-based cognitive behavioral treatment (iCBT) for depression in Europe. Special attention will be paid to therapist perspectives and lessons learned concerning the conditions for successful implementation of iCBT in routine care as well as factors that hinder or foster implementation, feasibility, acceptability and effectiveness of the implemented interventions. The studies show that Internet-based treatment for depression has strong potential to be a suitable intervention for patients...
in all settings, although the treatment format and way of delivery should be tailored to the setting and patient population. Internet interventions appear to be a useful tool in promoting the delivery of evidence-based treatment. As patients receive more intensive treatment in specialized care, it seems advisable to simultaneously increase the amount of guidance provided parallel to the Internet intervention. Further, a blended treatment format can facilitate uptake by preserving personal contact and the therapeutic relationship that is associated with face-to-face psychotherapy, while utilizing internet-based treatment to stimulate active patient participation and improve the accessibility and affordability of treatment. However, when considering which patients should receive Internet-based treatment and in which format, it is important to weigh chances of both under-treatment and over-treatment carefully.

After the presentations, there will be room for discussion and attendees will have the opportunity to ask questions and/or share their own experiences with Internet-interventions.
ABSTRACT
This symposium will present the results of three empirical studies examining the environmental intergenerational transmission of social anxiety and a systematic review of risk conferred by parental anxiety disorders. The symposium will draw together insights from these studies to show the present state of the field of intergenerational risk transfer and highlight future challenges.

Paper 1
A systematic review will be presented to answer the question: what psychological risks are conferred on children of parents with an anxiety disorder? (At this time, results are unavailable, so no further information can be provided.)

Paper 2
Mental disorders have been consistently shown to “run in families”. However, our knowledge of the familial transmission of mental disorders remains limited as few studies have used family data from representative community samples and quantified the extent of familial liability and degree of specificity in the familial transmission of psychopathology.

Considering the example of social anxiety disorder (SAD), both parental psychopathology and unfavourable family environment emerged as putative risk factors for the onset and course of particularly interaction-related social fears in a prospective community study of adolescents and young adults. Findings argue for a family-oriented approach for targeted prevention and early intervention in SAD. At the same time, however, whether parents’ involvement in interventions adds significant value to therapy outcomes and relapse rates in offspring SAD remains yet to be demonstrated. Questions to be resolved include the timing, dosage and contents of parental involvement.

Paper 3
Anxiety loads in families. Environmental factors such as modelling of anxious behavior contribute to the intergenerational transmission of anxiety. This study investigated the links between parental anxiety (lifetime anxiety disorders and expressed parental anxiety) and 4.5-year-old children’s fear and avoidance during encounters with novel stimuli in a social referencing (SR) paradigm.

Children (N=111) participated in this study separately with their fathers and mothers (parents with or without lifetime social and/or other types of anxiety disorders). Children and parents were confronted with a stranger and a robot in SR situations. Children’s fear and avoidance, and parents’ expressed anxiety were observed. Preliminary analyses revealed significant associations between mothers’ and fathers’ anxiety, and children’s avoidance (but not fear) only for girls (but not for boys). Daughters of parents with social anxiety diagnoses were more avoidant of the stranger, but not the robot. Parents’ expressions of anxiety in the SR situation did not predict daughter’s avoidance of strangers. In contrast, less expressed anxiety from parents was related to more avoidance in girls in the robot SR task. The findings reveal a specific vulnerability of daughters to mothers’ and fathers’ dispositions for social anxiety disorders in the social SR contexts, while higher levels of expressed anxiety from parents do not seem to increase 4.5-year-old children’s fear or avoidance in SR situations.

Paper 4
Interpretation biases are a proposed underlying factor in the intergenerational transmission of anxiety. However, it is unclear how interpretation biases of children relate to parental diagnoses, and if they pose a specific vulnerability factor. Our first aim was to investigate if children of anxious parents show an interpretation bias similar to their parents diagnosis. The second aim was to test whether priming is necessary to find differences in interpretation bias between children of parents...
with an anxiety disorder and children of parents without an anxiety disorder. Participants were 42 children of parents with a panic disorder, 27 children of parents with a social anxiety disorder and 84 control parents. Parents and children filled out the SCARED-71 and children performed an ambiguous scenario task with and without video priming. Our results showed that children of parents with an anxiety disorder showed significantly more negative interpretations than controls, while their anxiety levels did not differ. Priming was not necessary to find differences between groups. We also found partial evidence for the specificity of the bias. In short, our results show that interpretation bias qualifies as a possible vulnerability factor for children of anxious parents.
ABSTRACT

Ever since the basic cognitive behavior therapy (CBT) model of obsessive-compulsive disorder (OCD), it is assumed that cognitive beliefs and processes play a role in the onset and maintenance of OCD symptoms. In this symposium we will elaborate on and extend the basic CBT model. We will start by a presentation on the effect of inhibition on OCD. Inhibition refers to the capacity to suppress unwanted actions or thoughts and has been identified as one of the most stable cognitive deficits in OCD. However, the direction of the influences of OCD symptoms and inhibitory control is still unclear. The first presentation will discuss whether a deficit in inhibition could be specific for a symptomatic state and specific for disorder-relevant stimuli. The second presentation will extend on inhibition and link it to one of the core risk factors of OCD: increased uncertainty. OCD patients tend to show intolerance of uncertainty or ambiguity, which can cause repeated checking in an attempt to feel more certain. In this presentation inhibition will be discussed as one of the possible mechanisms which drives the experience of uncertainty. We will continue with the third presentation, which examines the phenomenology of the obsessional experience and identifies sensory experiences, doubt, and internal dialogues as important components of the obsessional experience. The last presentation will focus on safety behavior and OCD. Safety behavior refers to actions aimed at preventing or minimizing a feared outcome. The basic CBT model assumes that safety behavior can maintain and exacerbate OCD symptoms. This presentation will discuss this relationship between safety behavior and OCD symptoms and its potential mechanisms. Finally, our discussant will discuss the implications of these findings, and how the integration of findings from clinical and cognitive research can further stimulate translational research to improve our understanding of the mechanisms underlying OCD.
ABSTRACT
Acceptance and Commitment Therapy (ACT; Hayes et al., 2012), considered a contextually based branch of Cognitive-Behavioural therapy, emphasizes acceptance, mindfulness and valued-living as alternatives to avoidance. APA (division 12), includes ACT as an empirically supported treatment for general chronic pain and indeed numerous outcome studies suggest its efficacy particularly for improving physical functioning, decreasing distress, and improving quality of life for chronic pain patients. Despite its effectiveness, effect sizes still remain low to medium and efficacy has not been demonstrated for a variety of pain conditions, modalities and settings. This symposium comprises of four studies and presents new evidence for the efficacy of ACT in various chronic pain conditions and across newly proposed clusters describing patient characteristics. The first study compares the effects of a brief Acceptance and Commitment Treatment (ACT) intervention, a workplace intervention (WI), and ACT+WI with Treatment As Usual (TAU) on improved sickness absence, self-rated work ability, reduced mental health problems as well as cost effectiveness. Data from the 12-month follow-up will be presented including evaluations of the intervention outcomes in terms of sickness absence and mental health, as well as cost effectiveness. The second presentation examines a pilot Randomized control study (RCT) for headache sufferers versus a usual wail-list medical treatment control. Results indicate significant differences in favor of ACT group in headache-related interference and disability, emotional and physical functioning and increase in quality of life. Emphasis will be given in the examination of the mediating role of acceptance and values-based action in headache-related disability and suffering. The third study is a single subject design with 8 women diagnosed with vulvodynia (unexplained persistent vulvar pain). All participants are treated with an ACT intervention, which focuses on awareness of behaviour patterns and their functions, experiential acceptance and development of a flexible pattern of responding to inner experiences such as thoughts. The aim is to help women contact and reclaim the natural reinforcement of sexual lust as a valued direction. Effectiveness of the intervention is measured in terms of sexual satisfaction and functioning, sexual distress and pain related distress. Many pain rehabilitation clinics implement acceptance-based rehabilitation with good result for many, but not for all, indicating that there may be differential responses among patients. In this final presentation, four different studies (from different cohorts of chronic pain patients; N between 400 and 900) will be merged: A Latent Class analysis to perform advanced clusters, to test the clusters performance to identify base-line needs and responsiveness to different rehabilitation packages and finally the clinical stratification taxonomy will be presented. Results indicate 4 discrete groups of patients based on levels of acceptance and that the clusters perform well in identifying differences between sexes and are more pragmatic than diagnoses used in rehabilitation settings.
ABSTRACT
Prevalence rates of psychiatric problems among children and adolescents are high. Mental health problems in childhood may translate into serious social and health-related problems later in adolescence and adulthood such as continued psychopathology, peer problems, academic and work-related problems. In this symposium we will focus on CBT for children and adolescents with disruptive behaviour disorders. Personal and societal costs are huge for these problem behaviours, with about a ten-fold increase in societal costs compared to for children with no problem behaviours. We know from systematic reviews and meta-analyses that evaluations of parent training programs generally present positive, moderate to large effect sizes. However, even though parent training for disruptive behaviour disorders is effective, approximately 1/3 still report child behaviour problems. Some of the children who do not improve from parent-directed treatment might have a severe disruptive behaviour, why effective interventions targeting the children also might be needed.

The four studies presented in the symposium are based on current projects from Sweden and from Italy. Two of the studies present new data on an evidence-based CBT program for children with disruptive behaviour disorders, the Coping Power Program. This program can be delivered both in schools and at child and adolescent psychiatric clinics. First, we present data from a randomized controlled trial in Sweden comparing the effects of a combination of Coping Power and parent training with parent training only. Thereafter, we present data from a study on the implementation process of the Coping Power Program in Italy. When intervention programs have been disseminated in mental health settings, the quality of program implementation has often been highly variable, contributing to the apparent failure of many effective interventions after they have been adopted and widely distributed. It is therefore important to examine factors that contribute to variations in implementation in a range of real-world settings. Further, there are currently very few effective and evidence-based CBT programs available for parents to adolescents with disruptive behaviour disorders. In an earlier study, for parents of children aged 3-12 years with externalizing behaviours we found similar effect sizes in the reduction of behaviour problems for an Internet-based parent training program as in regular face-to-face parent training programs. Advantages with Internet-based treatments are that the treatment can be conducted any time during the day, there is no need for travelling, and the material can be viewed unlimited times. In the third presentation, data from a randomized controlled trial in Sweden of a newly developed Internet-based CBT program for parents of adolescents is presented and discussed. Finally, callous-unemotional traits have been proposed to be meaningful risk factors for a poorer prognosis in youth with disruptive behaviour disorders. Thus, identifying factors that foster and maintain elevated levels of callous traits is a clinically relevant issue in developing targeted therapeutic interventions. The fourth presentation examines these aspects.
NEW DEVELOPMENTS IN THE COGNITIVE-BEHAVIOURAL CONCEPTUALIZATION AND TREATMENT OF GENERALIZED ANXIETY DISORDER

Convenor & Chair: Professor Naomi Koerner, Ryerson University, Toronto, Canada
Discussant: Eni Becker, Radboud University, The Netherlands
First speaker: Charlotte Krahe, Institute of Psychiatry, King’s College London
Second speaker: Juergen Hoyer, Technische Universitaet Dresden
Third speaker: Naomi Koerner, Ryerson University

ABSTRACT
Generalized anxiety disorder (GAD) is a chronic condition characterized by excessive and uncontrollable worry and anxiety. Despite advances that have been made over the last two decades, there continues to be a dearth of research on GAD relative to other anxiety disorders (Dugas et al., 2010), which is a problem as GAD remains challenging to treat, even with the best available cognitive-behavioural therapies (CBT). Accordingly, this symposium is dedicated to new developments in the cognitive-behavioural conceptualization and treatment of GAD. The first presenter is Dr. Charlotte Krahe of Institute of Psychiatry, King’s College London. Dr. Krahe and co-authors Colette Hirsch, Jessica Whyte and Andrew Mathews will present data on interpretation bias in GAD. Although several studies have implicated negative interpretation bias in pathological worrying, there is not a good understanding of how the two are functionally related to one another. Negative interpretation biases have also been observed in depression, raising questions about specificity. In participants with GAD, depression, or no psychological disorder, Dr. Krahe et al examined whether negative interpretation bias predicts self-reported worry and depressive rumination as well as negative intrusions before and after an experimentally induced period of worry or depressive rumination. Implications for interventions to reduce worry (and rumination) in clinical populations will be discussed. The second presenter is Dr. Juergen Hoyer of Technische Universitaet Dresden. Dr. Hoyer and co-authors Carla Leuner, Margarete Stoerel and Katja Beesdo-Baum will present new data on the efficacy of CBT for GAD. Data on the long-term efficacy of CBT for GAD beyond 1- or 2-year follow-up are sorely needed. In addition, we know little about the effectiveness of CBT as delivered in real-world clinical settings. For Study 1, Dr. Hoyer et al. are currently contacting all patients who took part in previous RCTs to assess the course of GAD in the 10 years or more following CBT. The study is ongoing and analyses will be complete by Summer 2016, prior to the conference. In Study 2, patients with GAD were assessed before and after receiving treatment at an outpatient CBT clinic. Dr. Hoyer et al. found remission rates of 33% to 53% and effect sizes from $d = 0.51$ to $d = 0.74$. Behavioural experiments including exposure proved to be among the most effective treatment components in this non-RCT setting. Dr. Hoyer will discuss the issue of comorbidity in naturalistic settings. The third presenter is Dr. Naomi Koerner of Ryerson University. Dr. Koerner and co-author Elvira Prusaczyk will present new data on a promising intervention for GAD called written exposure (WE). In WE, individuals write a detailed, concrete, coherent narrative of their worst fear unfolding. Members of Koerner’s group have shown in a controlled experiment that three, 20-minute sessions of WE lead to large reductions in worry. In their new experiment, Koerner and Prusaczyk are testing whether adding a simple cognitive technique to WE to improve inhibitory learning (Craske et al., 2014) may result in greater improvements in worry. Results will be discussed in relation to current models of exposure for GAD. Dr. Eni Becker of the Behavioural Science Institute at Radboud University has agreed to serve as Discussant for this symposium.
BIO-PSYCHO-SOCIAL MECHANISMS UNDERLYING AFFECTIVE DISORDERS: NOVEL FINDINGS FROM RESEARCH ACROSS THE FIELDS OF CLINICAL PSYCHOLOGY, PSYCHIATRY AND NEUROSCIENCE

Convenor & Chair: Dr Stella Chan, University of Edinburgh, Edinburgh, United Kingdom

First speaker: Heather Whalley, University of Edinburgh, United Kingdom
Second speaker: Martina Di Simplicio, MRC Cognition and Brain Sciences Unit, Cambridge, United Kingdom
Third speaker: Stella Chan, University of Edinburgh

ABSTRACT

Major depressive disorder and Bipolar disorder (BD) are among the ten most disabling conditions worldwide, accounting for approximately 12% of all days lived with disability. These affective disorders are unlikely to be caused by a single factor. Indeed there is a wide recognition that they are underpinned by complex interactions between biological, psychological and social factors. However, research has been impeded by traditional divides between research fields and professional disciplines, leading to a lack of holistic approach in understanding these disorders. This symposium therefore brings together researchers and practitioners working across clinical psychology, psychiatry and neuroscience. Latest findings will be presented concerning the role of genetic risk, neurobiological processes, cognitive functioning, and psychosocial aspects in the development of affective disorders. Studied populations will span across adolescents and adults, including both at-risk individuals and patients recruited from clinical services.

Presentation 1: Neurobiological findings from the ten-year longitudinal Scottish Bipolar Family Study

Dr Heather Whalley, a neuroscientist from the University of Edinburgh, will present the neuroimaging findings from a prospective longitudinal investigation: the Scottish Bipolar Family Study, based on young individuals with a family history of BD. So far four waves of follow-up assessments have been completed including brain scans (structural and functional), cognitive tests of emotional processing, and clinical interviews. This talk will outline the key brain structures and functions that have been found to be associated with the development of depressive symptoms in these high risk individuals.

Presentation 2: Cognitive basis of mental imagery abnormalities and mood instability

Next, Dr Martina Di Simplicio, a psychiatrist and CBT therapist at the MRC Cognition and Brain Sciences Unit in Cambridge, will explore the role of distressing mental imagery in mood instability based on studies examining individuals with clinically diagnosed BD. Previous research suggest that patients with BD experience intrusive ‘flashforwards’ of negative future events, which amplify anxiety and low mood. Targeting distressing mental imagery via a brief psychological intervention can reduce mood instability. Based on this clinical evidence, Dr Di Simplicio will present studies that included 1) a comprehensive assessment of mental imagery abnormalities including non-emotional imagery tasks; and 2) an investigation of the neurofunctional correlates of negative future mental imagery in individuals with BD compared to non-clinical controls.

Presentation 3: The role of self-compassion, attachment, interpersonal functioning, and the use of soothing imagery in depression

Finally, Dr Stella Chan, a clinical psychologist at the University of Edinburgh, will present a series of four studies, including both novel studies and a meta-analysis, which examined the role of self-compassion and its interaction with psychosocial factors in maintaining depressive symptoms both in adolescents and adults recruited from clinical services. This talk will also introduce Project Soothe, an exciting project that combines research and public engagement in creating a bank of soothing images for use with future research and psychotherapy such as Compassion Focused Therapy. The audience will have a chance to view the latest soothing images collected by the project, which will prompt us to reflect on creative ways to engage public in our research.
Our symposium aims to bridge the gap between different research fields. We hope that this series of talks will prompt a fruitful and balanced discussion around how these factors interact, and how researchers and practitioners can work together to build a holistic model in explaining affective disorders. Our discussion will place equal importance to both theoretical debate and clinical applications.
ANXIETY DEVELOPMENT DURING CHILDHOOD: THE ROLE OF PARENTAL ANXIETY, INFANT AUTONOMIC HYPERAROUSAL, AND PARENTING BEHAVIOUR.

Convenor & Chair: Dr Wieke De Vente, University of Amsterdam, Amsterdam, The Netherlands
Chair: Mirjana Majdandžić, University of Amsterdam, The Netherlands
First speaker: Wieke De Vente, University of Amsterdam, The Netherlands
Second speaker: Mirjana Majdandžić, University of Amsterdam, The Netherlands
Third speaker: Corinna Reck, Ludwig-Maximilians University, Germany
Fourth speaker: Samantha Cartwright-Hatton, University of Sussex, United Kingdom

ABSTRACT
This symposium addresses mechanisms involved in anxiety development during childhood including parental anxiety, infant autonomic hyperarousal, parent-child interactions and parenting behaviour. In four studies, the effects of parental anxiety on parenting behaviour and of parenting behaviour on children’s behavioural fear responses and clinical anxiety-related outcomes are explored. Finally, founded suggestions for treatment are provided.

Paper 1 examines whether parental anxiety disorder is associated with infants’ physiological reactivity towards novel stimuli and infants’ habituation to a repeated noise. Furthermore, infants’ physiological reactivity and habituation are associated with behavioural fear measures at the age of 1 and 2.5 years. Fathers’ and mothers’ anxiety disorder is found to predict higher heart rate in 4-months-old infants and higher heart rate in these 4-months-old infants in turn predicts more behavioural fear at 2.5 years. The results suggest that higher arousability is a characteristic of the anxiety disorder endophenotype, which may affect subsequent development of threat-relevant information processing. In Paper 2, parents’ severity of anxiety disorder is associated with their challenging and overprotective parenting behaviour in both mothers and fathers, using a longitudinal study design. The results indicate that fathers’, but not mothers, anxiety severity is associated with less challenging parenting behaviour. No predictive effects for overprotection are found. Thus, fathers’ anxiety negatively affects their challenging parenting behaviour, which has been hypothesized and found to play a protective role in child anxiety development.

Paper 3 presents evidence for the role of early mother-child interactions in the intergenerational transmission of anxiety. Using a longitudinal design, findings demonstrate that children of mothers with postpartum anxiety disorder show more internalizing behaviour difficulties and also more frequently anxiety disorders at the age of 5. Exploratory analyses pointed out the important role of maternal avoidance behaviour and maternal neutral engagement on infant development. Finally, Paper 4 presents evidence for a role of parenting behaviour (criticism, encouraging/reinforcing approach, encouraging/reinforcing avoidance, confident/fearful verbal information, positive/negative modeling) in the intergenerational transmission of anxiety, studied among parents with- and without an anxiety disorder and their children aged 5-9 years. Moreover, children’s approach behaviour could be increased by parenting behaviour modification using a tutorial, as shown using an experimental design. Hence, concrete suggestions for interventions can be provided. Together, these studies identify multiple mechanisms involved in anxiety development from infancy to middle childhood. New insights involve the indication of a very early physiological predisposition for anxiety; the importance of fathers’ role, in particular their challenging parenting behaviour, in anxiety development; the identification of specific maternal behaviours in postpartum anxiety disorder; and a promising new intervention aimed at affecting children’s approach behaviour. Jointly, study results illustrate the interplay between predisposition and environment in anxiety development and provide grounded treatment suggestions.
ABSTRACT

Given the highly recurrent course of major depressive disorder (MDD) and the considerable burden of disease that is associated with it, it is highly relevant to focus on treatment strategies that prolong the time that people stay well and prevent relapse and recurrence. The last decades new treatment strategies have developed that protect against recurrence. However, there is still great variation in patients that respond to treatment and treatments are often not accessible to all patients and/or accessible on a lifetime basis.

This symposium will focus on state of the art CBT treatment strategies aimed at preventing depressive relapse and how treatment strategies can be further enhanced using technology for patients with depression. Claudi Bockting will present an overview of evidence based CBT relapse prevention treatment strategies, including self-help and CT based psycho-education. Moreover, she will discuss what works for whom and opportunities for a personalized approach to improve treatment outcome will be discussed. Gemma Kok will discuss the results of a randomized controlled trial in which an internet-based cognitive therapy (combined with text messages based monitoring on relapse) aimed at preventing depressive relapse in remitted recurrently depressed patients was examined. Markus Wolf will present the results of a randomized controlled trial in which an internet based program that monitors patients continuously and provides supportive feedback was examined. Adele Hayes will present data on patterns of change in patients with treatment-resistant depression and she will discuss how trajectories of symptom change might be related to the prophylactic effects of CBT. Nicola Klein will discuss the role of momentary positive and negative affect in the use of maintenance antidepressant medication (ADM) and zooms into the process of tapering ADM and factors that might contribute to successful tapering. Implications of these recent studies for clinical practice will be discussed.
EXTINCTION LEARNING IN ANXIETY DISORDERED PATIENTS: BACK TO THE ROOTS OF EXPOSURE THERAPY

Convenor & Chair: Dr Rianne De Kleine, Pro Persona, Nijmegen, The Netherlands

First speaker: Andre Pittig, TU Dresden
Second speaker: Puck Duits, Altrecht/University Utrecht
Third speaker: Angelos Krypotos, University Utrecht
Fourth speaker: Rianne De Kleine, Pro persona

ABSTRACT
Exposure therapy is a proven effective, guideline recommended treatment for anxiety disorders. Notwithstanding its efficacy, there is room for improvement, since not all patients benefit from treatment. For example, in social phobia and PTSD non-response rates in large clinical trials have been around 50% and many patients do not achieve remission. Extensive progress in the basic science of fear learning has largely advanced our knowledge of one of the underlying mechanisms of action of exposure based CBT: extinction learning. This knowledge can be translated into novel clinical applications or personalized therapy, which both might enhance remission. This symposium will provide an overview over recent insights into the role of extinction learning for the anxiety disorders and their treatment. The results of three experimental fear-conditioning studies will be presented, wherein avoidance responses and the predictive value of extinction learning for exposure therapy outcome are investigated. Accordingly, this symposium will provide novel insights into the roots of exposure therapy.

In the first talk, Andre Pittig, PhD (TU Dresden) will focus on innovative behavioral strategies to enhance fear extinction, which may inform the optimal delivery of exposure-based interventions by behavioral psychotherapists. Here, procedural enhancement strategies implemented during extinction training translate to how exposure exercises may be conducted to optimize fear extinction. Flanking enhancement strategies target periods before and after extinction training and inform optimal preparation and post-processing of exposure exercises. In the following presentation, Puck Duits, Msc (University Utrecht) will present the results of a translational study that assessed fear-conditioning trajectories in patients with anxiety disorders (N = 104) and healthy comparison subjects without an axis I disorder (N = 93). Results indicated that patients with anxiety disorders were relatively more often characterized by trajectories of impaired safety learning, and that this impairment was associated with worse CBT treatment outcome. The following two talks will address the effect of fear extinction on avoidance behavior. Persistent avoidance is a cardinal symptom across anxiety disorders. Nonetheless, in the pre-clinical anxiety literature fear extinction has been the primary focus and avoidance behavior has received little scientific scrutiny. Angelos Krypotos, PhD (University Utrecht) will present the data of an experimental study wherein it was tested whether the occurrence of a surprising event during an extinction procedure, could prevent the return of excessive avoidance responses. The presenter will extend on the role of surprise in clinical interventions, and how it can potentially block the return of excessive anxiety and avoidance. In line, Rianne de Kleine, PhD (MOH Pro Persona / Radboud University) will present the findings of a study on fear extinction and avoidance extinction in a treatment-seeking anxiety disordered sample (est. N =56). This study was set up to investigate whether fear extinction and the persistence of avoidance are related to pre-treatment symptom severity, and predictive of responsiveness to exposure therapy. The results of this study will be presented and the clinical implications will be discussed.
THE PATHWAY THROUGH TREATMENT FOR CHILDHOOD ANXIETY DISORDERS

Convenor: Doireann O'Brien, University of Reading, Reading, United Kingdom
Chair: Cathy Creswell, University of Reading, United Kingdom
First speaker: Tessa Reardon, University of Reading, United Kingdom
Second speaker: Doireann O’Brien, University of Reading, United Kingdom
Third speaker: Maaike Nauta, University of Groningen, The Netherlands
Fourth speaker: Monika Walczak, University of Copenhagen, Denmark
Fifth speaker: Cornelia Mohr, Ruhr-Universitat Bochum, Germany

ABSTRACT

Anxiety Disorders have a worldwide prevalence of 6.5% in children and adolescents (Polanczyk, Salum, Sugaya, Caye & Rohde, 2015), typically have an early onset and tend to persist into adulthood. As such, Anxiety Disorders create a significant burden at a familial and societal level. Cognitive Behavioural Therapy (CBT) is an effective treatment for Anxiety Disorders however, only a minority of affected children and adolescents currently access CBT and treatment outcomes are variable. This symposium will examine the pathway through CBT treatment for children with Anxiety Disorders, addressing factors that contribute to poor rates of access, examining ways of addressing access difficulties, investigating potential predictors of CBT treatment response and evaluating potential enhancements to CBT for Anxiety Disorders.

The first two papers will present findings from qualitative studies examining the difficulties that affect children’s access to evidence-based treatment for Anxiety Disorders. As parents play a crucial “gate-keeper” role to accessing treatment, the first paper presents qualitative data from interviews with parents of children with Anxiety Disorders, examining their perceptions of factors that help and hinder access to treatment. The second paper presents findings from qualitative interviews with General Practitioners, who are often the first port of call for parents who have concerns about their child’s mental health, investigating the barriers that these professionals face in accessing treatment for children with Anxiety Disorders in primary care.

The third paper will look at alternative methods of accessing treatment by examining the relative effectiveness of online CBT. “Blended” e-health, combining an online intervention with face-to-face contacts and personal therapist feedback, may be an appealing format for delivering CBT to youth. This paper presents an open trial including 56 youths referred with an Anxiety Disorder for blended CBT (“Blended” Coping Cat; Nauta, Vet, & Kendall, 2013). Cases are matched using propensity scores to subjects from a history control study on face-to-face CBT to compare symptom reduction and remission.

The fourth paper will present findings on predictors of treatment outcomes for childhood Anxiety Disorders. Recent theoretical models suggest an interaction between child vulnerability factors and parental factors in etiology and maintenance of childhood Anxiety Disorders. Whether those factors can predict treatment outcome is yet to be investigated. Some of the prominent factors linked to childhood anxiety are insecure attachment style, as well as specific parental behaviours. This paper examines the role of child and parent attachment styles and parental over-involvement in predicting treatment outcomes in anxious children receiving CBT.

The final paper will present findings on potential enhancements for CBT treatment of anxious children. Both exposure and emotion regulation(ER) are part of CBT for Anxiety Disorders. Yet, how ER works in the context of exposure has scarcely been investigated. With extinction as a model of exposure, this study uses a differential fear conditioning/extinction paradigm to investigate the impact of ER on fear conditioning and extinction learning in children. Results are discussed with regard to ER as a potential enhancement to CBT.
COPING WITH LOSS: FROM UNDERSTANDING GRIEF REACTIONS TO THE TREATMENT OF PROLONGED GRIEF DISORDER

Convenor & Chair: Franziska Meichsner, Friedrich Schiller University Jena, Jena, Germany

First speaker: Rita Rosner, Catholic University of Eichstätt-Ingolstadt
Second speaker: Franziska Meichsner, Friedrich Schiller University Jena
Third speaker: Katherine Supiano, University of Utah College of Nursing
Fourth speaker: Lauren Breen, Curtin University

ABSTRACT

Grief is the psychological response to a personally significant loss and constitutes a universal human experience. Although losing a loved one is painful, most people manage to come to terms with the loss after some time, integrate the memory of the deceased, and continue life without that person. For some people, however, this adaptation can be complicated because the death occurs following difficult circumstances. Depending on the type and circumstances of the loss, about 10% of individuals (Shear et al., 2011) also experience severe bereavement-related impairment and mental health problems and develop the clinically significant symptoms of prolonged grief disorder (PGD).

PGD describes a persistent and disabling form of grief that is characterized by intense distressing symptoms (e.g., yearning for the deceased, intrusive thoughts, numbness, and a sense of meaninglessness) over more than six months following post-loss (Prigerson et al., 2009) and is expected to be included as a diagnosis in ICD-11. It is further associated with poorer physical and mental health, including increased depression.

One group that is at risk for problematic grief reactions are informal caregivers of a family member with dementia. They face a challenging and difficult task that often has adverse effects on their physical and mental health. After the death of the care recipient dementia caregivers are often in need of additional bereavement services (Jones, 2009) and a substantial number (i.e., up to 20%) develops PGD.

Over the last two decades, the development of treatments for PGD has received growing attention and there is substantial evidence for the efficacy of cognitive-behavioral therapy (CBT). This symposium now addresses differentiated insights into grief reactions and how treatments rooted in CBT can be applied to successfully treat PGD, sustain effects in the long-term, and address the needs of specific groups of grieving individuals.

In the first presentation, Rita Rosner answers the call for investigating long-term treatment effects of PGD therapy and presents data from participants who participated in a randomized-controlled trial and were followed up 1.5 years after they received integrative CBT for PGD. The following two presentations focus on grief in bereaved former family caregivers of people with dementia: One presentation, by Franziska Meichsner, gives an insight into what predicts successful or problematic adaptation to bereavement and if a cognitive-behavioral intervention delivered during caregiving can facilitate coping with the care recipient's death. The following presentation by Katherine Supiano presents new data on the efficacy of Complicated Grief Group Therapy administered to bereaved dementia caregivers with PGD. The results further contribute to a better understanding of meaning reconstruction in PGD.

In the last presentation, Lauren Breen addresses a new direction for the treatment of PGD: A metacognitive therapy program that targets maladaptive cognitive processes that are prevalent in PGD. She describes the development of this metacognitive grief therapy and its first test in a randomized-controlled trial for clients with elevated PGD symptomatology. The symposium concludes with a general discussion of future research directions in the prevention and treatment of problematic adaptation to bereavement, including PGD.
SATURDAY, SEP 3, 08:30
S16-MUNSCH

EATING DISORDERS – WHAT CAN WE LEARN FROM PSYCHO-PHYSIOLOGICAL MAINTENANCE MECHANISMS FOR FUTURE TREATMENTS

Convenor & Chair: Professor Simone Munsch, University of Fribourg, Fribourg, Switzerland

First speaker: Nadine Humbel, University of Fribourg, Switzerland
Second speaker: Mona Voges, University of Osnabrück, Germany
Third speaker: Andrea Wyssen, University of Fribourg, Switzerland
Fourth speaker: Nadine Messerli, University of Fribourg

ABSTRACT

Eating Disorder (ED) treatment, especially with respect to Anorexia Nervosa (AN), is moderately efficacious. This can be explained by the complex interaction of mechanisms promoting disturbed eating behavior in early childhood, adolescence and adulthood. These mechanisms include psychosocial factors such as effects of media, interpersonal factors, e.g. the ability to interpret interpersonal interactions correctly and biological factors such as stress reactivity. This symposium highlights current findings complementing a psycho-physiological model of maintenance factors of disordered eating in AN and Bulimia Nervosa (BN). This symposium integrates evidence on physiological, behavioral, cognitive and emotional correlates of disordered eating and focuses on interaction with external factors such as the thin ideal promoted by mass media. Findings from the presented experimental studies and an early childhood cohort study will be discussed in terms of relevance for etiological models and will be interpreted in terms of challenges for future interventions.

Nadine Humbel presents results of an experimental study on stress reactivity as a response to media exposure. She compares young females suffering from AN or BN to females from a mixed mental disorder group and to young healthy females. She found that thin-ideal exposure resulted in higher overall salivary cortisol secretion in patients but not in healthy women and that patients with low, medium and high emotion regulation difficulties reveal different patterns of stress reactivity. It is likely that not all women share the same vulnerability to respond negatively to the influence of thin ideals in media. Often, preexisting body image dissatisfaction influences the effect. In her study, Mona Voges confronted normal weight women characterized by high and low shape concerns with different female bodies varying in thinness and muscularity. High shape concern women rated thin bodies as more attractive and desirable than women with low concerns. In both studies, exposure to thin ideals may lead to short-term physiological and emotional arousal. The coping with such daily stressors is related to the ability to regulate own emotional states. Emotion regulation is an umbrella concept and includes the often neglected but basic ability to accurately identify emotions in the self and others; exactly this ability has been shown to be impaired in patients with EDs. As interpersonal problems are linked to the maintenance of EDs, we focus on the impaired ability to correctly identify emotional states in others. Applying the computerized expression noise paradigm, Andrea Wyssen investigated how different emotions are recognized in females with EDs compared to healthy participants and a mixed mental disorder group. AN patients revealed a higher threshold to correctly identify happy faces compared to other groups. The last presentation relies on data from a large longitudinal study of Swiss preschoolers and aims at further clarifying underlying mechanisms of disturbed eating at a time period where full-blown EDs usually do not yet manifest and thus prevention is possible. Nadine Messerli finds a relationship of temperament with emotional under- and over-eating during early childhood, but no empirical support for the impact of biological stress response on emotional eating at that age.
SYMPOSIUM: PAIN AND EMOTION – BIOLOGICAL PROCESSES, EMOTION REGULATION AND IMPLICATIONS FOR TREATMENT

Convenor & Chair: Dr Ida Flink, Örebro University, Örebro, Sweden

First speaker: Katja Boersma, Örebro University, Sweden
Second speaker: Rikard Wicksell, Karolinska University Hospital/Karolinska Institutet
Third speaker: Kristoffer Bothelius, Uppsala University, Sweden
Fourth speaker: Ida Flink, Örebro University, Sweden
Fifth speaker: Johanna Thomtén, Mid University Östersund

ABSTRACT

Co-occurring pain and emotional difficulties are strikingly common and a true challenge in the clinic. Nearly all pain patients suffer from some kind of emotional distress. In the last decade, research in the field has started to focus on the role of underlying processes in concurrent problems with pain and emotional distress. This symposium is therefore focused on the link between pain and emotion and will highlight new perspectives on processes, theoretical as well as clinical. Talks will address the role of biological mechanisms, interpersonal contexts and the development of new treatment approaches.

Poor emotion regulation has been pointed out as one core process, which may explain the high co-occurrence of pain and emotional distress. Current treatments have not succeeded in helping pain patients with high levels of emotional distress, and therefore a new treatment approach has been developed, based on emotion regulation theory and exposure techniques. Dr. Katja Boersma will describe the theory behind this new intervention and present preliminary data from an RCT in patients with chronic pain and emotional distress.

Another treatment approach with well documented effects in this area is ACT. However, large variability in treatment effects can be seen consistently across studies and predictors of outcome remain unclear. Few studies have yet investigated the role of biological processes in ACT. Dr. Rikard Wicksell will briefly describe ACT for patients with chronic pain, bring up recent findings on ACT and neuroscience, and discuss implications for future research and clinical development.

Pain-related fear is a salient emotion in many pain patients, which tend to lead to avoidance of movements or activities. Avoidance behaviors are negatively reinforced as they lead to less pain for the moment; in the long run, however, it often results in inactivity and disuse. Furthermore, a change in neural response profile, so called cortical reorganization, occurs in cortical sensory and motor areas. Targeting immobilisation and cortical reorganisation, using cognitive behavioral, sensory, and motor strategies, may improve function in individuals with chronic pain. Dr. Kristoffer Bothelius will present recent findings in this area and discuss possible treatment implications.

One way of regulating pain and negative emotions is to share personal experiences with others. However, it is important to know where, when and with whom to share; in other terms, to be context sensitive. The opposite, context insensitivity, has been related to prolonged and exaggerated emotional distress. The theory, importance and potential clinical implications of context sensitivity in the area of pain and emotional distress will serve the basis for the presentation by Dr. Ida Flink, and data from an ongoing project will be presented.

The link between pain and emotional distress may become extra salient when the pain occurs in an intimate interpersonal context. Vulvovaginal pain in women has been neglected in pain research, but is closely linked to emotional reactions such as fear and anxiety. Dr. Johanna Thomtén will describe the link between pain and emotional distress among women suffering from vulvovaginal pain, presenting data from an ongoing longitudinal project.
PREVENTION OF EXTERNALIZING BEHAVIORS: META-ANALYSIS OF THE EFFECTIVENESS OF CBT AND TWO EXAMPLES OF UNIVERSAL CBT PROGRAMS

Convenor & Chair: Dr Pia Enebrink, Karolinska Institutet, Solna, Sweden
Discussant: Martin Forster, Karolinska Institutet, Sweden

First speaker: Carlo Buonanno, Scuola di Psicoterapia Cognitiva, Roma, Italy
Second speaker: Magnus Johansson, Sweden
Third speaker: Pietro Muratori, IRCCS Stella Maris Foundation

ABSTRACT
Development of externalizing behaviours, such as aggressive, violent, or defiant behaviours at early ages may lead to severe, negative future consequences for children’s mental health. It is possible that these negative consequences may be prevented for some children and families through prevention programs that are offered universally or as selective or indicated prevention. Prevention of externalizing behaviours in children is therefore of major concern for afflicted families and for the society, and may be thought of as a complementary approach to treatment, offered as health promotion to retain good health, to the whole population, or to those at risk. Several prevention programs targeting children and their families are based on social learning theory. These programs are often delivered through the parents or as school-based programs. Some of the CBT-based programs promote social and emotional competences through skill-building for the child in multi-component programs. In schools, teachers or other school staff may implement the programs, which could address a whole school, target children at various grades, or be based on certain characteristics related to increased risk for future externalizing behaviours. The present symposium is composed of three presentations. In the first presentation, the general effects of CBT programs are described. Thereafter we give two examples of universal CBT programs, which may be used in school-settings. These two programs have been evaluated in several international studies with promising results. One of the programs (the Coping Power Program) is implemented in Italy and has been examined in several RCT:s. In the symposium, the effects of the program when employed as a universal program will be described. The other program (Good Behavior Game) is an international, evidence-based program that is currently translated, implemented and evaluated in a pilot study in Swedish schools.
HOW CAN BASIC RESEARCH INFORM RESILIENCE AND TREATMENT INTERVENTIONS FOR POSTTRAUMATIC STRESS DISORDER?

Convenor & Chair: Juliane Sachschal, University of Oxford, Oxford, United Kingdom
Chair: Jennifer Wild, University of Oxford, United Kingdom
First speaker: Alex Lau-Zhu, University of Cambridge, United Kingdom
Second speaker: Juliane Sachschal, University of Oxford
Third speaker: Elizabeth Woodward, University of Oxford, United Kingdom
Fourth speaker: Jennifer Wild, University of Oxford

ABSTRACT
Posttraumatic stress disorder (PTSD) may develop as a reaction to the experience of a traumatic event, such as a severe accident, an assault, or witnessing the traumatic death of someone else. Evidence-based interventions aim to improve resilience to developing PTSD in high-risk populations, such as emergency workers, and ensure that people who suffer from PTSD receive the most effective treatments. Basic research is needed to understand mechanisms and processes that may play a role in the development and maintenance of PTSD symptoms to inform the development and improvement of resilience and treatment interventions. This symposium will present data from four studies that used different designs, methodology and populations to better understand the role of cognitive and physiological processes that may play a role in PTSD resilience, symptomatology and treatment outcomes. Four speakers will present data that shows how processes such as memory, sleep, and rumination can be targeted to improve resilience to and recovery from PTSD.

Study 1 (Alex Lau-Zhu) will present data from a trauma film analogue study with healthy participants looking at how intrusive memories can be reduced by reactivating the trauma memory and playing Tetris, whilst maintaining deliberate memory recall at the same time. Potential mechanisms and relevance for PTSD prevention will be discussed.

Study 2 (Juliane Sachschal) will present data from a PTSD patient study in which the ability to update non-trauma memories was examined. Updating memories is a process that might maintain PTSD symptoms and contribute to an overgeneralised sense of current threat. It was investigated whether people with PTSD show biases or deficits in memory updating, compared to traumatised and non-traumatised controls. It will be discussed how the findings may help to inform PTSD models and refine PTSD treatment.

Study 3 (Elizabeth Woodward) will present objective and self-report sleep data from trauma survivors with and without PTSD, assessed before and after PTSD treatment. Results will be presented showing how sleep changes with trauma-focused cognitive behavioural therapy (CBT), and whether disturbed sleep impacts PTSD treatment outcome. The relevance of sleep in PTSD treatment, and the treatment implications will be discussed.

Study 4 (Jennifer Wild) will present results from a large prospective study of newly recruited paramedics, who were assessed at the start of their training programme and followed for two years. Results identified pre-trauma sensitive and specific predictors of PTSD and depression. Pre-trauma rumination predicted episodes of PTSD and low resilience at the start of a paramedic's career predicted later episodes of major depression. These results are discussed in the context of improving existing resilience interventions for emergency workers at risk of PTSD and depression.

This symposium hopes to advance understanding of how basic research can be applied to the development and refinement of resilience and treatment interventions for PTSD.
SATURDAY, SEP 3, 10:30
S17-MARTIN

RECENT ADVANCES ON COGNITIVE-BEHAVIOURAL MECHANISMS AND TREATMENT OF BODY DYSMORPHIC DISORDER

Convenor & Chair: Professor Alexandra Martin, University of Wuppertal, Wuppertal, Germany

First speaker: Ines Kollei, University of Bamberg, Department of Clinical Psychology and Psychotherapy
Second speaker: Alexandra Martin, University of Wuppertal
Third speaker: David Mataix-Cols, Karolinska Institutet, Sweden
Fourth speaker: Jesper Enander, Karolinska Institutet, Sweden
Fifth speaker: Tara O'Donoghue, Bethlem Royal Hospital, Anxiety Disorders Residential Unit

ABSTRACT

Body dysmorphic disorder (BDD) is characterized by the preoccupation with a perceived defect or flaw in one’s appearance that is either unobservable by others or appears to be only slight. Individuals with BDD suffer from severe distress and impairment in psychosocial functioning. Several cognitive-behavioural models (e.g., Veale and Neziroglu 2010, Wilhelm 2006) aim to explain BDD aetiology and maintenance by the interplay of negative appearance-related thoughts, information processing biases, and safety seeking behaviour hindering the correction of dysfunctional assumptions about the self and reinforcing negative feelings, shame and hopelessness. Based on current models cognitive behaviour therapy (CBT) approaches were developed and showed to be effective in BDD. However, the number of high quality trials is still limited, and existing evidence suggest that there is still the necessity to improve care for BDD.

Within this framework, the symposium plans to elaborate recent developments regarding basic mechanisms and treatment of BDD. The first two presentations address cognitive-perceptual processes and behaviour assumed relevant in BDD: Ines Kollei presents an eye tracking study assessing visual selective attention to attractive and unattractive parts in the own and other faces in BDD, bulimia nervosa and healthy controls. Interestingly subjects with BDD do not necessarily seem to selectively focus on their subjective defects, but neglect positive features in the own face and attend more to positive features in others’ faces. The second talk (Alexandra Martin) examines a specific ruminative process, pointing to the relevance of post-event processing in BDD. Here, the longitudinal data suggest the interaction of safety-seeking behaviour and maintenance of post-event processing following a mirror exposure. Both studies allow some conclusions regarding the development of CBT strategies (e.g. with respect to social comparison processes, attention retraining and cognitive reattribution after exposure).

The following three presentations focus on the treatment of BDD: David Mataix-Cols presents outcomes from a RCT suggesting that a tailored CBT with parental involvement is a very promising for adolescents with BDD. The study is important considering the average onset age of BDD and the typically chronic course of untreated BDD. Thereafter Jesper Enander reports improvements resulting from a therapist-guided internet-based CBT for BDD (BDD-NET). The RCT was the first to show the efficacy of an internet-based approach in BDD; the format appears specifically advantageous to reach cases with good insight seeking for self-help strategies and may be useful in stepped-care approaches. The presentation of new developments of psychological interventions in BDD completes the symposium. Based on a functional and contextual understanding of BDD, Tara O’Donoghue and Lisa Williams explain the rationale and procedures of compassionate focused therapy (CFT) and its integration to CBT. CFT offers an alternative perspective to the understanding of fears of rejection and feelings of shame in BDD and may therefore be very helpful to improve treatment engagement.

Overall, one can observe a considerable increase of research during the last few years supporting the understanding of BDD and providing a stronger foundation for evidence based treatment guidelines.
ADVANCES IN CBT FOR EATING DISORDERS - FROM RESEARCH TO CLINICAL WORK

Convenor & Chair: Professor Tullio Scrimali, University of Catania, Catania, Italy, Acicastello, Italy
Discussant: Hisham Ramy, Ain-Sham University, Cairo, Egypt

First speaker: Tullio Scrimali, University of Catania, Catania, Italy
Second speaker: Hisham Ramy, Ain-Sham University, Cairo, Egypt
Third speaker: Romana Schuman, Centro Gruber, Bologna, Italy
Fourth speaker: Alessandra Pokrajac-Buljan, University of Rijeka, Rijeka, Croatia
Fifth speaker: Reham Aly, Ain-Sham University, Cairo, Egypt

ABSTRACT

The aim of the symposium is focusing some new treatments and research based on CBT, which has been developed by the speakers in different Countries (Italy, Croatia and Egypt) of two Continents (Europe and Africa).

A new neuroscience-based approach, to CBT for Eating disorders, will be presented. The contribution that some new methods, coming from Applied Psychophysiology and Biofeedback, can give to the CBT protocols will be illustrated and discussed. In particular, the positive role that biofeedback can play, when integrated into nutritional rehabilitation, will be presented and discussed.

An original, intensive individual and personalized multidisciplinary outpatient treatment program is presented to treat cases with long-term Eating Disorders (EDs) which present combined clinical difficulties given by primary psychiatric disorders or comorbid conditions as Mood Disorders, Anxiety Disorders, Obsessive Compulsive Disorders, Trauma- and Stressor-Related Disorders, Substance-Related and Addictive Disorders and Personality Disorders.

The development of anorexia nervosa (AN) in a female patient suffering from traits of borderline personality disorder (BPD) is described. The evidence for orthodox cognitive behavior therapy (CBT) for anorexia nervosa has been elaborating through the recent years. This case raises the concerns of treating anorexia when complicated by traits of a borderline personality. The overlapping of symptoms of these disorders represents a challenger for diagnosing & during therapy. The standard CBT module for treating anorexia nervosa requires modifications to turn around the rough edges of this complex of disorders.

Overweight and obesity predispose to numerous cardiac complications. The prevalence of depression and anxiety is high in cardiac dysfunction with rates of depressive disorders 2 to 4 times higher in chronic heart failure patients than in the general population (1). Comorbid depression is associated with worsening of cardiac dysfunction (CD), physical and social functioning, and quality of life (2). Subclinical symptoms of depression are also associated with treatment non-adherence and risk of complications and mortality in patients with CD (3). The purpose of the research carried out was to investigate the determinants of anxiety and depressive symptoms in obese or overweight adults with cardiac dysfunction (CD).

Many studies have pointed out the importance of considering different cultural backgrounds when using the evidence-based therapy. Nevertheless, the application of CBT for eating disorders in the Arab world needs modification to meet the specific cultural background for patients suffering from eating disorders & for their families as well. This presentation aims to illustrate major points where cultural modification is required in a standardized therapy manual for eating disorders in order to maximize the intended therapeutic efficacy. We conclude with recommendations to modify a culture-friendly manual of CBT for eating disorders & for training therapists in the region.
WHAT MAKES INTERNET INTERVENTIONS WORK?
MECHANISMS OF CHANGE IN WEB-BASED COGNITIVE-BEHAVIOURAL THERAPY

Convenor & Chair: Dr Johanna Boettcher, Freie Universität Berlin, Berlin, Germany
Chair: Per Carlbring, Stockholm University, Sweden
First speaker: Johanna Boettcher, Freie Universität Berlin, Germany
Second speaker: Pavle Zagorscak, Freie Universität Berlin, Germany
Third speaker: Gerhard Andersson, Linköping University, Sweden
Fourth speaker: Tobias Krieger, Bern University, Switzerland

ABSTRACT
Internet-based interventions have proven efficacious for a wide range of mental disorders. They combine advantages of easy access, low costs, and high availability. Thus, they have the potential to narrow the existing gap between treatment needs and resources. Many patients can be treated simultaneously and therapist time is reduced compared to face-to-face treatments. Internet-based interventions not only facilitate the dissemination of evidence-based treatments, they also hold advantages for psychotherapy research. High sample sizes and the close tracking of patients’ symptoms and therapy behaviours help overcome some of the methodological difficulties encountered in face-to-face psychotherapy research. Especially the investigation of mechanisms of therapeutic change is often hindered by limitations of the research setting. Studying the mediation of treatment effects requires repeated assessments to establish temporal precedence and large samples sizes to apply complex statistical analyses and to detect small effects. In online therapy research, these requirements are easily met and progress in the investigation of therapeutic mechanisms is made. The current symposium will present the status quo of process-outcome research in Internet interventions. The first presentation will give an overview over empirical findings regarding common and specific mechanisms of change in Internet-based cognitive-behavioural therapies (ICBT). The following presentations will present recent data from large randomized controlled trials in three countries.

In a systematic review approach, Johanna Boettcher will summarize results on the role of common and specific mechanisms of change and compare findings to those in face-to-face CBT. She will also discuss results on factors closely linked to the Internet-based setting, such as empowerment.

In the next presentation, Pavle Zagorscak will present recent findings from a large randomized controlled trial for depressed patients. In N=1088 patients, he empirically tested the notion that most change in therapy is caused by common factors and external events and that specific interventions only play a minor part.

The third presentation will focus on a change mechanism inherent to CBT interventions: knowledge gain through psychoeducation. Gerhard Andersson will examine increases in knowledge in several trials including patients with Social Anxiety Disorder (SAD), eating disorders, and depression, and will report the impact of knowledge gain on therapeutic outcome.

By way of aggregating data, Tobias Krieger identified differences in interpersonal variables between SAD patients who undergo online or face-to-face treatments. In the final presentation of the current symposium, he will describe interpersonal differences in SAD patients between these two settings and the impact of interpersonal variables on treatment outcome in online treatments.

The proposed symposium will aggregate important findings on what works for whom in Internet-based CBT. It hence contributes to improve existing treatments and to adapt these treatments to patients’ characteristics and needs. The symposium will also touch upon the important question in how far insights are limited to the Internet-based format and where findings can be generalized to traditional CBT settings.
MENTAL IMAGERY: ETIOLOGICAL FACTOR AND THERAPEUTIC INTERVENTION

Convenor & Chair: Timo Skodzik, University of Muenster, Germany

First speaker: Simon Blackwell, Ruhr-University Bochum, Germany
Second speaker: Fritz Renner, MRC Cognition and Brain Sciences Unit, Cambridge, United Kingdom
Third speaker: Arnaud Pictet, Université de Genève, Switzerland
Fourth speaker: Colette Hirsch, King’s College, London, United Kingdom
Fifth speaker: Timo Skodzik, University of Muenster, Germany

ABSTRACT

Accumulating evidence points to the important role mental imagery plays as an etiological factor in a number of psychological disorders: For instance, there is a known deficit in positive future oriented imagery in depression, which contributes to the maintenance of the disorder. In PTSD, involuntary trauma-related images are one of the cardinal symptoms, and in GAD, the avoidance of intrusive negative images is proposed to be a major maintaining factor of pathological worrying.

Conversely, imagery-based interventions have proved to be powerful therapeutic tools for the treatment of these disorders. For example, the effectiveness of imaginal exposure which comprises the confrontation with vivid, anxiety-inducing mental images is well-known. Also other imagery-based techniques, such as imagery rehearsal or especially imagery rescripting, have demonstrated their effectiveness for a variety of disorders (for an overview, e.g. see Holmes, Arntz, & Smucker, 2007). Apart from that, there are several promising new ideas how imagery-based techniques can be utilized in the cognitive behavioral therapy of affective and anxiety disorders, such as trainings in (positive) mental imagery or cognitive bias modification procedures.

In this symposium, five talks will explore the role of mental imagery in clinical psychology from a twofold perspective: On the one hand, the role of mental imagery in the development and maintenance of different psychological disorders is explored. On the other, the symposium addresses the question how imagery-based interventions can further improve cognitive behavioral therapy. We explicitly take a transdiagnostic perspective and examine these issues in the context of both affective and anxiety disorders.

In the first part of the symposium, three presentations deal with mental imagery in the context of affective disorders:
First, Simon Blackwell (Ruhr-University Bochum) will talk about the interplay of positive mental imagery and optimism as etiological factors in depression and how they may contribute to remission of affective symptoms. Second, Fritz Renner (MRC Cognition and Brain Sciences Unit, Cambridge) will present data from a recent RCT examining how positive mental imagery can be utilized to foster behavioral activation, one of the key CBT interventions to overcome depression. Thirdly, Arnaud Pictet (Université de Genève) will give a talk about the effectiveness of a brief, web-based imagery cognitive bias modification procedure to reduce depressive symptoms.

In the second part of the symposium, two presentations will turn to the field of anxiety disorders:
First, Colette Hirsch (King’s College, London) will present current findings on the impact of different thinking styles (verbal thought vs mental imagery) on the maintenance of pathological worry. Concluding, Timo Skodzik (University of Muenster) will talk about a novel imagery-based intervention for pathological worry, a training of general imagery skills, which has been found to have a beneficial effect on worry activity.

In all of these talks, current, innovative research approaches are presented which surely will contribute to enhancing our understanding of mental imagery both as an etiological factor and as a valuable intervention in the context of CBT of affective and anxiety disorders.
ABSTRACT

Beck’s cognitive theory has been one of the most influential contributions in the field of psychotherapy. The main proposal of cognitive theory is that the emotional and behavioral reactions of individuals fundamentally depend upon underlying cognitive structures such as beliefs and thought systems. Since one’s emotional reactions to events are affected by the mechanisms with which information is processed, negatively biased cognitive processes can lead to maladaptive emotional and behavioral consequences.

Cognitive therapy for various psychological disturbances has been demonstrated to be an effective therapeutic modality. It aims to adjust “cognitions” rationally and/or functionally on three levels. First, (Negative) Automatic thoughts emerge at a superficial level and provoke rapid, emotional cognitions. The second level involves intermediate beliefs including rules, attitudes, assumptions and strategies about internal and external events. The third level involves core beliefs that originate at the deepest levels of cognition and create longstanding and unconditional cognitive structures that can affect information processing.

Since the cognitive therapy was introduced in 1960’s, various clinical concepts have been in use. Automatic Thoughts, Intermediate Beliefs, Dysfunctional Attitudes, core beliefs have been of interest both in clinical settings and research milieu. In this symposium we are discuss some of the cognitive concepts in terms of their empirical statuses and clinical usage. These concepts are “Cognitive Distortions”, “Dysfunctional Attitudes”, and “Core Beliefs”. 

SATURDAY, SEP 3, 10:30
S55-ÖZDEL

CLINICAL USE AND EMPIRICAL STATUS OF COMMON COGNITIVE CONCEPTS

Convenor & Chair: Professor Kadir Özdel, Diskapi YB Teaching and Research Hospital- Department of Psychiatry, Ankara, Turkey
Chair: Arthur Freeman, Department of Behavioral Science Touro University, New York, United States

First speaker: Kadir Özdel, Diskapi YB Teaching and Research Hospital/ Ankara, Turkey
Second speaker: Mehmet Hakan Türkçapar, Hasan Kalyoncu University, Turkey
Third speaker: Sedat Batmaz, School of Medicine, Gaziosmanpasa University, Tokat, Turkey
WITHIN-PERSON RELATIONSHIPS: THE PROPER FOCUS FOR STUDIES OF MECHANISMS OF CHANGE IN PSYCHOTHERAPY

Convenor & Chair: Professor Asle Hoffart, Research Institute, Modum Bad Psychiatric Center, Vikersund, Norway

First speaker: Tuva Øktedalen, Modum Bad Psychiatric Center and University of Oslo, Norway
Second speaker: Asle Hoffart, Modum Bad Psychiatric Center and University of Oslo, Norway
Third speaker: Sverre Urnes Johnson, University of Oslo, Norway
Fourth speaker: Fredrik Falkenström, Linköping University, Sweden

ABSTRACT
Several forms of psychotherapy have proven effective for a range of problems (e.g., Roth & Fonagy, 2005). However, the field of psychotherapy lacks a solid knowledge base about how and why therapy works (Kazdin, 2009) and research on mediators and mechanisms of change is still at an early stage. For example, most mediation research uses analyses that do not focus on the most appropriate level of analysis. Most studies have namely focused between-person relationships, that is, the extent to which people who change less than average on a potential mediator variable (e.g., catastrophic cognitions) among panic disorder patients also change less than average on an outcome variable (e.g., panic attacks). So, it is the individual’s relationship to other individuals that has been the focus of the analysis. However, therapists are not primarily interested in how a patient differs from other patients. Rather, it is whether the patient in one point of time is different from him-/herself on a different point, that is, whether the patient changes. In particular, therapists look for and try to facilitate within-person changes in variables which are supposed to maintain the patients’ problems and therefore operate as mediators of change. In addition, they examine whether within-person change in a maintaining/mediating variable (e.g., catastrophic cognitions) is followed by within-person change in the problems (e.g., panic attacks). Thus, therapists focus on within-person relationships between mediator and outcome variables. This symposium will present studies of mechanisms of change on a within-person level.

First, Tuva Øktedalen, Modum Bad Psychiatric Center and University of Oslo, will introduce the concepts of within- and between-persons effects, explain why these effects need to be disaggregated in longitudinal data, and give examples from published studies.

Second, Asle Hoffart, Modum Bad Psychiatric Center and University of Oslo, will present a study entitled Cognitive models for panic disorder with agoraphobia: A study of disaggregated within-person effects. Objective: To test two cognitive models of panic disorder with agoraphobia (PDA) – a catastrophic cognitions model and a low self-efficacy model - by examining the within-person effects of model-derived cognitive variables on subsequent anxiety symptoms. Method: Participants were 46 PDA patients with agoraphobic avoidance of moderate to severe degree who were randomly allocated to 6 weeks of either cognitive therapy (CT) based on the catastrophic cognitions model of PDA or guided mastery (guided exposure) therapy (GMT) based on the self-efficacy model of PDA. Cognitions and anxiety were measured weekly over the course of treatment. The data were analyzed with mixed models, using person-mean centering to disaggregate within- and between-person effects.

Third, Sverre Urnes Johnson, Modum Bad Psychiatric Center and University of Oslo will present a study entitled Metacognition, cognition and anxiety: A process-outcome study. Objective: Cognitive behavioral therapy (CBT) proposes that negative automatic thoughts (NAT) mediates treatment outcome. However, CBT is however no longer a homogeneous construct. Metacognitive therapy (MCT), a transdiagnostic treatment model, proposes changes in metacognitions (MC) as a mediator of treatment outcome. Method: 74 patients with comorbid anxiety disorders who randomized to either metacognitive therapy or diagnose specific cognitive behavioral therapy for panic disorder with and without agoraphobia, social phobia and posttraumatic stress disorder. Metacognitions (MCQ30), anxious thoughts (ATQ) and anxiety (BAI) were measured every session. The data were analyzed using multilevel models, separating within- and between patient effects.

Fourth, Fredrik Falkenström, Linköping University, Sweden, will present a study entitled Improvement of the working alliance in one treatment session predicts improvement of depressive symptoms by the next session. Objective: Developments in working alliance theory posit that the therapist’s attention to fluctuations in the alliance throughout treatment is crucial. Accordingly, researchers have begun studying the alliance as a time-varying mechanism of change rather than as a static moderator. However, most studies to date suffer from bias owing to the nonindependence of error term and predictors (endogeneity).
Method: Patients with major depressive disorder (N = 84) from a randomized trial comparing Cognitive Behavioral Therapy with Interpersonal Psychotherapy filled out the Beck Depression Inventory-II before each session. After each session, patients and therapists filled out the Working Alliance Inventory short forms. Data were analyzed using the Generalized Method of Moments for dynamic panel data, a method commonly applied in econometrics to eliminate endogeneity bias.
SATURDAY, SEP 3, 10:30
S79-WOODFORD

NEW INNOVATIONS IN LOW INTENSITY WORKING: THINKING OUTSIDE THE BOX

Convenor: Dr Joanne Woodford, University of Exeter, Exeter, United Kingdom
Chair: Chris Williams, University of Glasgow, United Kingdom
First speaker: Chris Williams, University of Glasgow
Second speaker: Martin Cernvall, Uppsala University, Sweden
Third speaker: Joanne Woodford, University of Exeter
Fourth speaker: Denise Carroll, NHS Greater Glasgow and Clyde, United Kingdom

ABSTRACT

There has been a global rise in the integration of low-intensity CBT working into routine mental health service provision. Whilst the evidence base for low-intensity CBT interventions targeting common mental health difficulties is well established, we know less about the effectiveness of a low intensity approach for other specific populations. Further, despite the availability of low-intensity interventions, many patients still face long waiting lists with some patients hesitant to access traditional mental health services.

Some evidence is beginning to suggest a ‘one size fits all’ approach to low-intensity working may not be appropriate, with increasing acknowledgement of the importance of adapting and tailoring approaches to specific populations to promote engagement and improve acceptability. Additionally, there are still significant barriers to accessing psychological services, especially for harder-to-reach populations. Some barriers to access may be overcome by tailoring low-intensity approaches to the specific needs of these populations. Further, the delivery of low-intensity interventions outside of traditional mental health service settings may represent a solution to increasing access, especially for those hesitant to engage in traditional services.

This symposium includes four presentations discussing low-intensity approaches for harder to reach populations, including people with dementia and parents of children with cancer. Additionally, research will be presented examining the delivery of low-intensity CBT interventions within community settings, designed to improve access for populations resistant to engage with traditional mental health services. Further, a novel approach to training a variety of health workers, including those outside of traditional mental health services, to deliver low-intensity CBT within the community will be discussed.

1. Globally, patients still face long waiting lists and experience difficulty accessing appropriate mental health support, with some patients resistant to attend mainstream mental health services. Professor Chris Williams (University of Glasgow) will present results from a recent trial examining the effectiveness of low-intensity CBT, delivered as self-help group classes in community settings by charitable organisations, for people with symptoms of anxiety and depression. These self-help classes may provide an alternative treatment option, improving access for patients not wishing to access traditional mental health services.

2. Being a parent of a child receiving cancer treatment is stressful, with parents often experiencing psychological distress, such as symptoms of posttraumatic stress and depression. However, access to psychological support for parents of children with cancer is limited. Dr Martin Cernvall (Uppsala University) will present long-term follow-up data from a randomised controlled trial of a guided self-help programme, delivered via the internet, focusing on psycho-education and helping parents cope with difficult thoughts and emotions.

3. Around 50% of people with dementia experience depression, however access to evidence-based psychological support is limited due to costs of delivery and lack of trained professionals. A potential solution may lie with developing low-intensity support, informed by a behavioural activation approach. Dr Joanne Woodford (University of Exeter) will present data from Phase I (development) research, following the MRC Complex Interventions Framework, to inform the development of a low-intensity intervention for people with dementia. Results from interviews with people with dementia, alongside focus groups with informal carers, to ensure acceptability of intervention content will be discussed.

4. The SPIRIT programme (Structured Psychosocial InteRventions in Teams) has run in Glasgow since 2001. The programme aims to build core CBT skills in existing health care teams, including mental health teams, occupational health and alcohol services. The programme focuses on how to support a range of low intensity CBT based books and online resources that are embedded in local community libraries. Currently, over a thousand health care workers have been trained. Denise Carroll (NHS Greater Glasgow and Clyde, Scotland) will summarise the course content, and present data on the last ten teams trained.
SATURDAY, SEP 3, 14:00
S02-SPINHOVEN

PSYCHOLOGICAL RISK FACTORS FOR ANXIETY AND DEPRESSIVE DISORDERS: RESULTS FROM THE NETHERLANDS STUDY OF DEPRESSION AND ANXIETY (NESDA)

Convenor: Professor Philip Spinhoven, Leiden University, Leiden, The Netherlands
Chair: Claudi Bockting, Utrecht University, The Netherlands
Discussant: Claudi Bockting, Utrecht University, The Netherlands

First speaker: Philip Spinhoven, Leiden University, The Netherlands
Second speaker: Willem Van der Does, Leiden University, The Netherlands
Third speaker: Hermien Elgersma, Rijksuniversiteit Groningen, The Netherlands
Fourth speaker: Lonneke Van Tuijl, Rijksuniversiteit Groningen, The Netherlands

ABSTRACT
This symposium presents data on psychological risk factors for anxiety and depressive disorders based on the NESDA study. NESDA is a longitudinal cohort study, currently in the eight-year follow-up wave, designed to investigate determinants, course and consequences of depressive and anxiety disorders. The sample of 2,981 adults includes participants with a lifetime or current anxiety and depressive disorder, individuals at risk, and healthy controls. Various psychological risk factors including self-reported neuroticism, worry, rumination, experiential avoidance, self-esteem (instability), cognitive reactivity to sad mood, as well as implicit self-depressed/self-anxious associations were assessed. The longitudinal design of the NESDA study allowed to examine these psychological risk factors as determinants, concomitants and consequences of anxiety and depressive disorders.

Philip Spinhoven will present data showing that self-reported neuroticism, worry, rumination, and experiential avoidance each predicted the onset, maintenance and relapse of depressive disorders as well as anxiety disorders. Worry, rumination and experiential avoidance also mediated the longitudinal cross-disorder association of anxiety disorders with subsequent depressive disorders and vice versa. Repetitive negative thinking as a common dimension of rumination and worry showed the strongest association with each of the depressive and anxiety disorders and with comorbidity among these disorders.

Cognitive reactivity (CR) to sadness is the extent to which negative thinking patterns become reactivated when mood deteriorates. It is a crucial component in a vicious cycle that may end in a depressive episode. Research has shown that CR is related to genetic and other biological vulnerability markers of depression. In this presentation Willem van der Does will discuss the possible origins of high CR scores as well as their consequences, using NESDA and other data.

Mixed evidence exists regarding the role of cognitive reactivity (CR) as a risk factor for recurrences of depression. Hermien Elgersma will present data showing that CR was especially high in those remitted from multiple episodes of depression. Moreover, the relation between CR and number of episodes appeared independent of negative automatic self-depressed associations.

Further, low self-esteem has been argued to play a key role in maintaining symptoms of depression and anxiety. Research till now has distinguished between more explicit, self-endorsed evaluations, implicit, less controllable self-esteem, and the stability of self-esteem across time. Lonneke van Tuijl will show in her presentation how anxiety, depression and comorbidity differ in which self-esteem facets are affected, and how low self-evaluations may persist into remittance and recovery.
SATURDAY, SEP 3, 14:00
S13-KLEIN

PSYCHOTHERAPY FOR PERSISTENT DEPRESSIVE DISORDER:
RECENT CBASP STUDIES.

Convenor: Eva-Lotta Brakemeier, University of Marburg, Germany
Chair: Martin Hautzinger, Tübingen University, Germany

First speaker: Jan Philipp Klein, Lübeck University
Second speaker: Martin Hautzinger, Tübingen University
Third speaker: Jennifer Kim Penberthy, University of Virginia
Fourth speaker: Gaby Bleichhardt, University of Marburg
Fifth speaker: Eva Lotta Brakemeier, University of Marburg

ABSTRACT
Persistent depressive disorder has often been associated with profound interpersonal difficulties. These difficulties manifest in the patient's everyday life and also within the therapeutic relationship. Based on this observation, James McCullough has developed the Cognitive Behavioral Analysis System of Psychotherapy (CBASP).

The central assumption of CBASP is this: while current interpersonal behavior of patients with persistent depressive disorder is problematic, their behavior can be understood against the background of experiences these patients have made with early significant others. Their hurtful interpersonal experiences have resulted in a perceptual disconnection that makes it difficult for these patients to learn from current experience in interpersonal interactions. CBASP therapy techniques therefore focus on a behavioral analysis of interpersonal contingencies to reconnect patients perceptually with their interpersonal environment. The efficacy of CBASP has been demonstrated in several published randomized controlled trials.

This symposium will focus on current studies of the CBASP model and on recent clinical CBASP trials. Jan Philipp Klein will introduced the CBASP model briefly and present current data on the interplay of personality disorders, early trauma and interpersonal behavior in persistent depressive disorder and compare these results with current data from patients with chronic low back pain. Martin Hautzinger will present currently unpublished results of a randomized controlled rater-blind study lead by Elisabeth Schramm where CBASP has been found to be superior to supportive psychotherapy. Jennifer Kim Penberthy will present outcome data from a randomized controlled trial comparing group CBASP with group behavioral activation. Gaby Bleichhardt will be reporting from a randomized controlled trial comparing CBASP with CBT and TAU in patients with non-chronic depression. Theirs is the first trial to show that CBASP can be effective in non-chronic patients as well. Finally, Eva-Lotta Brakemeier will put these trials into the context of her recent meta-analysis of the published CBASP trials and argue that CBASP can now be regarded as an evidence-based treatment. She will also present current data from applying CBASP in the inpatient setting (CBASP@inpatient) as well as results using CBASP with elderly patients (CBASP@oldage) and with patients with persistent depressive disorder and comorbid alcohol use disorder (inpatient CBASP group therapy).

Attendants of the symposium will learn about the CBASP model and its application in individual and group therapy as well as its adaptation to an inpatient setting. They will get an overview of current research in the field and gain in-depth knowledge of the aforementioned studies.
TREATING PTSD RELATED TO CHILDHOOD ABUSE IN CHILDREN AND ADOLESCENTS – NEW DEVELOPMENTS

Convenor & Chair: Dr Regina Steil, Department of Clinical Psychology, Frankfurt, Germany
Chair: Rita Rosner, Catholic University of Eichstätt

First speaker: Lutz Goldbeck, Clinic for Child and Adolescent Psychiatry / Psychotherapy
Second speaker: Rita Rosner, Catholic University of Eichstätt
Third speaker: Regina Steil, Department of Clinical Psychology, Goethe University of Frankfurt

ABSTRACT
This symposium presents new developments in the treatment of childhood abuse related PTSD in children and adolescents. Lutz Goldbeck and colleagues present the results of a very large multi-centre RCT comparing trauma-focused Cognitive Behavioral Therapy (Tf-CBT) to waiting list. Results show that Tf-CBT is effective for youth with PTSD after various trauma in German service settings, with younger patients with fewer comorbidity displaying the largest symptom reductions. Regina Steil and colleagues present treatment development and promising pilot data on an adaption of Cognitive Processing Therapy for treating adolescent patients (Developmentally adapted Cognitive Processing Therapy, D-CPT). Results of two pilot trials imply that D-CPT is effective and easy to implement. Rita Rosner and colleagues present the design and baseline data of a large multi-centre RCT comparing D-CPT against treatment as usual. Baseline data show for example that patients victimized by peers were more impaired than those victimized by adults.
RECENT DEVELOPMENTS IN NONSUICIDAL SELF-INJURY RESEARCH IN ADOLESCENTS AND YOUNG ADULTS

Convenor & Chair: Professor Tina In-Albon, University of Koblenz-Landau, Landau, Germany
Discussant: Johan Bjureberg, Karolinska Institutet, Sweden

First speaker: Maria Zetterqvist, Linköping University
Second speaker: Hanna Sahlin, Karolinska Institutet
Third speaker: Janine Lüdtke, University of Basel
Fourth speaker: Rebecca Groschwitz, University of Ulm
Fifth speaker: Tina In-Albon, University of Koblenz-Landau

ABSTRACT

Nonsuicidal self-injury (NSSI) is defined as direct, intentional injury of one’s own body tissue without suicidal intent and for reasons that are not socially accepted. It is a highly prevalent behavior, with up to 30% of adolescents and young adults reporting a lifetime history of NSSI, frequently associated with serious social, physical, and psychological consequences. The picture of highly impaired adolescents and young adults is complemented with low functioning, difficulties in emotion regulation, and interpersonal relationships. In addition, NSSI is a major risk factor for suicidality. Therefore, the WHO recognized self-injurious behavior as one of the top five major health threats to adolescents. It is often co-occurring with various diagnostic disorders, however it has to be further investigated, whether NSSI is a distinct disorder. Consequently, it has been included as a condition in need for further study in Section III of the fifth version of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5, APA, 2013).

The symposium will cover different topics of up-to-date research on NSSI from separate research groups, ranging from symptomatology, predictors, neurobiological models, and classification issues to treatment. It is the goal of this symposium to disseminate new developments in this “young” disorder of NSSI.

Maria Zetterqvist presents a characterization of NSSI disorder and the issue of distress and impairment as a diagnostic criterion for NSSI disorder. Adolescents meeting all criteria for NSSI disorder will be compared to a group of adolescents that met all criteria but negated that their NSSI caused them any distress or impairment. Results indicated that experiences of negative life events and level of trauma symptoms contributed on the NSSI disorder diagnosis.

Janine Lüdtke will present a study on the relationship between various adverse childhood experiences, alexithymia, and dissociation in predicting NSSI disorder in an inpatient sample of female adolescents (46 adolescents with NSSI disorder, 26 with mental disorders without NSSI). Results indicated that only alexithymia was a significant predictor for NSSI, whereas childhood maltreatment and dissociation had no predictive influence.

Tina In-Albon investigated 50 female adolescents with NSSI disorder regarding their eating behavior. NSSI and disordered eating can both be seen as different forms of self-harm. Similarities and differences in emotion regulation will be presented.

Paul Plener will be focus on recent neurobiological insights in NSSI. This includes research on physical and social pain as well as studies on altered emotion regulation. He will propose a neurobiological model underlying NSSI and will discuss the applicability of information gained from neurobiological studies for CBT approaches.

Hanna Sahlin reports on a nationwide effectiveness study of an emotion regulation group therapy (ERGT) for deliberate self-harm in 95 women. ERGT was designed for women with borderline personality disorder targeting self-harm and underlying mechanism of emotion dysregulation. Effectiveness regarding self-harm behavior, emotion regulation, depression, impulsive and and destructive behavior, and stress will be reported. When delivered by community clinicians, ERGT may be a feasible and effective treatment for self-harm behavior and emotion dysregulation.
EXAMINING THE INTERACTION OF PROCESSES AND OUTCOMES OF SUFFERING IN ACCEPTANCE AND COMMITMENT THERAPY (ACT)

Convenor & Chair: Dr Maria Karekla, University of Cyprus, Nicosia, Cyprus
Chair: Andrew Gloster, University of Basel, Switzerland
Discussant: JoAnne Dahl, Uppsala University, Sweden

First speaker: Andrew Gloster, University of Basel, Switzerland
Second speaker: Maria Karekla, University of Cyprus, Cyprus
Third speaker: Rikard Wicksell, Karolinska Institutet, Sweden
Fourth speaker: Lance McCracken, King’s College London, United Kingdom

ABSTRACT

Despite advances in psychotherapeutic approaches and the utility of interventions based on cognitive behavioural therapy (CBT) in alleviating suffering for individuals with chronic conditions, improvements are usually modest and sustained effects are difficult to achieve. Acceptance and Commitment Therapy (ACT; Hayes et al., 2012), a third “wave” branch of CBT, emphasizes acceptance, mindfulness and valued-living as alternatives to avoidance with the aim of cultivating psychological flexibility. Numerous trials to date support the effectiveness of ACT for a variety of conditions and problems particularly for enhancing physical functioning, decreasing distress, and improving quality of life (McCracken & Vowles, 2014 for a review). However whether ACT works via its proposed processes and mechanisms remains to be examined.

This symposium comprises of four studies and presents new evidence for the efficacy of ACT examining the interaction of pain processes and outcomes for chronic conditions. The first presentation will examine the processes involved in treating patients suffering from chronic, treatment-resistant symptoms and the event sampling of patients struggling with anxiety and mood disorders. Data show how increases in valued behaviors reduce suffering and likewise how promotion of psychological flexibility increases valued actions. In the second paper results from a study with chronic pain patients will present path models indicating a full mediating effect of pain avoidance and cognitive fusion between pain interference and pain severity, mindfulness, and pain acceptance. Thirdly, Dr. Wicksell will present results from two recent studies on applying ACT for pediatric chronic debilitating pain. In the first study, results illustrate that pain interference mediates the relationship between pain and levels of disability, as well as between pain and depression (Holmström, under review). Second, mediation analyses from a previously conducted RCT illustrate that psychological flexibility is a specific mediator of improvement in pain interference. Professor McCracken will report findings from subgroup analyses of 60 people age 65 and older selected from a much larger sample of adults receiving ACT-based treatment in a specialty pain service in London. Results here will show mostly medium sized effects at post treatment, small effects at nine-month follow-up, and evidence for the therapeutic role of both acceptance and committed action in relation to outcome improvements. Needed refinements in treatment for pain in older people will be discussed. Discussion will focus on the processes involved in achieving therapeutic outcomes in ACT and their implications for clinical research and practice.
NOVEL INTERVENTIONS AND METHODOLOGIES IN THE TREATMENT OF PEDIATRIC ANXIETY DISORDERS AND OCD

Convenor & Chair: Dr Marianne Villabø, Center for Child and Adolescent Mental Health, Oslo, Norway
Discussant: Scott Compton, Duke University, United States
First speaker: Scott Compton, Duke University
Second speaker: Marianne Villabø, Center for Child and Adolescent Mental Health
Third speaker: Nor Christian Torp, Vestre Viken HF
Fourth speaker: Vivian Op de Beek, Norwegian University of Science and Technology

ABSTRACT

CBT is a well-established treatment for pediatric anxiety disorders and obsessive-compulsive disorder (OCD). However, for any given mental health disorder there is no one treatment that fits all. Effective treatments are not available to all treatment-seeking youth and a substantial proportion of youth who do receive evidence-based treatment, fail to respond sufficiently. Thus, there is a need for continued efforts to advance the treatment of common mental disorders, such as anxiety and OCD. In this symposium, we will present novel developments in research designs and treatment of anxiety disorders and OCD. New experimental designs, such as Sequential Multiple Assignment Randomized Trials (SMART), enable us to study adaptive treatment strategies and sequencing of care. Such a design goes beyond the standard randomized controlled trial and can give us information about the appropriate level of intensity of the initial treatment given certain characteristics of the child and family, and can guide clinical decisions about the next appropriate treatment step if the child fails to respond.

The first part of the symposium will introduce SMART designs and how these new experimental designs are an improvement over more traditional designs, such as randomized controlled trials. We will discuss how SMARTs can yield new knowledge to optimize the management of mental health disorders, such as anxiety. Next, we will present the design of a stepped-care approach for treating youth anxiety in a clinical setting using a planned SMART. The study will examine possible ways of improving insufficient response to evidence-based treatment. In addition, we will discuss how we can use such a design to better understand factors that may help individualize treatments at critical decision points over the course of treatment, as well as how to best allocate treatment resources.

Already empirically-supported treatments can be enhanced by the use of new technologies. The next part of the symposium will discuss the use of new technologies in treating OCD. We will use a planned study as an example to discuss how well-established CBT-principles can be enhanced by the use of technology. Using web-based technologies and apps, the therapist can follow the child in her at-home exposures without having to leave the office. This opens up new ways of enhancing CBT that can save therapist resources yet allowing the therapist to work with the child in the environment where the anxiety problems occur. Treating children and adolescents and their families in their natural settings may extend the ecological validity of the treatment, increase motivation and treatment adherence, and reduce travelling costs, time, and stigmatization.

Finally, the last talk will present findings from a trial using Cognitive Bias Modification (CBM) training as a strategy for enhancing treatment of OCD. By using a computer training program, young people with OCD learn to modify dysfunctional cognitions and foster more functional interpretations. All participants in the study received a version of CBM in addition to their CBT treatment. Preliminary findings suggest that OCD-specific CBM can improve outcomes for children with OCD.
SEXUALITY IN FEMALE PATIENTS AFTER SEXUAL AND PHYSICAL ABUSE

Convenor & Chair: Pia Bornefeld-Ettmann, Goethe-Universität Frankfurt, Frankfurt, Germany

First speaker: Stephanie Both, Leiden University Medical Center
Second speaker: Reinhilde Melles, Maastricht University Medical Center
Third speaker: Pia Bornefeld-Ettmann, Goethe-Universität Frankfurt
Fourth speaker: Sarah Biedermann, University Medical Center Hamburg

ABSTRACT
There is a growing body of evidence for a frequent occurrence of sexual dysfunctions and reduced sexual satisfaction in women who have experienced CSA with high prevalence of sexual impairments, such as low sexual desire, problems becoming sexually aroused, reaching orgasm, vaginismus, dyspareunia, and low sexual satisfaction (Leonard et al., 2008; Öberg et al., 2002, Jackson et al., 1990). However, in prior studies diagnostic status was often indistinct. Also, most studies have not distinguished between participants with and without psychopathology. Yet, underlying mechanisms explaining sexual impairments in women with a history of CSA have not been well understood.

First, Stephanie Both will give an overview on the research on physiological and subjective sexual arousal responses and the role of sexual self-schemas and affect in women with a history of sexual abuse. She will also present studies that show that in women genital arousal responses can occur in response to sexual threat stimuli, even while these stimuli elicit negative affect. She will present recent studies that show attenuated genital and subjective sexual responding as a result of aversive classical conditioning. The implications of the research findings for the understanding of the underlying mechanisms of sexual dysfunction in women with sexual abuse experiences will be discussed.

Second, Reinhilde Melles will present a study, where the role of severity of sexual abuse and fear of coitus in the aetiology of primary vaginismus was investigated. It was hypothesized that fear of coitus is a mediator between the severity of sexual abuse and primary vaginismus. 62 participants without sexual problems were matched on basis of age to 117 participants with primary vaginismus, obtained in a randomized controlled clinical trial. As predicted, participants with primary vaginismus showed more fear of coitus than participants without a sexual problem. However, no difference was found in the severity of reported sexual abuse between women with primary vaginismus and women without a sexual problem and no difference was found in fear of coitus between the groups of abuse severity. The main conclusion is that participants with primary vaginismus report higher levels of fear of coitus. In contrary to a long-time held belief that a history of sexual abuse is an aetiological factor in primary vaginismus, sexual abuse seems to be undetectable in the present study.

Third, Pia Bornefeld-Ettmann will present a study on impairments in sexual functioning, sexual satisfaction and sexual self-esteem in female PTSD patients after interpersonal abuse in comparison to women without axis-I-disorder or Borderline-Personality disorder, matched for age and education. Also, within the clinical sample victims of CSA were compared to victims of CPA with regards to sexual impairments, sexual satisfaction and sexual self-esteem. Differences between victims of CSA and CPA were expected, with CSA being expected to have a higher impact on impairment. Results are as expected, as the clinical group indicated more frequent impairments of sexual functioning, lower sexual satisfaction and lower sexual self-esteem as compared to healthy controls. Significant differences were also found for type of trauma (sexual vs. physical). Results will be discussed in line with current state of research on the influence of type of interpersonal trauma on sexual dysfunctions.

Fourth, Sarah Biedermann will present a study on solitary and dyadic sexual desire and psychological tendencies associated with sexual relationships in patients with gender dysphoria (GD) with respect to childhood trauma. GD emerges in people with an incongruence between natal sex and gender identity. In this cross-sectional multicentre study including 82 transwomen (male-to-female) and 72 transmen (female-to-male) at different treatment stages, we investigated associations of childhood trauma history with partner- and self-directed sexuality. CSA and CPA in this sample significantly impaired solitary sexual desire in transmen but not in transwomen. Dyadic sexual desire was not affected by childhood abuse. Results were independent from history of PTSD. The interplay between solitary sexual desire, sexual attitudes and body image in GD patients will be explored. Summarized, childhood trauma can affect sexuality in GD patients.
HOW CAN WE IMPROVE CHILD ANXIETY TREATMENTS AND ACCURATELY ASSESS TREATMENT OUTCOMES?

Convenor: Rachel Evans, University of Reading, Reading, United Kingdom
Chair: Tessa Reardon, University of Reading, United Kingdom
Discussant: Ronald Rapee, Macquarie University, Australia

First speaker: Sam Pearcey, University of Reading, United Kingdom
Second speaker: Anke Klein, Radboud University, The Netherlands; Macquarie University, Australia
Third speaker: Rachel Evans, University of Reading, United Kingdom
Fourth speaker: Tessa Reardon, University of Reading, United Kingdom

ABSTRACT
Internalising disorders such as anxiety are common in childhood, estimated to occur in 5-10% of school-aged children. Anxiety disorders in children are associated with significant life interference and increased risk of a range of psychosocial difficulties. Although treatments for child anxiety have shown good efficacy, they have clear limitations. At least 40% of children continue to have a diagnosis following Cognitive Behaviour Therapy (CBT). Clearly further research is needed to inform the development of future child anxiety treatments; and as treatments develop as does the need to accurately assess treatment outcomes. Therefore, the focus of this symposium is on factors that might improve child anxiety treatment and ways to assess treatment outcomes. The first contribution, of Pearcey et al., focuses on whether there are distinct subgroups within a group of clinically anxious children, characterised by their responses to measures of the key mechanisms that are targeted in CBT. Latent Profile analysis indicated three groups with different responses to the measures of interest and different diagnostic and gender characteristics. These subgroups may benefit from more targeted treatments that focus on specific maintenance factors. Treatment studies are now required to establish whether this approach would lead to more effective and efficient treatments. In the second contribution, Klein et al. present their findings on the content-specificity of interpretation biases in anxious children. The authors show that clinically anxious children provided more negative interpretations than their non-anxious peers. Within the clinically anxious group, specific interpretation biases were found: interpretation of scenarios related to social threat, general threat, and separation threat were only predicted by the children’s self-reported levels of social phobia, generalised anxiety, and separation anxiety, respectively. In the third contribution, Evans et al. present findings on the accuracy of two widely used child and parent report questionnaires of child anxiety symptoms and interference (SCAS-C/P and CAIS-C/P) at identifying recovery from child anxiety disorders as assessed by a widely used standardised diagnostic interview (ADIS-IV-C/P). Results suggest that questionnaire measures, particularly the CAIS-P, can be used to identify whether children have recovered from most common anxiety disorders. Questionnaire cut-off scores have been identified that can guide the use of these measures in clinical practice. The final contribution, of Reardon et al., presents findings from a meta-analysis examining recovery rates following child-focused CBT in terms of absence of all anxiety disorders. The authors identified 56 relevant randomised controlled trials, but only 19 provided data on recovery from all anxiety disorders. There was wide variation in outcomes across studies, and findings highlight the lack of consistency in how diagnostic data is used to assess outcomes, thus identifying the urgent need for consensus in reporting outcomes in future CBT trials. These four contributions will be discussed by Marie-Louise Reinholdt Dunne in terms of (a) methodological considerations for the use of appropriate assessment in CBT treatment outcome and (b) implications for tailoring CBT.
6
SYMPOSIUM
INIDIVIDUAL
PAPERS
POSITIVE EMOTIONAL MENTAL IMAGES: SOMETIMES HAPPY, AND SOMETIMES MANIC

Speaker: Emily Holmes, MRC Cognition & Brain Sciences Unit, Cambridge, United Kingdom; Karolinska Institutet, Stockholm, Sweden

ABSTRACT

My research group is particularly curious about emotional mental images. Positive emotions in cognitive behavioral treatment: from resilience and healthy optimism to uncontrollable self-aggrandizement and craving. We will therefore take the opportunity to explore mental imagery in this regard.

Neuroscience suggests that mental imagery is like weak perception. Imagery has a powerful impact on emotion. Emotional, intrusive memories can flash back to the past or flash-forward to the future, and critically have either positive or negative emotional content. We may be able to exploit properties of mental imagery for treatment innovation. We have proposed that imagery can act as an “emotional amplifier” - and vivid imagery will amplify both positive and negative mood states. Conversely, that weak positive imagery is associated with weaker positive affect.

First, we will discuss the idea of promoting positive imagery when positive affect is weak e.g. for people with depression. There is some evidence such imagery may be helpful and associated with optimism. However, our recent randomised control trial attempting to boost positive imagery in depression through computerised cognitive training did not show superiority to a computerised training control (Blackwell et al, 2015). Future directions will be explored.

Second, we will discuss “overly positive” imagery associated with mania in bipolar disorder (Ivins et al, 2014). Indeed, young people with hypomanic traits appear to have an increased vulnerability to intrusive images after an experimental stressor (Malik et al, 2014). We have recently developed a cognitive therapy protocol to tackle “overactive imagery” in bipolar disorder. Initial clinical case series data of imagery-focussed cognitive therapy for bipolar disorder will be explored, with the aim of improving mood stability (Holmes et al, 2016).

Finally, we are interested in the future of mental health science generally and psychological treatments in particular. We have argued that psychological therapies have not yet fully benefited from scientific advances in many fields related to mental health (Holmes, Craske & Graybeil, 2014). Positive emotions in cognitive behavioral treatment, from the adaptive to the maladaptive, offer just such a frontier where insights from the experimental study of mechanisms may aid future treatment development. Imagery gives one example of this.

IMAGINING A BRIGHT FUTURE: EFFICACY OF THE BEST POSSIBLE SELF INTERVENTION

Speaker: Madelon Peters, Maastricht University

ABSTRACT

The positive psychology movement has led to the development of various self-help exercises to alleviate distress and increase happiness. One of these exercises is the Best Possible Self (BPS) exercise, in which an individual writes about an ideal life in the future. In our adaptation of the BPS, an imagery component is added to original exercise to maximize its impact on emotion and cognition. In a series of experiments in healthy volunteers this exercise was found to increase positive mood and optimism, and to decrease physiological stress reactivity, pain sensitivity and pain induced cognitive interference amongst others. In a comparison to other positive psychology exercises focusing on the present (gratitude journaling) or past (positive memories), the BPS exercise was found to be equally effective in increasing mood and more effective in increasing optimism. For clinical application, a package of various positive psychology exercises was developed, with BPS as the final module. In two successive RCTs this web-based positive psychology intervention was found to be effective in reducing depression and increasing happiness in patients suffering from chronic pain, with benefits lasting up to 6 months. The positive psychology intervention was overall equally effective as an existing internet CBT intervention, and superior to CBT in patients with a higher education. Future studies will test whether increasing patients' optimism by means of the BPS before entering in other forms of psychological treatment can enhance treatment efficacy by increasing motivation and instilling hope.
POSITIVE CBT: FROM REDUCING DISTRESS TO BUILDING SUCCESS.

Speaker: Fredrike Bannink, Owner therapy, training, coaching and mediation practice, Amsterdam

ABSTRACT
Positive CBT offers the best constructive vision to date of what CBT can look like when joined with positive psychology and solution-focused brief therapy approaches. It shows how CBT therapists can become more positive in every aspect of therapy. It supports therapist to become more effective and successful and enjoying their work along the way.

Positive CBT captures the essential importance of building on positive feelings, motives, imagery, memories and behaviors. The psychology of ‘cultivation’, so much a focus in Buddhist approaches to human suffering, is brought to life in new ways. Positive CBT changes what we focus on and how we work in helping clients change.

Fredrike Bannink will chair the symposium, which brings together research on a number of interventions, which can be used for making CBT more positive.
She will present a study comparing positive CBT with traditional CBT.
Practical applications will be highlighted.
**ABSTRACT**
Depressive disorders are the leading cause of years lived with disability (Ferrari et al., 2013). Current recommended treatment options for depression, such as Cognitive Behavioral Therapy (CBT), are only partially effective and associated with high dropout rates (Cuijpers et al., 2014). Remarkably, standard CBT for major depression focuses mainly on reduction of negative emotions by examining problem instances, while positive emotions are sub-optimally addressed (Dunn, 2012). This is remarkable as well as problematic for the following three reasons: (1) a lack of positive emotions and interest is one of the core features of depression, (2) evidence implicates positive -rather than negative- emotions in recovery and resilience, and 3) generating hope and other positive emotions early in treatment may reduce dropout (Geschwind et al., 2010; Geschwind et al., 2011; Gorwood et al., 2015; Swift, et al., 2012).

I will present initial results of a study which examines the effect of homework which is standardly given in CBT treatment protocols for depression. Clients are usually asked to register instances of problem situations as homework in-between sessions. However, homework compliance is poor, and a questionnaire study among therapists indicates that clients frequently express feelings of incompetence or the fear that focusing on problem instances will make them feel even worse (Helbig & Fehm, 2004). Focusing on exceptions to problems and competencies displayed during these instances may decrease homework averseness and increase feelings of competence and hope (Bannink, 2012).

In a between-subject study with 3 conditions, participants with subclinical complaints were interviewed about problems and goals and randomly assigned to one of three conditions during the following week: daily registration of A) exceptions, B) problems, or C) a neutral area (control condition). In the exception-focused condition, participants registered the best moment of the day, how they contributed to it, and how they could make moments like that happen more often. In the problem-focused condition, participants registered the most problematic moment of the day, their feelings and automatic thoughts, and reflected on what they could have done differently. In the control condition, participants described their expectations about the weather and the current weather. Effects of condition on positive emotions, hope, depressive symptoms, and goal progress were measured.

Preliminary study results will be presented, and implications for CBT (homework) will be discussed.

Ferrari et al. (2013). PLoS Medicine, 10(11), e1001547
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EXPLORING CLIENTS’ EXPERIENCES OF TRADITIONAL VERSUS POSITIVE CBT FOR DEPRESSION

Speaker: Nicole Geschwind, Maastricht University

ABSTRACT
The importance and clinical relevance of clients’ viewpoints and experiences of what happens in therapy has been acknowledged, but has been given little attention generally. To put it somewhat more critically, some authors state that the voice of the patients has been neglected in the debate about the ‘common factors’ in psychotherapy. In CBT research a similar picture can be drawn; some qualitative studies have been conducted, but the field is still largely unexplored. At the same time, a call is being made to innovate psychotherapy (Johnson and Friborg, 2015) to increase its potential.

Our qualitative study builds upon a quantitative research design in which traditional CBT was compared to a more positive, strengths- and solution-focused form of CBT, called ‘positive CBT’ (Bannink, 2012/2014). In the quantitative research design, a within-subject comparison was made between positive compared to traditional cognitive-behavioral therapy strategies in depression. Both forms of CBT were alternated in two blocks of eight sessions, with the order of blocks randomized. Clients who participated in this quantitative research design were interviewed within two weeks after completion of the therapy about their experiences with both forms of CBT. In this presentation, results of the qualitative study will be presented based upon analysis of ten interviews and field notes of therapy and supervision sessions. These results shed light not only on the debate about common factors in psychotherapy, but also more specifically on how clients experience an innovative form of CBT and what therapists and researchers can learn from clients’ experience.

RUMINATION, WORRY AND EXPERIENTIAL AVOIDANCE AS RISK FACTORS FOR (COMORBID) ANXIETY AND DEPRESSION

Speaker: Philip Spinhoven, Leiden University

ABSTRACT

Recent studies on self-reported rumination, worry and experiential avoidance as risk factors for (comorbid) anxiety and depressive disorders as assessed in NESDA will be presented. One study aim was to assess the predictive value of these risk factors for the course of anxiety and depressive disorders. Each of these psychological risk factors predicted the onset of a first anxiety or depressive disorder, the persistence of an anxiety or depressive disorder, and the relapse of an anxiety or depressive disorder as assessed during a 4-yr follow-up period. The risk factors showed moderately strong interrelationships. Only repetitive thinking in the form of rumination or worry uniquely predicted onset, maintenance or relapse of depressive disorder. Worry uniquely predicted onset of anxiety disorders, while experiential avoidance uniquely predicted maintenance and relapse of anxiety disorders. Higher levels of worry also predicted 6-yr symptom course trajectories with deteriorating symptoms of anxiety and avoidance.

A second question concerned the concurrent and prospective relationship of these risk factors with comorbidity of anxiety and depressive disorders. Persons with comorbid anxiety and depressive disorders manifested higher levels of rumination, worry and experiential avoidance. Importantly, changes in worry, rumination and experiential avoidance also mediated the longitudinal cross-disorder association of anxiety disorders with subsequent depressive disorders and vice versa.

A third question was to examine the degree to which shared versus unique aspects of repetitive negative thinking are associated with separate depressive and anxiety disorders, with comorbidity among disorders and with symptom severity. The common dimension of repetitive negative thinking was significantly and more strongly associated with each of the depressive and anxiety disorders, comorbidity among emotional disorders and the common core of depressive, anxiety and avoidance symptoms than unique aspects as the content of worry or rumination.

This high interrelatedness of psychological risk factors and their common core may present a fruitful venue for further developing transdiagnostic models of anxiety and depression and transdiagnostic interventions targeting processes underlying both anxiety and depression.
ABSTRACT
Self-esteem refers to the extent that oneself is associated with positive attributes and abilities, often in comparison to others. The presence of low self-esteem as reported by patients (i.e., explicit self-esteem) is well-established in depression and anxiety disorders. However, results concerning the temporal stability of self-esteem and more implicit levels of self-esteem in depression and anxiety remain somewhat mixed, or limited to studies with small sample sizes.

The Netherlands Study of Depression and Anxiety allowed for comparison of implicit, explicit, and unstable self-esteem across relatively large and specific groups of participants with MDD, anxiety, comorbidity, in those who currently meet the DSM-IV criteria (n = 60, 111, 71, respectively), who were remitted from the disorder (n = 41, 29, 14, respectively), those who were recovered from MDD and anxiety (n = 136 & 98, respectively), and those without a history of depression or anxiety (i.e., healthy group; n = 362).

Results suggest that compared with the healthy group, low implicit self-esteem was only present in those with a current comorbidity, and when controlling for differences in explicit self-esteem, unstable self-esteem was present in all clinical groups with the exception of current and remitted comorbidity, and remitted anxiety. As such, levels of unstable explicit self-esteem are comparable across MDD and anxiety, while comorbidity revealed low self-esteem at both the implicit and explicit level, with the latter being relatively stable.

These differences are discussed in light of different etiologies which may explain the persistence and treatment resistant nature of comorbidity.
COGNITIVE REACTIVITY, SELF-DEPRESSED ASSOCIATIONS, AND THE RECURRENCE OF DEPRESSION

Speaker: Hermien Elgersma, University of Groningen

ABSTRACT

Background
Mixed evidence exists regarding the role of cognitive reactivity (CR) as a risk factor for recurrences of depression. One explanation for the mixed evidence may lie in the number of previous depressive episodes. In addition, it is theoretically plausible, but not yet tested, that the relationship between CR and number of episodes is moderated by the strength of automatic self-depressed associations.

Aim
To investigate (i) the strength of CR in remitted depressed individuals with a history of a single vs. multiple episodes, and (ii) the moderating role of automatic self-depressed associations.

Method
Cross-sectional analysis of data obtained in a cohort study (Study 1) and during baseline assessments in two clinical trials (Study 2). Study 1 used data from the Netherlands Study of Depression and Anxiety (NESDA). Study 2 included only remitted participants with at least two previous episodes. The Leiden Index of Depression Sensitivity revised (LEIDS-R) was used to index CR and an Implicit Association Test (IAT) to measure implicit self-associations.

Results
Together both studies showed, that CR was especially high in those remitted from multiple episodes of depression. The relation between CR and number of episodes appeared independent of negative automatic self-associations.

Discussion
The findings are consistent with the view that high CR puts people at risk for recurrent depression and is less relevant for the development of an incidental depressive episode. This suggests that CR is an important target for interventions that aim to prevent the recurrence of depression.
COGNITIVE REACTIVITY AND DEPRESSION VULNERABILITY

Speaker: Willem Van Der Does, Leiden University

ABSTRACT
Cognitive reactivity to sadness is the extent to which negative thinking patterns become reactivated when mood deteriorates. Cognitive reactivity (CR) is a crucial component in a vicious cycle that may end in a depressive episode. CR is typically assessed with a mood induction procedure, however these procedures are impractical and their results are inconsistent. In this presentation I will give an overview of research using an alternative, self-report measure of CR. This research has shown that CR is related to genetic and other biological vulnerability markers of depression. Furthermore, patients’ clinical characteristics during a depressive episode are associated with their CR profile during remission. Finally, high CR scores are not merely a consequence of having lived through a depressive episode, but they also predict first onsets of depression longitudinally. CR scores may identify people at risk for a (recurrence of) depression and may help identify particularly maladaptive thinking patterns that need to be addressed in treatment.
ABSTRACT

Mindfulness has its origins in an Eastern Buddhist tradition that is over 2,500 years old and can be defined as a specific form of attention that is non-judgmental, purposeful, and focused on the present moment. It has been well established in cognitive-behavior therapy in the last decades, while it has been investigated in manualized group settings such as mindfulness-based stress reduction and mindfulness-based cognitive therapy. However, there is scarce research evidence on the effects of mindfulness as a treatment element in individual therapy. Consequently, the demand to investigate mindfulness under effectiveness conditions in trainee therapists has been highlighted. To fill in this research gap, we designed the PrOMET Study. In our study, we investigate the effects of brief, audiotape-presented, session-introducing interventions with mindfulness elements conducted by trainee therapists and their patients at the beginning of individual therapy sessions in a prospective, randomized, controlled design under naturalistic conditions with a total of 30 trainee therapists and 150 patients with depression and anxiety disorders in a large outpatient training center. We hypothesize that the primary outcomes of the session-introducing intervention with mindfulness elements will be positive effects on therapeutic alliance (Working Alliance Inventory) and general clinical symptomatology (Brief Symptom Checklist) in contrast to the session-introducing progressive muscle relaxation and treatment-as-usual control conditions. Treatment duration is 25 therapy sessions. Therapeutic alliance will be assessed on a session-to-session basis. Clinical symptomatology will be assessed at baseline, session 5, 15 and 25. We will conduct multilevel modeling to address the nested data structure. The secondary outcome measures include depression, anxiety, interpersonal functioning, mindful awareness, and mindfulness during the sessions. The study results could provide important practical implications because they could inform ideas on how to improve the clinical training of psychotherapists that could be implemented very easily; this is because there is no need for complex infrastructures or additional time concerning these brief session-introducing interventions with mindfulness elements that are directly implemented in the treatment sessions. In our talk, we will present results of early stages of therapy (first 15 sessions) of the first 60 patients.
MINDFULNESS BASED COGNITIVE THERAPY FOR OBSESSIVE COMPULSIVE DISORDER

Speaker: Sarah Landmann, Clinic of Psychiatry and Psychotherapy, University Medical Center Freiburg, Germany

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ABSTRACT
It is generally acknowledged that cognitive behavioral therapy (CBT) with exposure and response prevention is the method of choice for treating patients with obsessive-compulsive disorder (OCD). However, a substantial proportion of patients does not sufficiently respond to treatment or suffer a relapse. Furthermore, some patients refuse to undergo exposure, as it is often experienced as highly distressing. Mindfulness Based Cognitive Therapy (MBCT) has resulted to be effective for various psychiatric disorders. Although preliminary research data indicate that mindfulness-based interventions could also be beneficial in order to reduce obsessive-compulsive-symptoms, it has not yet been applied for OCD. Highlighting current state of knowledge about psychopathological processes underlying the disorder, the first part of the presentation addresses the question why MBCT may especially be helpful for patients suffering from OCD. It then gives an overview of an adaptation of the eight-session group program, which has been tailored exactly for the therapeutic needs of OCD patients with residual symptoms after CBT. The content of this manual is outlined, especially focusing on its OCD-specific elements.

In the second part of the presentation, results of an open pilot study conducted by our workgroup will be presented, which give preliminary evidence about the usefulness of MBCT. In this study, 12 patients with residual OC symptoms after CBT completed the program. From baseline to post assessment, a highly significant ( < .01) and clinically relevant reduction of the OC symptoms could be found for the total score of the Yale-Brown Obsessive Compulsive Scale and the compulsions subscale, which also remained stable at follow-up. Furthermore, qualitative analyses showed that the program was well accepted by the participants. The third part of the presentation outlines the design of an ongoing prospective, bicentric, randomized controlled clinical trial funded by the German Research Foundation. This study aims to examine the effectiveness of MBCT compared to a psychoeducative program in OCD patients including a 6-month and a 12-month follow-up with a planned sample size of 128 patients. We expect that our results will provide important insights in short- and long-term-effects of MBCT in OCD on symptom-severity and other outcome measures such as obsessional beliefs, distress tolerance or self-compassion.
MINDFULNESS-BASED COGNITIVE THERAPY VS. COGNITIVE BEHAVIORAL ANALYSIS SYSTEM OF PSYCHOTHERAPY FOR CHRONICALLY DEPRESSED PATIENTS: POST-TREATMENT AND FOLLOW UP DATA

Speaker: Johannes Michalak, Witten/Herdecke University, Department of Psychology and Psychotherapy, Germany

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ABSTRACT
Mindfulness-based Cognitive Therapy (MBCT) initially developed for relapse prevention in recurrent depression has recently been introduced as a treatment option for chronic depression (Barnhofer et al, 2009; Eisendrath et al., 2008; Kenny & Williams, 2007). In the present study efficacy of MBCT plus treatment-as-usual (TAU), and CBASP (group version) plus TAU, was compared to TAU alone in a prospective, bicenter, randomized controlled trial. One hundred and six patients with a current DSM–IV defined major depressive episode and persistent depressive symptoms for more than 2 years were randomized to TAU only (N 35), or to TAU with additional 8-week group therapy of either 8 sessions of MBCT (n 36) or CBASP (n 35). The primary outcome measure was the Hamilton Depression Rating Scale (24-item HAM-D, Hamilton, 1967). Secondary outcome measures were the Beck Depression Inventory (BDI; Beck, Steer, & Brown, 1996). In the overall sample as well as at one treatment site, MBCT was no more effective than TAU in reducing depressive symptoms, although it was significantly superior to TAU at the other treatment site. CBASP was significantly more effective than TAU in reducing depressive symptoms in the overall sample and at both treatment sites (Michalak, Schultze, Heidenreich & Schramm, 2015). In addition to these post-treatment results, follow-up data of the trial will be reported.
EFFECTS OF MINDFULNESS AND COMPASSION ON HEALTH AND SOCIAL INTERACTION

Speaker: Corina Aguilar-Raab, University Hospital Heidelberg, Institute of Medical Psychology, Germany

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ABSTRACT

Besides mindfulness, loving kindness and compassion have drawn attention of recent research on its effects on mental and physical health. Compassion more directly implies an impact on social interactions in view of its inter-relatedness to inner attitude, associated motivation and pro-social behavior (Gilbert, 2005). It can be understood as a trait, which can be trained. Cognitively-Based Compassion Training (CBCT, program of Emory University, USA; Ozawa-de Silva & Negi, 2013) is rooted in Tibetan-Buddhist ‘mind-training’ tradition, and was established as a secular, group-based intervention aiming to enhance empathy and compassion. Recent research has shown its positive effects for example with regard to overall enhancement of compassion (Jazaieri et al., 2012), and demonstrated impact on neuroendocrine and related responses to psychosocial stress in healthy individuals (Pace et al., 2009). Depressed patients interestingly show impairments in social interactional skills, such as limitations in perspective taking, empathy (Cusi et al., 2011; Derntl et al., 2012; Schreiter et al., 2013) and emotion recognition (Demenescu et al., 2010). Therefore, based on results of a preliminary MBSR/control-group study on the positive and mediating effects of mindfulness aspects on resilience and distress tolerance (Nila et al., 2016), the research presented here will investigate the extent to which CBCT could serve as a tool to counter depression via enhancing social interaction skills/social cognition – empathy, perspective taking and compassion – presumably mediated by better stress physiological responses. We will present a multi-methodological study design investigating the effects of a modified CBCT intervention for couples – focusing on an eye-tracking paradigm assessing pre-post the real-time interaction between depressed women and their romantic partners in the laboratory, both of whom are participating in the intervention. We will discuss preliminary study experiences and try to bridge ideas between research on important mechanisms of depression and its relation to contemplative practices applied in therapeutic contexts.
ABSTRACT

Introduction
The important role in the treatment of patients suffering from paranoid delusion is played by cognitive behavioral psychotherapy (CBT), including the drug-resistant cases. The use of CBT is based on the fact that the content of delusion, being the result of primary cerebral dysfunction, greatly depends on the individual personality. For example, as the result of “primary break” and the resulting thinking disorders the patient tries to make sense of events happening to him, his inclinations, feelings, interprets them on the basis of relation to himself and to others, his outlook, formed in the premorbid period in the process of upbringing and gaining the life experience. Unfortunately in Russia CBT of the patients with schizophrenia is not so widespread yet.

Method
In the department of biopsychosocial rehabilitation of V.M. Bekhterev Saint Petersburg Psychoneurology Institute we perform the complex therapy of adult patients (aged 18 to 60 years) with paranoid delusion. The majority of psychotherapeutic interventions are performed in classic variant described many times by our colleagues (Freeman et al, 2006, Turkington, et al, 2009). Below we’ll describe only the modified techniques.

Psychoeducation. Apart from typical themes, for our patients we included such theoretical modules as “modes” (used in the schematherapy) and general information on mindfulness-based techniques. Patients also were interactively taught to detect the beginning of a certain mode. Also, on the psychoeducation stage we created the “bridge” to the cognitive behavioral work itself. With our patients we discussed the effects of thinking on the emotions and behavior, disadaptive attitudes on the basis of beliefs (superstitions) and the role of anxiety in the maintenance of their attitudes.

Mindfulness-based techniques. Clinical studies show the effectiveness of acceptance and conscious observation of psychotic symptoms (Romme and Escher, 1989; Villardaga et al., 2013). First of all mindfulness-based interventions are focused on the attitude of patients towards psychotic experience and the reaction to it, but not on the identification and directed change of thoughts and convictions about this experience (Dannahy et al., 2011). Mindfulness-based techniques can be used in the treatment of paranoid ideas. This techniques allow patients to observe an unpleasant psychotic experience as it is, without engaging in the annoying mental rumination or the attempts to suppress negative feelings. Despite having an unpleasant experience, secondary distress (or suffering) caused by the attitude towards the experience decreases significantly. Mindfulness-based techniques were used in group format, to which the individual training was added.

Results
The performed study showed the advantages of using psychoeducation in closed groups compared to the open ones. The addition of consciousness-based techniques to the CBT intervention complex is justified. We detected specific targets: suspiciousness, ruminations, lack of immersion in the present moment.

Discussion
We will discuss the experience obtained during the program implementation.

Conclusion
The inclusion of modified techniques allows to broaden the range of therapy and to treat any individual clinical case in a flexible manner.
ABSTRACT
Purpose of the study was to develop the protocol of group CBT for depression and to assess its efficacy for inpatients receiving psychiatric treatment in Public Mental Health Hospitals in Moscow. An additional goal of the study was to establish the predictors of efficacy of group short-term CBT for inpatients with depressive disorders.

Materials and methods
Based on the systematic analysis of the literature and existing protocols of group CBT for depression an original protocol in the Russian language was created adapted and used in the research. The sample contained 121 inpatients (Mean age 41.0 ± 11.6, M/F -52/48%) diagnosed with depression (F 32-37,2%; F 33-33,1%; F 41,2-24,8% and F 34,1-5% according the ICD-10 criteria). All patients were randomly assigned to the Treatment-As-Usual (TAU, standard psychopharmacological treatment) (n  =  56) or TAU + 8 sessions of Group Cognitive Behavioral Therapy each for a 2.5-hour duration (TAU + GCBT; n  =  65). In order to assess outcomes, the Russian versions of Beck Depression and Anxiety Inventories (BDI & BAI), Dysfunctional Attitude Scale and the Automatic Thoughts Questionnaire were used at pre-treatment, post-treatment and at a 1-year follow up brief consultation. In addition the Brief Inness Perception Questionnaire (BIPQ), the Multidimensional Scale for Perceived Social Support, the Ways of Coping Questionnaire, the Client Motivation for Therapy Scale, socio-demographic and clinical characteristics were also used in a series of multiple regression and logistic regression models, as potential predictors of GCBT.

Results
Before treatment began the severity of patient depression measured with BDI was higher in the main group (25,8 vs. 20,4). After the treatment it statistically significantly dropped in both groups and reached a similar level (9,6 vs. 11). After one-year the level of BDI remained significantly lower in the group of TAU + GCBT in comparison with TAU group only (5,3 vs. 10,4). A similar trend was observed for the level anxiety, level of automatic thoughts and dysfunctional attitudes. Only 5,6% of patients from the main group and 28% from the control group were rehospitalized in a psychiatric hospital during the year of the study. However the dropout level from the group CBT was quite high at 26%.

Regression results revealed that the severity of depression before treatment, the level of perceived social support from friends, level of intrinsic and integrated motivation to the GCBT, the intensity of coping strategy “avoidance”, as well as type of a disorder, duration of illness and level of education were significant predictors of outcome of GCBT for depression.

Conclusion
Group CBT can be easily applied as a part of treatment of inpatient as part of standard treatment Public Mental Health Hospitals. In combination with pharmacotherapy it is more effective treatment for inpatients with depressive disorders than TAU. It provides positive impact for stable remission and relapse prevention. Specific predictors of outcome should be taken into consideration when creating a treatment plan including GCBT for the inpatients receiving psychiatric treatment in Public Mental Health Hospitals.
COMPARATIVE ASSESSMENT OF COGNITIVE-BEHAVIOURAL THERAPY AND PHARMACOTHERAPY EFFECTIVENESS IN TREATMENT OF NIGHT EATING SYNDROME IN OVERWEIGHT PATIENTS WITH DEPRESSION

ABSTRACT

Objective

Evaluation of the efficacy of cognitive-behaviour therapy and pharmacotherapy of night eating syndrome (NES) treatment.

Methods

A randomized sample of patients (N = 86, male and female, age 26-65) with NES, co-morbid depression according to the diagnostic criteria (ICD-10) and high BMI (more than 25) was observed. The level of NES was assessed with Night Eating Questionnaire (NEQ), the level of depression – with Hamilton Depression Scale (average HAM-D is 17.81±2.84). The average BMI of the sample was 31.44±2.34. The sample was divided in two groups according to the prevalence of evening or night eating. "Evening eating" (N = 49) group had episodes of consuming food after dinner, but before going to sleep more than 4 times a week. They had less than 2 night eating episodes a week. The "night eating" group (N = 37) had more than 4 episodes of night eating after going to sleep, and didn’t usually eat in the evening (less than 2 episodes a week). Both groups were randomly divided into two treatment groups. First group was prescribed selective serotonin reuptake inhibitors (sertraline, paroxetine, fluvoxamine) in average treatment doses. Second group was involved in cognitive-behavioural therapy for depression and NES (from 10 to 15 standard psychotherapy sessions). The assessment was performed before treatment (D0) and after 2 months (D60).

Results

The level of HAM-D reduced significantly in both groups with no statistical differences. The overall score of NEQ was 34.17±3.08 on D0 in “evening eating” group and 39.03±3.96 in “night eating” group, which is significantly higher (<0.05 compared to “evening eating” group). Significant differences of NES score were observed in all treatment samples on D60. But the NEQ score of patients with “evening eating”, who had cognitive-behavioural psychotherapy was lower (20.43±2.85; <0.05) than those, who had serotonin reuptake inhibitors (25.43±2.97). In patients, who had “night eating”: those who took antidepressants appeared to have lower NEQ scores (29.42±2.01; <0.05) on D60 compared to cognitive-behavioural psychotherapy group (30.32±2.12).

The average BMI score showed no significant differences in both groups on D0. After 2 months of treatment patients of psychotherapy group had significantly lower BMI (26.33±2.26; <0.05) compared to pharmacotherapy group (29.87±2.89) in “evening eating” sample. Patients from “night eating” sample didn’t have any significant differences of BMI between treatment groups.

Conclusion

Results show that there are significant differences in efficacy of cognitive-behavioural psychotherapy and antidepressant therapy in treatment of two types of night eating syndrome, comorbid with depression and high BMI. Those differences involve not only the overall score of night eating syndrome, but also the weight dynamics of patients. Conducting cognitive-behavioural psychotherapy was more effective in NES treatment and also in reducing BMI for patients with “evening eating”. Prescribing selective serotonin reuptake inhibitors showed more effectiveness in management of night eating syndrome but not weight – in patients with “night eating".
ID-139 INCLUDED IN S04-YALTONSKAYA

OVERCOMING RESISTANCE IN TREATMENT OF OCD: RUSSIAN CULTURAL ASPECTS

First speaker: Yakov Kochetkov, Center for cognitive therapy, Moscow
Second speaker: Lidia Anisimova, Center for cognitive therapy (Moscow)

ABSTRACT

CBT as treatment for OCD has a rather short history in Russia. For many years, the most commonly used treatment method was pharmacological. Despite the rapid development of CBT in Russia, there are certain obstacles which make psychological treatment in our country particularly difficult. The population of patients with OCD in Russia has some specific features, i.e.:

1) Lack of psychoeducation about OCD and as a result the late start of treatment and high prevalence of severe OCD.
2) Very strong family influence – symbiosis with patients (especially mother-son interactions), strong support for reassurance-seeking behavior.
3) High prevalence of ego-syntonic and culturally supported magical thinking.
4) Stigmatization of OCD due to the old psychiatric tradition, where many cases of OCD were misdiagnosed as schizophrenia.
5) High comorbidity of OCD and PTSD/early childhood trauma.

In order to overcome resistance and dropouts we use not only traditional methods as ERP and cognitive strategies. We widely use family interventions for overcoming dependence in patients. These interventions include psychoeducation, building boundaries, behavioral experiments with separation and family-based exposure. Another strategy, based on Robert Leahy’s emotional schemas approach, is to focus on emotional schemas which represent beliefs about emotions, and ways of dealing with them. The work with emotional schemas allows for enhancing the results of exposure and also addressing dysfunctional ES as a source of distress. Besides, we use schema therapy strategies, which include work with early dysfunctional schemas underpinning OCD. Rescripting and other schema-focused techniques allow for repairing traumatic memories which support the presence of schemas. All these strategies have a strong potential to improve the results of CBT for OCD in the specific Russian population of patients.
ABSTRACT
As it is stated in WHO statistics, Russian Federation has the highest percentage of adolescent suicide in Europe (WHO, 2014). Center for Urgent Psychological Assistance (CUPA, Moscow State University of Psychology and Education) provides urgent and crisis psychological assistance for the school community after traumatic situations including students' suicides and suicide attempts. According to CUPA statistics, child and adolescent suicide rate in Moscow is increasing: in 2013 there were registered 10 completed suicide attempts of schoolchildren; in 2014 there were 30 cases and in 2015 - 31 cases, in 2016 in the first half of the year there were registered 18 cases of completed suicide attempts of schoolchildren.

According to the model of suicide of A.G. Ambrumova social-psychological disadaptation is the underlying factor of suicidal behavior. Subjective manifestations of this disadaptation are feelings of hopelessness, loneliness, uselessness, thwarted belongingness. Objective manifestations of social-psychological disadaptation are impulsiveness and aggressive behavior which correlates with borderline and narcissistic personality disorders (DSM-IV). The aim of this study was exploring the role of hopelessness, loneliness, impulsiveness and aggression in development of social-psychological disadaptation.

In order to provide primary prevention of suicide behavior in children and adolescents there is a need for a useful tool to identify those at risk at education organizations. For primary assessment of suicidal behaviors and risk among schoolchildren, we developed a screening package of five questionnaires. A sample of 670 adolescents (56.4% females, 43.6% males) between the ages of 12 and 18 completed questionnaire packages. Measures used were: Beck Hopelessness Scale (1985), UCLA Loneliness Scale (Version 3, D.Russel, 1996), WHO-5, Well-Being Index, Buss-Perry Aggression Questionnaire (A.H. Buss, M.P. Perry), and Borderline and Narcissistic scales from Personality Disorder Questionnaire IV, (PDQ, Hyler, 1994). Rates of these scales were used to assess the risk of disadaptation. After that face-to-face interview with high risk children was conducted.

Results
High level of hopelessness was found in 20% of participants. Medium and high levels of loneliness were 48.5% and 2% accordingly. Characteristics of narcissistic and borderline accentuated personality were found in 22.4 and 24.7 % of participants accordingly. 85 children (11.4%) were considered to be at high risk of acute social-psychological disadaptation. According to the results of the interview all children from this group showed signs of emotional instability, physical and verbal aggression, self-harm behavior and Beck cognitive triad traits.

Conclusion. These questionnaires can be used at an educational organization to assess the risk of pupils' social-psychological disadaptation and potential suicide behavior risk.
DEFINING AND PREDICTING PATTERNS OF EARLY RESPONSE IN AN INTERNET-BASED INTERVENTION FOR DEPRESSION

Speaker: Julian Rubel, University of Trier

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ABSTRACT
Objective
Internet-based interventions for individuals with depressive disorders have been a recent focus of research and might be an effective adjunct to face-to-face psychotherapy or pharmacological treatment. However, so far no study has examined early change patterns in internet-based interventions to identify differential effects.

Method
We applied Piecewise Growth Mixture Modeling (PGMM) to identify different latent classes of early change in individuals with mild to moderate depression (N = 409), who underwent an internet-based intervention for depression.

Results
Overall, three latent classes were identified: Two early response classes and one early deterioration class. Latent classes differed in terms of outcome and adherence related to the number of completed sessions (at least 10 minutes) and the number of assessments, but not related to the overall amount of time using the system. Class membership improved outcome prediction by 24.8% over patient intake characteristics and significantly added to the prediction of adherence.

Conclusions
These findings suggest that outcome and adherence in internet-based interventions can be predicted by patterns of early change, which can inform treatment decisions and potentially help optimize the allocation of scarce clinical resources.
EFFECTS OF A TRANSDIAGNOSTIC SELF-GUIDED INTERNET INTERVENTION ("VELIBRA") FOR ANXIETY DISORDERS IN PRIMARY CARE: RESULTS OF A RANDOMIZED CONTROLLED TRIAL

Speaker: Thomas Berger, University of Bern

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ABSTRACT

Aim
Internet-based cognitive behavioral self-help treatment (ICBT) for anxiety disorders has shown promising results in several trials, but there are only a few studies of ICBT conducted in primary care settings. The current randomized controlled trial aimed at investigating whether unguided ICBT for anxiety disorders is effective when delivered after a contact with a general practitioner. We hypothesized that care-as-usual (CAU) plus unguided ICBT is superior to CAU alone in reducing anxiety and other symptoms among individuals meeting diagnostic criteria of at least one of three anxiety disorders (social anxiety disorder, panic disorder with or without agoraphobia, generalized anxiety disorder).

Method
139 adults fulfilling diagnostic criteria for at least one of the anxiety disorders according to the judgment of a GP and a diagnostic interview were randomly assigned to one of the two conditions: CAU plus ICBT or CAU. Randomization was stratified by primary disorder, medication (yes/no) and concurrent psychotherapy. Unguided ICBT consisted of a transdiagnostic and tailored Internet-based self-help program (velibra) for several anxiety disorders which also included cognitive bias modification for interpretation (CBM-I). Primary outcomes were disorder-unspecific measures such anxiety and depression at post-treatment (9 weeks). Secondary outcomes included disorder-specific anxiety measures, diagnostic status at post-treatment, quality of life, adherence to treatment and satisfaction with ICBT at post-treatment and 3-month follow-up.

Results and Discussion
The study was recently completed. Primary results along with results for specific subgroups (e.g. primary diagnosis, concurrent medication and/or psychotherapy) will be presented and discussed.
EFFECTS OF A PSYCHOLOGICAL INTERNET INTERVENTION IN THE TREATMENT OF MILD TO MODERATE DEPRESSIVE SYMPTOMS: RESULTS OF EVIDENT, A RANDOMIZED CONTROLLED TRIAL.

Speaker: Jan Philipp Klein, Lübeck University

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ABSTRACT

Background
Mild to moderate depressive symptoms are common but often remain unrecognized and treated inadequately. We hypothesised that an internet intervention in addition to usual care is superior to care as usual alone (CAU) in the treatment of mild to moderate depressive symptoms in adults.

Methods
This trial was controlled, randomised and assessor-blinded. Participants with mild to moderate depressive symptoms (Patient Health Questionnaire [PHQ-9] score 5 – 14) were recruited from clinical and non-clinical settings and randomised to either CAU or a 12-week internet intervention (Deprexis) adjunctive to usual care. Outcomes were assessed at baseline, three months (post) and six months (follow-up). The primary outcome measure was self-rated depression severity (PHQ-9). The main analysis was based on the intention to treat principle and used linear mixed models.

Results
A total of 1013 participants were randomised. Changes in PHQ-9 from baseline differed significantly between groups ($t_{825} = 6.12, p < .001$ for the main effect of group). The post between-group effect size in favour of the intervention was $d = 0.39$ [95% CI 0.13, 0.64]. It was stable at six months follow-up (0.32 [0.06, 0.69]). The rate of participants experiencing at least minimally clinically important PHQ-9 change at the post assessment was higher in the intervention group (35.6% vs. 20.2%) with a number needed to treat of 7 [95% CI 5, 10].

Conclusions
The internet intervention examined in this trial was superior to CAU alone in reducing mild to moderate depressive symptoms. The magnitude of the effect is clinically important and has public health implications.
ICBT VERSUS FACE-TO-FACE CBT FOR ANXIETY DISORDERS. ARE THEY EQUALLY EFFECTIVE?

Speaker: Gerhard Andersson, Linköping University

ABSTRACT

Guided Internet-delivered treatments were developed in the late 1990s and have since been tested in numerous controlled trials. While promising, there are yet not many direct comparisons between Internet treatments and traditional face-to-face treatments. The aim of the present presentation is to present an overview of the evidence in the field of anxiety disorders.

Method

Studies were located using traditional search methods.

Results

Results of direct comparative trials on panic disorder (n = 3) and social anxiety disorder (n = 3) show equivalent outcomes. One study on adolescent anxiety also found equivalent outcomes. Two studies on specific phobia did not show equivalent outcomes with a slight advantage for face-to-face treatment. One recent study compared stepped care involving ICBT against immediate face-to-face CBT with no differences in outcome.

Conclusion

Overall, there are still few large scale trials and statistical power is often limited. A preliminary conclusion is that guided Internet treatment can be as effective as face-to-face treatments, but there is a need to investigate moderators and mediators of the outcome.
THE RELATIONSHIPS AMONG ACES AND ADULT MENTAL AND PHYSICAL DISORDERS: A REPLICATION AND EXTENSION OF PAST RESEARCH

First speaker: Dennis Pusch, Alberta Health Services
Second speaker: Keith Dobson, University of Calgary
Third speaker: David Whitsett, Alberta Health Services

Author(s)
Julia Poole, University of Calgary
ACEs- Alberta TeamAlberta Health Services

ABSTRACT
Research has consistently demonstrated that adverse experiences in childhood are associated with many long term effects, including mental and physical health problems into later adulthood. As part of a series of stages to this program of research, 4,008 Canadian adults who presented at their primary care physician offices were asked to complete an assessment of their ACEs, a report of their current health care concerns, and several other measures related to potential mediators of the effects of ACEs. In this presentation, the sample is described, and the frequency and types of ACEs found within this sample are presented. For example, about 1/3 of the sample reported no ACEs, but one ACE was reported in another third of the sample, while the remainder reported at least 2 (and a maximum of 10) ACEs. The associations of ACEs with adult health problems is also presented, demonstrating that the association among ACEs and adult health problems is replicated in this sample.
AN EXPLORATION OF MEDIATORS OF ACES AND ADULT HEALTH

First speaker: Julia Poole, University of Calgary
Second speaker: Dennis Pusch, Alberta Health Services
Third speaker: Keith Dobson, University of Calgary

Author(s)
David Whitsitt, Alberta Health Services
ACES- Alberta Team/Alberta Health Services

ABSTRACT
This presentation builds on the previous one, and examines the mediation of the relationship between ACEs and adult health status. Several mediators are examined, including emotion regulation, resilience and interpersonal problems. The model of mediation is presented, and several analyses demonstrate a significant mediational role for emotion regulation and resilience in chronic adult mental disorders, and some physical disorders. Interpersonal disorders are also associated with adult health disorders, although the mediation is somewhat less than for emotion regulation and resilience. Finally, a composite measure is examined, and it is shown to also be associated with adult disorders, but not as a mediator. The implications of these results are discussed, both with respect to the theoretical implications of the mediation of the effect of ACEs in adults with chronic health problems, as well as the implications for treatment.
ABSTRACT
The presentation presents the logic for an innovative program that addresses the long-term effects of ACEs in adults with emotional dysregulation. The model builds upon similar programs for adults who experience trauma, but also draws upon other and our own team’s research that has examined the relationship between ACEs, several mediators of outcomes, and mental and physical health problems in adulthood. The program uses cognitive-behavioral theory and methods to address issues related to behavioral self-care, emotional regulation, cognitive control, mindfulness skills, and purposeful direction in life. This presentation outlines the major features of the program, and how it is intended to address the effects of ACEs in adults with health care concerns.
PRELIMINARY RESULTS OF AN OPEN TRIAL OF A TRAUMA-INFORMED TREATMENT OPTION IN PRIMARY CARE

First speaker: David Whitsitt, Alberta Health Services
Second speaker: Chantelle Klassen, Alberta Health Services
Third speaker: Dennis Pusch, Alberta Health Services

Author(s)
Keith Dobson, University of Calgary
ACEs- Alberta TeamAlberta Health Services

ABSTRACT
This presentation reports the outcomes associated with an open trial of the ACEs- Alberta treatment program. Three pilot groups of participants completed the program, and a series of outcomes, including mental and physical concerns, and several mediators of change (e.g. emotion regulation) are presented. It is shown that anxiety and depression scores are reduced, as are the potential mediators of those changes, but that chronic health disorders are less affected. We also present the results of focus groups completed with these same participants, which describe the perceptions of the treatment program, and suggest some areas for program improvement. The presentation concludes with directions for future research, including a randomized clinical trial that compares the modified program with treatment as usual in a larger clinical sample.
NEGATIVE COGNITIONS ASSOCIATED WITH SOCIAL ANXIETY IN ADOLESCENTS

Speaker: Polly Waite, University of Reading

ABSTRACT
In adults with social anxiety disorder (SAD), negative social cognitions and self-focused attention have been highlighted in theory and treatment (Clark & Wells, 1995; Woody, Chambless, & Glass, 1997). Researchers have begun to test the applicability of these processes in adolescents in community populations (e.g., Hodson, McManus, Clark, & Doll, 2008). The first part of this presentation will discuss findings from a study that builds on Hodson et al.’s research by (i) using the same measures but adding items that are thought to be especially relevant to adolescents and, (ii) extending it to a broader adolescent age group. An association between high social anxiety symptoms and negative social cognitions may suggest that when treating adolescent social anxiety, it will be important to tackle these negative interpretations, which are likely to act as maintaining processes. However, it is possible that the adolescent social world differs to that of adults in ways that have implications for treatment. It may be that adolescents behave in a less sensitive and more hostile way in social situations than adults are likely to, possibly due to still evolving neurological and cognitive development throughout adolescence into adulthood (e.g., Blakemore & Choudhury, 2006; Powers & Casey, 2015). The second part of the presentation will present findings from a recent study examining whether adolescents are less accepting of social blunders than adults. If this is the case, then treatments for socially anxious adolescents may need to go beyond focusing on threat reappraisal to take this into consideration, using techniques to develop resilience in a potentially more challenging and at times, hostile social environment.
ID-47 INCLUDED IN S07-HALLDORSSON

SOCIAL ANXIETY DISORDER IN CHILDREN: DO WE NEED A NEW MODEL?

Speaker: Brynjar Halldorsson, University of Reading

ABSTRACT
Despite the prevalence of social anxiety disorder (SAD) in childhood and the associated risk of ongoing difficulties, little is currently known about childhood SAD. Existing psychological treatments that have been specifically developed for childhood SAD are based on the assumption that children with SAD have social skills deficits and, as such, emphasise training social skills as well as incorporating more generic cognitive behavioural treatment interventions to manage fears (e.g. relaxation, challenging thoughts, exposure exercises). While generally efficacious, between one third and a half of children receiving these treatments retain their diagnosis post treatment and so arguably there is considerable room for improvement. Furthermore, the most well established SAD specific treatment programmes can require a high number of sessions and resources resulting in high costs - characteristics that create obstacles for dissemination in routine clinical practice.

In contrast, the most effective treatment for adult SAD are grounded on cognitive maintenance models (e.g. Clark & Wells, 1995; Rapee & Heimberg, 1997) that consist of a discrete number of clearly defined and carefully tested maintenance mechanisms that are then specifically targeted in treatment, leading to significant decreases in individual's social anxiety. Whilst etiological models have been developed for childhood SAD (e.g. Ollendick & Beniot, 2012; Ollendick & Hirshfeld-Becker, 2002; Rapee & Spence, 2004) no maintenance model currently exists. An accurate and developmentally sensitive model of the maintenance of childhood SAD may facilitate theory and treatment development of the benefit of children suffering from this common anxiety problem.

This talk examines the different theoretical conceptualisations of the maintenance of social anxiety in the child and adult literature and illustrates how these have resulted in very different clinical understanding and approaches to treatment. The speaker will examine the psychological processes that have been found to be associated with the maintenance of SAD in adults to establish the applicability of adult models of SAD to children. The talk will also focus on factors identified in etiological models of SAD that may account for the maintenance of the disorder in children. Building on these two streams of research the presenter will draw together (based on the existing evidence) a model of the psychological processes that may maintain SAD in children - a model from which hypotheses concerning psychological processes can be derived and tested in order to inform theoretical and therapeutic advances.
BEHAVIORAL TREATMENT OF SOCIAL PHOBIA IN YOUTH: DOES PARENT EDUCATION TRAINING IMPROVE THE OUTCOME?

Speaker: Lars-Göran Öst, Stockholm University

AUTHOR(S)
RIO CEDERLUND, STOCKHOLM UNIVERSITY
LENA REUTERSKIÖLD, STOCKHOLM UNIVERSITY

ABSTRACT
Social phobia is one of the most common anxiety disorders in children and adolescents, and it runs a fairly chronic course if left untreated. The goals of the present study were to evaluate if a parent education course would improve the outcome for children with a primary diagnosis of social phobia and if comorbidity at the start of treatment would impair the outcome of the social phobia. A total of 55 children, 8-14 years old, were randomly assigned to one of three conditions: 1) Child is treated, 2) Child is treated and parent participates in the course, or 3) A wait-list for 12 weeks. The treatment consisted of individual exposure and group social skills training based on the Beidel et al. (2000) SET-C. Children and parents were assessed pre-, post-, and at one year follow-up with independent assessor ratings and self-report measures. Results showed that there was no significant difference between the two active treatments and both were better than the wait-list. The treatment effects were maintained or furthered at the follow-up. Comorbidity did not lead to worse outcome of social phobia. Comorbid disorders improved significantly from pre- to post-treatment and from post- to follow-up assessment without being targeted in therapy.
ABSTRACT
Social anxiety disorder (SAD) is a common and disabling anxiety disorder that has a particularly low natural recovery rate, so there is a real need for effective treatments.

Randomized controlled trials have shown that individual cognitive therapy (based on the Clark & Wells 1995 model) is highly effective in adults and compares favourably with other treatments (exposure therapy, group CBT, IPT, psychodynamic psychotherapy, SSRI’s, and pill placebo). However, SAD invariably starts in childhood or adolescence, and can severely interfere with school performance and social development. Ideally, effective treatment should therefore start in youth, rather than waiting until adulthood. Unfortunately, the evidence base for adolescent treatments is weak (NICE, 2013) and there is some evidence that existing child focused CBT programmes benefit young people with social anxiety disorder less than those with other anxiety disorders.

In response to this problem, we have experimented with adapting individual cognitive therapy (based on the Clark & Wells model) for use with adolescents. We have obtained excellent results in a development case series.
PARENTING AND TREATMENT OUTCOME FOR ADOLESCENTS WITH ANXIETY DISORDERS

Speaker: Polly Waite, University of Reading

ABSTRACT

Although cognitive behaviour therapy (CBT) is generally effective for adolescents with anxiety disorders, a significant minority continue to experience clinical levels of anxiety following treatment. This warrants further investigation into likely critical variables. There is evidence that parents of adolescents with anxiety disorders show higher intrusiveness and lower warmth and engagement than parents of non-anxious adolescents when their child is undertaking anxiety-provoking tasks. This presentation will consider (i) whether parenting behaviours are associated with poorer outcomes for adolescents completing therapist-supported online CBT, (ii) whether involving parents in treatment is associated with better outcomes, and (iii) parents’ experiences of treatment.
Children of parents with anxiety disorders are at markedly increased risk of developing anxiety disorders themselves. In one study (Turner et al., 1987), such children were seven times more likely to develop an anxiety disorder than other children. In another study (Merikangas et al., 1999) children who had one parent with an anxiety disorder had a 1 in 3 chance of developing an anxiety disorder, and children with two clinically anxious parents had a 2 in 3 chance of developing an anxiety disorder.

We now know that much of this increased risk to children of parents with anxiety disorders is environmentally rather than genetically mediated. In a large, recent, children-of-twins study, Eley et al., (2015) concluded that there was ‘no evidence of significant genetic transmission’ of anxiety.

The fact that this risk is largely environmentally mediated opens up the opportunity to work with anxious parents to change their child’s environment (particularly the parenting environment) to reduce the risk to the child. However, to the authors’ knowledge, no attempts have been made to help anxious parents to modify their parenting to help their child to avoid anxiety disorders.

In this study, 101 parents with anxiety disorders were randomized to a control group, or to receive a one-day group-based parenting intervention, focused on ‘raising a confident child’.

Results pertaining to the feasibility, acceptability and clinical usefulness of the intervention will be presented at the conference.
EVALUATING THERAPIST-GUIDED PARENT-LED GROUP CBT FOR CHILD ANXIETY DISORDERS IN ROUTINE CLINICAL PRACTICE IN THE UK.

Speaker: Rachel Evans, University of Reading, United Kingdom

Author(s)
Cathy Creswell, University of Reading
Claire Hill, University of Reading

ABSTRACT
Therapist-guided parent-led CBT has been demonstrated to be an effective low-intensity treatment for child anxiety disorders (e.g. ‘The Overcoming Programme’; Thirlwall et al., 2013). This treatment programme has been evaluated when delivered as individual face-to-face sessions with parents (‘Individual Overcoming’), however in clinical practice many NHS services in the UK have opted to deliver this treatment in a group format (‘Group Overcoming’). This format may be more efficient than Individual Overcoming thus increasing access to treatment. It may also provide additional benefits associated with group processes such as peer learning and support. This study aims to evaluate the effectiveness, accessibility and acceptability of Group Overcoming for treating anxiety disorders in children aged 7-12 years old within routine clinical practice in the UK. We are currently collecting data across several NHS services that have delivered Group Overcoming. This includes routine outcome measures of anxiety symptom severity and interference, treatment outcome at post-treatment and at 6-month follow-up (e.g. discharged, referred for additional treatment), waiting times for treatment, attendance rates and parent-reported satisfaction with the treatment. Additionally, we are conducting semi-structured interviews with clinicians who have delivered Group Overcoming. This aims to provide an understanding of clinicians’ experiences of, and attitudes towards, the treatment. Equivalent data will be collected for the Individual Overcoming treatment to provide a comparative context in routine clinical practice. We will present the findings which will provide insights into whether the Overcoming Programme can be delivered in a group format to facilitate access to evidence-based treatment which is effective, efficient and acceptable to parents and clinicians.
ID-130 INCLUDED IN S08-CARTWRIGHT-HATTON

CAN PARENTS TREAT THEIR ANXIOUS CHILD USING A CBT SELF-HELP GROUP PROGRAM?

Speaker: Barbara Esbjørn, University of Copenhagen, Dept. of Psychology

Author(s)
Monika Walczak, University of Copenhagen, Dept. of Copenhagen
Bianca Christiansen, University of Copenhagen, Dept. of Copenhagen
Sonja Breinholst, University of Copenhagen, Dept. of Copenhagen

ABSTRACT

Introduction
Therapist-led CBT programs are a commonly chosen, effective treatment of childhood anxiety, with approximately 59% of children being free of all anxiety disorders following treatment (James, James, Cowdrey, Soler & Choke, 2013). However, these are labor intensive, making dissemination of treatments to everyday practices in the community difficult. Self-help programs have been developed, and their effects are promising (Williams & Martinez, 2008). However, only few studies have investigated if anxious children may be successfully treated by their parents in a self-help setting (Lyneham & Rapee, 2006). We therefore developed a self-help program with minimal therapist involvement for parents of moderately anxious children, which may be applied in stepped-care treatment.

Method
The program focused on transfer of control from therapist to parents. It consisted of two therapist-led workshops, a Facebook group, and Cool Kids manuals for parents and children (Rapee & Wignall, 2002). The sample consisted of 26 families with children aged 7 to 13 years. Families were assessed at pre- and posttreatment using Anxiety Disorders Interview Schedule for children and parents (ADIS-IV-c/p; Silverman and Albano, 1996). Only children with moderate anxiety, e.g. clinical severity ratings equal to or below 7 were enrolled. Treatment effect was assessed using Intent-to-treat analyses with free of all anxiety disorders as the primary outcome measure at posttreatment. A small subsample of the families was interviewed after treatment regarding their experiences with the program.

Results
Preliminary analyses using ITT analyses of the first 20 families indicated that 65% of the children were free of all anxiety disorders following the 12-week program. Final results will be presented in the symposium.

Discussion
Our study only included children with moderate levels of anxiety, and findings should be viewed in light of this. Our results suggest that parent-based self-help groups focusing on transfer of control may be used as an effective first step in a stepped-care program. Final results and limitations will be discussed.

Conclusion
Initial findings suggest that Parent-based self-help groups may be a cost-effective way of providing treatment to children with moderate anxiety.
ADULT SEPARATION ANXIETY DISORDER: A POSSIBLE CANDIDATE FOR THE INTERGENERATIONAL TRANSMISSION OF ANXIETY

Speaker: Susan Bögels, University of Amsterdam

ABSTRACT
Separation anxiety disorder was classified under the first onset in childhood disorders in DSM-IV. As a result, separation anxiety disorder has been overlooked as a disorder for adults. In DSM-5, separation anxiety disorder is classified under the anxiety disorders, and criteria are slightly changed to meet adult expressions of the disorder as well. This presentation will focus on the diagnosis, prevalence, comorbidity, differential diagnosis, development, etiology and treatment of adult expressions of separation anxiety disorder, based on a literature review. The possible intergenerational transmission of separation anxiety from parent to child through rearing practices is highlighted, as well as possibly evolutionary-based developmental aspects of separation anxiety, such as in the transition from adult to parent. Directions for future research and clinical developments are given.
EMOTION REGULATION IN THE CONTEXT OF EXPOSURE: FOR THE BETTER OR WORSE?

Speaker: Cornelia Mohr, Ruhr-Universität Bochum

Author(s)
Cornelia Mohr, Ruhr-Universität Bochum
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ABSTRACT
Both exposure and emotion regulation (ER) are part of CBT for anxiety disorders in children. Yet, how ER works in the context of exposure has scarcely been investigated. With extinction as a model of exposure, the present study uses a differential fear conditioning/extinction paradigm to investigate the impact of ER on fear conditioning and extinction learning in children (N = 40; aged 6-14). Fear responses were measured at the physiological (startle) and subjective levels (SAM ratings); ER was assessed by questionnaire. Results are discussed with regard to ER as a potential enhancement strategy for CBT: Is it for the better or worse?
CHILDREN WITH ANXIETY DISORDERS IN PRIMARY CARE: THE VIEWS OF GENERAL PRACTITIONERS

Speaker: Doireann O’Brien, University of Reading

Author(s)
Cathy Creswell, University of Reading
Kate Harvey, University of Reading

ABSTRACT

Background
Anxiety disorders are common and typically have an early onset, with half of all lifetime cases having their onset before the age of 11 years. Cognitive Behavioural Therapy (CBT) is an effective treatment for childhood anxiety disorders, yet only a minority of affected children access CBT. This is of serious concern, particularly considering the far-reaching and long-term negative consequences of anxiety disorders, at both an individual and societal level. In the UK, and many other European countries, primary care is usually the first port of call for parents concerned about their child’s mental health, and as such General Practitioners are in an ideal position to identify and guide the management of childhood anxiety disorders. In order to improve access to evidence based treatments for anxiety disorders in childhood, it is important to understand the potential barriers GPs face in managing these disorders.

Aim
To ascertain GP’s perceptions of barriers preventing effective management of childhood anxiety disorders.

Methods
GPs were purposively sampled from a range of locations throughout England to obtain a diverse range of characteristics, ensuring as rich data as possible. 20 semi-structured interviews were held with GPs exploring their experiences of managing anxiety disorders in children under 12 years old. Topics discussed included: understanding of anxiety disorders, recognition, management practices, referral, the delivery of services in their area and their suggestions for improvements. The interviews were transcribed and coded line-by-line. Data was analysed using Thematic Analysis, which occurs on a latent level, involving substantial interpretive analysis.

Results
Identified themes suggest that GPs in England experience numerous barriers in the management of childhood anxiety disorders, including uncertainty recognising anxiety in a younger age group, inadequate training, frustration with extensive waiting times, and difficulty accessing specialist services. Results will also be discussed regarding different barriers experienced by particular groups of GPs.

Conclusion
Findings demonstrate clear implications for the management and treatment of childhood anxiety disorders in primary care, particularly regarding the need to strengthen the ability to deal with these disorders within primary care and improve routes to specialist services.
ABSTRACT
Background
Anxiety disorders are among the most common childhood mental health disorders, and are associated with significant negative outcomes. Cognitive Behavioural Therapy (CBT) for child anxiety disorders is effective, but only a minority of affected children access it. The reasons for the low rates of treatment access in the context of childhood anxiety disorders are not well understood; thus limiting any targeted approach to improving treatment access. Parents are typically the key gatekeepers to treatment access for children so establishing parents’ perceptions of the factors that help or hinder families to seek and access professional help will highlight key areas to target in order to ensure more children with anxiety disorders access evidence-based treatment.

Aim
This study aims to establish parents’ perceptions of barriers and facilitators to seeking and accessing treatment for anxiety disorders in children.

Methods
Qualitative interviews were conducted with parents of children (aged 7-11 years) with an anxiety disorder recruited through a community screening study. Interviews were audio-recorded and transcribed verbatim. Data was coded using line-by-line coding and a thematic analysis was conducted to identify both explicit and latent themes.

Results
Perceived barriers and facilitators relating to several key themes emerged, including: identifying anxiety difficulties; knowledge and understanding of the help seeking process; attitudes towards health professionals and services; perceived reactions of others; systemic issues associated with mental health services.

Conclusion
Findings highlight areas to target in order to improve rates of treatment access, including improving parents’ ability to identify anxiety difficulties in children, reducing stigma associated with help-seeking for parents, and raising awareness of how families can access appropriate treatment.
ID-89 INCLUDED IN S09-O’BRIEN

INVESTIGATION OF ATTACHMENT STYLE AND PARENTAL BEHAVIORS AS PREDICTORS OF RESPONSE TO CBT TREATMENT IN ANXIOUS CHILDREN

Speaker: Monika Walczak, University of Copenhagen

Author(s)
Sonja Breinholst, University of Copenhagen
Barbara Hoff-Esbjørn, University of Copenhagen

ABSTRACT

Introduction

Theoretical models suggest an interaction between child and parent vulnerability factors in the development of childhood anxiety disorders (e.g. Creswell et al., 2011). These factors may also affect treatment outcome (Liber et al., 2010). Child’s insecure attachment to parents, as well as insecure parental attachment patterns have been linked to childhood anxiety (e.g. Brumariu & Kerns, 2010; Manassis et al., 1994). Self-reported adult attachment styles have been related to specific parenting behaviors (Jones et al., 2015), for instance, mothers with attachment anxiety may interfere with their child’s exploration (Selcuk et al., 2010). Parental behaviors such as limited autonomy granting and overinvolvement have also been associated with childhood anxiety (McLeod et al., 2007). We examined the role of attachment to parents, as well as parental attachment along with parental overinvolvement in predicting treatment outcome in anxious children receiving cognitive-behavioral treatment (CBT).

Method

The sample consisted of 52 families, with children aged 7 to 13 years (M = 9.58, SD = 1.64), where 57.7% were girls. Families were assessed at pre- and post-treatment using Anxiety Disorders Interview Schedule for children and parents (ADIS-IV-c/p; Silverman and Albano, 1996). Prior to treatment, children’s attachment to both parents was assessed using the Friends and Family Interview (FFI, Steele, Steele & Kriss, 2009) and Security Scale Revised (Kerns, Aspelmeier, Gentzler, & Grabill, 2001). Parents’ self-reported attachment style was determined using the Experiences in Close Relationships-Revised (Fraley, Waller, & Brennan, 2000). Parental overinvolved behavior toward their children was assessed using an observational measure – the Tangram Coding System (Hudson & Rapee, 2001). Children were treated with CBT at a specialized university clinic. Treatment response was defined as being free of all anxiety disorders at post-treatment, based on ADIS-IV-c/p assessment. We compared responders and non-responders with regards to attachment and observational parental behavior measures to identify possible predictors. We then investigated the role of identified factors in predicting treatment outcome in anxious children.

Results

We did not find significant differences between children’s attachment style or parental overinvolvement when comparing responders and non-responders. We found a significant difference in maternal attachment anxiety levels (t = -2.21; p = .03), with mothers of non-responders showing significantly higher attachment anxiety. Binominal logistic regression analysis was used to measure the predictive value of maternal attachment anxiety. It was found to significantly add to the model (Exp (B) = 1.05, CI0.95 = [ 1.00, 1.10]; p = .03), even while controlling for anxiety symptom severity.

Discussion

Maternal attachment and symptom severity have been found to be the strongest predictors of non-response to CBT treatment in the present sample. Contrary to our hypotheses, maternal overinvolvement was not related to maternal attachment anxiety, and had no significance in predicting treatment response. Detailed results, limitations and implications will be discussed.

Conclusion

Our findings, that maternal attachment anxiety may impede treatment outcome, could be an important new area to consider when treating childhood anxiety.
"BLENDING" E-HEALTH IN YOUTH WITH ANXIETY DISORDERS: AN OPEN TRIAL WITH MATCHED CONTROLS

Speaker: Maaike Nauta, University of Groningen
Author(s)
Leonie Kreuze, University of Groningen
Gemma Kok, University of Groningen

ABSTRACT

Background. "Blended" e-health, combining an online intervention with face-to-face contacts and personal therapist feedback, may be an appealing format for delivering CBT, especially for youth, who spend much time online. A recent meta-analysis showed that internet-based interventions are beneficial for youth with anxiety disorders (Ebert et al., 2015). However, it is not known whether blended interventions have similar treatment gains with regard to symptom reduction and therapeutic alliance.

Method. In an open trial, we included 56 referred youth with an anxiety disorder (aged 8-18 years; mean age 12 years) for blended CBT ("Blended" Coping Cat; Nauta, Vet, & Kendall, 2012). Cases were matched using propensity scores to subjects from a history control study on face-to-face CBT (n = 145, Hogendoorn et al., 2013), conducted in the same regular mental health clinics. In both studies we assessed anxiety symptoms (RCADS; Chorpita et al., 2000) and therapeutic alliance rated by the child (TASC; Shirk & Karver, 2010), parent and therapist (WAI; Horvath & Greenberg, 1989).

Results. Preliminary analyses show that the effect size of child reported anxiety reduction was moderate (Cohen’s d = 0.42) from pre to posttreatment (15 weeks). The effect size was lower than in our face-to-face history control sample, yet within the confidence interval (Cohen’s d = 0.66 [CI 0.38-0.90]). Further, preliminary analyses showed no significant differences between the blended and face-to-face study in child, parent, or therapist reports of therapeutic alliance. At the conference, results at follow-up and treatment dosage will be added.

Discussion. Youth in our study reported moderate reductions of anxiety symptoms over the course of blended CBT. Perhaps, our youth did not reach the full dosage of CBT within this time. Indeed, internet-based CBT may lead to a delay in finishing sessions and homework assignments, as was suggested by March and colleagues (2009). In their study, post-treatment effects were small, but effects at follow-up were comparable to face-to-face interventions. A limitation to our current study was the use of a quasi-experimental design rather than an RCT, that was powered for detecting a difference between the studies, and not to show non-inferiority.

In all, the current study provides some tentative positive results for blended care in anxious youth referred to regular mental health care.

References:

ABSTRACT
Introduction: Many previous studies have shown that the capacity to experience reward is protective against psychopathology. Imaging studies, but also studies that measure people in the flow of daily life, have reported this. The latter studies have high ecological validity and potential to translate experimental findings to specific daily life patterns that can be targeted by intervention. An important question in this translation is to unravel the specific sub-processes of reward processing in daily life and their dynamics. For optimal reward processing experienced rewards should update assessments of reward anticipation. The latter is expected to influence behaviour in such a way that it results again in novel rewarding experiences. Personalized models of these dynamic processes may help to know what process functions suboptimal in each patient.

Method: Fifty unmediated adolescents with depressive symptoms and thirty controls participated in an experience sampling protocol with 10 measurements a day for at least 2 weeks. In this diary study we asked participants regarding their current level of positive emotions, how much they were looking forward to the near future (next hours) and how active they rated their behaviour. Using these measurements we were able to examine the temporal dynamics between these states and to visualize those dynamics in Scalled networks. We analyzed the data both at group and at the individual level. Furthermore we examined how these dynamics related to follow-up course (6 months later) of depression.

Results: We found only subtle differences in the reward dynamics of depressed adolescents compared to healthy control adolescents. In the latter group there was a slightly slower decay over time regarding reward anticipation. Also the impact of their active behaviour on the other nodes was a bit stronger than in the depressed group. Furthermore, we found that reward dynamics were related to future course of symptoms in the depressed group. Finally, we found that personalized network models of these reward dynamics yielded large individual differences, suggesting that different sub-processes of reward processing may be affected in each person.

Discussion: This study examined whether and how reward dynamics play a role in depression. Moreover, it tried to examine how these dynamics play out in real life. This is important to make explicit what process in daily life should be targeted. We found that healthy and depressed adolescents do not strongly differ in their reward dynamics, making it likely that also other factors are at play that caused the symptoms. However, we did find that reward dynamics related to follow-up outcome, meaning that they seem important in the process of recovery.

Conclusion: The results have relevance to personalized medicine in psychiatry. Personalised network models of reward dynamics may bring insight regarding which sub-processes an intervention should target to improve optimal reward functioning.
UNRAVELING THE ROLE OF LONELINESS IN DEPRESSION:
THE DYNAMICS BETWEEN DAILY LIFE EXPERIENCE AND
BEHAVIOUR

Speaker: Mark Van Winkel, Maastricht University | Department of Psychiatry & Neuropsychology | School for Mental Health & N

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ABSTRACT

Introduction: Loneliness is an important risk factor for the development of Major Depressive Disorder (MDD). Zooming in on temporal associations between momentary (or state) loneliness, a lack of social reward (social anhedonia) and being alone in daily life may help to elucidate mechanisms that contribute to the development of prolonged (or trait) loneliness and an episode of MDD.

We aim to examine if (i) trait loneliness is associated with social anhedonia and being alone, (ii) a self-reinforcing loop between loneliness, social anhedonia and being alone in daily life may contribute to trait loneliness, (iii) this possible self-reinforcing loop may also contribute to the development of MDD by testing differences in these relationships in participants that did or did not develop MDD during follow-up, (iv) any of these social states at baseline were predictive of the development of a MDD.

Method: A female general population sample (n = 417) participated in an experience sampling study (ESM). Time-lagged analyses between loneliness, social hedonia and being alone were examined at baseline, and their associations with the development of MDD during 14-months follow-up were investigated.

Results: Trait lonely people showed higher mean levels of social anhedonia and they were more frequently alone. The people who made a transition to MDD showed a tendency to be more frequently alone (avoiding social contact) after a lack of social reward, while this was not the case in people who did not make the transition to MDD. Loneliness predicted an episode of MDD during follow-up.

Discussion: Our results indicate that a lack of social reward may result in the experience that seeking social contact provides no positive reinforcers (Skinner, 1938). This may lead over time to a general pattern of social withdrawal. Next, avoiding social contact may also reduce social threat, but after doing so, it diminishes the possibility to experience positive social interactions and it may increase the risk for depression (Allen and Badcock, 2003).

Conclusion: In terms of prevention of MDD it seems beneficial to redirect the attention to social cues in daily life that may contribute to positive interpersonal behaviour (Lucas et al., 2010). Further, interventions could aim to target negative social appraisals that hinder people to reconnect with others. On the behavioural level, it seems important to address more positive behavioural responses than social withdrawal to deal with a lack of social reward.
PERSONALIZED MODELS OF EMOTIONAL DYNAMICS IN ANHEDONIA

Speaker: Fionneke Bos, University of Groningen & University Medical Center Groningen

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ABSTRACT

Introduction: Diminished pleasure and interest (anhedonia) is one of the core symptoms of depression. Research has shown that anhedonia leads to poorer prognosis and treatment outcome in depressed patients. It is therefore important to better understand what the underlying mechanisms are behind the experience of anhedonia. The present study intends to zoom in to the micro-level dynamics between behavior, stress, and affect to study whether mildly depressed individuals with anhedonia show different emotional dynamics than mildly depressed individuals without anhedonia.

Methods: We used advanced statistical analyses called automated impulse response analysis (AIRA) to examine the impact of activity and stress on positive and negative affect in individuals with and without diminished interest. AIRA was applied to study both person-specific models as well as group-level differences in emotional dynamics between participants with and without anhedonia.

Results: Contrary to our expectations, we found indications that stress impacted individuals with anhedonia less severely. Further, activity did not appear to influence positive and negative affect in both groups; rather, affect predicted changes in activity. Finally, there seem to be large individual differences in these relationships, which would advocate a personalized approach.

Discussion & Conclusion: Our results suggest that individuals who experience diminished interest indeed show different emotional dynamics in daily life and that an individualized approach to diagnosis and treatment is necessary.
ABSTRACT

Introduction:
Too little is known about the process involved in clinical improvement in major depressive disorder (MDD). A better understanding of underlying mechanisms in this process is urgent. A novel network approach to psychopathology may help to reveal underlying mechanisms at play. Such networks can show the specific symptom dynamics over time that occur in individuals with a favorable future course of symptoms and in those with an unfavorable future course. In the current study, we used daily time series data of depressive symptoms collected in a sample of patients with MDD to examine how symptom dynamics relate to future course of symptoms.

Methods:
We used a subset (n = 69) of the data from a larger randomized clinical trial (RCT), assessing the effectiveness of a 6-week experience sampling method (ESM) intervention in a sample of patients with MDD. Depressive symptoms were assessed by means of the SCL-90-R depression subscale, 3 days a week for a period of 6 weeks. The daily fluctuations in the scores of these symptoms were used to estimate networks of symptom connections. The difference on the Hamilton Depression Rating Scale (HDRS) measurement between pre-intervention and 6-months follow-up was used as outcome measure.

Results:
Patients who showed a reduction of symptoms 6 months later (the so-called recovery group) showed different network dynamics than patients in whom symptoms remained present. For example, in the non-recovery group the symptoms feeling that everything is an effort and loss of sexual interest were more centrally located in the network, whereas in the recovery group worrying and loss of energy were more central. Also, in the non-recovery group, symptoms more often positively reinforced each other.

Discussion:
This is the first study comparing depressed patients with a favorable and unfavorable course of symptoms with respect to their dynamic symptom networks. Results on these specific network structures may reveal important differences in processes at play.

Conclusion: this novel network approach may have potential to provide insight into the underlying mechanisms at play for recovery in depression.
ABSTRACT

Background
Insomnia is a highly prevalent disorder causing clinically significant distress and impairment. Furthermore, insomnia is associated with high societal and individual costs. Although cognitive behavioural treatment for insomnia (CBT-I) is the preferred treatment, it is not used often. Offering CBT-I in an online format may increase access. Many studies have shown that online CBT for insomnia is effective. However, these studies have all been performed in general population samples recruited through media. This protocol article presents the design of a study aimed at establishing feasibility, effectiveness and cost-effectiveness of a guided online intervention (i-Sleep) for patients suffering from insomnia that seek help from their general practitioner as compared to care-as-usual.

Methods/design
In a pragmatic randomized controlled trial, adult patients with insomnia disorder recruited through general practices are randomized to a 5-session guided online treatment, which is called “i-Sleep”, or to care-as-usual. Patients in the care-as-usual condition will be offered i-Sleep 6 months after inclusion. An ancillary clinician, known as the psychological well-being practitioner who works in the GP practice (PWP; in Dutch: POH-GGZ), will offer online support after every session. Our aim is to recruit one hundred and sixty patients. Questionnaires, a sleep diary and wrist actigraphy will be administered at baseline, post intervention (at 8 weeks), and at 6 months and 12 months follow-up. Effectiveness will be established using insomnia severity as the main outcome. Cost-effectiveness and cost-utility (using costs per quality adjusted life year (QALY) as outcome) will be conducted from a societal perspective. Secondary measures are: sleep diary, daytime consequences, fatigue, work and social adjustment, anxiety, alcohol use, depression and quality of life.

Discussion
The results of this trial will help establish whether online CBT-I is (cost-) effective and feasible in general practice as compared to care-as-usual. If it is, then quality of care might be increased because implementation of i-Sleep makes it easier to adhere to insomnia guidelines. Strengths and limitations are discussed.

Trial registration
Netherlands Trial register NTR 5202 (registered April 17st 2015).

Keywords
CBT-I, cognitive behavioural therapy, cost-effectiveness, general practice, insomnia, online treatment, pragmatic randomized controlled trial.
ABSTRACT
Introduction
Insomnia is a prevalent disorder that is most effectively treated with cognitive behavioral therapy (CBT). The problem is that there are not enough therapists available to deliver this treatment. A possible solution is delivering CBT for insomnia through the internet in order to increase accessibility and reduce costs. However, the question is whether online treatment is as effective as face-to-face treatment. In this randomized controlled trial we compared the efficacy of guided online and individual face-to-face cognitive behavioral treatment (CBT) for insomnia to a wait-list condition.

Methods
A randomized controlled trial comparing three conditions: guided online; face-to-face; wait-list. Post-test measurements were administered to all conditions, and 3- and 6-month follow-up assessments to the online and face-to-face conditions. Ninety media-recruited participants meeting DSM-5 criteria for insomnia were randomly allocated to either online CBT (n = 30), face-to-face CBT (n = 30), or wait-list (n = 30). Participants received CBT for insomnia in a guided online or in an individual face-to-face format.

Results.
At post-assessment, the online (Cohen’s d = 1.2) and face-to-face (Cohen’s d = 2.3) intervention groups showed significantly larger treatment effects than the wait-list group on insomnia severity (Insomnia Severity Index). Large treatment effects were also found for the sleep diary estimates (except for total sleep time), and anxiety and depression measures (for depression only in the face-to-face condition). Face-to-face treatment yielded a statistically larger treatment effect (d = 0.9) on insomnia severity than the online condition at all time-points. In addition, a moderate differential effect size favoring face-to-face treatment emerged at the 3- and 6-month follow-up on all sleep diary estimates. Face-to-face treatment further outperformed online treatment on depression and anxiety outcomes.

Discussion and conclusions.
These data show superior performance of face-to-face treatment relative to online treatment. Yet, our results also suggest that online treatment may offer a potentially cost-effective, alternative and complement to face-to-face treatment. For example, it may be feasible to offer everybody online treatment first and only provide face-to-face treatment to the individuals that do not benefit from online treatment.

ID-35 INCLUDED IN S11-LANCEE

INTERNET- VS. GROUP-DELIVERED COGNITIVE BEHAVIOR THERAPY FOR INSOMNIA: A RANDOMIZED CONTROLLED NON-INFERIORITY TRIAL

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ABSTRACT
The aim of this study was to compare guided Internet-delivered to group-delivered cognitive behavioral therapy (CBT) for insomnia. We conducted an 8-week randomized controlled non-inferiority trial with 6-months follow-up. Participants were forty-eight adults with insomnia, recruited via media. Interventions were guided Internet-delivered CBT (ICBT) and group-delivered CBT (GCBT) for insomnia. Primary outcome measure was the Insomnia Severity Index (ISI), secondary outcome measures were sleep diary data, depressive symptoms, response- and remission rates. Both treatment groups showed significant improvements and large effect sizes for ISI (Within Cohen’s d: ICBT post = 1.8, 6-months follow-up = 2.1; GCBT post = 2.1, 6-months follow-up = 2.2). Confidence interval of the difference between groups post-treatment and at FU6 indicated non-inferiority of ICBT compared to GCBT. At post-treatment, two thirds of patients in both groups were considered responders (ISI-reduction > 7p). Using diagnostic criteria, 63% (ICBT) and 75% (GCBT) were in remission. Sleep diary data showed moderate to large effect sizes. We conclude that both guided Internet-CBT and group-CBT in this study were efficacious with regard to insomnia severity, sleep parameters and depressive symptoms. The results are in line with previous research, and strengthen the evidence for guided Internet-CBT for insomnia.

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ID-109 INCLUDED IN S11-LANCEE

EFFICACY OF COGNITIVE BEHAVIORAL THERAPY FOR INSOMNIA IN ADOLESCENTS: RESULTS FROM A RANDOMIZED CONTROLLED TRIAL WITH INTERNET AND GROUP THERAPY COMPARED TO A WAITING LIST.

Speaker: Eduard De Bruin, Research Institute of Child Development and Education, University of Amsterdam, the Netherlands

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ABSTRACT

Introduction
Insomnia is the most prevalent sleep disorder among adolescents and has severe consequences for many areas, including psychological disorders such as mood, anxiety and ADHD problems. Treatment has not been investigated in adolescents in a randomized controlled design. The aim of the present study was to investigate the efficacy of cognitive behavioral therapy for insomnia (CBTI) in adolescents.

Method
A randomized controlled trial of CBTI was conducted in guided Internet therapy (IT), group therapy (GT), and a waiting list (WL), with assessments at baseline, directly after treatment (post-test), and at 2 months follow-up. One hundred sixteen adolescents (mean age = 15.6 y, SD = 1.6 y, 25% males) meeting DSM-5 criteria for insomnia, were randomized to IT, GT, or WL. CBTI of 6 weekly sessions, consisted of psychoeducation, sleep hygiene, restriction of time in bed, stimulus control, cognitive therapy, and relaxation techniques. IT was applied through an online guided self-help website with programmed instructions and written feedback from a trained sleep therapist. GT was conducted in groups of 6 to 8 adolescents, guided by 2 trained sleep therapists. Sleep was measured with actigraphy and sleep logs for 7 consecutive days. Symptoms of insomnia and chronic sleep reduction were measured with questionnaires.

Results
Adolescents in both IT and GT, compared to WL, improved significantly on sleep efficiency, sleep onset latency, wake after sleep onset, and total sleep time at post-test, and improvements were maintained at follow-up. Most of these improvements were found in both objective and subjective measures. Furthermore, insomnia complaints and symptoms of chronic sleep reduction also decreased significantly in both treatment conditions compared to WL. Effect sizes for improvements ranged from medium to large (Cohen's d from 0.23 up to 1.61). A greater proportion of participants from the treatment conditions showed high end-state functioning and clinically significant improvement after treatment and at follow-up compared to WL.

Discussion
Both treatment conditions showed considerable improvements compared to waiting list. There were small differences between Internet and group therapy, but both treatments reached comparable endpoints. Internet CBTI could fill the gap between demand and availability of insomnia treatment for adolescents. Results need to be replicated in clinical settings and with adolescents with other comorbid psychological disorders, such as mood, anxiety, and ADHD problems.

Conclusions
This study is the first randomized controlled trial that provides evidence that cognitive behavioral therapy for insomnia is effective for the treatment of adolescents with insomnia, with medium to large effect sizes.
ABSTRACT

Background: In spite of evidence for the efficacy of cognitive and behavioural therapies (CBT) for anxiety, depression and behavioural disturbances, the majority of the children have no access to such evidence-based treatments.

Methods: The Mind My Mind is a randomized trial of an indicated prevention and treatment programme (MMM) added to treatment as usual (TAU) and compared with TAU alone. The new, trans-diagnostic manual comprises evidence-based CBT methods and techniques, which are organised into unified and disorder-specific modules to target subclinical or clinical levels of anxiety, depression, behavioural difficulties and co-occurring trauma-related problems. The MMM is an individual treatment of the child delivered by educational psychologist in the municipalities, and parents are involved as co-agents of changing child behaviour. Children aged 6-16 years with emotional and/or behavioural problems ≥90-percentile as scored by parents on the Strength and Difficulties Questionnaire (SDQ) are included consecutively from Dec. 2015 to Oct. 2016 and randomized 3:1 to MMM+TAU versus TAU. Child psychopathology, functioning, and quality of life, parent’s perceived stress, and satisfaction with the treatment are measured by a number of standardized, web-based questionnaires completed at baseline, weekly (week 1-13), at treatment end (week 14), and after two booster sessions (week 22). The primary outcome measure is the course of the three most important problems (Top-3-problems) as defined and scored by the help-seeking youngster and the primary caregiver.

Results: 119 children were included during spring 2016. The majority of children reported multiple, co-occurring mental health problems. Preliminary results on outcome after 13 weeks of intervention will be presented.

Discussion: The organisation of unified and disorder-specific CBT methods into modules and sequences of modules in the Mind My Mind manual will be critically discussed in relation to the psychopathology and problems reported by the participants, and the satisfaction and outcome of treatment.

Conclusion: The use of a trans-diagnostic treatment manual, education and on-going supervision of therapists, web-based data-collection, and monitoring of outcome in real time will hopefully increase the possibility of large-scale implementation of the programme if it proves effectiveness.
BEEING REALLY SMART? AN EFFECTIVENESS STUDY OF A NEW TREATMENT FOR ADOLESCENTS WITH EMOTIONAL DISORDERS

Speaker: Veronica Lorentzen, University of Tromsø-The Arctic University of Norway

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ABSTRACT

Introduction
Evidence based treatments are seldom used in regular day to day clinical practice in Norway. Effective treatments that work in ordinary outpatient clinics are needed. SMART is a new transdiagnostic CBT intervention targeting adolescents aged 14 to 18 years with symptoms of anxiety and depression or both. The program is designed as a modularized intervention and has a duration of 6 sessions. This is the first time that this intervention is under evaluation in outpatient clinics.

Method
A randomized controlled study in 3 outpatient clinics in Norway. A total of 164 adolescents aged 14-18 years will be screened with the Strength and Difficulties Questionnaire (SDQ). A subsample (N = 115) has completed the treatment. Mixed model analysis will be applied.

Results
Preliminary results for the primary outcome measures, the Children Global Adjustment Scale (CGAS), Multidimensional Anxiety Scale (MASC), Becks Depression Inventory II (BDI II), will be presented for the first 115 adolescents recruited for the study. Recruitment procedures and results based on CONSORT will be displayed.

Discussion
Implications of this study for clinical practice will be discussed.

Conclusion
This RCT study is among the first studies conducted in ordinary outpatient clinics in Norway. Preliminary results from this study indicate that short term treatment with the transdiagnostic treatment program, SMART, shows promising results in regular day to day practice in Norway for adolescents 14-18 years old with symptoms of anxiety and depression or both.
THE EMOTION PROGRAM - A TRANSDIAGNOSTIC INTERVENTION TARGETING HIGH LEVELS OF ANXIETY AND DEPRESSIVE SYMPTOMS IN CHILDREN

Speaker: Kristin Martinsen, Regional Center for Child and Adolescent Mental Health, Eastern and Southern Norway (RBUP)

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ABSTRACT

Introduction: The need to bridge the gap between the research community and clinical practice is often emphasized as empirically supported interventions are often underutilized in clinical practice. While this may be caused by multiple factors, the fact that clinicians must learn multiple diagnosis-specific interventions with limited time and resources may be a possible reason. Some disorders, such as anxiety and depression in children have high comorbidity, symptom overlap, generalized treatment response and similarity in treatment components across disorder-specific interventions. Such disorders may therefore be good candidates for a transdiagnostic approach.

The EMOTION – Coping Kids managing anxiety and depression is a new high-intensity transdiagnostic preventive intervention based on the rationale that common underlying diatheses might in the presence of stress cause children to develop symptoms of anxiety, depression or both. Furthermore, similar processes may maintain the problems in both symptom categories.

Method: A randomized controlled study, funded by the Norwegian Research Council, targeting school children aged 8 – 12 years with elevated symptoms of anxiety and/or depression (n = 706) is currently underway in multiple schools (n = 36) in several municipalities in Norway.

Results: The study design and results of the recruitment based on CONSORT guidelines will be presented. Furthermore, the symptomatology of the children recruited to the study at T1 will be discussed in the symposium.

Discussion: The usefulness of combining empirically supported principles of change from disorder-specific manuals, to reach children exhibiting high levels of symptoms of anxiety, depression, or both will be discussed, and core elements of the transdiagnostic intervention will be presented.

Conclusion: The program appears feasible in a school setting, despite its high intensity. Targeting high levels of symptoms and possibly early signs of the disorders through indicated prevention with a transdiagnostic program could be an advance to the field.
TRANSDIAGNOSTIC TREATMENTS: A PROMISING STRATEGY FOR INDICATED PREVENTION?

First speaker: Simon-Peter Neumer, RBUP
Second speaker: Sverre Johnson, University of Oslo and Modum Bad Psychiatric Center

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ABSTRACT
Comorbidity is common across psychological disorders, and transdiagnostic treatment-models are emerging. Processes as repetitive thinking and selective attention are common across anxiety and depression disorders, thus interventions that target these and other transdiagnostic processes are warranted. An integrated program that targets multiple problems has great appeal, because it can lessen the burden for clinicians to learn several different disorder specific treatment manuals. The presentation will introduce the concept of transdiagnostic treatments and present the results of a recently conducted review on interventions for indicated prevention of anxiety and depression.

Method
A systematic review of the literature in the period 1995 to 2014 was conducted, applying the keywords: indicated, prevent, randomized controlled trial, child, adolescent, school-age, youth, anxiety, depress, mood disorder, internalizing in relevant bibliographic databases.

Results
After applying of a set of inclusion criteria, 22 articles based on 15 RCT studies was selected. Two of them investigating transdiagnostic interventions, one focusing on anxiety and 12 on depression.

Discussion
The number of studies evaluating indicated interventions for children and adolescents is surprising low, despite the conceptual attractively of the intervention. However, the transdiagnostic treatments are promising for future research.

Conclusion
The evidencebase for transdiagnostic indicated prevention of comorbid anxiety and depression is weak. More research is needed.
COMPARING CBASP TO CBT IN DEPRESSION. RESULTS OF A PILOT RCT.

Speaker: Gaby Bleichhardt, University of Marburg

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ABSTRACT
CBASP has never been directly compared to cognitive-behavioral therapy (CBT). Furthermore, there are no results for CBASP in non-chronic patients with depression. In this pilot, common CBASP was therefore applied to patients with acute major depression, and it was compared to CBT. A randomized-controlled trial with those two active treatment arms and a waiting list control group was designed. In order to assess long-term effects, we included a 6-months follow-up. Sample sizes are per condition N = 35, all patients with current Major Depression. Changes in the BDI-II were defined as primary outcome. Our hypotheses were confirmed: Results for CBASP are at least comparable to those of CBT, and both treatments are more effective than waiting list. By the time of presentation, follow-up data will be completed and included in the analyses. We will additionally report on our clinical experience with this treatment. It is concluded that CBASP can work for non-chronic patients as well.
THE INTERPLAY OF PERSONALITY DISORDERS, EARLY TRAUMA AND INTERPERSONAL BEHAVIOR IN CHRONIC DEPRESSION.

Speaker: Jan Philipp Klein, Lübeck University

ABSTRACT
Following a brief introduction of the CBASP model, three studies will be presented in this presentation that will shed light on the interplay of early trauma, personality pathology and interpersonal functioning in the development of persistent depressive disorder (chronic depression).

The first study examined the interaction of early trauma, personality pathology and chronic depression. The analysis is based on 279 patients who had been contacted for a randomized trial in an outpatient psychotherapy center. Present diagnoses of personality disorders (PD) and presence of chronic depression were systematically assessed using the structured clinical interview for DSM-IV. Retrospective reports of early trauma were collected using the Childhood Trauma Questionnaire (CTQ). The presence of avoidant PD, but no CTQ scale was associated with chronicity of depression. The emotional abuse subscale of the CTQ did however correlate with avoidant PD. The level of emotional abuse had a moderating effect on the effect of avoidant PD on the presence of CD. Patients who reported more severe levels of emotional abuse had higher rates of CD if they also met criteria for avoidant personality disorder.

The second study concerns the development and psychometric evaluation of the Interactive Test of Interpersonal Behavior (ITIB). Participants with chronic depression (CD, \( N = 15 \)), episodic depression (ED, \( N = 15 \)) and healthy controls (HC, \( N = 15 \)) participated in this pilot study. They completed the ITIB and a number of pen and paper questionnaires including the Lübeck Questionnaire of Preoperational Thinking (LQPT) and the inventory of interpersonal problems (IIP). The ITIB was highly acceptable for use in these participants. Internal consistency for the ITIB was adequate for group comparisons (Cronbach’s alpha = .649). Item-total correlations indicated adequate discriminatory power of five of the six items. The ITIB correlated moderately with the LQPT \( (r = .524) \) and the IIP \( (r = .568) \). The ITIB score differed significantly between the diagnostic groups \( (ANOVA F(2,42) = 6.22, p = .004) \). It was the only measure that – albeit at a trend level - was associated with diagnostic group (CD vs ED) on multinomial logistic regression analysis \( (B = .049 + .029; OR 1.051; p = .088) \). If replicated with an improved version of the test, our results could support the hypothesis that having interpersonal problems is a core deficit in patients with CD.

In the third study, the ITIB and the LQPT were used in 30 patients with chronic low back pain (CP) and 32 healthy controls (HC). Significant others of participants of this study were also asked to evaluate the interpersonal impact of the study participants on the Interpersonal Message Inventory (IMI). Here, no significant differences were found between both groups on either the ITIB or the LQPT. Only patients with CP who also met criteria for a depressive disorder showed the interpersonal difficulties characteristic for depressed patients. Between group differences were found however for the IMI, here patients with CP were evaluated as being more hostile \( (p = .014) \) and less friendly \( (p = .048) \). These results show that interpersonal difficulties found in patients with chronic depression may not be found to the same extent in patients with chronic pain. They might therefore be specific for chronic depression.
ABSTRACT
We examined a sample of persistently depressed outpatients who participated in Group-CBASP and explored their interpersonal dispositions and coping styles compared to a normative group. Compared to the general population, chronically depressed patients (a) place more importance avoiding conflict, disapproval, and social humiliation, (b) lack confidence that they can be expressive, assertive, or aggressive, even in situations that require a forceful response, and (c) experience more problems associated with being too socially meek, inhibited, and accommodating. These differences were more pronounced for females than males. Within our clinical sample, the patients who reported the lowest levels of interpersonal agency (with respect to values, self-efficacy, or problems) also reported the highest levels of depression. In our pilot study 12 sessions of Group-CBASP resulted in significant decreases in self-reported symptoms of depression and in the use of Emotion-Oriented Coping, as well as increases in overall social adjustment and Interpersonal Self-Efficacy when compared to their pre-treatment levels. Group-CBASP appears to facilitate the acquisition of interpersonal skills as seen in patients’ improved Interpersonal Self-Efficacy in the area of agentic behaviors that include assertive, self-confident, and independent behaviors. In a follow-up study, we compared Group-CBASP to a Behavioral Activation only group administered to persistently depressed individuals. Although our preliminary findings demonstrate that both groups reduced reported depressive symptoms over time, only participants in Group-CBASP significantly increased their comfort with and ability to be interpersonally assertive and reported less worry about making interpersonal mistakes.
CURRENT STATE AND NEW PERSPECTIVES ON CBASP: EFFICACY OF CBASP FOR PERSISTENT DEPRESSIVE DISORDER AND MODIFICATIONS FOR SPECIAL PATIENT GROUPS

Speaker: Eva-Lotta Brakemeier, University of Marburg

ABSTRACT

Introduction:
The Cognitive Behavioral Analysis System of Psychotherapy (CBASP) has been developed as a specific psychotherapy for persistent depressive disorder – a severe, disabling and often treatment-resistant condition. Up to now, conflicting results concerning its efficacy have been reported in published randomized-controlled trials (RCT). Therefore, to examine the efficacy of CBASP, meta-analytical methods were used.

Methods:
Randomized-controlled trials assessing the efficacy of CBASP in chronic depression were identified by searching electronic databases (PsycINFO, PubMed, Scopus, Cochrane Central Register of Controlled Trials) and by manual searches (citation search, contacting experts). The search period was restricted from the first available entry to October 2015. Identified studies were systematically reviewed. The standardized mean difference Hedges’ g was calculated from posttreatment and mean change scores. A random-effects model was used to compute combined overall effect sizes. A risk of publication bias was addressed using fail-safe N calculations and trim-and-fill analysis.

Results:
Six studies comprising 1,510 patients met our inclusion criteria. The combined overall effect size of CBASP versus other treatments or treatment as usual (TAU) pointed to a significant effect of small magnitude (g = 0.34–0.44, P < 0.01). In particular, CBASP revealed moderate-to-high effect sizes when compared to TAU and interpersonal psychotherapy (g = 0.64–0.75, P < 0.05), and showed similar effects when compared to antidepressant medication (ADM) (g = -0.29 to 0.02, ns). The combination of CBASP and ADM yielded benefits over antidepressant monotherapy (g = 0.49–0.59, P < 0.05).

Limitations:
The small number of included studies, a certain degree of heterogeneity among the study designs and comparison conditions, and insufficient data evaluating long-term effects of CBASP restrict generalizability yet.

Conclusions:
We conclude that there is supporting evidence that CBASP is effective in the outpatient treatment of chronic depression. However, since the rate of non-responders and non-remitters and relapsers is relatively high in the studies, the CBASP treatment might need to be optimized and modified for special treatment groups. Thus, modified new concepts with first outcome data will be presented: CBASP in the inpatient setting (CBASP@inpatient), CBASP with elderly patients (CBASP@oldage) and with patients with persistent depressive disorder and comorbid alcohol use disorder (inpatient CBASP group therapy). Finally, these results will be discussed in the context of personalized psychotherapy.
ABSTRACT
There is a need to assess the value of disorder-specific psychotherapy in chronic depression as a highly prevalent and disabling disorder.

268 unmedicated outpatients with early onset chronic depression received either Cognitive-Behavioral Analysis System of Psychotherapy (CBASP) or supportive therapy (SP) with 24 sessions over 20 weeks (acute phase), followed by 8 continuation sessions over the next 28 weeks (extended phase). Primary outcome was symptom severity (24-item Hamilton Rating Scale for Depression; HRSD-24) after 20 weeks (blinded observer ratings). Secondary outcomes response and were remission rates, self-ratings of depression, global functioning, and quality of life.

After 20 weeks, the baseline HRSD-24 mean score of 27.15 in the CBASP group, and 26.99 in the SP group improved to means of 18.10 for CBASP and 21.10 for SP, with a statistically significant adjusted mean difference of -3.08 [95% CI -5.27 to -0.89] (p = 0.006) and a Cohen's d of 0.31 in favor of CBASP. After 48 weeks, this difference was unchanged (-3.10 [-5.33 to -0.86]; d = 0.31; p = 0.007) with a HRSD-24 mean of 14.95 for CBASP and 18.05 for SP. CBASP patients were more likely to reach remission both after 20 (19.7 vs. 10.7%; OR = 2.05 [1.02 to 4.11]; p = 0.04) and after 48 weeks (32.1 vs. 21.4%; OR = 1.74 [1.00 to 3.02]; p = 0.05). CBASP showed significant advantages also in all other secondary outcomes.
ABSTRACT
Background. Following the difficult task of caring for a family member with dementia, coping with the care recipient’s death poses another challenge for caregivers. Studies have shown that caregivers’ mental health often improves over time (Haley et al., 2008), but some caregivers also react with increased symptoms of depression or symptoms of prolonged grief (Schulz et al., 2006). It is of further concern that despite the constant deterioration of the care recipient over the caregiving trajectory, many caregivers still feel unprepared for the death (Hebert et al., 2006).

Objective. It was the aim of the present study to contribute to a more comprehensive understanding of caregivers’ coping with the death of the care recipient and identify sociodemographic, care-related, and psychological variables associated with depression as well as negative and positive facets of post-death grief. It was of further interest whether a cognitive-behavioral intervention during the caregiving period can facilitate adaptation to bereavement.

Method. The study was conducted within a randomized-controlled trial; intervention group participants received 12 therapy sessions over six months. Forty-five caregivers (MAge = 63.2 years ± 13.6; 82.2% female) were bereaved during the one-year study period. Five facets of the grief reaction (i.e., severe emotional and cognitive symptoms, guilt, personal growth, empathy, continuing bonds with the deceased) were assessed using the Würzburg Grief Inventory; depressive symptoms were measured using the CES–D. Multiple hierarchical regression analyses were conducted to identify predictors associated with successful or problematic adaptation to bereavement.

Results. 64.5% of study participants felt „not at all” or „somewhat” prepared for the death of the care recipient with less preparedness leading to more emotional and cognitive symptoms ($\beta = -0.391, p = .027$) and feelings of guilt ($\beta = -0.371, p = .012$). Difficulties accepting the disease and associated painful emotions was another predictor of stronger feelings of guilt ($\beta = 0.357, p = .018$). Difficulties managing behavior problems of the care recipient also predicted stronger feelings of guilt ($\beta = -0.300, p = .035$), but was at the same time associated with heightened empathy after bereavement ($\beta = -0.409, p = .012$). Personal growth was inversely associated with caregiver burden ($\beta = -0.474, p = .004$) and participants of the intervention group showed more personal growth than control group participants when the care recipient died during the intervention duration ($\beta = 0.573, p = .001$). A higher extent of continuing bonds was associated with longer caregiving duration ($\beta = 0.457, p = .014$). Increased depressive symptoms after the death of the care recipient were found for 40% of study participants, but a longer time since the death was associated with decreased symptomatology ($\beta = -0.341, p = .029$).

Discussion. The present results corroborate earlier findings, but also lead to a more differentiated understanding of caregivers’ post-death grief. It is promising that cognitive-behavioral interventions can positively influence caregivers’ coping with the death of the care recipient. Future research is needed to fully understand the pattern regarding difficulties managing behavior problems and replicate findings in a larger sample.
EFFICACY OF AN INTEGRATIVE CBT FOR PROLONGED GRIEF DISORDER: A LONG-TERM FOLLOW-UP

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ABSTRACT
Background: While some intervention trials have demonstrated efficacy in treatment of prolonged grief disorder (PGD), data on long-term treatment effects are scarce.

Methods: Fifty-one outpatients with clinically relevant prolonged grief symptoms, who had participated in a randomized controlled trial (RCT), were followed up, on average 1.5 years after integrative cognitive-behavioural therapy for PGD (PG-CBT). Initial assessment procedures were repeated, with PGD symptom severity as main outcome, and general mental health symptoms as secondary outcomes. Since results in immediate and delayed treatment group (former wait list) were similar, follow-up data were pooled.

Results: Overall, 80% of the original ITT sample could be reached, that is 89% of the 37 treated participants, but also 8 of 14 participants who had dropped out of the RCT. The considerable short-term treatment success of PG-CBT was stable; pre to follow-up Cohen's d was large, with 1.24 in the ITT analysis and 2.22 for completers. The pre to post improvement in overall mental health was maintained.

Limitations: Since the wait list group of the RCT had been treated after their waiting period as well, no controlled long-term outcomes are available.

Conclusions: PG-CBT proofed to be effective in the longer run. In comparison to other RCTs on prolonged grief this is the largest sample followed up for this long.
ABSTRACT
Caring for a person with dementia is challenging and has deleterious health and mental health effects that, for 10-20% of caregivers persist into bereavement in the form of complicated grief (CG). Unlike grief that progresses toward a resolved, integrated status, CG is characterized by maladaptive thoughts, feelings and behaviors that obstruct adjustment. Bereaved dementia caregivers have unique risk factors that may contribute to CG.

We developed Complicated Grief Group Therapy (CGGT) and have established efficacy in older adult with complicated grief (Supiano & Luptak, 2013). The CGGT intervention is 16 weeks in length, with 120 minute sessions, and includes psychoeducation about normal and complicated grief, guided discussion, and structured activities including “revisiting the story of the death,” “identifying and working on personal goals,” “inviting a supportive other to attend,” “having an imaginal conversation with the deceased,” and “reconstructing memories.” CGGT treatment elements address the perceived relationship and attachment status between griever and the deceased, how memories of the life together and the death are interpreted in the present, and facilitate strategies for initiating a new life without the deceased. These activities include elements of motivational interviewing, cognitive behavioral therapy and prolonged exposure therapy.

In the present study, we administered CGGT to bereaved dementia caregivers with CG in a prospective, randomized attention wait-list clinical trial. Clinical change in participants in 4 treatment groups (N = 23) confirm clinically significant reduction in complicated grief on the Inventory of Complicated Grief-revised (ICG-r; score ≥ 30 indicates CG). The mean group pre-test score was 32.33. The mean group follow up score was 17.23 well below the qualifying score for CG; reduction M = 15.12 SD = 3.10, p < .001. Change in individuals as measured by the Clinical Global Impressions Scale (CGI) in these groups was evaluated using linear regression to estimate the rate of decline in CGI. CGI declined at a rate 0.33 (sd = 0.05, p < .001) per week. This implies a 4.95 decrease over 16 weeks of treatment, resulting in a follow up group mean score of 2 (less than mildly mentally ill).

We also investigated the progression of therapeutic change in CGGT participants, using an adapted version of Meaning of Loss Codebook (MLC; Gillies et al, 2014, 2015) that captured both negatively and positively valenced meaning of death themes. We evaluated MLC coded video segments of group therapy sessions focusing on inflection points in grief transitions including retelling of the death story, voiced interpretation of imaginal conversations with the decedent and self-statements of change. Participants demonstrated positive gains in 16 thematic areas, most notably in moving on with life, in summoning pleasant memories, in ascribing bad memories to disease rather than the decedent, and in personal growth. Our hypothesis that meaning of loss themes would transition from negatively to positively valenced interpretations of the death over the course of treatment was supported. These findings deepen our understanding of meaning reconstruction in complicated grief.

For those bereaved dementia caregivers unable to satisfactorily process grief, specialized Complicated Grief Group Therapy (CGGT) can restore healthy grief.
Metacognitions play a potential role in the maintenance of Prolonged Grief Disorder (PGD). Semi-structured interviews were conducted with six bereaved individuals experiencing PGD symptomatology to determine the metacognitions relevant to maintaining maladaptive coping processes (e.g., rumination, worry, and avoidance behaviors). The identified metacognitions were used to develop Metacognitive Grief Therapy (MCGT), an adaptation of Metacognitive Therapy (MCT). Next, MCGT was tested using a randomized, controlled trial. Bereaved adults experiencing elevated PGD symptomatology were randomly assigned to either the intervention or to a waitlist. Measures of PGD, anxiety, depression, rumination, metacognitions, and quality of life were taken pre-treatment, post-treatment, and at 3 and 6 months following treatment. The MCGT intervention comprised 6, 2-hour sessions. A generalised linear mixed model analysis was used to assess treatment efficacy. The analysis showed that all participants who received treatment showed very large reductions in PGD symptomatology while those in the waitlist group maintained their symptoms. This study is the first empirical investigation of the efficacy of a targeted metacognitive treatment program for PGD. A focus on identifying and changing the metacognitive mechanisms underpinning the development and maintenance of PGD grief is likely to be beneficial to theory and practice.
DOUBLE STANDARDS IN BODY EVALUATION? THE INFLUENCE OF WOMEN’S SHAPE CONCERNS AND IDENTIFICATION WITH BODY STIMULI ON RATINGS

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ABSTRACT
Shape concerns are an important risk and maintaining factor for eating disorders. To analyze how the results of body-evaluation processes vary as a function of respondents' body image, stimulus characteristics, and the degree of identification, we presented normal weight women with high (n = 40) and low shape concerns (n = 39) female body stimuli with different physiques (thin, average weight, obese, athletic and hypermuscular). To manipulate identification, we presented the bodies with a face of an unfamiliar woman as well as with the face of the respective participant. Subsequent to body presentation, women rated valence, arousal, attractiveness, body fat and muscularity of the body and indicated their desire to have such a body. Results showed that women with high concerns rated thin bodies as more positive, attractive, and desirable than women with low concerns. Moreover, they rated obese bodies as less attractive, heavier and also as less muscular than women with low concerns did. When participants’ faces were placed on obese bodies, women with high shape concerns rated them as even more unattractive and less muscular than with an unfamiliar face. Across both groups, an obese body displaying one’s face produced the most arousal. For the first time, it could be shown that identical bodies are rated more critically when women identify themselves with them. Shape concerns of women with normal weight might therefore not only be a product of a thin body ideal and a rejection of obesity, but also be influenced by double standards that women apply when processing body stimuli.
IS EMOTIONAL EATING RELATED TO EMOTIONALITY AND BIOLOGICAL STRESS RESPONSE?

Speaker: Nadine Messerli-Bürgy, University of Fribourg

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ABSTRACT

Introduction: Emotional eating is understood as an inappropriate way to respond to stressful events and can result in either an increase of food intake (emotional overeating) or in food avoidance (emotional undereating). Emotional eating corresponds with a changing of eating behavior in response to negative emotional stimuli and has been related to negative emotionality and dysregulated biological stress responses in school-aged children, but this relationship has not been investigated in younger children yet. The aim of the study was to investigate to which extent biological stress responses and temperament are related to emotional eating in children at preschool age.

Method: Within 271 healthy children (aged 2-6 yrs) salivary samples were collected repeatedly over two days. Parents were asked to sample saliva of their children at 5 time points over the day (at wake up time, 30 minutes after waking up, before lunch, before snack and before bedtime). Salivary cortisol and salivary alpha-amylase levels were then analyzed in the lab and awakening response and diurnal slopes over the day of cortisol and alpha amylase were calculated. Parents-reports of the child's emotional eating behavior (by the Child Eating Behavior Questionnaire CEBQ) and the child's negative emotionality (EAS Temperament Survey) were assessed.

Results: Negative emotionality was significantly related to emotional over- (0.13 (CI 0.06, 0.21); < 0.001) and emotional undereating (0.25 (0.14, 0.35); < 0.001). There was no relationship of cortisol or alpha-amylase awakening response nor diurnal slopes with any of the two types of emotional eating.

Discussion: The temperament of the child (negative emotionality) has an impact on emotional eating behavior in children at preschool age. Children with high levels of negative emotionality show more emotional over- and emotional undereating. Dysregulations of biological stress responses which had been discussed to be associated with emotional eating in adults are not related with emotional eating in young children in this cohort study.

Conclusion: Emotional over- and undereating exist already at an early age children and can be assessed via parents. This cross-sectional findings have to be reexamined in the longitudinal part of the cohort study.
IS EMOTIONAL EATING RELATED TO EMOTIONALITY AND BIOLOGICAL STRESS RESPONSE?

Speaker: Nadine Messerli-Bürgy, University of Fribourg

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Method: Within 271 healthy children (aged 2-6 yrs) of the Swiss cohort study SPLASHY salivary samples were collected repeatedly over two days. Parents were asked to sample saliva of their children at 5 time points over the day (at wake up time, 30 minutes after waking up, before lunch, before snack and before bedtime). Salivary cortisol and salivary alpha-amylase levels were then analyzed in the lab and awakening response and diurnal slopes over the day of cortisol and alpha amylase were calculated. Parents-reports of the child’s emotional eating behavior (by the Child Eating Behavior Questionnaire CEBQ) and the child’s negative emotionality (EAS Temperament Survey) were assessed.

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Conclusion: Emotional over- and undereating exist already at an early age children and can be assessed via parents. This cross-sectional findings have to be reexamined in the longitudinal part of the cohort study.
EMOTION RECOGNITION IN FEMALE PATIENTS WITH EATING DISORDERS COMPARED TO FEMALES WITH MIXED MENTAL DISORDERS AND HEALTHY CONTROLS

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ABSTRACT

Introduction
Recognizing and decoding emotions in the faces of others is a core characteristic of human emotion regulation and a fundamental feature of social interaction. If this ability is impaired, problems in social interaction follow. Emotion recognition difficulties have been discussed as an underlying factor of deficits in emotion processing and regulation, also in patients with eating disorders (EDs) (Treasure&Schmidt, 2013) and especially in patients suffering from anorexia nervosa (AN) (Oldershaw et al., 2011).

Method
In this study, we used a computerized psychophysical paradigm parametrically manipulating the quantity of signal in facial expressions of emotion (QUEST threshold seeking algorithm) (Rodger et al., 2015) in clinical samples (patients with AN (n = 50), bulimia nervosa (BN,n = 50), and mixed mental disorders (mixed,n = 50) compared to a healthy control group (HC,n = 120). Mean age of the participants was 22.5 years (SD = 3.6).

The aim was to assess recognition thresholds, i.e. how much information a person needs to recognize a facial emotional expression, across groups to establish any deficits in recognition of emotional expressions. The stimuli included 252 grey-scale images each displaying one of the six basic emotional expressions (fear, anger, disgust, happiness, sadness, surprise), plus neutral (KDEF database, Lundqvist et al., 1998).

Results
Among the six presented emotions, “happiness” was discriminated at the lowest threshold by all groups. Much more information was needed by all groups to correctly identify “fear”. Contrast analyses between groups revealed that AN patients had a significantly higher threshold to correctly identify “happy” faces compared to the other groups, whereas the mixed group performed worst on “disgust”. The BN group performed similarly to the HC. The degree of ED pathology was significantly correlated to difficulties in correctly identifying emotions in the AN group.

Further analyses will be carried out to explore response errors to identify possible biases for certain emotions in the different groups. Moreover, the association of the performance in emotion recognition with clinical covariates such as body mass index (BMI), symptoms of depression and difficulties in emotion regulation strategies will be examined.

Discussion and conclusion
In line with prior research (Jansch et al., 2009) the AN group showed a greater impairment in identifying facial expressions of emotion, requiring the highest amount of signals in order to correctly achieve this task. Since such difficulties are associated to interpersonal problems and to general difficulties in emotion regulation, they may contribute to the maintenance of EDs. In order to conclude whether this early step of emotion regulation is impaired in EDs compared to patients suffering from mixed mental disorders and healthy controls, analyses of response errors (biases) also have to be taken into account. Overall, research on early processing of emotion recognition is of high importance for etiology and has translational influence on treatments, since training of emotion regulation will be misleading if already the recognition of the emotion, expressed in the face of the other, fails.

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INFLUENCE OF EMOTION REGULATION ON STRESS RESPONSES IN EATING DISORDER PATIENTS

Speaker: Nadine Humbel, University of Fribourg Switzerland

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ABSTRACT
Introduction: There is evidence that difficulties in emotion regulation are related to physiological stress responses, but evidence on the potential link within ED patients is still scarce. Previous studies have shown that patients with eating disorder (ED) show blunted stress responses in comparison with healthy volunteers, however the role of impaired emotion regulation which is related with stress regulation remains unclear.

Due to the fact that thin-ideal exposure can trigger psychological stress levels in healthy volunteers and EDs, we hypothesized that physiological stress responses differ between a thin-ideal exposure and a control condition. The aim of the study was to investigate the differences of stress responses between young women with and without eating disorders under thin-ideal and neutral exposure and to understand the role of impaired emotion regulation.

Method: Within 100 female patients with ED and 100 healthy controls (all aged 18 – 35 yrs) repeated salivary samples were collected during a short media exposure with thin-ideals (fashion magazine exposure) and a control condition (neutral magazine exposure). Salivary cortisol was analyzed and total release of cortisol (Area under the curve) was calculated. Difficulties of emotion regulation were assessed by the Difficulties in Emotion Regulation Scale (DERS).

Results: ED patients showed higher cortisol reactivity during thin-ideal exposure condition (fashion magazine exposure) in comparison to the control condition (neutral magazine exposure). No differences were found between conditions in the healthy control group. Cortisol reactivity during thin-ideal exposure was more pronounced in Eds compared to healthy controls. Further, EDs with high emotion regulation difficulties showed higher discrepancies of cortisol reactivity between thin-ideal exposure and control condition.

Discussion: First results revealed more pronounced stress reactivity in ED patients than in healthy controls during thin-ideal exposure. Patterns of stress activity differed between the high and low emotion regulation difficulties group.

Conclusion: In line with previous findings, subtle distinctions could be identified when considering different levels of difficulties in emotion regulation shedding light on the modulating role of emotion regulation in stress reactivity.
THE RELEVANCE OF POST-EVENT PROCESSING FOR BODY DYSMORPHIC DISORDER: PREDICTORS, COURSE AND ITS INTERACTION WITH SAFETY SEEKING BEHAVIOR FOLLOWING A MIRROR EXPOSURE

Speaker: Alexandra Martin, University of Wuppertal

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ABSTRACT

Introduction: Cognitive models of body dysmorphic disorder (BDD) assume an interaction of negative body image and ruminative processes. Similar to mechanisms in social phobia there could be an impact of post-event processing (PEP) on the maintenance of the disorder. This mental post-processing of a disorder specific, situational trigger was demonstrated in a previous trial (Kollei & Martin, 2014), however little is known about its predictors and consequences. The current longitudinal study compared individuals with symptoms of BDD and a control group (CG) with regard to the progress of PEP following a mirror exposure and its effects on disorder-related features.

Methods: Out of 92 recruited subjects (female 87 %, age M = 22.7 / SD = 4.9) N = 34 were screened positive for BDD (DCQ ≥ 9) and N = 58 were screened negative (CG). PEP was measured 24h and 72h (PEPQ) after a 10-minute in-vivo mirror exposure. All participants reported the degree of BDD symptoms at baseline (DCQ, FKS), appearance based self-esteem (MSWS), affective reactions (DAS), and safety-seeking behaviors as well at the two follow-ups.

Results: The BDD-group showed significantly more PEP than the CG at both follow-up measurements (p < .001, $\eta^2 = 0.285$), even though there was an overall decrease three days after the mirror exposure. PEP (24h) was significantly associated with safety-seeking behavior, lesser subjective physical attractiveness and negative affect assessed at the same time and 72 hours after mirror exposure (.34 &lt; |r| < .52). Safety seeking behaviors following mirror exposure predicted the degree of PEP (72h) even after controlling for overall BDD severity and strain experienced during exposure ($R^2 = .38$).

Discussion: Individuals with subclinical body dysmorphic symptomatology showed distinctly more post-event processing. The relations with disorder specific behavior and self-perception even after three days is consistent with the postulated relevance of the mental post-processing style for the maintenance of BDD. Safety-seeking behavior seems to be relevant for maintaining post-event processing.

Conclusion: Even though further research in clinical BDD is necessary, one can discuss possible implications for the treatment of BDD. It may be promising to address dysfunctional mental processes and behaviors not only during body-image exposure itself, but also at periods following in-vivo exposure (comparable to procedures in OCD).
THERAPIST-GUIDED INTERNET-BASED COGNITIVE BEHAVIOURAL THERAPY FOR BODY DYSMORPHIC DISORDER: A SINGLE-BLIND RANDOMISED CONTROLLED TRIAL

Speaker: Jesper Enander, Karolinska Institutet

ABSTRACT

Introduction: Cognitive behavioural therapy (CBT) is an effective treatment for body dysmorphic disorder (BDD). However, most sufferers do not have access to such specialised treatment. In line with NICE recommendations, there is an urgent need to increase access to treatment for BDD sufferers. We aimed to evaluate the efficacy of a therapist-guided, Internet-based CBT programme for BDD (BDD-NET), compared to an active control condition, online supportive therapy.

Methods: A single-blind, parallel-group randomised controlled trial. 94 self-referred adult outpatients with a diagnosis of BDD, and a Yale-Brown Obsessive Compulsive Scale modified for BDD (BDD-YBOCS) score of ≥20. Concurrent psychotropic medication was permitted if the dose had been stable for at least 2 months prior to enrolment and remained unchanged during the trial. Participants received either BDD-NET (n = 47) or supportive therapy (n = 47) delivered via the Internet for 12 weeks. The primary outcome was the masked assessor BDD-YBOCS score at post-treatment and follow-up (3- and 6-month follow-up from baseline). Responder status was defined as a ≥30% symptom reduction on the BDD-YBOCS.

Results: BDD-NET was superior to supportive therapy and was associated with significant improvements in BDD symptom severity (BDD-YBOCS group difference = -7.1 points, 95% CI -9.8 to -4.4), depression (MADRS-S group difference -4.5 points, 95% CI -7.5 to -1.4), and other secondary measures. At follow-up, the proportion of responders was 56% amongst those receiving BDD-NET, compared to 13% in the supportive therapy group. The number needed to treat was 2.34 (95% CI 1.71 to 4.35). Self-reported satisfaction was high.

Discussion: Despite its modest size, this study represents the largest randomized controlled trial ever conducted in people with body dysmorphic disorder. The inclusion of a control intervention, the use of masked assessors, and minimal data loss are other strengths of the study. One potential limitation of the trial is that the results might not be generalisable to everyone with body dysmorphic disorder as the participants were self-referred and most had reasonably good insight. Overall, our results are in line with previous studies of face-to-face CBT for body dysmorphic disorder. BDD-NET is delivered online as a series of interactive modules, and the role of the therapist is mainly to encourage the participant to engage in the treatment, making it reasonable to assume that BDD-NET can be used in non-specialist settings. BDD-NET could be particularly useful in a stepped care approach, where mild to moderately affected patients can be offered BDD-NET by their general practitioner, or other health professionals, thus freeing resources for patients in more severe and complex cases to be treated in specialized settings. Future stepped care trials of BDD-NET in non-specialist settings are warranted.

Conclusion: CBT can be delivered safely via the Internet to patients with BDD. BDD-NET has the potential to increase access to evidence-based psychiatric care for this severely under-detected and under-treated mental disorder, in line with NICE priority recommendations. BDD-NET may be particularly useful in a stepped-care approach, where mild to moderate cases with low suicide risk can be offered BDD-NET by their general practitioner or other mental health professional.
ABSTRACT

Body dysmorphic disorder (BDD) is characterised by excessive preoccupation with perceived defects in physical appearance. Onset of the disorder is typically in adolescence. However, evidence-based treatments are yet to be developed and formally evaluated in this age group. We designed an age-appropriate cognitive-behaviour therapy (CBT) protocol for adolescents with BDD. The treatment involved the family or carers when appropriate. The main aim of the study was to test its acceptability and efficacy in a pilot randomised controlled trial (RCT). A sample of 30 adolescents aged 12 to 18 years meeting diagnostic criteria for BDD and their families were randomly assigned to either 14 sessions of CBT or a control condition consisting of written psychoeducation materials and weekly telephone monitoring. Blind evaluators assessed the participants at baseline, session 7 (mid-treatment), session 14 (post-treatment), and two months after the end of treatment. Participants in the control condition who wanted treatment, were offered CBT at the 2-month follow-up. All patients were followed-up to 12 months after the end of treatment. The primary outcome measure was the Yale-Brown Obsessive-Compulsive Scale Modified for BDD, adolescent version (BDD-YBOCS-A). Participants randomised to CBT showed a significantly greater improvement than those randomized to the control group, both at post-treatment and at 2-month follow-up. Improvements were also seen on a range of secondary measures, including insight, depression, and quality of life at post-treatment. Both patients and their families deemed the treatment as highly acceptable. The 12 month follow-up results will be reported. Developmentally tailored CBT with parental involvement is a promising intervention strategy for young people with BDD; larger trials are warranted.
SELECTIVE ATTENTION IN BODY DYSMORPHIC DISORDER, BULIMIA NERVOSA AND HEALTHY CONTROLS

Speaker: Ines Kollei, University of Bamberg, Germany

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ABSTRACT

Introduction: Cognitive behavioural models postulate that selective attention plays an important role in the maintenance of body dysmorphic disorder (BDD). It is suggested that individuals with BDD overfocus on perceived defects in their appearance, which may contribute to the excessive preoccupation with their appearance.

Method: The present study used eye tracking to examine visual selective attention in individuals with BDD (n = 19), as compared to individuals with bulimia nervosa (BN) (n = 21) and healthy controls (HC) (n = 21). Participants completed interviews, questionnaires, rating scales and an eye tracking task: Eye movements were recorded while participants viewed photographs of their own face and other attractive as well as unattractive faces.

Results: Eye tracking data showed that BDD and BN participants focused less on their self-rated most attractive facial part than HC. Scanning patterns in own and other faces showed that BDD and BN participants paid as much attention to attractive as to unattractive features in their own face, whereas they focused more on attractive features in other faces. HC paid more attention to attractive features in their own face and other faces. BDD and BN participants showed an increase of sadness, disgust and frustration after viewing the photographs and BDD participants specifically showed an increase of shame and insecurity.

Discussion: Results indicate an attentional bias in BDD and BN manifesting itself in a neglect of positive features. We found no evidence of a lack of a self-serving bias, which was defined by Jansen et al. (2005) as focusing less or not at all on one’s own positive body parts and more or totally on one’s negative body parts. Instead, BDD and BN looked comparably long at their attractive and unattractive facial features, which may be explained by avoidance in BDD and by a different salience for facial stimuli than for body stimuli in BN.

Conclusion: Attention retraining may be an important aspect to focus on in order to overcome the neglect of positive facial aspects which differentiates BDD and BN from HC. Apart from how long and how often individuals with BDD look at their defect it is important how they evaluate their defect and what emotions are elicited.
ABSTRACT

We hope that in this symposium the listener will gain understanding of that which goes beyond the descriptive phenomenology of BDD (that focuses on the context of beliefs about being ugly and descriptions of the behaviour as compulsions in response to an obsession) and instead focuses on a functional and contextual understanding of BDD from a compassionate mind perspective. A key message to sufferers of BDD is the way in which their brains have been shaped by an evolutionary process of being human and internal threats, and that BDD symptoms are designed to keep them safe from perceived social exclusion and rejection.

The case studies focus on the key message to our clients with BDD is that the way their brain has been shaped is an evolutionary problem of being human. CFT is defined as ‘sensitivity to the suffering of the self and others with a deep commitment to try to alleviate or prevent it.’ This definition speaks to two different psychologies (1) the ability to engage with suffering and difficulty (which depends upon motivation, attention, capacities to be emotionally attuned with, but also to tolerate distress and have empathic understanding of the causes of your suffering in a non-judgemental way) and (2) developing the insights and wisdom to try and prevent and alleviate suffering. (Gilbert and Choden2013). Central to CFT is being able to shift attention to and begin to tolerate the deeper underlying fears of unloveability, the feelings of undesirability and self as rejectable and sense of separation/difference and aloneness. (Symptomatic of a very dysfunctional affiliative system).

For many people with BDD the knowing that ‘much of what goes on in our mind is not of our choosing or our fault.’ This is very deshaming and de-personalising as an experience because self-blame and feelings of there being ‘something wrong with me’ lies at the very heart of BDD. Crucially however it is our responsibility to change so the treatment makes a big distinction between blaming and shaming and the processes by which we develop the courage to take responsibility for change processes whilst building up the affiliative experience throughout the client’s journey.

Tara and Lisa will discuss 2 case studies of residents who have been treated ADRU, Bethlem using traditional psychological therapy i.e. that of CBT enriched with CFT. We demonstrate that the clients presented have benefitted greatly from the enrichment of CBT by certain CFT processes. (1) developing a functional analysis of the functions and contexts of behaviour in BDD (2) linking fears that are focused on the body to more underlying fears of rejection, separation, loneliness and isolation (3) linking these where appropriate to emotional memories and rescripting these often shame based memories (4) providing an evolutionary context (5) addressing shame and self-criticism directly (6) ensuring that clients have access to and can learn to cultivate a compassionate self and (7) developing the competencies of compassion in terms of empathic and courageous behaviour.
DOES ANXIETY IMPACT SYMPTOMS AND THERAPY OUTCOME IN EATING DISORDERS?

Speaker: Tanja Legenbauer, Ruhr-University Bochum

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ABSTRACT

Background: Eating disorders such as Anorexia (AN) and Bulimia nervosa (BN) are among the most common clinical problems encountered by adolescent girls and young women. They come along with a high risk for chronicity and in particular in AN, may lead to death. Hence, detection of new etiological factors and potential predictors for treatment response is urgently needed. Recently, high trait anxiety emerged as a potential candidate that links both symptom level of eating disturbance and treatment response in eating disorder to anxiety. But empirical evidence is still scarce. The aim of the present two studies is to investigate on a hypotheses generating level a) the association of trait anxiety and eating disorder disturbances in a sample of juvenile inpatients with a diagnosed anorexia nervosa and b) the impact of different kinds of anxiety on treatment outcome in an outpatient sample of young adults with eating disorders.

Methods: Study 1: Consecutively admitted juvenile inpatients with a diagnosed anorexia nervosa in two settings (n = 19; sampling still ongoing) answered at admission questionnaires relating to eating disorder symptoms (Eating Disorder Examination-Questionnaire, EDE-Q) and trait anxiety (State-Trait Anxiety Inventory, STAI). Mean age was 15.2 (SD = 1.3) and BMI = 15.2 (SD = 1.3). Study 2: Females with diagnosed eating disorders seeking treatment in a specialised outpatient treatment centre filled out the Brief Symptom checklist (BSI) and an eating related questionnaire (EDE-Q) at the beginning and at the end of treatment (n = 121).

Results: Study 1: All patients report high levels of trait anxiety as compared to normal controls (M = 46.4, SD = 6.7). In the recent small sample no significant correlation between EDE-Q and STAI emerged. Study 2: Within the total sample of ED patients, at start, moderate, but significant correlations emerged between all EDE-Q subscales and general anxiety levels (r = .32 to r = .38, ps &gt; .05). As well as insecurity in social contexts (r = .28 of r = .39, ps &gt; .05). At the end of the treatment, significant high positive correlations emerged between insecurity in social contexts and eating concern (r = .67, weight concern (r = .61) and shape concern (r = .61), whereas only a moderate significant correlation showed with eating restraint (r = .38). Overall level of eating pathology at the end of treatment was predicted by EDE-Q total score at T1 (β = .35) and level of social insecurity at T1 (β = .58) (R² = .49; ps &lt; .001).

Discussion: Study 1: Results show elevated levels of trait anxiety in adolescent inpatients with anorexia nervosa at admission. Further analyses will rely on a larger sample and include also expert ratings on anxiety levels and provide data on pre-post assessments. Study 2: Empirical evidence emerged that lines out in particular the role of social anxiety compared to general anxiety as predictor for treatment response. Results will be discussed in light of early assessment of anxiety and its different forms as well as consequences for treatment.
ATTENTION CONTROL AND ATTENTIONAL BIAS FOR EMOTIONAL STIMULI IN CLINICALLY ANXIOUS CHILDREN: 3 YEAR FOLLOW-UP

Speaker: Marie Louise Reinholdt-Dunne, Department of Psychology, University of Copenhagen

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ABSTRACT
Previous findings suggest that attentional bias for threat plays an important role in the development and maintenance of anxiety disorders (Lonigan et al., 2004) and that attention control may moderate this bias in high trait anxious adults (Derryberry & Reed, 2002; Reinholdt-Dunne et al., 2009) and children (Reinholdt-Dunne et al., 2011). Furthermore, a recent study found similar associations in clinically anxious children; namely that they have significantly poorer attention control and higher attentional bias for emotional stimuli than a group of control children. However, following cognitive behavioral therapy (CBT) attention control had improved and attentional bias decreased (Reinholdt-Dunne et al., 2015). Given the important therapeutic implications of these findings, the present study aimed to investigate if the effects of CBT were maintained at a 3 year follow-up. Attention control was assessed using a partial report by color paradigm, which provides an efficiency index of top-down controlled selectivity (Bundesen & Habekost, 2008). Attentional bias was measured using a visual probe task with faces (angry, happy, and neutral). Anxiety was diagnosed using the Anxiety Disorders Interview Schedule (ADIS). Results indicated that improvements in attention control were maintained by most of the children. Attentional bias reductions were similar to those reported posttreatment and at 3 months follow-up. These findings may suggest that, by training attention control, CBT helps children regulate threat-related attentional bias, and that these effects are maintained long-term. Results are discussed in relation to current cognitive and developmental models of childhood anxiety disorders.
COGNITIVE BIAS MODIFICATION TRAINING REDUCES SOCIAL ANXIETY IN CLINICALLY ANXIOUS CHILDREN

Speaker: Anke Klein, VU Amsterdam, The Netherlands

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ABSTRACT

Introduction: Internalising disorders such as anxiety are estimated to occur in 5-10% of school-aged children, making them the most prevalent type of psychological disorders experienced by this population. Although treatments for child anxiety have shown good efficacy, they have clear limitations. At least 40% of children continue to have a diagnosis following treatment. Over the last year, studies using Cognitive Bias Modification procedures have begun to demonstrate effects that might have promising implications for treatment. However, there are only a few studies that evaluated this technique with pre-adolescent children. Therefore, the present study was designed to examine the effects of Cognitive Bias Modification training in positive interpretations in clinically anxious children.

Method: A total of 87 children between 7 and 12 years of age were randomly assigned to either a positive cognitive bias modification training for interpretation (CMB-I) or a neutral training. Training included 15 sessions in a two-week period. First, children and their parents completed several self-report measures presented electronically, including the SCAS. Next, all children performed the interpretation task and the first practice training session individually in a separate room at the clinic, together with their parent and a trained research assistant. The children then performed the training sessions electronically at home for the following 14 days. On the 15th day, the children performed the interpretation task and the SCAS again electronically at home, while the parents filled in the SCAS again.

Results: Children with an interpretation bias prior to training in the positive training group showed a significant reduction in interpretation bias on the social threat scenarios after training, but not children in the neutral training group. No effects on interpretation biases were found for the general threat scenarios or the non-threat scenarios. Furthermore, children in the positive training did not self-report lower anxiety than children in the neutral training group. However, mothers and fathers reported a significant reduction in social anxiety in their children after positive training, but not after neutral training.

Discussion: Significant increases in positive interpretations were only shown consistently for social scenarios, and reductions in anxiety were only reported in social anxiety. This is the first time that such content-specificity effects have been shown in a CMB-I paradigm for children, and they therefore require replication and further exploration. Another unexpected result was the lack of training effects on children’s self-reported anxiety. Future studies of CMB-I may therefore also include structured diagnostic interviews to reduce the disadvantages of using self-reports.

Conclusion: This study demonstrated that clinically anxious children with a prior interpretation bias can be trained away from negative social interpretation biases and there is some evidence that this corresponds to reductions in social anxiety. The current results support those reported by previous studies on CMB-I in children in that it is possible to train children away from negative interpretive biases, in much the same way as in adults. These findings also support the importance of interpretation processes in childhood anxiety and highlight the importance of using specific training stimuli.
TRANSMISSION OF ANXIETY RELATED ASSOCIATIONS FROM CLINICALLY ANXIOUS PARENTS TO THEIR CHILDREN

Speaker: Rianne Van Niekerk, Behavioural Science Institute, Radboud University Nijmegen, The Netherlands

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ABSTRACT

Introduction: The familiality of anxiety disorders has clearly been demonstrated in mixed generations studies and cross-sectional associations (Biederman, Rosenbaum, Bolduc, Faraone, & Hirshfeld, 1991). Several factors are likely to account for the intergenerational transmission of anxiety disorders, including the development of dysfunctional schemata and associations. While there have been a few studies focusing on measuring dysfunctional associations in anxious adults and children, to our knowledge no study has looked into these associations as an underlying mechanism of intergenerational transmission of anxiety. This is of great importance, since several studies have shown that other cognitive factors like interpretation biases could pose a vulnerability factor for children of anxious parents. Therefore, our aim was to investigate if threat related associations are related to parent and child anxiety symptoms, and child avoidance behaviour.

Method: Participants were 42 children of parents with a panic disorder, 27 children of parents with a social anxiety disorder and 84 control parents. Parents and children filled out anxiety questionnaires and children performed an Affective Priming Task with prime words (related to panic disorder, social phobia, general fear, spiders and happiness) and pictorial targets (happy and anxious children's faces).

Results: The more panic parents generally experienced, the stronger the children's negative associations were with panic and general fear primes. Children who made more errors when a happy face followed the spider prime, completed less steps towards the spider and estimated the spider as being bigger. This error percentage predicted avoidance behaviour over and above a child spider anxiety questionnaire.

Discussion: Our findings indicate that there is a specific relationship between parental anxiety and child anxiety associations. We only found this relationship for panic symptoms, not for social anxiety. This could be due to the fact that our study included more panic disordered parents, or possibly there is a difference in the transmission of anxiety associations depending on the anxiety disorder. We therefore recommend studying parents and children with other anxiety disorders as well to get insight into the generalizability of these findings.

Conclusion: This study provides evidence that parental panic symptoms are related to negative panic and general fear associations of the child. This could indicate that even though children are not aware of these negative associations, they could be developing a vulnerability that can lead to an anxiety disorder later in life.
IS THE SOCIAL TRAINING THE “ACTIVE INGREDIENT” IN COGNITIVE-BEHAVIORAL PROGRAMS FOR THE PREVENTION OF DEPRESSION IN ADOLESCENTS

Speaker: Patrick Pössel, University of Louisville, KY, USA

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ABSTRACT
Adolescent depression is a common and recurrent disorder associated with significant impairment. Thus, multiple teams developed programs to prevent depression in adolescents, but change mechanisms underlying the positive effects of these programs are understudied. Given the robust link between the quality of social relationships and depression, most prevention programs include a component on improving interpersonal functioning. Preventive interventions are expected to improve interpersonal functioning by fostering adaptive social behaviors. Improved social functioning, in turn, reduces the risk for depression. Few studies have evaluated improvements in social functioning as a mediator of intervention effects. Thus, the described study focuses on the effects of a universal school-based cognitive-behavioral (CB) prevention program. We expected that increased social support (the mediator) would be observable directly after participation in the program and a group difference in depressive symptoms (the outcome) is expected to emerge at follow-up assessments. Adolescents (13 to 17 years of age) were randomly assigned to either a training condition (n = 187) or a no-intervention control condition (n = 151). Girls report increased reliance on social support (p < .005) and boys report an increase in the size of their social networks (p < .01). At 3-month follow-up depression scores in adolescents in the CB condition are lower than in the control group (p < .05). Mediation analyses demonstrate that improvements in social functioning mediate the effects of the CB program on depressive symptoms. Future studies are needed to further explore the causes and consequences of the gender-specific changes in social networks.
ABSTRACT

Children of parents with a history of major depressive disorder are at high-risk for depression and others forms of internalizing and externalizing psychopathology. As a consequence, these children and their parents are an important target for preventive interventions to reduce the onset of symptoms and disorder. This presentation will summarize two phases of research on a family group cognitive behavioral (FGCB) intervention for parents with a history of depression and their children ages 9-15 years old.

In the first phase (Compas, Forehand) of this research, in a two-site study we randomized 180 families (242 children) to a 12-session FGCB intervention teaching parenting skills (e.g., parental warmth and structure) to parents and skills to cope with family stress (e.g., cognitive reappraisal, acceptance) to children or an information comparison condition. Families were followed for 2 years post randomization (Compas et al., 2015). Significant effects favoring the FGCB intervention over the written information comparison condition were found on measures of children’s symptoms of depression, mixed anxiety/depression, internalizing problems, and externalizing problems, with multiple effects maintained at 18 and 24 months, and on incidence of child episodes of major depressive disorder (13.1% for FGCB condition vs. 26.3% for the information comparison) over the 24 months. These promising findings have provided the foundation for the continued development of the FGCB intervention. Evidence was found for changes in parenting skills and children’s coping skills as significant mediators of the effects of the FGCB intervention (Compas et al., 2010).

In the second, ongoing phase of this research (Compas, Garber, Weersing) the intervention has been expanded with the goal of “double prevention of depression”; i.e., prevention of new onset of depression in children and prevention of recurrences of depression in parents. Elements from cognitive therapy for depression have been added to the parenting intervention for parents and children are taught a wider range of coping skills than in the first phase of this research. As of March 2016, in this two-site study we have randomized 63 families (85 children ages 9-15 years old) to the revised FGCB protocol or a written information comparison condition. Potential mediators have been expanded to include parents’ negative cognitive style and parents’ and children’s executive function skills. Progress on this ongoing randomized trial will be presented.
ABSTRACT
Internet-based interventions for preventing youth depression hold promise, but further research is needed to explore the efficacy of these approaches and ways of integrating emerging technologies for behavioral health into the primary care system.

We developed a primary care Internet-based depression prevention intervention, CATCH-IT, to evaluate a self-guided, online approach to depression prevention and are conducting a randomized clinical trial comparing CATCH-IT to a general health education Internet intervention. CATCH-IT was developed utilizing the media theory of “Synchronization of the Senses” to incorporate character stories, peer videos and design/picture elements to create a unified experience meeting today's social media standards. CATCH-IT combines several therapeutic modalities including cognitive-behavioral and interpersonal/family-based interventions in an ecological model. The intervention also includes an Internet-based parent program incorporating psycho-educational material about youth depression and role-playing video vignettes. Three primary care physician motivational interviews are used to engage youth with the CATCH-IT program. Parents randomized to CATCH-IT also participate in motivational interviews with the project manager. The Health Education (HE) model was developed based on the current well-child curriculum used for primary care visits.

We randomized N = 329 adolescents/expected 400 and N = 280 parents/expected 400 in the PATH study, from N = 6 major health systems. Adolescents were diverse in race and ethnicity: N = 65 identified as Hispanic and N = 89 identified as African American. The mean number of modules started or completed for those enrolled in HE is greater than those in CATCH-IT: M = 3.78 (SD = 4.47) for teens, M = 2.48 (SD = 2.09) for parents; HE: M = 6.49 (SD = 6.35) for teens, M = 2.32 (SD = 1.92) for parents. The mean number of minutes spent on line, however, is significantly higher for the CATCH-IT teens (M = 94.55, SD = 111.74) than for the HE teens (M = 19.48, SD = 19.05). In addition, CATCH-IT teens typed an average of 4331.16 (SD = 4611.86) characters.

Embedding technology within the primary care setting may have increased access to hard-to-reach populations and decreased stigma in addressing mental health concerns. It may also provide a platform for parents and teens to improve communication and offer teens a way of connecting with trusted healthcare providers regarding depression. Additional efforts are needed to evaluate the importance of the semi-structured interview and staff interaction with families in conjunction with self-directed online prevention. Future projects should include intervention platforms on smartphones, tablets, and individualization of the program to best suit each teen’s preferences and needs.
DEPRESSION PREVENTION FOR ADOLESCENTS: RESULTS, CHALLENGES AND FUTURE DIRECTIONS

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ABSTRACT
Depression rates are known to rise during adolescence and are known to be related to concurrent negative outcomes in various domains and are predictive of depressive disorders in later life. Therefore, it is imperative to reduce the incidence of depression, but also to prevent further development of depression symptoms. The last two decades, several school-based group depression prevention programs based on cognitive behavioral therapy have been developed. Recent meta-analytic reviews concluded that both universal and targeted prevention programs are effective in preventing depressive symptoms compared to no intervention. Yet, studies reported inconsistently on what works for whom.

We present data from five large randomized controlled trials on depression prevention for adolescents. Four trials used the program ‘Op Volle Kracht’ (OVK) and one used the program ‘Een Sprong Vooruit’ (ESV), both partly based on the Penn Resiliency Program that aims to change a negative cognitive style, and to improve social and coping skills. All trials were conducted in school settings and compared the development of depressive symptoms between adolescents in the intervention condition and adolescents in the control condition. In the first trial (N = 1341), on universal prevention in adolescents in secondary schools, depressive symptoms were assessed at baseline, post-intervention, and follow-ups at 6, 12, 18 and 24 months. The second trial (N = 1324), on selective prevention in adolescents in secondary schools in low-income areas, assessments were at baseline, post-intervention, 6- and 12-month follow-up. The third study (N = 102) was an indicated prevention trial in secondary schools with female adolescents, depressive symptoms were assessed at baseline, post-intervention, 1- and 6-month follow-up. In the fourth trial (N = 208), on indicated prevention for female adolescents in secondary schools, assessment of depressive symptoms was done at baseline, post-intervention, 3-, 6-, and 12-month follow-up. The fifth trial (N = 142), on indicated depression and anxiety prevention in secondary schools with female adolescents, assessments were at baseline, post-intervention, 6- and 12-month follow-up.

The universal and selective prevention trials showed that OVK did not affect the level of depressive symptoms at follow-ups. One indicated depression prevention trial showed that female adolescents in the intervention condition had significantly lower levels of depressive symptoms compared to those in the control condition. The other indicated depression prevention trial concluded, regarding the decrease in symptoms in both conditions, that the conditions were equally effective. The indicated depression and anxiety prevention trial showed no significant effects. These findings indicate that especially the CBT component of OVK effectively reduces depressive symptoms in short term and possibly prevents the acceleration of depressive symptoms.

The promising results of indicated depression prevention trials in adolescent populations suggest that prevention aimed at individuals with subclinical depression could be an effective strategy to use on a large scale. Identification of these adolescents is challenging but a possible and feasible approach in a non-stigmatizing way. Early detection and shortening the duration of untreated depressive disorders may improve the prognosis, diminish the risk on chronicity, and cause substantial personal and economic benefits.
PREVENTION OF DEPRESSION IN OFFSPRING OF DEPRESSED PARENTS: THE PRODO STUDY

First speaker: Johanna Löchner, Department of Child and Adolescent Psychiatry, Psychosomatics and Psychotherapy, Ludwig-Maximillian
Second speaker: Bruce Compas, Vanderbilt University

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ABSTRACT

Introduction: Depression is one of the most common psychiatric illnesses worldwide, but is nevertheless preventable. One of the biggest risk factors for depression is having a parent who has suffered from depression. A family-cognitive-behavioural-therapy (CBT) group-based prevention program “Raising Healthy Children” has shown promising findings in reducing the prevalence of depression in children of depressed parents. For the first time the programme was translated and culturally adapted to Germany seeking to replicate these findings in another culture.

Methods: Eligible families are randomly allocated to receive the 12-session CBT intervention (n = 50), or no intervention (usual care; n = 50). The primary outcome (child diagnosis of depression) is assessed at 15-month follow-up. The secondary outcomes (child psychopathological symptoms) are assessed immediately following completion of the intervention (6-months), as well as at 9- and 15-month follow-up. The study is still in the recruitment phase, preliminary data of 70 of the 100 planned families will be presented (e.g. child’s attributional style, emotion regulation). First results on pre-post-measurement data (n = 20) of children’s onset of depression and psychopathological symptoms will be reported, as well as potential moderators and mediators. Furthermore we will present data about the general acceptability of the program of 20 families who completed the intervention as well as our experience in adapting a prevention programme to another culture.

Results: We expect children in the intervention condition to show fewer psychopathological symptoms, and be less likely to meet diagnostic criteria for a depressive episode, at follow-up. We expect an impact of severity of parental depression as moderator variable. Moreover, preliminary data of the feedback point out that the general acceptability of the programme is high.

Discussion: There is little formal support available for this high-risk population. This study provides an important step in the development of more effective depression prevention, which is exigently required. Due to the presence of the author of “Raising Healthy Children”, Bruce Compas, in sense of a joint-venture at the symposium, this talk will especially focus on the parallels and challenges of cultural adaptation of efficient prevention interventions.
ABSTRACT

Aim

Atrial fibrillation (AF) is the most common cardiac arrhythmia (irregular heartbeat) affecting 3% of the population. AF is associated with poor quality of life (QoL) and large costs for society. In a considerable proportion of patients, AF symptoms (e.g., palpitations, fatigue, and chest pain) are not alleviated by current medical or interventional treatments. Psychological factors can worsen AF symptoms, and anxiety and depression are common among AF patients. Symptom preoccupation and avoidance of social and physical activities are likely to play important roles in the development of anxiety, depression, disability and healthcare utilization. Cognitive behavior therapy (CBT) has been shown to reduce symptom preoccupation, symptom severity, and depression/anxiety as well as increase QoL in many other somatic disorders, but CBT has never been evaluated for AF. The present pilot study was part of an interdisciplinary program involving CBT researchers and arrhythmia specialists. The aim was to evaluate if CBT, based on exposure and behavioral activation principles, improves wellbeing and QoL in symptomatic AF patients.

Method

The study included 19 patients with symptomatic AF despite optimal medical treatment in accordance with current guidelines. The CBT treatment lasted for 10 weeks and included the following: Exposure to physical sensations that are similar to AF symptoms (e.g., palpitations due to physical activity or stress), exposure to avoided situations or activities, abolishment of symptom control behaviors; and behavioral activation aiming to increase social and physical activity.

Results

At post-treatment, we observed large within-group improvements on the AF-specific QoL measure AF-EQT (Cohen’s d = 1.61; < .001), cardiac symptom frequency (d = 1.12; < .001), cardiac symptom severity, (d = 1.24, < .001), social functioning (d = 1.26, p = .001), general worry (d = 0.90, p = .002), and general health (d = 0.83, p = .001). We also observed moderate improvements in depressive symptoms (d = 0.71; p = .02) and physical functioning (d = 0.69; p = .02).

Conclusion

This study presents preliminary evidence for the effectiveness of a novel CBT approach for treating symptomatic AF. CBT has the potential to improve QoL, reduce healthcare utilization and may have significant impact on patient wellbeing in a large group of patients. As a next step, we aim to test this treatment delivered via the Internet in a randomized controlled trial.
EXPLORING EXPOSURE THERAPY FOR CHILDREN WITH FUNCTIONAL GASTROINTESTINAL DISORDERS

Speaker: Maria Lalouni, Karolinska Institutet

ABSTRACT

INTRODUCTION: Functional gastrointestinal disorders (FGIDs) such as irritable bowel syndrome, functional abdominal pain and functional dyspepsia are highly prevalent in children and are associated with school absenteeism. Previous studies have shown that exposure-based cognitive behavior therapy (CBT) is an effective treatment for adults with irritable bowel syndrome and has promising effects for adolescents with FGIDs. This is the first study of exposure-based CBT for young children with FGIDs.

METHODS: This trial used a within-group study design with assessments at pre-treatment, post-treatment, and six-month follow-up. 20 children with FGIDs (8-12 years) and their parents were recruited through their treating physician. Included children were diagnosed according to the Rome III criteria and had a mean duration of abdominal symptoms of 3.7 years. The treatment consisted of 10 weeks exposure-based CBT in which the children were taught to provoke symptoms and approach feared situations gradually. Parents were instructed to encourage their child's work with exposure exercises and to decrease attention to pain-behaviors. The primary outcome was child-rated pain intensity measured by Faces Pain Scale-Revised. Secondary outcomes included gastrointestinal symptoms and school absenteeism.

RESULTS: We observed significant but small improvements at post-treatment on the primary outcome measure child-rated for pain intensity (d = 0.40, < .05). At the six-month follow-up effect-sizes in pain intensity was strong compared to pre-treatment (d = 0.85, < .01). Gastrointestinal symptoms, was rated by children as being moderately improved at post (d = 0.69, < .01). At the six-month follow-up the improvement was strong (d = 1.44, < .001). Parents rated the improvement on PedsQL Gastro as strong at both post and six-month follow-up (d = 1.25, < .001 and d = 1.34, < .001). At post and follow-up assessments 11 respectively 12 children reported no pain-related school absenteeism last month, compared to three children before treatment. All 20 children reported that the treatment had helped them deal more effectively with their symptoms and 19 were very (n = 13) or mostly (n = 6) satisfied with the treatment. At the six-month follow-up 12 of the 20 children no longer fulfilled Rome III criteria for FGID.

CONCLUSIONS: Exposure-based CBT is a feasible and promising treatment for children with FGIDs and may effectively reduce pain, other gastrointestinal symptoms, and school absenteeism. The symptom reduction observed at the end of the intervention was even more pronounced at the six-month follow-up. The results of this pilot study need to be confirmed in a randomized controlled trial.
INTERNET-DELIVERED COGNITIVE BEHAVIOR THERAPY FOR ADOLESCENTS WITH IRRITABLE BOWEL SYNDROME: A RANDOMIZED CONTROLLED TRIAL

Speaker: Marianne Bonnert, Dep. clinical neuroscience, Karolinska Inst. Stockholm, Sweden

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Brjánn Ljótsson, Department of Clinical Neuroscience, Karolinska Institute, Stockholm, Sweden.

ABSTRACT

Objectives
To evaluate the efficacy of internet-delivered cognitive behavior therapy (ICBT) based on behavioral exposure for adolescents with irritable bowel syndrome (IBS).

Methods
This was a randomized controlled trial with a wait-list control group. One-hundred adolescents with IBS living in Sweden and aged 13-17, were consecutively included between November 2013 and August 2015. The ICBT consisted of 10 weekly online modules focused mainly on exposure to IBS-symptoms and reduced avoidance behaviors. Parents received a separate intervention that helped them support the adolescents' work with the exposure exercises. The primary outcome was adolescent-reported self-assessment with the Gastrointestinal Symptoms Rating Scale for IBS (GSRS-IBS) measuring global gastrointestinal symptoms. Secondary outcomes included adolescent- and parent-rated quality of life and parent-rated gastrointestinal symptoms. Assessment points were at pre-treatment, weekly during treatment, and at post-treatment. Follow up assessments were conducted 6 months after treatment.

Results
Post-treatment attrition rates were low (6%) and all randomized patients were included in intent-to-treat analyses based on maximum likelihood mixed models. Analyses showed significantly larger pre- to post-treatment change on the primary outcome GSRS-IBS (effect size Cohen’s d = 0.42, p = .007, 95% CI [0.10, 0.74]) and all secondary outcomes for the treatment group compared to the control group. Data from the 6 months follow-up will be available at the time for the congress.

Conclusions
ICBT based on exposure exercises for adolescents with IBS can effectively improve gastrointestinal symptoms and quality of life. This is the first study that evaluates exposure-based ICBT for adolescents with IBS.
ABSTRACT

Aim

Fibromyalgia (FM) is a generalized pain syndrome with comorbid symptoms as fatigue, depression, anxiety and insomnia. FM affects between 2-4% of the population and is associated with both great suffering for the individual and large societal costs. Delivering treatment for FM via the Internet could have several important advantages, but previous studies are scarce. In 2012 we conducted a pilot study (N = 41) where we investigated feasibility and acceptability of an exposure treatment for FM. The aim of the present study was to further investigate these results in a randomized controlled study.

Methods

We conducted a randomized controlled trial (N = 140) with participants with a FM diagnosis. Participants received a therapist-guided 10-week Internet-delivered treatment based on systematic exposure to FM symptoms and FM-related situations. We also included mindfulness and acceptance strategies to facilitate exposure. FM symptoms, disability, quality of life, depression, anxiety, fatigue, insomnia, self-rated health and pain-related fear and negative thoughts were assessed at baseline, post-treatment and at 3-, 6- and 12-month follow-up.

Results

Results from the pilot study showed that pre- to post-treatment within-group effect sizes were in the moderate to large range (Cohen’s d = 0.62-1.56) on measures of FM symptoms, disability, quality of life, depression, anxiety and fatigue. Attrition rates were low, with 98% completing the post-treatment assessment. All improvements were maintained at 6-month follow-up. Economical analyses revealed significant societal cost reductions that offset the treatment costs within 2 months of treatment completion. The randomized controlled trial will be finished in April and data from the trial will be available and presented at the EABCT in 2016.

Conclusion

To our knowledge, this is the first time Internet-delivered exposure-based treatment of this kind is tested for FM. A treatment based on mindfulness, acceptance and exposure principles seems to be efficacious, acceptable, and cost-effective for FM. The findings from the randomized controlled trial will be highly important as they will show if the treatment remains effective when potential confounders are controlled for. Exposure-based treatment delivered via internet has the potential to increase treatment accessibility and alleviate suffering for the many individuals affected by FM.
ID-43 INCLUDED IN S22-KUNZE

GERMAN VERSIONS OF THE NIGHTMARE EFFECTS SURVEY (NES) AND THE NIGHTMARE FREQUENCY QUESTIONNAIRE (NFQ) – PSY-CHOMETRIC PROPERTIES IN A SAMPLE OF ADULT CHRONIC NIGHT-MARE SUFFERERS

Speaker: Regina Steil, Department of Clinical Psychology, Goethe University of Frankfurt

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ABSTRACT
Background / Method: The Nightmare Effects Survey (NES) and the Nightmare Frequency Questionnaire (NFQ) – two widely used questionnaires in nightmare research – were translated into German and tested in a sample of 86 German adult chronic nightmare sufferers.

Results: Internal consistency was high for the NES (Cronbach’s α = .898; split-half-reliability r = .889), the two scores of the German NFQ (nights with nightmares, number of nightmares) were highly intercorrelated (r = .792). The German NES showed a uni-factorial structure (50.66% of the variance was explained). Correlations between the German NFQ and results of a prospective nightmare diary were r = .584 for nights with nightmares and r = .381 for number of nightmares, respectively. Correction for outliers increased the coefficients to r = .693 / r = .596. Correlations with related constructs were low for the German NFQ (between r = .22 and r = .28 with measures of other nightmare factors and sleep quality, insignificant correlations with nightmare intensity and psychopathology) and medium for the German NES (between r = .27 and r = .58).

Discussion: These findings show the questionnaires’ divergent validity and support theories which differentiate between nightmare frequency, nightmare effects and nightmare distress. The questionnaires proved to be reliable and useful in the German versions.
ABSTRACT
This research was aimed to newly conceptualize nightmare distress multifactorial and on the basis of Lazarus (1966)' transactional stress model. Lazarus explained individual reactions towards a stimulus according to the degree the individuals' feels his or her needs, motives and well-being threatred (primary appraisal) and according to the appraisal of individuals' coping skills (secondary appraisal). Based on these assumptions, the scales nightmare treat, nightmare harm, blame/credit, coping potential, and future expectancy could be carved out empirically in two samples (N = 504 and N = 433) utilizing exploratory and confirmatory factor analyses. The Questionnaire of Cognitive Appraisal on Nightmares CAN. The items explained 52 % and 66 % of the total variance and all scales showed good reliability (.67 ≤ α ≤ .91). Plausible correlations with other measures of nightmare distress, sleep quality, and neuroticism were found, its explanatory value to predict physiological and emotional effects and behavioral coping strategies towards recurrent nightmares was beyond those of the Nightmare Distress Questionnaire NDQ. The NDQ is a valid instrument to access nightmare distress, to obtain a more diverse and precise picture, we recommend applying this new questionnaire.
ABSTRACT

Recurrent nightmares can effectively be treated with cognitive-behavioral techniques such as imagery rehearsal therapy, which involves imagery rescripting (IR) of nightmares, and imaginal exposure (IE) therapy. While rescripting-based techniques are currently the most empirically supported treatment method, exposure-based techniques have also been shown to effectively ameliorate nightmare symptoms. However, the underlying mechanisms of these nightmare therapies remain largely unknown. In a randomized controlled trial, we aimed to investigate the efficacy of IR and IE as intervention techniques for the treatment of nightmares, and to explore mediators of their respective therapeutic effects. For this purpose, ninety patients suffering from nightmare disorder were randomized into IR, IE, or a waiting-list control condition. Both interventions consisted of three weekly individual treatment sessions. Primary clinical outcome measures were nightmare frequency and distress caused by nightmares. Secondary clinical outcome measures included sleep complaints, dysfunctional beliefs about nightmares, and post-traumatic stress symptom severity. In order to investigate temporal relationships between mediators and outcome, we measured several proposed mediators of the treatment effect one day after each treatment session (i.e., one day after outcome assessment). Mediators included nightmare distress and valence, mastery of the nightmare content, predictability, controllability, and tolerability of emotions elicited by nightmares, as well as sleep quality. Results of this trial will be presented and implications of the findings will be discussed.
ABSTRACT

Introduction
Nightmares are associated with psychopathology and daily distress. They are highly prevalent in a psychiatric population (30%). Currently imagery rehearsal therapy (IRT) is the treatment of choice for nightmares. With IRT the script of the nightmare is changed into a new dream, which is imagined during the day. However, the effects of IRT in a psychiatric population remain unknown. The aim of this study was to determine the effectiveness of IRT in a heterogeneous psychiatric population.

Methods
Between January 2006 and July 2010 ninety patients with psychiatric disorders were randomized to IRT or treatment as usual conditions. IRT consisted of six individual sessions added to the treatment as usual. Nightmare frequency was assessed using daily nightmare logs and the Nightmare Frequency Questionnaire. Nightmare distress was assessed using the Nightmare Distress Questionnaire and the Nightmare Effect Survey. General psychiatric symptoms were assessed using the SCL-90 and a PTSD symptom questionnaire. Assessments were administered at the start of the trial, after the IRT and three months later.

Results.
IRT showed a moderate effect on nightmare frequency, nightmare distress and psychopathology measures compared with treatment as usual. These effects were largely sustained at the three-month follow-up.

Discussion and conclusions.
IRT is an effective treatment for nightmares among patients with comorbid psychiatric disorders, and can be employed in addition to the on-going treatment.

Reference
ID-306 INCLUDED IN S23-FLINK

THE ROLE OF CONTEXT SENSITIVITY IN PAIN AND EMOTION: DEFINITION OF THE CONSTRUCT, IMPORTANCE AND IMPLICATIONS FOR TREATMENT

Speaker: Ida Flink, Center for Health and Medical Psychology (CHAMP), Örebro University

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ABSTRACT
Chronic pain is closely linked to emotional distress and patients suffering from both problems are worse off than individuals with only one of the entities. Emotion regulation has been proposed as a core transdiagnostic process which may explain the high levels of comorbidity between pain and emotional complaints. One way of regulating pain and negative emotions is in the presence of others. By sharing your personal experiences, you may get emotional support which relieves suffering. However, it is important to know where, when and with whom to share; in other terms, to be context sensitive. The opposite, context insensitivity, has been related to prolonged and exaggerated emotional distress, for instance after the death of a beloved one (Bonnano et al., 2004). The theory, importance and potential clinical implications of context sensitivity in the area of pain and emotional distress will serve the basis for the presentation by Dr. Ida Flink, and data from an ongoing project on this topic will be presented.
PAIN AND EMOTION IN WOMEN WITH VULVOVAGINAL PAIN

Speaker: Johanna Thomtén, Department of Psychology, MidSweden University

ABSTRACT

Vulvovaginal pain in women not only disturbs sexual health but also negatively impact on psychological well-being, daily functioning, self-esteem and quality of life. In addition, pain commonly affects intimate relationships, since it disturbs sexual function and sexual satisfaction.

Associations between pain and emotion among women with vulvovaginal pain show a similar pattern as has been reported in chronic pain in general, categorized by heightened levels of pain catastrophizing, fear-avoidance and symptoms of anxiety and depression. However, in the context of sex and pain the role of these factors for the maintenance of the problem has to be emphasized. Once sexual encounters have been associated with pain (fear of pain), negative anticipation of threat will result in a loop where hypervigilance steals an essential part of attentional resources needed for sexual arousal. Impaired sexual arousal will for many women result in absence of vaginal swelling and lubrication and in the case of sexual penetration an increased risk for pain.

In vulvovaginal pain, three common patterns of coping with pain and sex have been described; becoming non-sexual (complete avoidance of sexual intimacy), enduring painful intercourse or using alternatives to vaginal sex. For women suffering from vulvovaginal pain, intercourse and sexual intimacy will be conditioned to fear of pain. Over time, sexual activity in general might be associated with negative emotions of shame, guilt and emotional distress, and many women and their partners describe less frequent sexual activities, resulting in not just decreased sexual satisfaction but also a loss of intimacy in general and a risk of additional negative emotional reactions.

Instead of avoiding intercourse and thereby pain, many women continue having sexual intercourse despite of pain. Several motives for enduring painful intercourse has been identified in terms of being perceptive of the partner’s sexual needs, satisfying these needs, and because of guilt and fear of losing the partner. The behavior of endurance coping with vaginal intercourse in the absence of adequate sexual arousal and lubrication will result in further fear of the painful area and threaten to worsen symptoms. Additionally, conditioning of the pain-eliciting activity (sex) and pain will be strengthened. To continue having intercourse despite of pain, therefore increases the risk of prolonged pain and maintenance of fear, catastrophizing and avoidance.

To adapt the sexual repertoire to the context of pain in terms of increasing behavior flexibility seem to hinder the negative emotional consequences of vulvovaginal pain. This behavior strategy is characterized by approach rather than emotional avoidance and preliminary evidence has shown this strategy to be linked to maintained sexual function

Although the strategies for handling vulvovaginal pain have been identified previously in most pain-populations, there is a lack of knowledge regarding the interplay between interpersonal and intrapersonal aspects in emotion-regulation in pain. It is difficult to conjure up a pain problem that more eloquently illustrates that social (a partner) and psychological (fear, guilt and avoidance) are crucial elements.
ABSTRACT
Living with chronic pain often feeds avoidance of behaviours that provokes more pain (Fordyce, 1976). These patterns of avoidance are negatively reinforced since avoidance behaviours lead to less pain for the moment, but often to inactivity and disuse in the long term: muscular dystrophy, lowered cardiovascular endurance, and lowered neuromuscular coordination (Verbunt, Seelen, & Valeyen, 2004). Furthermore, a change in neural response profile, so called cortical reorganization, occurs in cortical sensory and motor areas. By targeting immobilisation and cortical reorganisation, using cognitive behavioural (exposure to avoided activities), sensory (sensory re-education), and motor (mirror visual feedback) strategies, function in individuals with chronic pain can be increased (Moseley & Flor, 2012).
EMOTION REGULATION IN CHRONIC PAIN PATIENTS WITH EMOTIONAL DIFFICULTIES: A DBT-INSPIRED EXPOSURE TREATMENT

Speaker: Katja Boersma, Örebro University

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ABSTRACT
Co-occurring pain and emotional difficulties are strikingly common and a true challenge in the clinic. Nearly all pain patients suffer from some kind of emotional distress. Difficulties with emotion regulation has been pointed out as one core process, which may explain the high co-occurrence of pain and emotional distress. Current treatments have not succeeded in helping pain patients with high levels of emotional distress, and therefore a new treatment approach has been developed, based on emotion regulation theory, DBT and exposure techniques. This presentation will describe the theory behind this new intervention and present preliminary data from a randomized controlled trial in patients with chronic pain and emotional distress. This trial compares the effectiveness of a DBT inspired exposure treatment with internet-based CBT for chronic pain.
IMPLEMENTATION AND DEVELOPMENT ISSUES IN ICBT FOR CHILD ANXIETY IN RURAL SWEDEN

Speaker: Sarah Vigerland, Karolinska Institutet

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ABSTRACT
Feasibility and clinician’s experiences of internet-delivered CBT (ICBT) were explored in a pilot study in a rural part of Sweden. The program content was developed by clinical psychologists in collaboration with an interaction designer, and has undergone major revisions after being evaluated in two previous studies. Psychologists at an outpatient CAMHS unit were trained to conduct assessments and provide ICBT for children. Nineteen children with a principal anxiety disorder were recruited from the clinic during a six-month period and received twelve weeks of therapist led exposure-based ICBT.

Recruitment was quite slow, and three families dropped out of treatment. Clinicians were positive towards working with ICBT but emphasized the importance of adjusting assessments to a regular care setting. Outcomes were promising and will be presented briefly.
COOL KIDS ONLINE DEVELOPMENT AND TRIAL IMPLEMENTATION

Speaker: Lauren McLellan, Macquarie University, Sydney Australia

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ABSTRACT

Aim: Anxiety disorders are a common mental disorder in children. Cognitive behavioural treatments like the Cool Kids program, developed at the Centre for Emotional Health Macquarie University, are efficacious. Improving access to care is an essential next step in the dissemination of effective treatments for anxiety disorders, particularly in Australia, given the vast regional and remote areas. The aim of this project is 1) to translate the face-to-face Cool Kids program for online delivery, and 2) conduct a randomised clinical trial comparing treatment and waitlist conditions to evaluate the efficacy and user satisfaction of the internet-delivered program for treating childhood anxiety disorders.

Method: Experienced clinicians will translate the Cool Kids program for online delivery by creating engaging videos and activities to provide psychoeducation and teach cognitive-behavioural skills. Approximately 90 children (7 – 12 years) with a diagnosed primary anxiety disorder (according to DSM-5) will be randomised to either receive treatment immediately or after a 10-week delay. Parents and children will be assessed pre-treatment, post-wait and/or post-treatment and at 6 month follow-up. Parents and children will together complete the 8-lesson Cool Kids Online program over 10 weeks. In addition, families will receive brief weekly phone calls from a clinician and automated emails notifying them when new lessons become available and encouraging skill practice. Outcomes will be assessed according to changes in diagnosis, global functioning, symptoms (parent and child report), quality of life and program satisfaction.

Results: The Cool Kids Online program content will be presented along with results from the first wave of the RCT (pilot data, n = approximately 20). It is expected that Cool Kids online will result in greater remission of primary diagnoses, symptom reduction, reduction in life interference, and improvements in quality of life compared to waitlist. It is expected that participants will be satisfied with the Cool Kids online program.

Conclusion: The evaluation of the Cool Kids program delivered over the internet will allow a world-renowned program to be accessed nationally by parents and children with anxiety disorders, including those in regional and remote communities who often have limited access to efficacious treatments.
ID-46 INCLUDED IN S24-HILL

NAVIGATING THE CHALLENGES OF DEVELOPING AND DISSEMINATING ONLINE AND SMARTPHONE APPLICATION TREATMENTS FOR CHILDHOOD ANXIETY DISORDERS IN THE UK

Speaker: Claire Hill, University of Reading, United Kingdom
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Cathy Creswell, University of Reading, United Kingdom

ABSTRACT
The development and evaluation of online psychological treatments (e-therapies) is typically focused on demonstrating acceptability, feasibility, clinical efficacy and cost-effectiveness. However, an important challenge is the successful dissemination of e-therapies beyond the realm of academic evaluation into routine clinical practice. Consideration of the scalability and sustainability of the e-therapy beyond the research trials is crucial in the research planning in order to maximise adoption within the NHS or other healthcare settings. This paper presents a navigation of these challenges within the UK and an approach to adoption of e-therapies within the NHS. This will be considered alongside the development and evaluation of an online and smartphone application treatment for anxiety disorders in children aged 5-12 years old. The treatment is aimed for use within NHS clinics and it is based on a therapist-supported, parent-led approach that has been demonstrated to be effective as a face-to-face therapy. A digital roadmap will illustrate the rapid iterative design approach taken towards the development of the treatment within a usability study, a case-series study to demonstrate the initial acceptability, feasibility and effectiveness of the e-therapy, a multisite randomised controlled trial to show clinical efficacy and cost-effectiveness, and ultimately through to adoption within the NHS. Adapting this approach for e-therapies to manage child anxiety within a community setting as a public health intervention will also be explored.
DEVELOPING A “BLENDED” E-HEALTH INTERVENTION FOR YOUTH WITH ANXIETY DISORDERS

Speaker: Maaike Nauta, University of Groningen, the Netherlands

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ABSTRACT

“Blended” interventions are internet-based interventions that combine face-to-face contacts with online working assignments and therapist feedback, possibly integrating the advantages of both. Over the past decade, many initiatives have been undertaken to develop online interventions for childhood anxiety. Even though a recent meta-analysis showed positive effects for internet-based CBT on anxiety in youth (Ebert et al., 2015), we need to further develop and discuss the most beneficial format, the implementation of such an intervention and the consequences for the families and the therapists.

Method. Our group developed an internet-based therapist-assisted version of the Coping Cat intervention (Kendall, 1990): blended Coping Cat (Nauta, Vet, & Kendall, 2012). We discuss how we adapted the 16-session format to a flexible 8-module blended intervention, incorporating therapist and child feedback, trying to make full use of the possibilities of the internet. Next, we implemented the program at various locations of some large mental health outpatient clinics in the Netherlands. All therapists were experienced with working with the face-to-face Coping Cat intervention before working with the blended format.

In an open trial, including 56 youth (aged 8-18 years) with anxiety disorders, we evaluated pretreatment preferences with regard to online, face-to-face, or blended treatment from the child/parent’s, and therapist’s perspective. During intervention sessions, we monitored the experiences of therapists. Also, treatment satisfaction was evaluated at posttreatment by means of closed and open essay questions.

Results. The majority of children (55%), parents (73%), and therapists (92%) reported a pretreatment preference of blended care over pure online or pure face-to-face treatment. None of the therapists preferred pure online treatment, whereas some children (13%) and parents (3%) did. The intervention was mostly well-received, with positive comments on the lay-out and possibilities of the program. During intervention meetings and in the evaluation, therapists reported challenges and benefits of blended care. The main challenge was the child’s avoidance to login to the web-based program, to work through some skills training or to report on exposure exercises. This avoidance was thought to be mostly inherent to the disorder, or in some cases to be attributed to a lack of child motivation, or to a difficulty to plan and organize. The main benefits therapists reported were the focus on autonomy and personal choices, and the possibility to frequently encourage children and provide feedback on their work.

Discussion. Blended CBT is well-received by therapists and families at first sight. However, the format seems to require specific therapeutic skills. In the symposium, we will discuss the process of implementation of our blended CBT program, and share some of our experiences and strategies.


TARGETING RUMINATION IMPROVES EFFICACY OF CBT FOR MAJOR DEPRESSION

Speaker: Morten Hvenegaard, University of Copenhagen

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Edward Watkins, University of Exeter

ABSTRACT

Introduction. Cognitive Behavioural Therapy (CBT) is an effective treatment for unipolar major depression. However one third of patients do not achieve remission and 30 to 50% of patients experience residual symptoms at the end of treatment. Although, Rumination-focused Cognitive Behavioural Therapy (RFCBT) is effective in treating residual depression and preventing depression by targeting rumination, its efficacy for treating current episodes of major depression has not been established. The aim of this trial was to compare the efficacy of RFCBT with the efficacy of CBT for the treatment of current episodes of major depression.

Method. The trial was conducted as a two arms parallel group, assessor blinded, randomised controlled trial. One hundred and thirty one patients with current diagnosis of major depressive disorder were recruited from a secondary care outpatient clinic and randomly allocated 1:1 to 12 weeks of group based RFCBT (n = 66) or group based CBT (n = 65). Primary outcome was depressive symptoms at the end of treatment, and secondary outcomes were level of anxiety and rumination at end of treatment.

Results. An intention to treat analysis (n = 131) found that group RFCBT produced a significantly greater reduction on the primary outcome of depressive symptoms at end of treatment than group CBT (mean difference on HRSD = 2.6, p = 0.023). An intention to treat analysis (n = 131) found that group RFCBT produced a greater reduction on the secondary outcome of anxiety symptoms at the end of treatment than group CBT (mean difference on GAD-7 = 2.6, p = 0.009), but not on rumination (mean difference on RRS = 4.5, p = 0.13).

Discussion. The study is the first directly to compare the efficacy of group based RFCBT to group based CBT in well-powered randomised controlled superiority trial. Both treatments reduced levels of rumination, but against expectation we did not find a statistical significant difference between treatment conditions in post-treatment level of rumination. An attrition rate of 1/3 for questionnaire data suggests that these results must be interpreted with caution.

Conclusion. Results indicate that group-based RFCBT may be a promising alternative to CBT for the treatment of current major episodes of depression, being more effective in reducing symptoms of depression and anxiety than group based CBT.

Trial Registration NCT02278224

Funding University of Copenhagen, Mental Health service in the Capital Region of Denmark and TrygFonden.
RUMINATION-FOCUSED CBT TO TREAT AND PREVENT DEPRESSION AND ANXIETY: AN OVERVIEW

Speaker: Edward Watkins, University of Exeter

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ABSTRACT
Rumination contributes to the maintenance and onset of depression and anxiety, acts as a final common pathway for multiple vulnerabilities, and is identified as a transdiagnostic mechanism (Nolen-Hoeksema & Watkins, 2011). Thus, understanding and targeting it is a potential way to improve the effectiveness and efficacy of psychotherapy. This talk briefly reviews the development of rumination-focused CBT through the translation of psychological science to treatment (Watkins, 2015), providing proof-of-principle of how psychological science can enhance interventions (Holmes et al., 2014).

Experimental studies suggest (a) rumination can be usefully conceived as a mental habit (Watkins & Nolen-Hoeksema; 2014; Hertel, 2004) with particular patterns of selective information processing implicated in its development (e.g., Koster et al., 2011; Hertel et al., 2011); (b) the consequences of repetitive thinking about negative content depend upon the thinking style adopted, with an abstract, decontextualized thinking style, characteristic of rumination, causally implicated in increased negative emotional reactivity and impaired problem solving, relative to concrete and contextualised processing (Watkins, 2008). This led to Rumination-focused CBT (RFCBT), which explicitly uses functional analysis to target rumination-as-habit, and uses exercises and experiments to shift thinking style, instead of challenging thought content. In clinical trials, RFCBT is efficacious for difficult-to-treat residual depression (Watkins et al., 2010), and outperforms standard CBT in treating major depression (Hvenneegard et al., submitted).

An internet version of FCBT (i-RFCBT) has been developed for wider coverage and to support prevention. It includes psycho-education, mood diaries, on-line experiential exercises using audio-recordings, pictures, and video vignettes of students’ experiences of the therapy. The key strategies include coaching participants to spot warning signs for rumination and worry, and then to make IF-THEN plans in which an alternative strategy is repeatedly practised to the warning signs, e.g., being more active, sopposite action, relaxation, concrete thinking, becoming absorbed, self-compassion, and assertiveness.

A Dutch prevention trial of RFCBT in 251 high-risk adolescents with elevated worry and rumination found supported i-RFCBT and group-delivered RFCBT equally reduced depressive symptoms and halved onset of depressive episodes over a one year follow-up, relative to no treatment control (Topper et al., in revision). However, incidence rates were only estimated from self-report in this trial.

In a follow-up UK prevention trial in undergraduates (RESPOND), 235 high risk young adults (aged 18-24), selected with elevated worry/rumination scores, recruited through universities and internet advertisement, were randomised to receive either guided i-RFCBT, supported by clinical psychologists or mental health paraprofessionals, unguided self-help i-RFCBT, or no treatment control. We tested whether guided i-RFCBT reduces onset of depression and/or GAD over one year, as assessed with Structured Clinical Interview for Diagnosis. We also assessed the feasibility and acceptability of data collection procedures, levels of attrition, effect size and acceptability of the unguided i-RFCBT intervention. The results of the trial will be presented.
Adolescence is a developmental period where various social, cognitive and biological changes take place. In other words, the number of stressors increase significantly during this period of time and young people need to find strategies to handle them. These strategies usually are called emotion regulation. During adolescence, the prevalence of emotional problems such as anxiety, depressive symptoms and perception of stress increase, compared to during childhood. The latter is paralleled by an increase in the use of cognitive emotion regulation strategies like worry and rumination. Interestingly, worry and rumination also seem to be risk factors and maintaining mechanisms in several different types of mental health problems. We hypothesize that the relationship between stressors and later developed emotional problems in adolescence can be mediated by how young people deal with the stressors, i.e., emotion regulation. Following that reasoning, one way to prevent emotional problems could be by developing preventive interventions that target the dysfunctional emotion regulation strategies worry and rumination. Hence, the main objective of the current study was to investigate a guided internet-based rumination-focused CBT prevention program for youths with elevated levels of stress and worry, but who are not meeting diagnostic criteria for psychiatric diagnoses of emotional problems. This study is part of a 5-year longitudinal-experimental study following adolescents that were in the 7th and 8th grades in all public high schools of three Swedish municipalities in the spring of 2014 up to the third year at the gymnasium (N = 3200). The design in the current study was a cohort randomized trial. A cluster randomization was done and 12 primary schools and six gymnasiums, in one of the municipalities, were matched regarding grades and sizes. Six primary schools (9th grade; N = 600) and three gymnasiums (1st grade; N = 800) were then randomized to the indicated preventive program, i.e., the experimental group. The adolescents in the experimental group were screened on stress and worry and received an offer to participate in the preventive intervention. 62 youths met the inclusion criteria and were further interviewed with a short structured diagnostic interview. The youths in the other schools acted as a no-contact control group since they are participants in the larger longitudinal study. Right now 37 youths in the 9th grade have started the preventive program and we are screening youths in the 1st grade for inclusion. The data collection will be finished in June and we will present the results from pre-, middle-, and post-measures (anxiety, depressive symptoms, worry and perceived stress) as well as weekly measures (worry) from the experimental group. However, there is a need for follow-up measurements to be able to say something about the preventive effect of the program on anxiety and depressive symptoms. The results will be discussed in relation to the transdiagnostic perspective.
RUMINATION-FOCUSED COGNITIVE BEHAVIOUR THERAPY FOR NON-RESPONSIVE DEPRESSION: A DANISH CASE-SERIES

Speaker: Stine Moeller, Psychiatric Research Unit, Mental Health Centre North Zealand, Copenhagen University

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ABSTRACT

Introduction. In chronic depression only half of patients respond to treatment (Kocsis, Gelenberg, Rothbaum, Klein, Trivedi, Manber, . . . Arnow, 2009). Rumination is a transdiagnostic risk-factor in predicting the onset, duration and severity of depressive symptoms in non-depressed and currently depressed individuals (Michl, McLaughlin, Shepherd, & Nolen-Hoeksema, 2013). Rumination-Focused Cognitive Behaviour Therapy (RFCBT) has shown effect in reducing depression and preventing relapse in chronic and medication-refractory residual depression (Watkins, Scott, Wingrove, Rimes, Bathurst, Steiner, . . . Malliaris, 2007; Watkins, Mullan, Wingrove, Rimes, Steiner, Bathurst, . . . Scott, 2011), as well as currently moderately to severely depressed patients (Hvenegaard, Moeller, Poulsen, Rosenberg, Gondan, Grafton, . . . Watkins, 2016). The current case-series investigated the feasibility and effect of individual RFCBT for patients with chronic and treatment-resistant moderate to severe depression.

Method. Twelve patients with chronic and treatment-resistant depression were recruited from and treated within an outpatient mental health service in Denmark. The treatment consisted of 12-16 individual sessions of RFCBT conducted over a period of 4 months. Assessment was conducted weekly, where the primary outcome was HDRS-17-item. Secondary outcomes included rumination, worry, well-being, and social functioning.

Results. Preliminary results on primary and secondary measures for patients will be presented, examining detailed patterns of symptomatic and functional change based on the weekly assessments.

Discussion. It is hoped results from this case series will generate more knowledge regarding the mechanisms behind symptomatic change in chronic treatment resistant depression and the potential role rumination plays in these changes.
CARE DEPENDENCY IN MENTAL HEALTH CARE: UNWANTED SIDE-EFFECT OR CRUCIAL INGREDIENT OF PSYCHOLOGICAL TREATMENTS?

Speaker: Naline Geurtzen, Radboud University, Behavioural Science Institute, The Netherlands

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ABSTRACT
Dependency of patients towards their treatment or therapist is a well-known phenomenon in daily clinical practice. Many clinicians recognize some of their patients being passive, submissive, clinging, and helpless. In the scientific literature as well as in clinical practice, dependency is often seen as a patient-characteristic (e.g. Bornstein, 2005). However, historically care dependency is conceived as an unwanted side-effect of treatments, especially of long term inpatient treatments (i.e. hospitalization, Goffman, 1961). The notion of dependency as side-effect of treatments is also mentioned in more recent papers, in which it has been questioned whether dependency should be seen as a negative side-effect, or whether some degree of dependence is necessary in the psychotherapeutic relationship to result in an effective treatment (Berk & Parker, 2009).

Inspired by the interdependence theory (Rusbult et al., 2005) we hypothesized that care dependency can be defined as the absence of perceived alternative options to achieve the desired goal, e.g., a reduction of symptoms. In addition, we expected dependency to manifest itself in at least two possible ways; a passive-submissive dependency versus an active-emotional dependency. Based on these hypotheses the first step was to develop and test a self-report questionnaire to measure care dependency among adult outpatients in mental health care, and to validate this questionnaire with other dependency measures. The second step was to correlate care dependency with other clinically relevant constructs (i.e., symptom severity, demoralization, therapeutic alliance, and social support) to explore whether patients’ dependency should be seen as functional or dysfunctional for the treatment.

Questionnaires were completed by 742 patients diagnosed with either a depressive disorder, anxiety disorder, a personality disorder or mixed mild symptoms. Results suggested a four-dimension solution of the questionnaire; lack of perceived alternatives, submissive dependency, passive dependency, and active-emotional dependency. Cronbach’s alpha’s and test-retest reliabilities of the dimensions were all shown to be adequate to good, and the care-dependency questionnaire was also distinguishable from other dependency measures.

Results of the second step showed that higher levels of care dependency were related to more severe psychiatric symptoms and higher levels of demoralization. However, higher levels of care dependency were also related to a better quality of the therapeutic alliance, except for the passive dependency dimension. Mixed results have been found with regard to perceived social support. In sum these results might suggest that higher levels of care dependency are functional for the psychological treatment, in the sense that higher levels of dependency can be the consequence of more severe complaints, but are also related to a better therapeutic alliance which is an important factor of an effective treatment. However, future research is needed to determine the causal direction of these associations, as well as the predictive value of care dependency on treatment outcomes and treatment duration.
NEGATIVE EFFECTS OF PSYCHOTHERAPY: COMPARISON BETWEEN A SAMPLE FROM A PSYCHOSOMATIC AND A PSYCHIATRIC HOSPITAL

Speaker: Julia Rheker, Department of Clinical Psychology and Psychotherapy, Philipps-Universität Marburg, Marburg, Germany

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ABSTRACT
Although disregarded for a long time within psychotherapy research, studies focus more and more on negative effects of psychotherapy. Meanwhile their occurrence is widely acknowledged among researchers and clinicians. Studies showed the occurrence of negative effects in different settings, such as inpatient and outpatient treatment centers and within internet-based treatments. Particularly in Germany, most studies focused on negative effects in samples from psychosomatic hospitals. Our study aimed at identifying how often negative effects occur in patients from a psychiatric hospital compared to patients from a psychosomatic sample. In addition, predictors for the occurrence of negative effects should be identified. Data were collected in a psychosomatic (n = 94) and in a psychiatric hospital (n = 53) in Germany. Negative effects of psychotherapy were assessed post-treatment with the Inventory for the Assessment of Negative Effects of Psychotherapy. Preliminary results show that 46.3% (M = 0.87, SD = 1.27) of patients from the psychosomatic sample and 58.5% (M = 1.47, SD = 1.69) of patients from the psychiatric sample reported at least one negative effect that was attributed to the treatment. Differences between groups are statistically significant (p = 0.017). The results show that there is a difference in experiencing negative effects of psychotherapy in patients from a psychiatric and a psychosomatic hospital: Patients from a psychiatric hospital tend to report more treatment attributed negative effects. Further analyses have to reveal potential predictors.
NEGATIVE EFFECTS OF PSYCHOLOGICAL TREATMENTS: AN EXPLORATORY FACTOR ANALYSIS OF THE NEGATIVE EFFECTS QUESTIONNAIRE FOR MONITORING AND REPORTING ADVERSE AND UNWANTED EVENTS

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ABSTRACT
Research conducted during the last decades has provided increasing evidence for the use of psychological treatments for a number of psychiatric disorders and somatic complaints. However, by focusing only on the positive outcomes, less attention has been given to the potential of negative effects. Despite indications of deterioration and other adverse and unwanted events during treatment, little is known about their occurrence and characteristics. Hence, in order to facilitate research of negative effects, a new instrument for monitoring and reporting their incidence and impact was developed using a consensus among researchers, self-reports by patients, and a literature review: the Negative Effects Questionnaire. Participants were recruited via a smartphone-delivered self-help treatment for social anxiety disorder and through the media (N = 653). An exploratory factor analysis was performed, resulting in a six-factor solution with 32 items, accounting for 57.64% of the variance. The derived factors were: symptoms, quality, dependency, stigma, hopelessness, and failure. Items related to unpleasant memories, stress, and anxiety were experienced by more than one-third of the participants. Further, increased or novel symptoms, as well as lack of quality in the treatment and therapeutic relationship rendered the highest self-reported negative impact. In addition, the findings were discussed in relation to prior research and other similar instruments of adverse and unwanted events, giving credence to the items that are included. The instrument is presently available in eleven different languages and can be freely downloaded and used.
FOR BETTER OR WORSE: AN INDIVIDUAL PATIENT DATA
META-ANALYSIS OF DETERIORATION AMONG PARTICIPANTS RECEIVING INTERNET-BASED COGNITIVE BEHAVIOR THERAPY

Speaker: Kristoffer Magnusson, Division of Psychiatry, Department of Clinical Neuroscience, Karolinska Institutet, Stockholm, Sweden

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ABSTRACT
Objective: Psychological treatments can relieve mental distress and improve well-being, and the dissemination of evidence-based methods is believed to aid patients in gaining access to the right type of help. Meanwhile, Internet-based cognitive behavior therapy (ICBT) has shown promising results for many psychiatric disorders. However, research on the potential for negative effects of psychological treatments has been lacking. Method: An individual patient data meta-analysis of 29 clinical trials of ICBT (N = 2866) was performed using the Reliable Change Index for each of the primary outcome measures to distinguish deterioration rates among patients in treatment and control conditions. Statistical analyses of predictors were subsequently conducted using generalized linear mixed models. Missing data was handled by multiple imputation. Results: Deterioration rates were 122 (5.8%) in treatment and 130 (17.4%) in control conditions, yielding a total of 252 (8.8%). Patients in a control condition had higher odds of deteriorating, Odds Ratios (OR) 3.10, 95% Confidence Interval (CI) [2.21-4.34]. Clinical severity at pre treatment was related to lower odds, OR 0.62, 95% CI [0.50-0.77], and 0.51, 95% CI [0.51-0.80], for treatment and control conditions. In terms of sociodemographic variables, being in a relationship, 0.58, 95% CI [0.35-0.95], having at least a university degree, 0.54, 95% CI [0.33-0.88], and being older, 0.78, 95% CI, [0.62-0.98], were also associated with lower odds of deterioration, but only for patients assigned to treatment. Conclusion: Deterioration among patients receiving ICBT is not uncommon and should be monitored by researchers in order to reverse a negative treatment trend.
DEVELOPMENTALLY ADAPTED COGNITIVE PROCESSING THERAPY - A TREATMENT FOR ADOLESCENT PATIENTS WITH PTSD AFTER CHILDHOOD ABUSE

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ABSTRACT

Background: Childhood sexual abuse and childhood physical abuse (CSA and CPA) have severe psychopathological consequences. To provide a treatment tailored to the specific needs of adolescents suffering from abuse-related posttraumatic stress disorder (PTSD), we modified Cognitive Processing Therapy (CPT) by adding new treatment modules and changing the therapy setting.

Method: To evaluate the feasibility and efficacy of Developmentally Adapted CPT (D-CPT), we treated 12 adolescents suffering from PTSD secondary to CSA or CPA. Patients were assessed prior to treatment (t0), post-treatment (t1), and 6 weeks after treatment (t2). Assessments included the Clinician-Administered PTSD Scale (CAPS), the UCLA PTSD Index (UCLA), the Children’s Depression Inventory (CDI), the Adolescent Dissociative Experiences Scale (A-DES), and the Borderline Symptom List (BSL-23).

Results: MANOVAs revealed that symptom measures significantly differed across time points. When comparing t0 with t2, Cohen’s d was large with respect to the CAPS scores (d = 1.45, p < .001) and the UCLA scores (d = 1.91, p < .001). Cohen’s d had a medium magnitude with respect to the CDI scores (d = .78, p < .01), the A-DES scores (d = 0.64, p < .05), and the BSL-23 scores (d = 0.74, p < .01). D- Evaluation of treatment outcome of therapists novice to the treatment indicate that D-CPT is easy to implement.

Discussion: CPT has the potential to reduce PTSD symptoms and comorbid psychopathology in adolescents with histories of CSA or CPA.
DEVELOPMENTALLY ADAPTED COGNITIVE PROCESSING THERAPY FOR ADOLESCENTS AND YOUNG ADULTS WITH PTSD SYMPTOMS AFTER PHYSICAL AND SEXUAL ABUSE – ANALYSIS OF BASELINE DATA AND PERPETRATOR EFFECTS

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ABSTRACT
Background: Sexual and/or physical abuse (SA/PA) is known to have severe psychopathological consequences. Little treatment research has been carried out with adolescents and young adults. We aim to evaluate a developmentally adapted Cognitive Processing Therapy (D-CPT) for Posttraumatic Stress Disorder (PTSD) after SA/PA in this age group. This presentation focuses on the baseline data.

Methods: In a multicenter randomized controlled trial D-CPT is being compared to treatment as usual (TAU). 88 patients aged 14-21 were included at three treatment sites with 44 randomized to TAU and 44 to D-CPT. Patients were assessed at baseline with standardized clinical interviews (SKID, CAPS-CA) and questionnaires focusing on self-reported posttraumatic- and borderline symptoms, dissociation and severity of depression (UCLA; A-Des, BSL-25, BDI II)

Results: Patients showed severe posttraumatic symptoms in interview (CAPS-CA: M = 65.9, SD = 22.1) and questionnaires (UCLA: M = 42.1, SD = 12.1). Patients traumatized by peers were more impaired than those victimized by adults.

Discussion: Patients who participated in D-CPT study are severely distressed and show a wide range of symptoms in multiple domains.
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EFFECTIVENESS OF TRAUMA-FOCUSED COGNITIVE BEHAVIORAL THERAPY (TF-CBT) FOR CHILDREN AND ADOLESCENTS: A RANDOMIZED CONTROLLED TRIAL IN EIGHT GERMAN MENTAL HEALTH CLINICS

Speaker: Lutz Goldbeck, University of Ulm, Child and Adolescent Psychiatry/Psychotherapy

ABSTRACT

Aims: To determine whether TF-CBT is superior to waiting-list, and to investigate predictors of treatment response.

Method: We conducted a single-blind parallel group RCT in eight German outpatient clinics with the main inclusion criteria age 7-17 years, symptom score &gt;35 on the Clinician-administered PTSD Scale for children and adolescents (CAPS-CA), and caregiver participation. Patients were randomly assigned to 12 sessions TF-CBT (n = 76) or a waiting-list (n = 83). The primary outcome was the CAPS-CA symptom score assessed at 4 months by blinded evaluators. The secondary measures were diagnostic status, the Clinical Global Assessment Scale (CGAS), self-reported and caregiver-reported PTSS (UCLA-PTSD Reaction Index), the Child Posttraumatic Cognitions Inventory (CPTCI), the Child Depression Inventory (CDI), the Screen for Anxiety-Related Disorders (SCARED), the Child Behavior Checklist (CBCL/4-18), and the Quality of Life Inventory for Children.

Results: Intention to treat analyses showed that TF-CBT was significantly superior to waiting-list on the CAPS-CA (TF-CBT: pre = 58.51 +17.41; post = 32.16 +26.02; WL:pre = 57.39 +16.05; post = 43.29 +25.2; F(1,157) = 12.3; p = .001; d = 0.50), in terms of secondary measures of the CGAS, the UCLA-PTSD-RI, the CPTCI, the CDI, the SCARED, and the CBCL/4-18, but not in terms of quality of life. Age and co-morbidity significantly predicted treatment response. Treatment effects were maintained at 6 and 12 months follow-up assessments.

Conclusions: TF-CBT is effective for children and adolescents with heterogeneous trauma types in German service settings. Younger patients with fewer comorbid disorders show most improvement.
EMOTIONAL DYSFUNCTIONS AND PSYCHOLOGICAL DISORDERS: A RESEARCH PERSPECTIVE

Speaker: Stefania Borgo, Centre for Research in Psychotherapy, Rome

ABSTRACT
In recent years trans-diagnostic approach has emerged as an interesting although incomplete alternative to the traditional psychiatric diagnosis. Many researches showed how cognitive and behavioural dysfunctions are common to different psycho-pathological conditions (Harvey et al., 2004) with the possibility of more focused interventions. Trans-diagnostic treatment manuals have been proposed also for emotional disorders (Barlow et al., 2011) and emotional self-regulation is an important therapeutic target (Borgo, 2015) for many different conditions, although the knowledge of emotional processes is scanty and almost hypothetical (Berenbaum et al., 2003). We will present here our research studies on subjective emotions, and discuss in detail the results: these show the presence of different emotional disturbances which can bring to psycho-pathological conditions. Clinical implications of our findings will be also discussed.

References
NEUROSCIENCE-BASED TRANS-DIAGNOSTIC APPROACH TO COGNITIVE AND BEHAVIOURAL THERAPY.

Speaker: Tullio Scrimali, Aleteia, Catania, Italy

ABSTRACT
The proposed contribution is focused on illustrating and discussing the important topic concerning how some recent developments of Neuroscience can be today used, in order to improve the intervention when applying a transdiagnostic approach to CBT. Tullio Scrimali recently developed and proposed a new topic named Neuroscience-based Cognitive Therapy (Scrimali, 2012). During the presentation, two main methods of Neuroscience-based Cognitive Therapy will be discussed, stemming from Neuroscience laboratories, that can be easily applied to the setting of psychotherapy. They are Quantitative EEG and Quantitative Electrodermal Activity. Such parameters, today, can be integrated into the usual setting of Cognitive and Behavioural Therapy and this can be done applying a transdiagnostic approach rather that a diagnostic one.
AN UPDATE ON COGNITIVE-BEHAVIOURAL DYSFUNCTIONS AND THEIR EFFECTIVE TREATMENT.

Speaker: Lucio Sibilia, Sapienza University, Roma, Italy

ABSTRACT
Published research studies will be summarised by the Author on the small number of cognitive, behavioural and emotional dysfunctions, which comprise the psychological disorders underlying a wide range of psychiatric conditions (Harvey & al., 2004), thus called trans-diagnostic dysfunctions (TraDD). The attempt to build a “map” will be shown, comprising the list of known TRADDs and the basic components of CBT procedures impinging upon each of them. As these TraDDs are both found in CB models of abnormal behaviours, and are open to an effective modification with CB procedures, it is proposed that CB treatments are better chosen on the basis of the assessment of patients’ TRADDs rather than on the usual diagnostic categories.

The outcomes of a randomised study on cigarette addiction will be also presented (Sibilia & Borgo, 2006), which comprised several CB and emotional procedures, each targeting different dysfunctions. The procedures could be chosen at will by the participants from the package, and choices made were self-recorded. At the end of treatment and at follow-up the degree of perceived effectiveness of each procedure was self-rated. The overall treatment program resulted very effective, the effectiveness was correlated to the use of procedures, but the number of procedures rated as useful was rather little. It is concluded that, given the high occurrence of co-morbidity obtained with the usual psychiatric diagnostic systems, and the presence of different TRADDs in a single psychiatric condition such as tobacco smoking, the effectiveness of CBT procedures could be better established on their effects on any single dysfunction. A new research agenda would therefore start, where the mentioned CB “map” could gradually grow and become a useful guiding device for clinicians.

References
TRANS-DIAGNOSTIC CLINICAL MBCT: DIFFERENT ASPECTS IN DIFFERENT DIAGNOSIS.

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ABSTRACT
Mindfulness Based Cognitive Therapy model has been found to be effective in reducing suffering and pain related to different psychopathology symptoms (Segal et al., 2002). One of the main factors that causes and maintains mental suffering is the way how people relate symptoms to their own private experience. Mindfulness techniques, within a CBT approach, are based on the idea of “not being your own thoughts” (Kabat-Zinn., 1990; Segal et al., 2002). In fact, often the problem with patient in psychotherapy is not to eliminate dysfunctional thoughts but to dis-identify and to decentrate oneself from them. One the most relevant target in clinical practice of mindfulness is to identify processes of change and mechanism of action that may help particular patients in different specific diagnosis. Generally mindfulness may promote a change process through acceptance, present experience and awareness. The aim of this practice is to encourage patients to reduce their identification with thoughts and to begin to relate to difficult thoughts as mental events and to stay with them, throughout either meditation and lifetime, rather than engaging in habitual dysfunctional reaction (Teasdale et al., 2002). Different diagnosis might require more emphasis on one element or another; for example, metacognitive awareness helps people with a diagnosis of chronic depression while people with schizoid or detached style of relating might benefits from a more participatory observational style. Obsessive Compulsive patients might be helped by focusing on present moment sensation and people with impulsive control disorder on greater awareness observing the precursors to problem behaviors (drinking, gambling or over-eating). In anxiety disorder, Mindfulness practice improve effective self regulation of anxiety related cognition, emotion, sensation and behavior (Bear, 2003). In PTSD, MBCT encourages acceptance rather than avoidance and provide a tool in facilitating exposure to feared stimuli. In psychosis the aim is to reduce stress related to positive and negative symptoms, helping patients distancing from triggering factors and dis-identifying themselves from mind events (Pinto, 2009; Pinto et al., 2007). Therefore, MBCT approach in clinical practice can be useful to improve standard protocol, emphasizing different aspect in different diagnosis.
ABSTRACT

Background. Cognitive control impairments have been identified as a risk factor for recurrent depression, placing individuals at increased risk for developing future depressive symptomatology by disrupting emotion regulation processes. Previous studies have shown that directly targeting cognitive control using a cognitive training approach may have beneficial effects in clinically depressed populations. Given that cognitive control impairments are known to predict future depressive symptomatology in RMD patients, we explored whether cognitive control training (CCT) can be used as an intervention to foster resilience to depression following remission.

Methods. We present a double-blind RCT study. 68 RMD patients were recruited and subjected to ten sessions of CCT (N = 34) or a low cognitive load training (active control; N = 34). At baseline, following two weeks of training, and at three months follow-up, cognitive transfer effects were assessed using a behavioral measure (cognitive task performance) and a self-report measure of cognitive functioning. Effects were explored on primary outcome measures brooding and depressive symptomatology. Secondary outcome measures included alternative measures for emotion regulation and residual symptomatology, along with self-reported quality of life, resilience, and disability. Both intention-to-treat and completers-only analyses were conducted.

Results. Beneficial effects of CCT were found for cognitive task performance immediately following two weeks of training (t = 4.78, p < .001) and at three months follow-up (t = 2.76, p = .007). Furthermore, completers of the training reported a reduction in cognitive complaints at follow-up (t = 2.72, p = .011). Taking into account intention-to-treat, beneficial effects of CCT were found for both primary outcome measures, brooding and depressive symptomatology (Fs > 4.69, ps < .013). Interestingly, beneficial effects of increased cognitive control over the two-week training period on depressive symptomatology at three-months follow-up, were partially mediated by immediate training effects on brooding. Furthermore, CCT yielded positive effects on secondary outcome measures for maladaptive emotion regulation, residual symptomatology, and resilience (Fs > 5.78, ps < .006).

Summary. These findings indicate the clinical potential of CCT for remitted depressed patients, reducing cognitive vulnerability for depression and stimulating resilience.
EXPLORING THE ROLE OF EXECUTIVE FUNCTIONING IN AFFECTIVE CONTEXTS IN DEPRESSION USING AN AFFECTIVE WORKING MEMORY TRAINING

Speaker: Susanne Schweizer, MRC Cognition and Brain Sciences Unit, Cambridge University

ABSTRACT

Decades of research have accumulated evidence for executive functioning deficits in individuals suffering from depression (for a review see: Snyder, 2013). However, executive functioning in depression has typically been investigated using affect-neutral neuropsychological assessments. Insights from recent studies into executive functioning in affective contexts (relative to neutral) suggest that executive functions in individuals with depression may be differentially affected by valenced stimuli compared to healthy individuals. Moreover, there is some emerging evidence that these “executive functions in affective contexts” are good predictors of depression maintaining mechanisms such as rumination.

We therefore investigated whether executive functioning in affective contexts can be improved in individuals suffering from a major depressive episode. We adapted an affective working memory task, which we previously reported to augment cognitive control of affective information and emotion regulation in healthy individuals (Schweizer et al., 2011, 2013). In the current study we randomized participants to either: a suite of affective n-back tasks or an affective placebo training condition, which was not dependent on cognitive control capacity. Transfer effects were investigated onto other measures of affective executive functioning.

We discuss our findings arguing for the importance to direct further research at understanding the impact of affective contexts on executive functioning in depression.
ABSTRACT

Background: Cognitive dysfunction in bipolar disorder (BD) is a key contributor to socio-occupational disability, the greatest socio-economic burden of the disorder. However, there are no available treatments to target patients’ cognitive deficits. Cognitive remediation (CR) interventions produce reliable improvement of cognitive function in schizophrenia. We therefore set up the first randomized controlled study of the effects of CR on cognitive dysfunction in BD.

Method: Patients with BD in full or partial remission who experienced moderate to severe subjective cognitive impairment were randomised to 12 weeks group-based CR or standard treatment (ST). The CR programme involved training of and compensation for impairments in attention, learning and memory and executive skills. Computer exercises focusing on real-life cognitive demands were conducted in the treatment sessions and as homework between sessions. Outcomes were change from baseline to week 12 in verbal memory (primary), sustained attention, executive and psychosocial function (secondary) and additional measures of cognitive and socio-occupational function (tertiary). Participants were assessed with neuropsychological tests and mood ratings at baseline and weeks 12 and 26.

Results: Of the 46 randomised participants, five dropped out and one was excluded after baseline. CR (n = 18) showed no effect on primary or secondary measures of cognitive or psychosocial function compared with ST (n = 22). However, CR improved subjective mental sharpness at week 12, and quality of life and verbal fluency at week 26 (tertiary outcomes). Although the trial turned out to have suboptimal statistical power for the primary outcome analysis, calculation of the 95% confidence interval showed that it was highly unlikely that an increase in sample size would have rendered any beneficial effects of CR vs. ST on the verbal memory. Possible explanations were that the CR programme may have been too short, not individualised enough and/or involved too low intensity computerized training that was insufficient to stimulate neuroplasticity. However, treatment effects could also have been masked by methodological issues in the trial including use of subjective (self-report) criteria to screen for cognitive impairment. Indeed, post-hoc analyses revealed no objectively-measured cognitive deficits in our cohort, which is likely to have limited patients’ scope for cognitive improvement. Other methodological challenges were the choice of primary cognition outcome, sub-syndromal symptoms and concomitant medication.

Conclusions: Short-term group-based CR did not improve overall cognitive or psychosocial function in individuals with BD in full or partial remission. Longer-term, more intensive and individualised CR may therefore be necessary. However, several methodological issues in the trial could also have masked potential treatment effects and are therefore important to tackle in future cognition trials.

Clinical trial registration: ClinicalTrials.gov NCT01457235.
ABSTRACT
Background. Cognitive control impairments are present during depression but often remain during remission. What is more, these residual impairments can be predictive of future depressive episodes. Enhancing cognitive control, by means of cognitive control training (CCT), has been shown to have a positive influence on future depressive symptomatology in some populations. One of the tasks used for this CCT is the Paced Auditory Serial Addition Task (PASAT). However, in its current form, the training may benefit from considering feedback and motivational enhancement. Research has shown that adding gamification elements can increase motivation, for starting and continuing a task. Our aim is to involve target population within the process of co-creation to adjust cognitive training using the PASAT. This step is an essential part of adjusting this cognitive training from a basic experimental paradigm to a clinical intervention that can be widely disseminated for preventative purposes.

Method. A focus group has been conducted with a remitted depressed sample, part of whom previously participated in a cognitive control training study. Moreover, a group of therapists with experience in treating depression from various backgrounds (ambulatory as well as in-patient care) were interviewed in a second focus group. Before starting the group discussions, a PASAT demo has been shown, alongside information regarding the aim and format of the CCT. Open questions and topics were presented to the group, to gather as much input as possible. These findings were discussed with a game developer who was present during these focus groups.

Results. The results of the focus groups are currently being analyzed and will be presented at the conference.
SELF-MONITORING OF POSITIVE AFFECT AS AN INTERVENTION IN DEPRESSION: A RANDOMIZED CONTROLLED TRIAL

Speaker: Claudia Simons, GGzE; Maastricht University

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ABSTRACT

Background. Experience sampling, a method in which individuals repeatedly assess their affective experiences in real-time, holds opportunities for person-tailored feedback, yet little prior application exists in mental disorders. The present study aimed to investigate whether self-monitoring with the experience sampling method (ESM) combined with feedback on patterns of positive affect may enhance personalized treatment of depression.

Methods. Depressed outpatients receiving pharmacological treatment (n = 102) were randomized into one of three arms: (1) Six weeks of ESM self-monitoring combined with weekly feedback sessions on positive affect (ESM-intervention); (2) six weeks of ESM self-monitoring combined with six weekly sessions without feedback (pseudo-intervention); (3) treatment as usual (control group).

Depressive symptoms were measured with the Hamilton Depression Rating Scale (over a period of 32 weeks after baseline); daily life affective dynamics and context were assessed using ESM (pre-intervention, during intervention, post-intervention); empowerment was assessed with the Dutch Empowerment scale (pre- and post-intervention).

Results. ESM-intervention was associated with a clinically relevant decrease in depressive symptoms during the six-month follow-up period—a decrease that was significantly larger compared to both control group and pseudo-intervention. Insufficient evidence was found for short-term mechanisms: although ESM-intervention appeared to have some positive effects compared with the control group, positive affect, negative affect, behaviour, and patient empowerment did not show significantly differences at immediate post-intervention compared with the pseudo-intervention group.

Conclusion. Combining ESM self-monitoring with feedback on positive affective responses to daily life situations may be a promising clinical tool to complement antidepressant treatment. This approach could be integrated with cognitive behavior therapy, bringing information from daily life into treatment and extending treatment into daily life.
ABSTRACT

Introduction
As there is high co-morbidity of mental disorders and high heterogeneity within categories, psychopathology of individual patients is often not adequately captured by the diagnostic DSM-5 categories. This heterogeneity increases with age and could explain the lower effectiveness of treatment of affective disorders in geriatric patients. Recently, a new approach to psychopathology has been proposed based on complex symptom dynamics, in which ecological momentary assessments (EMA) were combined with statistical network analysis (Borsboom & Cramer, 2013). This proof-of-principle case-study concerns a 67-year old female patient initially suffering from treatment-resistant mixed symptoms of anxiety and depression disorder. Residual complaints were high levels of anxiety and depression combined with feelings of derealization and depersonalization upon awakening. Symptoms generally resolved around mid-afternoon. The patient refused interoceptive exposure and is reticent to take medication because of feared side effects of both interventions. We investigated whether a personalized network based on the interrelationship between fluctuations in affect, somatic and context variables i) could be achieved and ii) provide useful information for personalized insight in symptom dynamics and intervention selection.

Method
The patient filled out items on her smartphone for two weeks, five times a day. Items were used for modeling and visualization of the variables (nodes) and the connections between these nodes in network graphs using the R-package Qgraph (Epskamp et al., 2012).

Results
Graphs were explained to the patient and her husband by her clinician and the researcher. The circadian pattern of complaints was confirmed by the EMA data. Network graphs were explained as that feeling relaxed seemed to increase physical activity, causing physical discomfort in the following hours and experiencing stress about these physical symptoms. The patient recognized the graphical network dynamics. This increased her insight that tension, expressed as (feared) somatic anxiety symptoms, played a central role was increased. This started a dialogue on how to cope with tension itself and persuaded the patient to try interoceptive exposure intervention, which she had previously rejected.

Discussion
The approach was both feasible and useful in a clinical context. However, monitoring symptom dynamics across two weeks may not be generalizable to a random other two weeks in the patients’ life.

Conclusion
This innovative approach enlarged insight in the patient’s symptom dynamics and guided intervention selection. Personalized diagnosis of psychopathology incorporating daily symptom dynamics is a promising addition to current categorical diagnostic systems that merits further exploration.

References
THE IMPACT OF TREATMENTS FOR DEPRESSION ON THE DYNAMIC NETWORK STRUCTURE OF MENTAL STATES: TWO RANDOMIZED CONTROLLED TRIALS

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ABSTRACT

Introduction. In view of the high relapse and recurrence rates in depression, research is needed on whether treatments for depression effectively reduce vulnerability underlying depression. Evidence is growing that emotional vulnerability to depression may be characterized by strong negative feedback loops between negative mental states from one moment in time to the next, which can be revealed by strong connections within a dynamic network of mental states. This study aims to examine whether Mindfulness-Based Cognitive Therapy (MBCT) and treatment with imipramine reduce the connectivity within dynamic networks of mental states in individuals with depressive symptoms.

Method. The study concerns an analysis of two randomized controlled trials. In the Imipramine trial, 50 patients diagnosed with major depression were randomized to six weeks of imipramine treatment or placebo-pill treatment. In the Mind-Maastricht trial, 119 patients with residual depressive symptoms were randomized to an 8-week MBCT or to an 8-week waiting-list control condition. It was examined whether the time-lagged associations within networks of mental states (i.e., down, agitated, insecure, worried, and cheerful as assessed with the Experience Sampling Methodology (ESM)) changed from baseline to post-intervention and whether the change in dynamic network structure differed between the treatment conditions.

Results. Few of the dynamic network connections changed significantly from baseline to post-intervention in the imipramine and MBCT groups and few of these changes differed significantly from the control groups. Although average node connectivity increased in the waiting-list control group and decreased in MBCT, these changes did not significantly differ between the two groups. Average node connectivity did not change in the imipramine group and increased in the placebo group.

Discussion. The study illustrates that, even when symptoms do decrease, underlying emotional vulnerability may remain unaffected by psychological or pharmacological treatment. This may explain why many individuals remain vulnerable for relapse or recurrence of depression after successful treatment of their symptoms.

Conclusion. Imipramine treatment and MBCT do not change the dynamic network structure of mental states, even though they do reduced depressive symptomaticatology.
MENTAL IMAGERY: A VULNERABILITY IN RECURRENT DEPRESSION?

Speaker: Christien Slofstra, University of Groningen

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ABSTRACT
Major Depressive Disorder (MDD) is a highly recurrent emotional disorder, characterized by emotional disturbances. These disturbances also play a role in the remitted phase of MDD, and relapse. Experimental studies have demonstrated that both positive and negative affect may be ‘amplified’ by imagery-based processing of emotional material; imagery elicits a stronger emotional response than verbal thought does (Holmes, Mathews, Mackintosh, & Dalgleish, 2008).

This study aimed to investigate the “emotion amplifying” quality of mental imagery in daily life. We expected to find individual differences in degree of imagery-based processing. Within-individuals, imagery-based processing was hypothesized to strengthen the effect of both negatively and positively valenced mental representations on affect. Experience Sampling Methods (ESM) were used to capture the transient processes of emotional experiences and imagery-based processing in daily life with the “Imagine your mood” smartphone application.

Previously-depressed (N = 10) and matched never-depressed (N = 11) individuals were recruited within and parallel to the RCT “Disrupting the rhythm of depression” (Bockting et al., 2011). Participants assessed their momentary affect (positive affect, negative affect, and momentary mood) and the degree of imagery-based processing (answering the question “I see it in my mind’s eye”) of their momentary mental representation ten times a day, three days a week, for eight weeks. Included participants completed on average 136 (of the maximum of 240) measurements.

There were considerable individual differences in imagery-based processing within both groups. No significant difference between the groups was found (Mann–Whitney U = 52.0, p = .83). This comparison was limited by the small sample sizes. Contrary to our expectations, preliminary results of within-individual results revealed no significant ‘emotion amplifying’ effects. In contrast, imagery-based processing of negatively valenced mental representations was associated with dampened negative affect (B = -0.04, p = .02). Furthermore, imagery-based processing was overall associated with more positive affect (B = 0.08, p < .01) and better mood (B = 0.04, p < .01).

If replicated using an experimental design in a clinical population, clinicians may be encouraged to stimulate the use of mental imagery in their treatments to increase positive affect. Using ESM in the context of the relapse prevention RCT opens up the possibility of examining a causal relationship between mental imagery and affect.

References

ABSTRACT

Using a combination of Pavlovian conditioning and indirect learning techniques, we investigated whether positive information is more effective at diminishing fear than standard extinction/exposure techniques in children. Seventy-three children aged seven to 12 years old (M = 9.30, SD = 1.62) were exposed to pictures of two novel animals on a computer screen during the fear acquisition phase. One animal was presented alone (control) and the other animal was paired with a picture of a human face expressing fear (feared animal). Children were then randomly assigned to one of three fear reduction techniques: positive information (feared animal paired with a happy face), standard extinction/exposure (feared animal without scared face/not reinforced) or a control group (no fear reduction). Changes in fear beliefs and behavioural avoidance were measured across learning phases. Results were only examined in children that demonstrated acquired fear in a self-report measure (n = 41) and behavioural avoidance (n = 45). Positive information provision and standard extinction/exposure were associated with significantly greater decreases in fear beliefs and behavioural avoidance compared to the control condition. There were no significant differences between the two experimental groups in self-reported fear beliefs. However, there was tentative evidence that positive information was more effective than standard exposure/extinction in reducing behavioural avoidance. The findings have important implications for behavioural treatments of childhood anxiety disorders. This strategic basic science study suggests that while children may report that they are less fearful following an extinction/exposure intervention, providing positive information about fear-provoking situations or stimuli may be more effective at reducing behavioural avoidance.
THE VERBAL INFORMATION PATHWAY TO FEAR IN CHILDREN: THE ROLE OF PARENTAL ANXIETY DISORDERS AND CHILDREN’S BEHAVIORAL INHIBITION

Speaker: Eline Möller, University of Amsterdam

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ABSTRACT

Introduction
Fear information is important in the development of children's fears. Behaviorally inhibited (BI) children would show larger avoidance of novel stimuli after no information than non-BI children, as they will interpret ambiguous situations as more anxiety provoking. In addition, it is assumed that children of anxious parents are more often exposed to threat information than children of non-anxious parents, as they may warn them for the potential dangers of life because of their own fears. Hence, children of anxious parents may have developed selective attention to anxiogenic stimuli, resulting in stronger fear learning after threat information. To test these hypotheses, this study examined the effects of verbal information on children's fear of novel animals and the relationship with children's BI and parental anxiety disorders.

Methods
A sample of 111 fathers and mothers with their first-born child was assessed longitudinally before the birth of the child (premeasurement) and when the child was 4 months, 12 months, 2.5 years, and 4.5 years. At age 4.5, children were exposed to threat, positive, and no information about three novel animals. After receiving each type of information, a behavioral approach task was administered and children's anxiety towards the animals was observed. Parents’ lifetime anxiety disorders were assessed with the Anxiety Disorder Interview Schedule (at the premeasurement and 4.5 year-measurement). Child BI was measured at 4 months, 12 months, and 2.5 years via structured observational tasks.

Results
Multilevel analyses showed that the main effect of type of information was significant, F(2,124) = 11.07, p < .001. Children responded with more anxiety to threat information (β = .13) compared to no (β = -.02) or positive information (β = -.02), p < .001, indicating that the manipulation succeeded. Type of information interacted with children’s BI to predict children’s anxiety, F(2,124) = 2.56, p = .081. Higher BI children showed more anxiety when they were presented with no information about the animal as compared to threat information, β = .20, p = .038. BI was unrelated to observed child anxiety for positive versus no information and versus threat information. In addition, type of information interacted with fathers’ lifetime anxiety disorder status to predict children’s anxiety, F(2,112) = 3.86, p = .024. Children of fathers without an anxiety disorder responded with more fear to threat information compared to children of fathers with an anxiety disorder whereas no difference was found for no information and positive information. Maternal anxiety did not significantly interact with type of information to predict child anxiety.

Conclusion
As expected, BI children were more reactive when receiving no information about the animal as compared to threat information relative to non-BI children. This may indicate that BI children perceive ambiguous situations as most frightening. Opposite to expectations, children of fathers with an anxiety disorder did not respond with more anxiety towards threat information than children of fathers without an anxiety disorder. It thus seems that children of anxiety disordered fathers become somewhat ‘numb’ to threat information, possibly because they have repeatedly been exposed to threat information.
ID-85 INCLUDED IN S31-ASKEW

THE PREVENTION AND REDUCTION OF VICARIOUSLY LEARNED FEARS IN CHILDHOOD

Speaker: Chris Askew, Kingston University

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ABSTRACT

Introduction:
Evidence indicates that children can learn to fear a stimulus by observing someone else’s fear of it. This vicarious learning can increase children’s fear cognitions, avoidance behaviour and physiological responses for the stimulus. A series of experiments examined interventions to prevent or reduce vicariously learned fear responses.

Method:
Approximately 200 children aged 6 to 11 years took part in four experiments examining the prevention or reversal of vicarious fear learning. Vicarious learning consisted of children watching 10 animal-face pairing trials, in which a previously unencountered animal was seen together with a scared face. Learning for the animal was compared to learning for a control animal seen on its own (with no faces) in 10 trials. Measures were taken of children’s fear beliefs, avoidance, heart rate and attentional bias for animals. In Experiment 1, children received one of two prevention manipulations: either psychoeducation or factual information about the animals. In Experiment 2, prevention manipulations consisted of either positive modelling with animals (immunisation) or neutral presentations of the animals (latent inhibition) prior to fear learning. A third experiment attempted to reduce fear immediately post-learning by telling children the model was less scared of the animals than they appeared (US revaluation). Finally, in Experiment 4, children saw previously fear-paired animals with positive faces (post-learning positive modelling).

Results:
1) Vicarious fear learning can increase children’s fear beliefs, avoidance, heart rate and attentional bias for stimuli; 2) Positive or neutral familiarity with a stimulus (but not the psychoeducation used here) can prevent subsequent vicarious fear learning; 3) Fear learning is reduced if children are told the fear model was less afraid than they originally believed; and 4) Positive modelling can reduce fear of a stimulus after a vicarious learning event, including a reduction in avoidance, heart rate responding and attentional bias for the stimulus.

Discussion:
Children’s beliefs about how afraid a model is of a stimulus can still be changed following vicarious learning and this can reduce fear learning. Positive observational learning (positive modelling) can both prevent future vicarious fear learning and reverse existing vicariously learned fear responses in this age group.
ID-230 INCLUDED IN S31-ASKEW

SOCIAL SAFETY LEARNING THROUGH VICARIOUS EXTINCTION

Speaker: Andreas Olsson, Karolinska Institutet

ABSTRACT
Learning the predictive value of cues and situations in the environment through observing the responses of a conspecific ('model') is common across species. Vicarious learning might be especially advantageous in potentially dangerous environments, because it does not necessitate direct personal experiences. Growing research literature on imitation, social referencing, shared attention, and observational/vicarious fear learning provide important insights into this form of social sharing of threat information. Of equal importance, however, is to understand social transmission of safety information. Whereas our knowledge of social threat learning is rapidly increasing, far less is known about social safety information and its impact on behavior. In my presentation, I will discuss new studies using behavioral and physiological measures to examine the mechanisms supporting social safety learning ('vicarious extinction') in adults. In these studies, following fear conditioning to a particular stimulus, participants watch a calm looking model confronting the feared stimulus without any negative consequences. The results show that shared, as compared to only personal, safety experiences enhance extinction of conditioned fear. Importantly, following a reinstatement procedure, vicariously extinguished fear does not recover, which is commonly observed following traditional extinction learning. Using functional resonance imaging (fMRI) to study activity in the brain's neural networks during vicarious extinction and recovery, we demonstrate that the success of vicarious extinction depends on activity in the ventral medial pre-frontal cortex. These results suggest that vicarious and direct extinction recruit partly overlapping basic brain mechanisms. Unlike traditional extinction, vicarious extinction is social in nature, and therefore dependent on social information. This fact will be illustrated by recent findings showing that the success of vicarious extinction relies on that the safety model belongs to the same ethnic group as the learner.
ABSTRACT

Nonsuicidal self-injury (NSSI) and disordered eating can both be seen as different forms of self-harm. When effective emotion regulation strategies are lacking, the own body can be misused to cope with difficult emotions and situations. So far, most studies investigating the link between NSSI and disordered eating were conducted with samples consisting of adolescents with an eating disorder.

The current study compares the eating behavior of adolescents with NSSI disorder (n = 50), clinical control adolescents (CC) with mental disorders other than NSSI (n = 26), and nonclinical control adolescents (NC) without mental disorders (n = 49).

It is examined if group membership influences the correlations between emotion regulation and eating behavior, and how frequent eating disorders or disordered eating are in adolescents with NSSI disorder. Data are obtained with the Eating Disorder Examination-Questionnaire (EDE-Q) and the Difficulties in Emotion Regulation Scale (DERS). NSSI disorder is assessed according to the DSM-5 research criteria and the Functional Assessment of Self-Mutilation (FASM). Results indicate that adolescents with NSSI differ significantly from control adolescents regarding eating behavior and emotion regulation. There is an almost linear trend in impairment, increasing from NC over CC to adolescents with NSSI. Group membership seems to influence the correlation between certain emotion regulation difficulties and disordered eating. Further results will be presented and discussed.
ABSTRACT

Objective: Deliberate self-harm (DSH; also known as non-suicidal self-injury) is a common and serious global health problem. In order to increase the availability of evidence-based treatments for individuals with DSH, we conducted an effectiveness study of Emotion Regulation Group Therapy (ERGT; Gratz et al., 2014). ERGT is a 14-week adjunctive treatment for DSH among women with borderline personality disorder (BPD) that targets both DSH and its proposed underlying mechanism of emotion dysregulation. ERGT has shown promising results in several efficacy trials. However, its effectiveness when delivered by community clinicians remains unknown.

Method: 95 women (mean age = 25.1 years) with BPD (70% met full criteria for BPD) or subthreshold BPD features (≥ 3 criteria) and repeated DSH were enrolled in a nationwide multi-center effectiveness trial of ERGT. This trial used a within-group study design with assessments at pre-treatment, post-treatment and 6-month follow-up. Study therapists (N = 28) had different professional backgrounds and received brief intensive training in delivering ERGT prior to trial onset.

Results: 92% of the participants contributed post-assessment data and 82% contributed with follow-up data. At post-treatment, analysis based on multiple imputation data showed medium strong effect sizes on DSH (d = 0.49, p < .001) as measured with the Deliberate self-harm Inventory (Gratz, 2001) and these reductions were further significantly improved at 6-month follow-up with a large pre-to follow-up effect size (d = 0.93, p < .01). There were significant improvements on emotion dysregulation (d = 0.70, p < .01), impulsive and destructive behaviors (d = 0.41, p < .001), depression (d = 0.46, p < .01) and stress (d = 0.28, p < .05) at post-treatment. These effects were either maintained or further strengthened at 6-month follow-up.

Conclusions: ERGT may be a feasible and effective treatment of DSH, emotion dysregulation and psychiatric symptoms - also when delivered by community clinicians treating referred patients in regular psychiatric outpatient care.
ABSTRACT
The purpose of this study was to examine the relationship between various adverse childhood experiences, alexithymia, and dissociation in predicting nonsuicidal self-injury (NSSI) in an inpatient sample of female adolescents. Seventy-two adolescents (aged 14-18 years) with NSSI disorder (n = 46) or mental disorders without NSSI (n = 26) completed diagnostic interviews and self-report measures to assess NSSI disorder according to the DSM-5 criteria, childhood maltreatment, alexithymia, and dissociation. Alexithymia and dissociation were highly prevalent in both study groups. Multivariate logistic regression analyses indicated that only alexithymia was a significant predictor for NSSI, whereas childhood maltreatment and dissociation had no predictive influence. The association between alexithymia and NSSI emphasizes the significance of emotion regulation training for female adolescents with NSSI. Efforts to reduce NSSI behavior should therefore foster skills to heighten the perception and recognition of one’s own emotions.
NONSUICIDAL SELF-INJURY IN ADOLESCENTS: CHARACTERIZATION OF THE DISORDER AND THE ISSUE OF DISTRESS AND IMPAIRMENT

Speaker: Maria Zetterqvist, Department of Child and Adolescent Psychiatry, Linköping university

ABSTRACT
NSSI is a highly relevant topic due to its inclusion in Section III of the fifth version of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) as a condition in need of further study (American Psychiatric Association, 2013), encouraging future empirical research. Research on the suggested DSM-5 NSSI disorder (NSSID) has recently emerged, resulting in preliminary empirical data on the validity of the potential diagnosis and its suggested criteria. The present study examined the NSSID diagnosis and specifically investigated the distress/impairment criterion by comparing community adolescents who met all criteria for NSSID (n = 186) to adolescents with five or more NSSI episodes (n = 314), and to a group of adolescents who met all diagnostic criteria but negated that their NSSI caused them any distress or impairment, thus failing to meet criterion E (n = 29). Can potential differences between groups shed some light on the lack of distress/impairment experienced by this group? Results show that there were some differences concerning self-injurious thoughts and behaviors, as well as experiences of negative life events and levels of trauma symptoms between groups that contribute valuable information on the potential NSSID diagnosis, as well as the ongoing discussion of the distress/impairment criterion.
ABSTRACT
Introduction. Nonsuicidal Self-Injury (NSSI) is prevalent among adolescents in Europe and often presents as clinically challenging phenomenon. In addition to research about risk factors, recent years have seen an increasing number of neurobiological findings with regard to self harm. Methods: Based on the current literature of neurobiological findings in adolescent NSSI, a model will be constructed to unite results from several studies. Results: The presentation will be focused on recent neurobiological insights in NSSI. This includes research on physical and social pain as well as studies on altered emotion regulation. Conclusion: The applicability of information gained from neurobiological studies for CBT approaches will be discussed.
EXPLORING THE EFFECTS OF OCD SYMPTOMS AND DISORDER-RELEVANCE ON INHIBITION

Speaker: Laura De Putter, Ghent University

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ABSTRACT

Introduction: There is mixed evidence on the association between Obsessive Compulsive Disorder (OCD) and a deficit in inhibition. Moreover, in the studies that do find a deficit in inhibition the direction of the influences of intrusive thoughts and inhibitory control is still unclear. In order to clarify the relationship between OCD and inhibition, this study explored whether a deficit in inhibition could be specific for a symptomatic state and specific for disorder-relevant stimuli especially for subclinical participants. Furthermore, we explored whether baseline capacity to inhibit disorder relevant stimuli could predict the magnitude of an increase of symptoms after an induction of OCD symptoms. Method: For this purpose, 91 students were selected on high and low contamination fear. The Stop Signal Task of Verbruggen and de Houwer (2007) with negative, OCD-relevant and neutral pictures was used to measure affective inhibition pre and post an induction of OCD symptoms. After the first stop signal task, the induction was presented. Participants were randomized in groups either receiving an OCD symptoms induction or a neutral mood induction. External negative emotions (e.g., anger), internal negative emotion (e.g., anxiety) and urge to wash hands were measured after the induction. Finally, the second stop signal task was administered. This task was identical to the task before the induction, except that every two blocks participants were reminded of the induction to ensure that the effects of the induction would continue throughout the task. Results: There was no effect of the induction on subsequent inhibition capacity. Contrary to our predictions, the high contamination fear group was faster to inhibit than the low contamination fear group. Furthermore, linear regression analyses showed that better baseline stop signal reaction time for OCD-relevant pictures was a significant predictor for more external negative emotions, more internal negative emotions and more urge to wash hands measured after the induction. Conclusion: There were no effects of a symptomatic state on subsequent inhibition capacity. Contrary to previous research that found a deficit in general inhibition capacity in clinical OCD, this study found that better baseline inhibition capacity specifically for disorder-relevant stimuli was a significant predictor for more symptoms after an induction. Future research is needed to investigate whether better inhibition specifically for disorder-relevant stimuli could be an additional risk factor for OCD. For example, overactive inhibition might lead to a subsequent depletion of inhibition capacity resulting in clinical OCD.
ABSTRACT

Introduction: Uncertainty affects performance in many cognitive tasks, including the visual-search task, and individual differences in the experience of uncertainty may contribute to several psychological disorders. Despite the importance of uncertainty, to date, no study has explained the basic mechanisms underlying individual differences in the experience of uncertainty. However, it has been suggested that inhibition, a cognitive mechanism aimed at suppressing unwanted thoughts or actions, may affect the development of uncertainty. In the current study, we investigated the relationship between inhibition and behavioral responses to uncertainty in the visual-search task.

Method: To accomplish this goal, forty-six university students completed a novel combined visual-search and stop-signal task, in which we manipulated the degree to which the inhibitory control system was activated by varying the proportions of stop signals in separate blocks. We utilized target-absent trials in the visual-search task as a behavioral probe of responses to uncertainty.

Results: We found that activating higher levels of inhibitory control resulted in faster responses to target-absent visual-search trials, while not affecting target-present trials. Conclusion: These findings suggest that activation of inhibitory control may causally affect behavioral responses to uncertainty. Thus, individual differences in inhibitory control may influence the ability to rely on internal-ambiguous cues which are common in visual-search and other cognitive tasks. Clinical implications for obsessive-compulsive disorder (OCD) are discussed.
THE VOICE OF OCD

Speaker: Christine Purdon, University of Waterloo

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ABSTRACT

Introduction: Leading diagnostic manuals typically present obsessions as discrete thoughts that lead to overt or covert compulsions. Historically, obsessions have been viewed as more a state of mind, or as a condition of profound doubt. More recently O'Connor and colleagues have argued that obsessions are the end product of complex reasoning. Clinical anecdotal experience tells us that the subjective experience of obsessions and compulsions is characterized by discrete thoughts, sensory experiences, doubts, and internal dialogues, the latter of which is often collectively described as an “OCD voice”. The content of obsessional thoughts has been well-identified. However, there has been very little research on the form of obsessions, nor on these other components. The purpose of this study was to develop a more comprehensive understanding of the components of the obsessional experience. Method: People diagnosed with OCD (N = 40) were administered a structured interview about their obsessive-compulsive experience, which included questions about the nature, form, appraisal, and response to obsessional thoughts and doubt. Results: Preliminary analyses (n = 14) indicates that the obsessional experience was predominantly characterized by an internal voice, dialogue, or conversation (71%), sensory experiences (64%), and doubt (57%). The internal voice was described as dominant but neutral in tone, and highly credible. Doubt was experienced equally as a bodily sensation, the product of verbal reasoning, or simply a firm, dominant conviction that there was something to doubt. Participants reported a high degree of conviction that their doubts were valid, high distress over doubt, and had significant difficulty dismissing their doubt. Participants reported that a doubt left unresolved would result in feared consequences, which in turn would mean that they were dangerous, bad, worthless, and/or failures. Conclusions: Obsessional experiences are characterized by vivid images, sensory experiences, internal dialogues, and doubt. Treatment may be facilitated by assessment and targeting of these components. Doubt appears to be connected to deeply held core beliefs about the self, which may account for the enormous stake people with OCD can have in ensuring their compulsions are done properly. Addressing responsivity to sensory experiences and the origins and credibility of the OCD “voice” may improve resistance to compulsions.
SAFETY BEHAVIOR INCREASES OBSESSION-RELATED COGNITIONS ABOUT THE SEVERITY OF THREAT

Speaker: Sophie Van Uijen, Utrecht University

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ABSTRACT

Introduction: Safety behavior refers to actions aimed at preventing or minimizing a feared outcome. It plays a pivotal role in the maintenance of pathological anxiety, but also seems to contribute directly to the exacerbation and development of anxiety and obsessive-compulsive disorder (OCD) symptoms. A recent study showed that engaging in health-related safety behaviors for one week increased health anxiety and hypochondriacal beliefs in healthy individuals, and another study showed that when healthy individuals engaged in one week of contamination-related safety behaviors, they reported exacerbated contamination anxiety. The present study was conducted to experimentally investigate whether checking compulsions, the most commonly observed safety behavior in patients with OCD, contribute to the development of OCD symptoms.

Method: Ninety healthy undergraduates spent a week between a pre- and post-test either actively engaging in clinically representative checking behavior on a daily basis (experimental group, n = 30); monitoring their normal checking behavior (monitor group, n = 30); or received no instructions on checking behavior (control group, n = 30). Results: Cognitions about the severity of threat increased from pre- to post-test in the experimental group, but not in the monitor and control group. Cognitions about the importance of checking decreased in the monitor group. The results indicate that checking behavior contributes directly to the exacerbation of OCD symptoms.

Conclusion: Checking behavior appears to increase OCD-related cognitions about the severity of threat. Together with results from previous studies, this suggests that safety behavior contributes directly to the exacerbation of anxiety and OCD symptoms, and may thus be involved in the development of anxiety disorders and OCD. Future research should further examine the underlying mechanisms of how safety behavior increases threat perception. Potential mechanisms will be discussed. It seems possible that normal episodes of checking increase perceived threat and uncertainty, and in that way contribute to the development of compulsive checking.
ABSTRACT

Introduction
In this study we suggest a method to monitor the therapeutic alliance trend. The Cognitive- Evolutionary theory distinguishes an operational theory of the human being, regulated by different Interpersonal Motivation Systems (IMS), more or less in harmonic way and a theory of care based on importance to understand the meaning of emotions and behaviours based on the monitoring of the Interpersonal Motivation Systems in the therapeutic relationship and daily relationships with other relevant figures.

Methods
This single-case study shows that:

a) the AIMIT method (Assessing Interpersonal Motivation in Transcripts; Liotti & Monticelli, 2008), allows to identify the IMS in the clinical dialogue by linguistic criteria and to permits to monitor the trend of the Cooperative System, that creates and maintains the therapeutic Alliance. So it allows to remark the Therapeutic Alliance impasse and ruptures phases within session, "moment by moment".

b) Moreover, using the AIMIT method, the psychotherapist is able to identify the misattunement interventions which produce the impasse phases. We identified 21 impasse phases and 18 of them were anticipated by therapist's Agonistic or Social play systems (misattunement interventions).

c) AIMIT is matched with MaS (metacognitive scale, Carcione et al.2003 ) to value the relationships between Cooperative system and patient's self reflective functions.

Results
The results are interesting because during the impasse phases the metacognitive functions are worst. On the other hand, during the therapeutic alliance phases the metacognitive functions are really improved.

At the end, we remarked some interesting motivation system sequences between therapist and patient. For example, during 5 sessions, the patient is activated on Attachment system 26 times. Half of them (13 on 26) they are anticipated by therapist's agonistic interventions.

Conclusion
We believe that the AIMIT seems to be useful to monitor the therapeutic relationship because it allows to recognize the interventions fostering or compromising cooperation, quality or alliance and mentalization.
ABSTRACT

Introduction
The avoidant personality disorder is among the most common personality disorders in the general population, empirical research on this disorder are not so numerous. Patients with AvPD have a strong sense of inadequacy, anxiety and shame, judgment and sensitivity to criticism, difficulties in interpersonal relations, in particular in the intimacy and avoid social relationships to forms of social withdrawal. Yet nosography it tends to overlap in patients with SAD, despite AVPD present levels of greater severity, the largest number of symptoms, interpersonal dysfunctioning, reflexive skills (Eikenaes et al. 2013). The aim of our work is: 1) to describe a theoretical and clinical model which suggests a qualitative difference between SAD and AvPD and 2) to investigate whether clinical factors such as metacognitive abilities, social functioning and symptoms may serve to differentiate AvPD and SAD.

Methods
22 patients with SP, 32 patients with AvPD and 43 patients with both AvPD and SP were included in the study. SCID-II, SCL-90, IIP and the Metacognitive Assessment Interview (MAI, Semerari et al., 2012) were administered. Multivariate analysis of variance was conducted, comparing SCL-90 and IIP in all three groups. Univariate analysis of variance was used to evaluate MAI score and GSI differences.

Results
Levels of metacognitive ability varied significantly between all three groups, with AvPD presenting the lowest score. The results did not change co varying MAI-global score for GSI scores. Once GSI was taken into account, IIP scores revealed a severe lack only in sociability subscale in AvPD and AvPD+SP, compared with SP group.

Conclusion
Metacognitive dysfunctions, along with the lack of sociability have appointed aspects of personality in the AvPD and not in patients with SAD. The clinical implications are discussed in the light of individual and group treatment focused on improving these aspects in patients with AvPD.
SCHEMA THERAPY FOR PERSONALITY DISORDERS – FOCUS BPD

Speaker: Poul Perris, Director, Swedish Institute for CBT & Schema Therapy

ABSTRACT
Schema Therapy (ST) was developed by Dr. Jeffrey Young and integrates elements of behavioral therapy, cognitive therapy, attachment therapy and gestalt therapy into one unified approach to treatment of personality disorders. Several research studies have shown that ST is a promising treatment approach. ST demonstrated a complete recovery in 50% of the BPD patients, and significant improvement in two-thirds in a Dutch study (Giesen-Bloo et al. 2006) that compared ST with Transferred Focused Psychotherapy.

The presenter will outline main components of the conceptual model – Core Emotional Needs, Early Maladaptive Schemas & Modes and how these concepts interface with the symptoms and behaviors characterizing BPD. There will also be a discussion about the overall treatment philosophy, key interventions being used and the role of the therapeutic relationship in the treatment of BPD.
ABSTRACT
Introduction
Several studies demonstrated the efficacy of schema focused therapy for borderline patients. However, in clinical practice most personality pathology presents in mixed forms of both cluster B and cluster C symptoms and the evidence of schema therapy in these types is rather scarce. In addition, most studies concern individual therapy while schema group therapy might be an (cost) efficous alternative (Masley, et al., 2012; Bamelis et al., 2014).

Methods
In a cohort study short term (20 sessions) schema cognitive behavioural therapy (n = 171) in groups and long-term (60 sessions) schema group therapy (n = 122) were investigated. The total sample consists of 293 referred patients, almost all treated before for either axis I or personality pathology, have at least on cluster B and/or cluster C personality disorder. Assignment for short or long term group was based on a clinical evaluation of severity, duration and level of general functioning. Primary outcome was symptom improvement of self-reported symptom checklist (SCL-90) directly after treatment and 1 year follow up. Secondary outcomes were schema improvement according the Young Schema Questionnaire (YSQ), level of coping (UCL) and schema mode improvement (SMI).

Results
The results show a significant within group effects on all measures. Symptom reduction after treatment for short and long term schema group therapy was ES = 0,58 and 0,37 respectively ( < 0.05). Reduction of dysfunctional schema’s were ES = 0,67 and 0,64 respectively ( < 0.05). ES of coping mechanisms ‘adequate self soothing’ and ‘passivity’ were 0,25 and 0,67 for the short term group and the long term showed ES 0,82 and 0,53 respectively. At follow-up outcome for both groups all improvements were remained.

Conclusion
Effect sizes of the schema group programs were medium to large and in the same range as earlier studies in individual therapies. This indicates that schema therapy can be favorably delivered in groups for a broad group of patients with personality disorders and may be a cost effective alternative.
ABSTRACT
The presentation is focused in treating and discussing the important topic concerning how some recent developments of Neuroscience can be used in order to better the intervention when carrying out a Cognitive Therapy with patients affected by feeding and eating disorders.

Two methods, coming from Neuroscience Laboratories, that can be easily applied to the clinic setting of Cognitive Therapy, will be illustrated. They are Quantitative EEG and Quantitative Electrodermal Activity.

Such parameters, today, can be monitored, in the clinical setting, thanks to some new hardware and software which are inexpensive and that can be easily used, after a short training, by any Cognitive Therapist.

Original data are given, concerning how to use such new methods when treating patients, affected feeding and eating disorders.

More detailed information will be reported about Quantitative Monitoring of Electrodermal Activity, a new methods that Tullio Scrimali developed and experimented for many years. This method is the simplest to be put into practice in Cognitive Therapy and it is also the less expensive.

A new tool, called MindLAB Set, developed by Tullio Scrimali, will be presented. It can be used, both when assessing the patient and during its treatment. Its allows the Cognitive Therapist to realize some new interesting methods of self regulation such as biofeedback and Biofeedback Based Mindfulness.

MindLAB Set has been successfully used for treating emotional eating and binging. Biofeedback has been demonstrated, by the Author as particularly useful for nutritional rehabilitation applied during CBT for anorexic patients.
CASE STUDY: ANOREXIA NERVOSA COMPLICATED BY BORDERLINE PERSONALITY TRAITS

Speaker: Hisham Ramy, Ain-Shin University, Cairo City, Egypt

ABSTRACT
The development of anorexia nervosa (AN) in a female patient suffering from traits of borderline personality disorder (BPD) is described. The evidence for orthodox cognitive behavior therapy (CBT) for anorexia nervosa has been elaborating through the recent years. This case raises the concerns of treating anorexia when complicated by traits of a borderline personality. The overlapping of symptoms of these disorders represents a challenger for diagnosing & during therapy. The standard CBT module for treating anorexia nervosa requires modifications to turn around the rough edges of this complex of disorders. This case study presents an example of some of the difficulties for a successful therapy with this complex & proposes some solutions.
INTENSIVE OUTPATIENT INDIVIDUAL AND PERSONALIZED DAY-TREATMENT FOR SEVERE AND LONG-TERM EATING DISORDERS: AN INTEGRATION OF COGNITIVE AND COGNITIVE-BEHAVIORAL THERAPY (CT-CBT) WITH COGNITIVE-BEHAVIORAL PSYCHO-NUTRITIONAL REHABILITATION

First speaker: Romana Schuman, Centro Studi Gruber
Second speaker: Donatelli Ballardini, Centro Studi Gruber

ABSTRACT
Many patients with Eating Disorders develop a severe and debilitating illness. The treatment of these long term cases needs comprehension of psychopathological factors associated with chronicity and comorbidity, minimizing harm and reducing personal and social costs of chronic illness. For this purpose it is important to understand therapeutic alliance features and to define flexible goals, able to move beyond the core eating disorder pathology (as might be the focus on the weight restoration).

In the field of EDs there is still a gap between research and clinical practice. On one hand we have high structured treatments based on randomized clinical trials, on the other hand clinicians perceive the difficulties to apply these results, considering them not adequate to meet the needs of individual and personalized treatment. Moreover, in clinical practice it is frequent to treat complex patients, with severe medical and psychiatric comorbidity, which may have been excluded in randomized clinical trials.

This intensive individual and personalized multidisciplinary outpatient treatment program was designed to treat cases with long-term Eating Disorders (EDs) which present combined clinical difficulties given by primary psychiatric disorders or comorbid conditions as Mood Disorders, Anxiety Disorders, Obsessive Compulsive Disorders, Trauma- and Stressor-Related Disorders, Substance-Related and Addictive Disorders and Personality Disorders. The intensive intervention focuses also on normalizing weight and eating patterns, the deconstruction of the phobic-obsessive vicious circle driven by notable food restriction and dysfunctional cognitions related to body, weight and food, using CBT techniques.

The practice of continuous re-assessment guarantees that the level of care is meeting individual needs. This intensive day-treatment includes specific therapy modules as Motivational Therapy, Trauma Therapy, Schema Therapy, Cognitive Assertiveness Therapy, Mindfulness, Biofeedback and Nutritional Psycho-Rehabilitation, combined to Cognitive and Cognitive Behavioural Therapy. A key issue of this type of treatment is that the integration of psychological and nutritional therapeutic relationships is effective for the comorbid personality disorders.

This enriched therapeutic response uses structured treatment modules based on randomized clinical trials and combines them to the specific psychopathological history of the patients and the sequence of the different disorders and their traumatic background. To cover the needs of these ED complex cases it is required an individualized and personalized treatment orientated to the remission.
THE CONTRIBUTION OF ILLNESS PERCEPTION TO ANXIETY AND DEPRESSION IN PATIENTS WITH CARDIAC DYSFUNCTION

Speaker: Alessandra Pokrajac-Bulian, University of Rijeka, Rijeka, Croatia

ABSTRACT

Background and aims: Overweight and obesity predispose to numerous cardiac complications such as coronary heart disease, heart failure, and sudden death because of their impact on the cardiovascular system. The prevalence of depression and anxiety is high in cardiac dysfunction (10–60% depression; 11–45% anxiety); with rates of depressive disorders 2 to 4 times higher in chronic heart failure patients than in the general population (1). Comorbid depression is associated with worsening of cardiac dysfunction (CD), physical and social functioning, and quality of life (2). Subclinical symptoms of depression are also associated with treatment nonadherence and risk of complications and mortality in patients with CD (3).

Objectives: The purpose of this research was to investigate the determinants of anxiety and depressive symptoms in obese or overweight adults with cardiac dysfunction (CD).

Materials and methods: A total of 122 patients (38 women and 84 men) were enrolled in the study, 41.6% of the subjects were overweight and 34.2% were obese. Depression and anxiety were assessed using the Hospital Anxiety and Depression Scale (HADS), the Revised Illness Perception Questionnaire (IPQ-R) assessed the five components of the illness representation – identity, consequences, timeline, control/cure, coherence and cause in Leventhal's Self-Regulatory Model.

Results: Regression analyses showed that illness perceptions accounted for a significant proportion of the variance in both depression (33%) and anxiety (25%). The contribution of illness perceptions was greater than demographic variables (age and gender) and body mass index (BMI). The regression analysis results indicated that the significant predictors of anxiety in patients with CD were the negative consequences of illness and lower level of personal understanding of the condition. The higher BMI, the negative consequences of the illness, lower level of personal understanding and personal control are found to be potential risk factors for the development of depressive symptoms in patients with CD.

Conclusion: Results of this preliminary study suggest that the cognitive components of patients' representations of illness, especially negative consequences, coherence and personal control, can serve as important predictors in the risk assessment for the development of anxiety and depressive symptoms, rather than the objective features of the disease such number of symptoms of CD. Cognitive-behavioural therapy (CBT) for depression and anxiety in CD patients might beneficially shape illness perceptions towards a more positive emotional response. In addition to addressing negative illness cognitions CBT might also attempt to encourage more positive illness cognitions such as perceived personal control and understanding over illness.

ABSTRACT
Cognitive Behavior Therapy (CBT) has shown extensive efficacy for treating several psychiatric disorders & feasibility across different countries. It is nowadays considered the gold standard psychotherapy. Yet, many studies have pointed out the importance of considering different cultural backgrounds when using the evidence-based therapy. Nevertheless, the application of CBT for eating disorders in the Arab world needs modification to meet the specific cultural background for patients suffering from eating disorders & for their families as well. This presentation aims to illustrate major points where cultural modification is required in a standardized therapy manual for eating disorders in order to maximize the intended therapeutic efficacy. We conclude with recommendations to modify a culture-friendly manual of CBT for eating disorders & for training therapists in the region.
ID-91 INCLUDED IN S37-BOETTCHER

IDODO? THE IMPORTANCE OF COMMON FACTORS IN ICBT FOR DEPRESSION.

Speaker: Pavle Zagorscak, Freie Universität Berlin

Author(s)
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Daniel Sommer, Freie Universität Berlin
Christine Knaevelsrud, Freie Universität Berlin

ABSTRACT

Background
According to research on factors contributing to outcomes in psychotherapeutic interventions, effects of symptom reduction are mainly attributable to extra-therapeutic (i.e. changes in patients’ general life conditions) and non-specific factors (working alliance, expectations and placebo effects). Specific therapeutic techniques seem to play a minor role (“dodo-bird-effect”). Internet-delivered interventions allow for the objective assessment of usage characteristics (login duration, tool usage statistics), thus offering new insights into these findings.

Method
1089 individuals with mild to moderate depression pre-selected by a comprehensive online-screening procedure and a subsequent telephone-administered SCID interview took part in an internet delivered cognitive behavioral minimal contact intervention for depression over a period of six weeks. Pre-post differences in depressive symptoms (BDI-II) were regressed on pre-post-changes in common psychosocial stressors (PHQ-S), the experienced working alliance (WAI), pre-interventional expectations and attitudes towards the program (attitudes and perceived behavioral control according to Ajzen) as well as on usage of specific tools/techniques during participation (login duration, tool usage statistics).

Results
Login duration, intensity of tool use, expectations and control beliefs were significantly correlated with BDI-II. However, when controlling for the other variables using multiple regression, they did not explain additional variance in depressive symptom change. Aside from pre-interventional BDI-II (β = -.34) and PHQ-S-scores (β = .29), WAI-scores (β = -.19) and PHQ-S-change (β = .58) were the most meaningful predictors. Overall, the model explained about half of the variance in BDI-II-changes (R² = .46).

Discussion
The findings on the importance of specific and unspecific therapeutic factors in internet-delivered interventions targeting depression mirror results from face-to-face settings. The small predictive value of specific techniques further supports the “dodo-bird-effect”, while stressing the importance of working alliance and extra-therapeutic factors. These results need to be replicated within other disorder-specific and transdiagnostic settings.
ID-95 INCLUDED IN S37-BOETTCHER

THE ROLE OF KNOWLEDGE IN INTERNET-BASED CBT. RESULTS FROM CONTROLLED TRIALS.

Speaker: Gerhard Andersson, Linköping University

ABSTRACT

In CBT psychoeducation is important but few studies have investigated what clients actually learn from their therapies. In a large controlled study with 200 persons suffering from social anxiety disorder knowledge and confidence in knowledge about social anxiety was found to increase following treatment (Andersson, Carlbring, Furmark, & on behalf of the SOFIE Research Group, 2012), and knowledge acquisition deserves to be studied more as it is an important goal of most psychosocial interventions to increase knowledge (Harvey et al., 2014). This is important as it is known that clients tend to forget more than clinicians expect and that recall of session content is likely to influence adherence and outcome. In this talk I will present findings from two more controlled trials with ratings of knowledge before and after treatments. One trial is on eating disorders and the second on adolescent depression. Both show increase in knowledge following ICBT when compared against control groups. Implications of the findings and correlations with outcome will be discussed.
INTERPERSONAL PROBLEMS IN SOCIAL ANXIETY DISORDER: COMPARISON OF PATIENTS WHO UNDERGO ONLINE OR FACE-TO-FACE TREATMENT AND THEIR PREDICTIVE VALUE FOR OUTCOME IN ONLINE INTERVENTIONS

Speaker: Tobias Krieger, University of Bern
Author(s)
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Timo Stolz, University of Bern
Johannes Zimmermann, Psychologische Hochschule Berlin
Johanna Boettcher, Freie Universität Berlin
Martin Grosse Holtforth, University of Bern
Thomas Berger, University of Bern

ABSTRACT

Background
From an interpersonal theory perspective, the DSM criteria do not fully capture the range of maladaptive responses to social situations that may be exhibited by a socially anxious person. Interpersonal reaction styles might be important regarding questions such as whether a person seeks treatment or whether a person benefits from psychotherapy. A potential advantage of online interventions is the possibility to reach people that otherwise would not make use of traditional face-to-face therapies because of the difficulties to reconcile their symptomatology. In previous studies in patients diagnosed with a social anxiety disorder (SAD), two interpersonal subtypes (friendly-submissive & cold-submissive) have been found that did exhibit differential responses to outpatient face-to-face (FtF) psychotherapy.

Method
In a first part of the study, we investigated the interpersonal homogeneity in SAD patients (N = 630) based on latent class analyses and the structural summary method and compared patients who underwent online or FtF treatment regarding socioeconomic factors and interpersonal problems. In a second part, we investigated whether interpersonal problems predict treatment outcome and dropout in online interventions.

Results
In both settings, SAD patients represented an interpersonally homogenous sample and could thus be compared. SAD patients in the two samples differed with regard to several socioeconomic variables. Moreover, SAD patients in the online sample were more interpersonally burdened than in the FtF setting. In the second part, results revealed that interpersonal factors predict treatment outcome in online interventions over and above baseline symptoms and socioeconomic variables. However, none of the variables under investigation predicted treatment dropout in online interventions.

Discussion
This is the first study that investigates interpersonal problems in SAD patients undergoing online or FtF treatments. Results indicate that SAD patients differ between the two settings with regard to interpersonal problems and that interpersonal problems predict treatment outcome. These results will be discussed with regard to their implications for SAD typology and SAD treatments.
COMMON AND SPECIFIC MECHANISMS OF CHANGE IN INTERNET-BASED CBT: A SYSTEMATIC REVIEW

Speaker: Johanna Boettcher, Freie Universität Berlin

ABSTRACT
Introduction: Internet-based interventions have received increasing scientific and public attention. Research on these interventions moved from pure efficacy studies to investigations of predictors, moderators, and mediators of treatment response. Highly structured and manualized treatments, close data tracking, and large sample sizes facilitate research on mechanisms of change in this treatment format. In a systematic review approach, the current presentation summarizes empirical findings on mechanisms of work in Internet-based cognitive-behavioural treatments (ICBT).

Method: A literature search was conducted on PsychInfo, Medline, and Web of Science entering keywords relating to common (e.g. therapeutic relationship, outcome expectations) and specific (e.g. avoidance, cognitive change) mechanisms of change hypothesized to play a part in Internet interventions. Choice of keywords was informed by findings of face-to-face CBT. In addition, publication lists of key researchers in the field and references of relevant articles were browsed.

Results: Preliminary results show that the quality of the therapeutic relationship in Internet interventions is equally high than that in face-to-face treatments but that the impact on treatment outcome may be less pronounced. High outcome expectations are associated with better outcome. Knowledge gain through psychoeducation as well as change in dysfunctional beliefs are positively linked to therapeutic change. One study revealed the mediating effect of empowerment as a mechanism of change closely linked to the setting of guided self-help.

Discussion: Investigating mediators of change in Internet-based interventions is an emerging field of research. First studies support the role of change mechanisms also identified in face-to-face CBT and point to some particularities of the Internet setting. Many studies still have methodological limitations such as small sample sizes or lack of multiple assessments.
ID-309 INCLUDED IN S38-KAREKLA

THE IMPORTANCE OF PSYCHOLOGICAL FLEXIBILITY FOR BEHAVIOURAL CHANGES – EFFECTS AND MECHANISMS OF CHANGE IN ACCEPTANCE AND COMMITMENT THERAPY FOR YOUTHS WITH CHRONIC DEBILITATING PAIN

Speaker: Rikard K. Wicksell, Behavior Medicine Pain Treatment Service, Karolinska University Hospital

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ABSTRACT
Despite recent advantages, chronic pain still results in debilitating effects for a large number of children and adolescents. Traditional pharmacological and psychological strategies are many times insufficient in reducing symptoms and facilitating recovery. Although studies indicate the utility of interventions based on cognitive behavioural therapy (CBT), improvements are commonly modest and sustained effects are difficult to achieve. Also, the process by which CBT is effective is still rather unclear.

Recently, an approach that promotes acceptance (e.g. ACT) of pain and distress has been suggested. In ACT, avoidance of pain-related stimuli is considered central to disability and reduced quality of life. Rather than focusing on alleviation of pain, ACT seeks to minimize the influence of pain on behaviour, i.e. pain interference. Specifically, the treatment objective in ACT is to improve functioning by increasing the individual’s ability to act effectively in accordance with long-term goals and values, i.e. psychological flexibility.

In this presentation, an ACT approach for working with pediatric chronic debilitating pain will be described. In addition, results from two recent studies will be presented. First, results from a recent research illustrates that pain interference mediates the relationship between pain and levels of disability, as well as between pain and depression (Holmström, under review). Second, mediation analyses from a previously conducted RCT illustrates that psychological flexibility is a specific mediator of improvement in pain interference.

Furthermore, implications for future research and clinical development will be discussed.
MEDIATING EFFECTS OF PSYCHOLOGICAL INFLEXIBILITY IN PAIN INTERFERENCE AND PAIN ADJUSTMENT

First speaker: Vasilis Vasiiliou, University of Cyprus
Second speaker: Maria Karekla, University of Cyprus

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ABSTRACT

Within the contextual-behavior intervention branch for chronic pain, such as Acceptance and Commitment Therapy (ACT; Hayes et al., 2011), there is an increased attention for measures assessing process of change mechanism. Avoidance and cognitive defusion, as assessed by the Psychological Inflexibility in Pain Scale (PIPS-II; Wicksell et al., 2010), are two constructs indicating mediating effects in treatment outcomes within individuals with chronic pain (Wicksell et al., 2010; 2011). The aim of this study was: (a) to examine the psychometric properties of the PIPS-II in a heterogeneous chronic pain sample; and (b) to explore the mediating effects of pain avoidance and cognitive fusion in the relation between pain interference and theoretically ACT related variables (e.g. acceptance, mindfulness). 160 chronic pain patients completed a package of questionnaires assessing pain-related variables, pain acceptance, pain avoidance, defusion, and mindfulness among others. Confirmatory Factor analysis indicates a two-factorial structure of the PIPS-II. Results from the examined path models indicate a full mediating effect of pain avoidance and cognitive fusion between pain interference and pain severity, mindfulness, and pain acceptance. PIPS is thought to be a psychometrically sound measure of process of change and can be used as a mediator variable within Acceptance and Commitment Therapy. Further examination of the interrelations between ACT-based variables and pain variables allows clinicians and researchers working with chronic pain to reliably track progress and develop tailored to patients’ needs interventions.
ABSTRACT

There are many older people who suffer with chronic pain yet the evidence for cognitive behavioral therapy (CBT) for chronic pain does not appear as strong for this group as for younger adults. Recent developments in CBT include Acceptance and Commitment Therapy (ACT). The evidence for ACT for older people with chronic pain is extremely limited. The purpose of this study was to examine the outcomes and process changes in older adults (65 years and older) participating in and ACT-based interdisciplinary treatment designed for people with complex and high disability. Sixty participants were selected from larger sample of 928 consecutive adults of any age receiving treatment in a pain center in London (UK). Most of the selected participants were women (61.7%), White (88.3%), living with a partner (55.0%), and retired (74.0%). All had chronic pain and the duration was remarkable (Mdn 166.0 months). Standard outcome and process (psychological flexibility) measures were collected at baseline, post treatment, and a nine-month follow-up (n = 30). At post treatment the cohort showed medium-sized effects on pain, physical functioning, social functioning and depression and a large effect on mental health (all p < .001). These effects were mostly small at follow-up. Small effects were observed for general acceptance, pain acceptance, and committed action at both post treatment and follow-up. These changes were significant at post treatment but not at follow-up (owing partly to the greatly reduced sample size). In regression analyses changes in acceptance and committed action contributed to variance explained in improvements in social functioning, depression, and mental health. These results are encouraging. At the same time they suggest a need for further studies and possibly a need to refine treatments for older people with chronic pain so that they produce larger process and outcome changes.
ABSTRACT
In this presentation data from two studies will be discussed that test the importance of psychological flexibility (PF) in reducing suffering. Study 1 was a randomized controlled trial of a four-week Acceptance and Commitment Therapy (ACT) for patients suffering from chronic, treatment-resistant symptoms of Panic Disorder and Agoraphobia. Results showed that promotion of PF via this short ACT reduced symptoms and increased functioning that was sustained and improved for six months. Process data collected during the treatment showed that increases in valued actions preceded reductions in suffering. Study 2 was a one-week intensive observation study of patients (n = 117 Major Depression; n = 47 Social Phobia) and controls (n = 117) using Event Sampling Methodology (ESM). Participants were sampled six times daily about symptoms/ stress, PF, and valued actions. Data indicate that in patients struggling with anxiety and mood disorders, psychological flexibility moderates the relationship between symptoms/stress valued actions. Taken together, these studies show that increases in PF are salient in the reduction of suffering and promotion of well-being.
REDUCTION OF PATHOLOGICAL WORRY BY A NOVEL TRAINING IN MENTAL IMAGERY

Speaker: Timo Skodzik, University of Muenster, Germany

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ABSTRACT
Worry is characterized by a predominance of verbal thinking and relatively little mental imagery. This cognitive bias of verbal and abstract thought activity has been suggested to work as a cognitive avoidance mechanism: Intrusive, negative mental images and the accompanying negative emotional reaction can be suppressed (or at least attenuated) with the help of verbal, abstract worrisome thought activity in the short term (Borkovec, Alcaine, & Behar, 2004). In the long term, however, this avoidance behavior prevents emotional processing of worry topics. As a result, worrisome thought intrusions become more frequent and retain their threatening nature. Mental imagery, on the other hand, has been demonstrated to have an opposite effect in the worry process: In the short run, mental images elicit a much stronger emotional reaction than verbal thoughts. Hereby, the emotional processing of worry topics is fostered in the long run. Based on these experimental findings, in two studies we examined whether training mental imagery as a general thinking style in everyday life can be utilized as an intervention to reduce pathological worry.

We developed a novel training in mental imagery (TMI) and examined its efficacy to reduce pathological worry in two samples of high worriers (study 1: n = 71; study 2: n = 112). We compared the training’s effect to a waiting list control group (study 1) and an additional active control group, a training in verbal thinking (study 2).

In study 1, TMI led to a significant reduction of worry and impairment caused by worry, assessed both one and five weeks after the training. Furthermore, in highly anxious subjects TMI had beneficial effects on perceived controllability of worry, state anxiety, and positive mood. In study 2, these effects could mostly be replicated. However, unexpectedly also the training in verbal thinking (TVT) showed some positive effects on worry-related outcomes.

In two studies, we found our training in general mental imagery skills to be a promising intervention for the reduction of pathological worry. However, we found also verbal thinking during worrying to have unexpected beneficial effects. The theoretical and clinical implications of these findings and methodological limitations of our studies will be discussed in the talk.
DELINEATING THE ROLE OF NEGATIVE VERBAL THINKING IN PROMOTING WORRY, PERCEIVED THREAT, AND ANXIETY

Speaker: Charlotte Krahé, King’s College, London, United Kingdom

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ABSTRACT
Worry is characterized by streams of verbal thoughts about potential negative outcomes. Individuals with high levels of worry (and particularly those with generalized anxiety disorder) find it very difficult to control worry once it has started. What is not clear is the extent to which verbal negative thinking style maintains worry. Our study aimed to disentangle the effects of verbal versus imagery based thinking, and negative versus positive worry-related content on subsequent negative intrusive thoughts. High worriers were trained to engage in imagery or verbal processing, focusing on either negative or positive outcomes of their current main worry. Both thinking style and valence of worry content influenced later negative intrusive thoughts that play a role in initiating worry episodes. In contrast, only valence influenced subjective ratings of worry outcomes (i.e., cost, concern, and ability to cope, although not probability), with positive valence leading to lower ratings, irrespective of thinking style.
HOW MENTAL IMAGERY COULD HELP TO INCREASE BEHAVIOURAL ACTIVATION IN DEPRESSION

Speaker: Fritz Renner, MRC Cognition & Brain Sciences Unit Cambridge

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Simon Blackwell, Department of Psychology Ruhr University Bochum

ABSTRACT
Mental imagery can potentially play a role in the treatment of depression (Holmes, Blackwell, Burnett Heyes, Renner, & Raes, 2016). Depression is associated with decreased engagement in potentially rewarding activities and increased avoidance behaviour. One way of increasing engagement in potentially rewarding activities in depression might be through the simulation of engaging in potentially rewarding activities via mental imagery. Support for this idea comes from studies in non-clinical participants showing that a wide range of activities can be promoted by simulating them via mental imagery. In this symposium results from a secondary analyses of a recent RCT (Blackwell et al., 2015) comparing a 4 week positive imagery intervention to a non-imagery control condition in individuals with depression will be presented. We tested effects of the imagery intervention on self-reported behavioural activation assessed using the Behavioural Activation for Depression Scale before and after the intervention and at one month, three months and six months follow-up. Results of this study and potential implications for behavioural activation treatment for depression will be discussed in this symposium.

TARGETING ANHEDONIA AND DEPRESSION WITH A BRIEF WEB-BASED MENTAL IMAGERY TRAINING

Speaker: Arnaud Pictet, University of Geneva

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ABSTRACT
The development of brief, easily accessible and low intensive psychological interventions is crucially needed to address the global health problem of depression. A recently developed cognitive training procedure called “imagery cognitive bias modification” (imagery CBM; Holmes, Lang, & Shah, 2009) represent a promising candidate to overcome barriers to face-to-face treatment, as its computerized format means that it can be offered to people at home via internet. Imagery CBM targets negative interpretation bias in depression through a systematic training in generating positive imagery of ambiguous information. Several studies have shown that imagery CBM could be efficient in reducing depressive symptoms. However, two recent randomized controlled trial of online imagery CBM have provided inconclusive results (Blackwell et al., 2015; Williams et al., 2015). This suggests that more research is needed to identify which parameters of the technique could be improved to maximise active engagement with the online training task. The current study sought to test the efficacy of a refined, brief imagery CBM program consisting of 4 sessions delivered online to a sample of 101 participants with depressive symptoms. The effects of imagery CBM on depressive symptoms, anhedonia and interpretation bias were assessed immediately after the intervention and at two week follow-up. Results of this study and potential implications for future development of imagery CBM for depression will be discussed in this symposium.
POSITIVE PROSPECTIVE MENTAL IMAGERY AND OPTIMISM IN DEPRESSION

Speaker: Simon Blackwell, Ruhr-Universität Bochum, Bochum, Germany and MRC Cognition and Brain Sciences Unit, Cambridge, United Kingdom

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ABSTRACT
Dispositional optimism, the tendency to have generalized positive expectancies about the future, is a robust predictor of physical and psychological wellbeing. For example, people who are more optimistic are less likely to develop depressive symptoms and recover from depression more quickly. However, we know little about cognitive processes underlying optimism in psychopathology. Understanding such processes could facilitate the development of focussed psychological interventions to instil protective optimism where this may be beneficial, such as in depressed or at-risk individuals. Previous cross-sectional research in an unselected community sample has highlighted future-oriented (prospective) mental imagery as promising candidate for investigation, suggesting that the extent to which someone is optimistic may be related to how vividly they can imagine positive events occurring in their future (Blackwell et al., 2013). The current study extends this line of research to the context of depression, testing whether the cross-sectional relationship between optimism and positive prospective imagery vividness replicated within a depressed sample (N = 150). Further, it examines the specificity of this relationship, controlling for a range of potential confounders such as socio-demographic factors, depression, anxiety, and interpretive bias. Finally, using longitudinal data (N = 63), the current study tested whether positive prospective imagery vividness predicted levels of optimism seven months later. The results inform understanding of the cognitive mechanisms underlying optimism, and suggest potential routes for novel intervention development.
POTENTIAL OF COMPASSION-FOCUSED IMAGERY AND LOVING-KINDNESS MEDITATION FOR TREATING PARANOID DELUSIONS: RESULTS FROM THREE PILOT STUDIES

Speaker: Tania Lincoln, Department of Clinical Psychology and Psychotherapy, University of Hamburg (Germany)

ABSTRACT

Background:
Stronger treatment effects for paranoid delusions might be achieved by targeting the potential causal mechanisms involved in their formation and maintenance. As such, negative self- and interpersonal concepts and negative affect have been shown to play a relevant role. Thus, interventions focusing on acceptance of self- and others, increasing positive affect and reducing negative affect promise to be particularly helpful in reducing paranoia.

Methods:
In order to elucidate the potential of this type of intervention and the postulated mechanisms of change, study 1 and 2 experimentally tested the effect of a one-session, brief compassion-focused imagery intervention derived from Compassion-Focused Therapy (Gilbert, 2009) and study 3 tested the potential of loving-kindness meditation. In all studies the main outcome variable of interest was paranoid symptoms, the postulated mediators were affective states, self-esteem, self-compassion and self-relating.

In study 1 healthy participants (n = 71) with varying levels of vulnerability to psychosis were randomly assigned to apply a compassion-focused (CF) or a control intervention. After a brief induction of negative affect by in sensu exposure to personally relevant distressing situations participants were instructed to apply a compassion-focused versus a neutral image. Paranoid symptoms and the postulated mediators were assessed before and after the intervention. In study 2 the same procedure was applied to patients with a psychotic disorder and paranoid symptoms (n = 51). Study 3 used a baseline-controlled design and daily sampling to test the effects of practicing loving-kindness mediation over a period of 14 days on paranoid thoughts and the postulated mediators in a delusion prone sample. Participants were sampled for seven days (baseline), then received a guided loving-kindness mediation (intervention), were asked to practice the meditation on a daily basis with aid of an mp3 recording and then sampled for another 14 days.

Results:
In study 1, participants in the CF condition reported significantly lower levels of negative affect and less paranoia compared to participants in the control intervention. The effect of the CF intervention on paranoid symptoms was mediated by reduced negative affect. In study 2, the CF imagery had significant effects on self-reassurance and happiness. However, there were no specific intervention effects on negative affect or on paranoia. Study 3 revealed short-term impacts on loving-kindness meditation on all outcomes. Overall, there was an increase of self-compassion over time, but no decrease in paranoia. However, paranoid thoughts were lower on days on which participants had meditated compared to non-meditation days.

Conclusions:
Compassion-focused imagery techniques are feasible and acceptable in patients with paranoid ideation and show the potential to affect processes relevant to paranoia. Thus, further investigation of more intensive interventions targeting these mechanisms for people with paranoid experiences appears worthwhile.
THIRD WAVE THERAPY FOR PSYCHOSIS: A MINDFULLNESS, METACOGNITIVE AND NEUROCOGNITIVE BASED APPROACH FOR PSYCHOSIS

Speaker: Antonio Pinto, Department of Mental Health, ASL Na 3 Sud

ABSTRACT

Background:
Cognitive Behavioral Therapy (CBT) is considered an evidence-based treatment for people with a psychotic disorder. Initially, the therapy interventions were characterized to modify "irrational" behavior, then CBT therapy focused the study of meaning and content of delusional ideas, and the relationship between the patient and psychotic symptoms. The trend to integrate CBT with those methodologies that gave particular emphasis to factors such as interpersonal relationship, emotion regulation, the information processing, and to the patient’s way to relate to their own inner experiences, has opened the way to the so-called: “Third –Generation” therapies.

In fact, what seems to cause more suffering to the individual is represented by the reactions of patients with symptomatic manifestations. Cognitive approaches to third generation try to help patients to develop skills of acceptance, decentralization and awareness of their symptoms in order to allow them to relate to symptoms in a new way. The purpose is reducing the stress associated with the illness and improve consequently the outcome either of patients at the first episode as well as patients with more stabilized symptomatology.

Methods:
Individuals with psychotic disorders often experience chronic and debilitating effects. In many cases, those with psychotic illnesses continue to have psychotic symptoms despite medication compliance. One psychosocial approach that may prove effective at the onset and in the long-term management of schizophrenia is Cognitive-Behavioural Therapy. The use of cognitive-behavioral treatment interventions with this population has received empirical support.

Infact, it is now evidence based that CBT leads to a better improvement in the overall symptomatology, mainly due to the effects on the positive symptoms, but also on the negative ones. One of the main problems identified in the treatment of psychoses is, the intersubjectivity impasse, placing the person outside the interpersonal dimension constituting the essential basis for the organization of any psychotherapeutic intervention aimed at improving the person’s overall quality of life.

Taking into account that not all patients succeed in applying CBT techniques the needs of further strategies were required. The available literature suggests that the use of mindfulness with individuals with psychosis can facilitate a decrease in overall symptoms, and can promote a reduction in subjective distress and the believability of symptoms.

Conclusions
Cognitive approaches to third generation try to help patients to develop skills of acceptance, decentralization and awareness of their symptoms in order to allow them to relate to symptoms in a new way. The purpose is reducing the stress associated with the illness and improve consequently the outcome either of patients at the first episode as well as patients with more stabilized symptomatology. Furthermore the possibility to integrate this approach with techniques aimed at improving the neurocognitive and metacognitive dysfunctions seems to represent a valid support to help patients in developing better strategies to overcome the cognitive dysfunctional bias.
ID-102 INCLUDED IN S41-PINTO

A FOCUS ON INTEGRATIVE TREATMENTS IN CBT PROTOCOL FOR PSYCHOSIS: NEUROCOGNITIVE, METACOGNITIVE AND SOCIAL ASPECTS IN A CLINICAL STUDY

First speaker: Massimiliano Abbatecola, CEPICC, Napoli
Second speaker: Federica Tarantino, CEPICC, Napoli

Author(s)
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ABSTRACT

Introduction:
Cognitive and Metacognitive Training are scientific protocols that has proven to be a useful complementary approach to CBT and Psychopharmacology for Psychosis, with the aim to reduce specific deficits in these patients. The rationale of the integration with these trainings is that, if patients can improve their cognitive and meta cognitive functions, then they should get more benefits from a psychotherapy protocol.

One of the cognitive training which is considered helpful for the improvement of cognitive functioning in persons at risk of schizophrenia is the “Cogpack”. The application of a cognitive training should be provided as early as possible in the prodromal phases of schizophrenia in order to use the full rehabilitative potential of the patients. The cognitive dysfunctions which are often involved in psychosis and that are supposed to be the target of a Cognitive training are: vigilance, executive functions, working memory, speech/language, motor coordination.

Metacognition can be described as “thinking about one’s thinking”, and involves the ability to select appropriate responses. It also encompasses the way we appraise and weigh information and how we cope with cognitive limitation (Moritz et al. 2013). It’s characterized by 8 modules, divided into two sessions (16 sessions in total) with homework. Each module refers to the main metacognitive deficits and cognitive errors in psychosis. These errors and biases may, on their own, or in combination, culminate in the establishment of false beliefs to the point of delusions (Freeman, 2007; Moritz & Woodward, 2007; Moritz, Vitzthum Randjbar, Veckenstedt, & Woodward, 2010). The 8 modules focus on Attribution Bias, Jumping to Conclusions, Changing Beliefs, Empathize, Memory, Self-esteem and Mood. Modules help the patient to understand and recognize cognitive distortions, reflect and improve metacognitive abilities, improve and integrate problem-solving abilities, change the “cognitive infrastructure” of delusional ideation.

Description and Method:
A group of ten outpatients with psychosis followed a one year structured protocol for psychosis composed of an individual MCBT (one session for week), a Cognitive and Metacognition Training and a Pharmacotherapy. At the end of this program patients were introduced in a social rehabilitation program focused on learning the necessary abilities to work in a News-Stand store specially created for psychiatric patients.

Results:
Pre-post treatment comparison demonstrates a significative reduction of positive psychotic symptoms, a reduction of cognitive biases and an improvement in metacognitive strategies.

Conclusions:
We argue that MBCT protocol for psychosis (Pinto, 2009), Metacognition Training (Moritz et al., 2014), and CogPack can be integrated. In fact, preliminary data suggest that: a) MBCT is useful to better manage psychotic symptoms, to improve social functioning and quality of life with significant benefits in terms of well-being, distress, control and dependence upon the voice; b) Metacognition Training, which seems to be helpful in reducing cognitive biases, can improve one’s own metacognition strategies; c) the CogPack protocol can be considered an efficient method to improve cognition, autonomy, and social functioning in patients.
ABSTRACT

Aim
About one third of primary care (PC) patients suffer from common mental disorders (CMD): anxiety, depression, insomnia, adjustment disorder and exhaustion disorder. CMD produce most long-term sick leaves in developed countries. Cognitive behavior therapy (CBT) is an effective treatment of anxiety, depression and insomnia, but little is known about how to treat adjustment and exhaustion disorders and how to facilitate return to work after sick leave. Some studies have shown effects with CBT-based “return to work interventions” (RTW). The aim of this study was to evaluate a new RTW-intervention to reduce sick leave among patients with CMD, and to investigate the effectiveness of CBT for CMD in a PC setting.

Method
A randomized controlled trial comparing CBT (n = 65), RTW (n = 65) and CBT+RTW (n = 80) for patients at 4 PC centers in Stockholm on sick leave due to CMD. Evidence-based treatments were used for anxiety disorders, depression and insomnia. For adjustment and exhaustion disorders and RTW, experimental treatments were used. Primary outcome were days on sick leave and severity of the psychiatric disorder. Secondary outcome were self-rated psychiatric symptoms. Assessments were repeated after treatment and at 1-year follow-up.

Results
Participants in all conditions reduced days on sick leave after treatment. RTW led to a faster reduction of sick leave than CBT. During the second quarter after randomization the difference was 12.4 days and during the third quarter the difference was 10.8 days. Days on sick leave for the CBT+RTW group did not differ from CBT or RTW. On severity of the psychiatric disorder CBT had significantly lower scores than RTW, and CBT+RTW did not differ from either. All conditions had large reductions of psychiatric symptoms (within group Cohen’s d 1.7-2.0). Subgroup analyses showed that for patients with anxiety, depression and insomnia RTW and CBT+RTW differed significantly from CBT with 20-30 days less on sick leave quarter two and 28-32 days less quarter three. For patients with adjustment or exhaustion disorder there was no difference in sick leave. The effect of CBT on reduced symptoms was equally strong for patients with adjustment or exhaustion disorders and results differed significantly from RTW.

Conclusion
RTW was the most effective treatment in reducing sick leave, and CBT most effective in reducing psychiatric symptoms for PC patients with CMD. Treatment of adjustment disorder was as effective as treatments of anxiety, depression and insomnia, suggesting this new treatment is effective.
ABSTRACT

Aim
Common mental disorders in form of anxiety, depression, insomnia and stress constitute one of the largest patient groups in primary care. There is strong evidence that CBT is effective, but accessibility to treatment is low. One way of increasing access is to provide CBT using a stepped-care model with therapist-guided self-help at a first step and face-to-face treatment at a second. The aim of this study was to investigate such a stepped care model for primary care patients with common mental disorders.

Method
This was a large-scale clinical trial (n = 396) where primary care patients with common mental disorders received nine weeks of guided CBT-based self-help in a first step. After step 1, participants who were in remission received no further treatment. Participants who were not in remission were randomized to either individual face-to-face CBT or to continued self-help treatment. The treatments at this second step lasted for 11 weeks. Assessments of psychiatric symptoms were conducted at pre-treatment, week 9, week 20, and at 6- and 12-month follow-ups.

Results
After nine weeks of guided self-help (step 1) 206 (52%) of the participants were in remission. The remaining patients were randomized to individual face-to-face CBT or continued self-help (step 2). After step 2, a significantly larger proportion of participants receiving face-to-face CBT were in remission compared to the group receiving continued self-help treatment (40% vs. 19%). Six-and 12-month follow-up data will be analyzed in November 2015 and be presented at WCBCT.

Conclusion
Preliminary results of this clinical trial indicate that a CBT-based stepped care model comprised of self-help and individual face-to-face CBT can be effective in the treatment of common mental disorders in primary care. This approach has the potential of substantially increasing access to evidence-based psychological treatment.
ABSTRACT

Aim
Cognitive behavior therapy (CBT) is effective in the treatment of depression, anxiety and insomnia. Regarding stress-related disorders, the evidence base is growing. However, there is still substantial uncertainty concerning the effectiveness of CBT for stress-related disorders, especially concerning exhaustion disorder. In addition, mediators of change are not well understood. Increased knowledge regarding how change comes about in CBT could shed light on maintaining factors of exhaustion disorder, and give valuable suggestions on how to make CBT more effective. The aim of the present study was to investigate potential mediators of change in CBT for exhaustion disorder in primary care.

Method
Mediators were investigated in a subsample of patients in a large clinical trial conducted in a primary care setting in Stockholm, Sweden. The original study (n = 211) was a randomized controlled trial for patients on sick-leave due to common mental disorders in primary care. Patients were randomized to one of three treatment arms: diagnosis-specific CBT (CBT), an intervention aiming at helping patients return to work after sick leave (RTW), or a combination of the two. In the present study, patients with a primary diagnosis of exhaustion disorder randomized to either CBT (n = 40) or RTW (n = 42) were analyzed. Patients were evaluated weekly on potential mediators (sleep, behavioral activation, self-efficacy and alliance) and outcome (symptoms of exhaustion) via self-rated instruments.

Results
Preliminary analyses suggest that CBT was more effective than RTW in reducing symptoms of exhaustion. The difference in effect was mediated by improvements in sleep and enhanced self-efficacy. Alliance and behavioral activation were not found to mediate the effect.

Conclusion
The results of the present study add to the knowledge of potential mediators of change in CBT for exhaustion in primary care. The results can contribute to the understanding of how to improve treatment for exhaustion disorder, namely increased focus on sleep and self-efficacy.
ABSTRACT

Aim
Stress-related disorders have increased over the past decades, in Sweden as well as in other western countries. Patients with adjustment disorder and exhaustion disorder constitute a large group of those who seek help in primary care. These diagnoses are associated with substantial individual suffering as well as with high economic costs due to long sick-leaves, staff turnover and reduced work performance. In spite of this, no evidence-based treatments for adjustment disorder and exhaustion disorder exist today. Furthermore, accessibility to treatment in primary care is limited. A new cognitive behavioral therapy (CBT) for adjustment disorder and exhaustion disorder has recently been tested in two randomized clinical trials at four primary care centers in Stockholm showing promising results. The aim of this study was to evaluate the effect of this CBT intervention when delivered via the internet.

Method
A randomized controlled trial comparing internet-delivered CBT (iCBT, n = 50) to wait list control (WLC, n = 50) for patients with adjustment disorder or exhaustion disorder. Participants were recruited nationally. iCBT was a 12-week intervention and participants had weekly contact with a psychologist via the internet. Primary outcome measure was self-assessed level of perceived stress. Secondary outcome measures were self-rated symptoms of exhaustion, depression, anxiety and sleep-difficulties. Assessment was carried out at pre-treatment, post-treatment and at 6-month follow-up.

Result
iCBT showed significantly superior symptom-reduction on all outcome-measures compared to WLC, with medium to strong effect-sizes (within group d = 1.05 and 1.64; between group d = 0.56 and 1.1). Subgroup-analyses of adjustment disorder (n = 53) and exhaustion disorder (n = 47) indicate that iCBT was equally effective in both groups with slightly stronger effect-sizes for exhaustion disorder. Data from 6-month follow-up will be collected in the summer of 2016.

Conclusion
Preliminary results indicate that CBT for adjustment disorder and exhaustion disorder can be efficient when delivered via the internet with the support of a psychologist. This may have implications for improving accessibility of treatment for this large group of patients in primary care.
A STEPPED-CARE SMART FOR PEDIATRIC ANXIETY DISORDERS

Speaker: Marianne Villabø, Center for Child and Adolescent Mental Health

Author(s)
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Scott Compton, Duke University

ABSTRACT
Although there is now reliable and robust evidence for the use of cognitive-behavioral therapy (CBT), selective serotonin reuptake inhibitors (SSRIs), and their combination (CBT+SSRI) for the treatment of a variety of pediatric anxiety disorders, far less is known about which children will likely benefit from less intensive treatments and which children will require more intensive treatments. The overall objectives of this presentation are to review the rationale and design of an adaptive stepped-care SMART for the treatment of pediatric anxiety disorders. In this study, all children receive a low-intensity internet-based CBT protocol (iCBT). Non-responders to this initial treatment will then be randomized to either traditional CBT or sertraline (SRT). Finally, non-responders to step-two treatments will be randomized to either COMB (CBT+SRT) treatment or to continued, but enhanced mono-therapy with consultation by an expert panel of psychologists or psychiatrists. Imbedded within this sequence of treatments are also strategies to address treatment compliance and the evaluation of two relapse prevention strategies for responders to any stage of care. Developing evidenced based practices for the management of pediatric anxiety disorders requires studies that address not only how to best treat children and adolescents acutely, but also how best to allocate treatment resources. Thus, research focusing on individualized, adaptive treatment strategies is essential for the long-term management of pediatric anxiety disorders. Therefore, understanding factors (e.g., demographics, clinical characteristics prior to and during treatment, as well as genetic variables) that may help tailor or individualize treatments at critical decision points over the course of a child’s treatment history is of high public health importance. The presentation will discuss the rationale and relative benefits of treatment choices made, issues unique to the implementation of this SMART within the context of community mental health clinics, and design features that address barriers to implementation.
EXPERIMENTAL DESIGNS FOR THE DEVELOPMENT OF ADAPTIVE TREATMENT STRATEGIES: WITH APPLICATION TO PEDIATRIC ANXIETY DISORDERS

Speaker: Scott Compton, Duke university

Author(s)
Scott Compton, Duke University

ABSTRACT
Among clinicians there is little debate about the heterogeneity of treatment effects. That is, for any given mental health disorder no one treatment fits everyone. Treatment needs often vary based on disorder severity, psychiatric comorbidity, demographic characteristics, as well as during the course of treatment itself. The successful management of patients requires that clinicians make a sequence of treatment decisions that will likely lead to an optimal clinical outcome. Adaptive treatment strategies have recently begun to receive increasing attention in the mental health literature as a principled way to operationalize sequential clinical decision making.

In this talk, we discuss new experimental designs—sequential multiple assignment randomized trials (SMART)—that are designed to inform the development of adaptive treatment strategies. We address critical issues concerning the implementation of such trials; and we discuss why these new experimental designs are an improvement over more traditional randomized clinical trials to building an evidence base for the development of decision rules in the management of mental health disorders.
ABSTRACT
Pediatric OCD is a relatively common mental health disorder. Without treatment, symptoms of pediatric OCD exhibit considerable stability, are associated with profound disability, family dysfunction, and reduced quality of life. Although effective treatments exist, gaps persist between treatment in expert clinics and services available in the community. Inadequate numbers of mental health professionals have been trained in the provision of evidence-based treatments for pediatric OCD, and cost and transportation issues constrain access.

New technologies offer the opportunity to enhance traditional office-based CBT and improve accessibility, user friendliness, and effectiveness. The aim of the present study is to develop an enhanced Cognitive behavior therapy (eCBT) for pediatric OCD, and perform a pilot study to examine its acceptability and feasibility. The eCBT is based on well-validated principles of exposure-based CBT. By employing an integrated and age appropriate technological package, a more intensive and focused application of CBT principles will be executed. The present pilot study will be conducted at the OCD team at Vestre Viken HF BUP Bærum. Enhanced CBT provides a promising vehicle to overcome geographical barriers to treatment access. Moreover, treating children and adolescents and their families in their natural settings may extend the ecological validity of the treatment, increase motivation and treatment adherence, and reduce travelling costs, time, and stigmatization.

Enhanced CBT (eCBT) is not a new treatment in itself but rather a new framework for providing treatment based on well-validated principles of CBT. By employing an integrated and age appropriate technological package, a more intensive and focused application of CBT principles will be executed. Furthermore, integrating new technologies may provide treatment that is more easily accessible, user friendly, and motivating. Therefore, and given current empirical support for the efficacy of CBT for the treatment of pediatric OCD, research participants are offered the usual, evidence-based treatment, but in a format that may offer greater convenience (the main part of the treatment sessions will be at home, via video link, which reduces travelling costs and time, and stigmatizing), may be more motivating. The video sessions at home may make the treatment more ecologically valid, and use of the app may enhance motivation and treatment adherence.
SUPPLEMENTING COGNITIVE BEHAVIORAL THERAPY WITH A COGNITIVE BIAS MODIFICATION TRAINING IN CHILDREN AND ADOLESCENTS WITH OCD

Speaker: Vivian Op de Beek, Norwegian University of Science and Technology

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ABSTRACT
The first line treatment for children and adolescents with OCD is Cognitive Behavioral Therapy (CBT). However, as response rates vary between 40 and 65%, there is substantial room for improvement. Recently, Cognitive Bias Modification-Interpretation (CBM-I) training paradigms that target misinterpretations in anxiety have been developed, with promising effects. Furthermore, CBM-I training paradigms can be completed online without support of a therapist, and are easy to implement. To examine if we can improve treatment by adding CBM-I to CBT, we developed a CBM-I training for children and adolescents with OCD. In a pilot study we examined the added value of the training to CBT in adolescents with OCD. This small randomized controlled trial was suggestive, although not conclusive regarding the promising additive effects of the CBM-I training (Salemink, Wolters & De Haan, 2015). Since then, the training has been modified on different aspects to increase the fit between the content of the training and specific OCD complaints of the children. Effects of the adapted training are recently examined in a larger, multicenter randomized controlled trial (RCT). In this study, the CBM-I training is offered during the (natural) waitlist period before CBT. This implies that if CBM-I is effective, children can already benefit from the training before CBT has started. Second, we hypothesize that the CBM-I training may have a positive effect on the subsequent CBT. Together, this may result in a more efficient and effective treatment. In our study, children with OCD are randomized allocated to either CBM-I (4 weeks) followed by CBT, or waitlist (4 weeks) followed by CBT. The inclusion of the RCT will be completed in July 2016. At that time, 76 participants will be included. In this presentation, we will present our CBM-I training and the first results of the RCT.
ABSTRACT

Background
Mental disorders including depression, anxiety, and adjustment problems are currently the most common reason for sickness absence in Sweden. Evidence-based clinical treatments such as Cognitive Behavioural Therapy have resulted in significant and sustained improvement in clinical symptoms. However, the effect on duration of sickness absence is variable, even indicating these interventions might prolong sick leave. Combining workplace interventions and psychological interventions might have a potential to enhance return to work for individuals on sickness absence. The aim of the present study was to compare the effects of a brief Acceptance and Commitment Treatment (ACT) intervention, a workplace intervention (WI), and ACT+WI with Treatment As Usual (TAU) on improved sickness absence, self-rated work ability, reduced mental health problems as well as cost effectiveness.

Methods
We designed a randomized controlled trial with adult participants (n = 359, 78.4% females) on sickness absence from work due to mental health problems. Participants were allocated into one of four treatment groups: 1) ACT, 2) WI, 3) ACT and WI in combination and 4) Treatment as Usual (controls). Mixed-effects Model Repeated Measures analysis was used to evaluate possible differences in outcome between interventions at 12 months follow up. A cost-effectiveness analysis was conducted to investigate the clinical and economic impact of the three interventions in comparison to TAU.

Results
Data from the 12-month follow-up will be presented including evaluations of the intervention outcomes in terms of sickness absence and mental health, as well as cost effectiveness.

Conclusion
Greater attention is needed to build optimized intervention strategies for workers with mental disorders. Combining psychotherapy with workplace oriented interventions may bridge the gap between evidence based interventions for mental disorders and increasing work ability.
A PAIN OR A PLEASURE? DEVELOPMENT AND EVALUATION OF AN ACT INTERVENTION FOR FEMALE GENITAL PAIN

Speaker: Pernilla Maathz, Uppsala University

Author(s)
JoAnne Dahl, Uppsala University

ABSTRACT
Approximately one in ten women suffer from unexplained persistent vulvar pain, e.g. vulvodynia. Women who are affected often experience sexual dysfunction as well as psychological and relationship distress. Treatments to date mostly focus on pain control and reduction. A radically different conceptualisation of distress and sexual dysfunction might be that of experiential avoidance, i.e. avoiding sex and other stimuli associated with pain or engaging in sex in order to avoid aversive consequences such as fear of rejection or of not living up to what is expected of women. This presentation will describe the development of an Acceptance and Commitment Therapy (ACT) intervention based on this conceptualisation and an ongoing study evaluating the effects of that intervention.

The present study is a single subject design with 8 women diagnosed with vulvodynia as participants. All participants take part of the ACT intervention, which entails 6 sessions and focuses on awareness of behaviour patterns and their functions, experiential acceptance and development of a flexible pattern of responding to inner experiences such as thoughts. The intervention aims to help women to contact and reclaim the natural reinforcement of sexual lust as a valued direction as opposed to adherence to gender roles sexual practice norms as dictated by society. Effectiveness of the intervention is measured in terms of sexual satisfaction and functioning, sexual distress and pain related distress.

Preliminary results of this study will be presented along with a discussion about contributions of this research to the knowledge about female genital pain and suggestions for future research.
ID-313 INCLUDED IN S44-KAREKLA

CHRONIC PAIN AND ACT-BASED REHABILITATION: WHEN ONE SIZE DOES NOT FITS ALL. STRATIFYING PATIENTS ACCORDING TO THERAPEUTIC PRINCIPLES AND FUNCTION RATHER THAN SYMPTOMS, DIAGNOSES OR IMPAIRMENTS.

First speaker: Graciela Rovner, Karolinska Institutet & ACTIveRehab & University of Gothenburg at Sahlgrenska Academy

Author(s)
Kevin E. Vowles, University of New Mexico
Linn Wifstrand, University of Gothenburg at Sahlgrenska Academy.
Louise Pettersson, University of Gothenburg at Sahlgrenska Academy

ABSTRACT
How do we know who benefits of this chronic pain rehabilitation package?

Many pain rehabilitation clinics implement acceptance-based rehabilitation with good result for many, but not for all. The effect sizes are still medium to low. There may be differential response among the patients and we investigated different modalities to group patients and their capacity to be indicators of the differential responses, and thus understand their unique base-line needs. This knowledge also will inform the rehabilitation clinic how to select the patients and will also inform how to modularize rehabilitation and tailor packages for each group of patients. In this presentation, four different studies will be merged: A Latent Class analysis to perform advanced clusters, to test the clusters performance to identify base-line needs and responsiveness to different rehabilitation packages and finally the clinical stratification taxonomy will be presented. The clusters performed well in identifying differences between sexes and being more pragmatic than diagnoses to be used in rehabilitation settings.

Perspective: Pain acceptance is a therapeutic process, it mediates and moderates between symptoms and functional capacity. The findings of the present study, which included different cohorts of patients (N between 400 and 900) with chronic pain, provide support for 4 discrete groups of patients based on levels of acceptance indicating their wider functional capacity (physical, mental and social).
ACCEPTANCE AND COMMITMENT THERAPY VS. MEDICAL TREATMENT AS USUAL WAIT-LIST CONTROL GROUP FOR PRIMARY HEADACHE SUFFERERS: THE ALGEA STUDY

Speaker: Vasilis Vasiliou, University of Cyprus

Author(s)
Maria Karekla, University of Cyprus
Evangelos Karademas, University of Kret
Savvas Papacostas, Cyprus Institute of Neurology and Genetics

ABSTRACT
Research to date suggests that individuals with headache may use experiential avoidance as a coping mechanism to manage pain or other private events (e.g. thoughts) related to their headache difficulties (Martin & McLeod, 2009; Kelman, 2007). Despite the wide use of avoidance in headache management, very little empirical evidence exists to support its effectiveness (Martin et al., 2014; Martin, 2010a, 2010b). Indeed, attempts at avoiding headache triggers or other internal private experiences associated with headache, may increase trigger potency (Martin et al., 2015), restrict lifestyle (Kelman, 2007), decrease internal locus of control (Marlowe, 1998), and exacerbate and maintain pain perception (Chiros & O’Brien, 2011; Leeuw, et al., 2007; Foote et al., 2015). New treatment approaches, such as Acceptance and Commitment Therapy (ACT; Hayes et al., 2012), emphasize acceptance and valued-living as alternatives to avoidance, have demonstrated to reduce headache-related disability and improve quality of life. Though APA has recently included ACT as an empirically supported treatment for chronic pain, very little evidence exists as to its effectiveness for head pain. The purpose of the current presentation is twofold. First, it examines, in a Randomized control study (RCT), how an ACT-based intervention for headache sufferers (added to medical treatment as usual-MTAU) improves quality of life and decreases disability. Second, it investigates whether the proposed process of change mechanism (i.e. acceptance and values-based actions) mediates headache interference and treatment outcomes (i.e. quality of life). 120 headache sufferers were recruited through various sources (e.g. Hospitals, primary centers etc.) and received a headache diagnosis based on a neurological examination following a standardized diagnostic criteria (e.g. ICHD). Participants were randomly assigned to one of the treatment condition, participated in 9 ACT-based sessions and completed questionnaire at three point assessments (pre, post, follow up periods). Results demonstrated that the ACT-based group in comparison to only MTAU group, achieved a statistical significant reduction in headache-related interference, increased in emotional and physical functioning and improved in quality of life. Results of this study offer new evidence regarding the utility of ACT in the management of primary headaches and propose ways of integrating ACT into the dominant relaxation and biofeedback behavioral headache paradigm.
ID-101 INCLUDED IN S45-KOSTER

RELATION BETWEEN ATTENTIONAL SCOPE AND TRAIT RUMINATION: AN EYE-TRACKING STUDY

Speaker: Lin Fang, Ghent University
Author(s)  
Alvaro Sanchez, Ghent University  
Ernst Koster, Ghent University

ABSTRACT  
Attentional processes are considered to play an important role in information processing in rumination. The attentional scope model of rumination predicts a narrowed attentional scope in trait ruminators which magnifies emotional responding and reduces problem-solving. The current study examined key predictions of the attentional scope model of rumination by using a moving window paradigm, allowing for more direct measurement of attentional scope at a perceptual level. High and low trait ruminators were asked to read self-related and other-related neutral sentences under small, medium, large and no window conditions while their fixation duration and number of fixations were recorded with an eye-tracker. Results showed significant group differences in the small window size condition, with high ruminators requiring less time and making less number of fixations when reading sentences. This difference was observed when processing neutral sentences under both self-related and other-related information conditions. Further analyses confirmed that differences remained after controlling for the levels of depression and mood state. These findings support the predictions of the attentional scope model of rumination, indicating that individuals with high levels of trait rumination are associated with a narrower attentional scope when processing neutral information and that this association between rumination and attentional scope is not driven by the levels of depression and mood states.
THE EFFECTS OF ACTIVE WORRYING ON WORKING MEMORY CAPACITY

Speaker: Ayse Berna Sari, Ghent University

Author(s)
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ABSTRACT
Worry is described as a state of experiencing uncontrollable, apprehensive, and intrusive negative thoughts about the future (Borkovec, Robinson, Pruzinsky, & DePree, 1983). It is also defined as an important cognitive characteristic of anxiety (Eysenck, 1982; Mathews, 1990). According to the Attentional Control Theory of Anxiety (Eysenck, Derakshan, Santos & Calvo, 2007), worry impairs task performance outcome(s) through its direct effect on working memory capacity (WMC), by using up the limited resources available for performance thus reducing attentional control. In the current investigation, this hypothesis was tested by examining the causal influence of active worrying on WMC in a sample of undergraduate university students. Participants were assigned either to a worry condition (n = 32) in which state worry was induced or to a non-worry control condition (n = 32) where they followed control procedure. In order to assess WMC, participants performed a change detection task before and after the worry or control manipulation. Mediation analyses showed that level of self-reported worry mediated the effects of condition on change in WMC pre to post manipulation as demonstrated by the significant indirect effect of worry and non-significant direct effect of condition on change in WMC. Similar results were obtained also using state anxiety measures as mediating factors. Both increased worry and state anxiety were related to attenuated improvements in WMC at post manipulation in the worry condition. Results of the current study are amongst the first to demonstrate that worry impairs WMC and as such have important implications for understanding the impact of worry in educational as well as clinical outcomes.
THE INTEGRATION OF GAMIFICATION TECHNIQUES INTO ATTENTION TRAINING FOR ANXIETY AND DEPRESSION

Speaker: Elien Pieters, Ghent University

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Elien Pieters, Ghent University
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ABSTRACT
Negative attention biases (AB) may play a causal role in the development of emotional disorders. In order to examine this proposed causal role, researchers have developed Attention Bias Modification (ABM) paradigms to experimentally induce or reduce AB. To date, most ABM studies were based on modified dot-probe tasks. However, this task is only moderately successful in changing patterns of AB. In this project, we explore the effects of a novel visual search ABM paradigm, called “Intrinsically-Motivating Playable Attentional Control Training” (IMPACT), on AB processes and mood. Motivation is fostered by active task involvement (i.e., searching for target faces while ignoring irrelevant faces) and gamification techniques. We already conducted two laboratory-based experiments, in which we explored the effects of IMPACT. In both experiments, training performance significantly improved, but failed to transfer to attention and mood measures. Nevertheless, we believe that these null-results are crucial to inform future ABM research.
ASSESSING ATTENTIONAL BIASES AND THEIR ASSOCIATION WITH DEPRESSIVE RUMINATION USING CATEGORIZATION TASKS AND MODELS

Speaker: Isa Rutten, Catholic University of Leuven

Author(s)
Wouter Voorspoels, Catholic University of Leuven
Ernst Koster, Ghent University
Wolf Vanpaemel, Catholic university of Leuven

ABSTRACT

Biases in information processing and difficulties in emotion regulation, two extensively studied characteristics of depression, are often considered as two separate mechanisms. Recently however, researchers are increasingly focusing on the interplay between information processing biases and emotion regulation difficulties, and their association with depression. For example, one topic of interest is the relation between attentional biases (AB's) and depressive rumination in depression. Inconsistent results however highlight the challenge of assessing these cognitive processes in a reliable and valid manner. Especially AB assessment in depression is characterized by a variety of different methodologies, concerns about reliability and validity, and inconsistent findings. In the light of these challenges, we propose a new method, inspired by the cognitive sciences, to assess AB's in depression. In particular, we use a well-studied categorization task and the associated model to assess the attentional weight healthy participants devote to negative information.

In an exploratory study, we investigated whether depressive rumination could be linked to an AB towards negative information in participants with varying degrees of subclinical depressive symptoms. Beside depressive rumination and depressive symptomatology, also other variables of interest, and their association with a negative AB, were explored, such as anxiety symptoms, neuroticism, and participants’ current mood.

Participants were asked to complete categorization tasks in which pictures of human faces had to be classified into two categories. The pictures of human faces varied only on two dimensions: facial affect (neutral - sad or happy) and hair color (light - dark). In this way, participants could base their classifications either on the affect dimension (negative or positive) or on the neutral dimension (hair color).

Applying a hierarchical Bayesian mixture extension of a prototype model, we extracted attentional weights (AW) for each stimulus dimension, reflecting attentional preferences or biases. Based on their attentional weights, participants were assigned to an attentional group, either the attentional group for (negative or positive) affect, or the attentional group for hair color. Using logistic regression analysis, we compared the predictive values of all variables of interest on participants’ group assignment. Preliminary results showed no compelling evidence for a predictive value of depressive rumination, depressive and anxiety symptoms, and neuroticism, on attentional group assignment. However, we did find preliminary evidence that a negative AB can be predicted by participants’ (sad) current mood state.

To conclude, using a categorization approach to assess AB's in depression revealed an association between a negative AB and a sad mood state, a finding consistent with existing literature on mood-congruent biases, but no association was observed for depressive rumination.
THE PERSISTENCE AND TEMPORAL STABILITY OF EMOTIONAL REASONING TENDENCIES

Speaker: David Berle, UNSW Australia
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ABSTRACT

Background. ER has similarities with the cognitive distortion of “mistaking feelings for facts” that has been outlined in cognitive models of emotional disorders (Beck et al., 1985). In this respect, one might expect that unhelpful habits ER might be malleable and potentially reduced through cognitive therapy interventions. There is little data on the stability of ER tendencies, although preliminary evidence suggests that ER scores may remain stable across 2-6 weeks (Arntz et al., 1995). Method. We investigated the persistence of ER tendencies across three samples: (i) 106 undergraduate students across an 8-week interval, (ii) 47 community participants with and without DSM-IV diagnosed depression across a six month interval, and (iii) 25 participants at the start and end of a course of CBT for anxiety. ER was assessed using the task of Arntz and colleagues (1995) as well as using a newly developed self-report measure of ER. Results. ER scores showed medium to strong correlations (rs = 0.53 to 0.74) in undergraduates across 8-weeks, moderate consistency across 6-months in the community sample (rs = 0.33 to 0.69), and did not reduce in parallel with overall symptom change among those receiving therapy, suggesting that ER may be a persistent tendency. Further, ER was similarly stable across time when assessed by a questionnaire, providing confidence that stability findings may not be an artefact of insensitivity of the Arntz et al. procedure to detecting changes in ER. Conclusions. These preliminary findings suggest that unhelpful ER may be a persistent tendency which may benefit from the development of specific therapeutic interventions.
FEELING IS BELIEVING: EMOTIONAL REASONING IN OBSESSIVE COMPULSIVE DISORDER

Speaker: Miriam Lommen, University of Groningen

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ABSTRACT
Information processing in anxiety patients is characterized by biases and thinking errors. One of these reasoning biases includes emotional reasoning: the tendency to draw conclusions about a situation based on subjective emotional response about this situation rather than objective information. Emotional reasoning in anxiety patients seems to maintain irrational anxiety, as the subjective emotional response is seen as a validation of the presence of danger. Although emotional reasoning has been shown to be present in several anxiety disorders, it is unclear whether patients with obsessive compulsive disorder (OCD) are also characterized by this problematic kind of reasoning. In this study we examined emotional reasoning based on feelings of anxiety in a group of 295 patients with OCD, and compared this to a group of patients with anxiety disorders (N = 36) and a healthy control group (N = 36). Exploratory we also assessed to what extent these groups were influenced by feelings of responsibility in judging the dangerousness of situations. Results showed that OCD patients used emotional reasoning comparable to the anxiety patients group. In contrast to previous findings, we also found emotional reasoning in healthy controls, even though this seemed to be restricted to situations that contained objectively safe information, not danger information. Only the OCD-group rated the situation as more dangerous when feelings of responsibility were present, whereas the anxiety patients and healthy controls did not seem to be influenced by feelings of responsibility. The study provides promising evidence for the use of emotional reasoning based on both feelings of anxiety and responsibility. Clinical implications of these findings and possible next steps which could lead to interventions targeting this problematic reasoning will be discussed.
ABSTRACT

Background
A common feature of eating disorders is disgust towards food and one’s own body. This may not only be a symptom, but could also further reinforce weight and shape concerns (e.g., anorexia patients associate disgust to feelings of fullness and fear of becoming fat). This study tested if feelings of disgust may indeed promote the generation of fearful concerns (e.g., gaining weight) in eating disordered individuals. If disgust is taken to signal a greater risk of threatening outcomes this may strengthen eating disorder symptoms and associated negative health behaviors (e.g., food restriction, vomiting).

Methods
To index disgust-based reasoning, we designed 16 food-related scenarios that systematically varied in the presence/absence of a disgust response. To explore whether emotional reasoning (ER) would differ when objective threats were low (disgust following eating a small amount of food, low in caloric value) the scenarios also systematically varied in food quantity and caloric value. ER was measured by the difference in the scenarios with and without a disgust response. Two samples were studied: an unselected (n = 251) sample of undergraduate students and a preselected sample of undergraduate female students with high (n = 36) versus low (n = 35) scores on the Eating Disorder Examination Questionnaire (EDE-Q).

Results
Eating disorder symptoms appeared to be positively related to ER. Specifically, individuals scoring high on the EDE-Q inferred a heightened risk of becoming fat when scenarios implied disgust feelings following food-intake. The impact of disgust was especially pronounced for scenarios referring to the intake of small amounts of food.

Discussion and conclusion
Although effects were small and should be replicated in clinical samples, the present results support the view that disgust-based ER might contribute to the origin and persistence of eating disorder symptoms.
ONLINE-BASED COGNITIVE BIAS MODIFICATION IN PATHOLOGICAL GAMBLING USING AN APPROACH-AVOIDANCE TASK: A PILOT STUDY

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ABSTRACT

Background: Although pathological gambling is associated with severe consequences, persistent and recurrent gambling is retained (American Psychiatric Association, 2013). This apparently irrational behavior can partially be explained by dual-process models (e.g., Evans & Coventry, 2006) assuming that addictive disorders are characterized by strong automatic processes. This assumption is corroborated by studies showing that individuals suffering from pathological gambling exhibit attentional biases (e.g., Hønsi et al., 2013) as well as implicit positive associations (e.g., Brevers et al., 2013) towards gambling-related stimuli. This pattern of information processing resembles that of alcohol-dependent individuals who also show automatic approach tendencies for alcohol-related stimuli (e.g., Wiers et al., 2009). These behavioral tendencies can be assessed by means of arm movements using an Approach-Avoidance Task (AAT, Rinck & Becker, 2007) with approach being characterized by faster arm flexion than extension (Marsh et al., 2005). This link between physical movements and evaluative processes has successfully been used to re-train dysfunctional approach tendencies in alcohol-dependent individuals (e.g., Eberl et al., 2013; Wiers et al., 2011). The aim of the present study was to evaluate the effectiveness of the AAT in individuals with problematic and pathological gambling. Although effective psychological treatments for pathological gambling exist, only 10% of those affected seek help (e.g., Suurvali et al., 2009). For this reason, the study was set-up as an online intervention.

Methods: Participants are recruited on- (e.g., gambling-related forums) and offline (e.g., self-help groups). After completing an online survey, participants are randomly assigned to one of four conditions (Deprexis, AAT training, Sham training, waitlist control group). In the present talk, only results of the AAT arm will be reported. In the training condition, participants implicitly avoid gambling-related pictures (i.e., push) whereas gambling-related pictures are approached and avoided with equal probability in the sham training. Arm movements are made in response to a non-affective dimension (color of a frame). After eight weeks, the post-assessment takes place.

Results: Interim analyses provide preliminary evidence that both training versions reduce gambling behavior compared to the control group.
ABSTRACT
Drug-related automatic approach tendencies contribute to the development and maintenance of addictive behavior. Previous research with abstinent alcohol-addicted patients demonstrated that this drug-approach tendency can be re-trained by means of a simple joystick task, reducing relapse rates by 10%. The present study investigated whether a similar nicotine-related approach bias can be modified in smokers. The participants were inpatients undergoing psychiatric treatment for various disorders. All of them were smokers who attended a brief smoking-cessation intervention and participated in a nicotine Approach-Avoidance-Training (AAT). They were randomly assigned to either an active AAT training or to a sham training. In the active training, smoking-related pictures were always pushed away by means of a joystick, and tooth-cleaning pictures always pulled closer. In the sham training, no contingency between picture content and arm movements existed. Both trainings were administered in four sessions of approx. 15 minutes each. The training sessions were preceded by a pre-test and followed by a post-test in which both picture types were both pulled and pushed, in order to measure the automatic nicotine-approach tendencies before versus after training. Moreover, we assessed whether the training affected actual smoking behavior by asking patients three times to indicate the number of cigarettes they smoked daily: at pretest, at post-test, and at 3-months follow-up. A total of 205 participants were recruited, and data from 139 participants could be entered into the analyses. Prior to the trainings, smokers in both conditions exhibited a stronger approach bias for nicotine-related pictures than for tooth-cleaning pictures. After both trainings, this difference was no longer evident. Reduced smoking behavior at posttest was observed after both trainings. However, only the active training led to an additional reduction of nicotine consumption at 3-months follow-up. Our data support the conclusion that the nicotine-avoidance training might be a feasible tool to reduce smoking in the long-term, as an add-on to other smoking-cessation interventions.
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AN EYE-TRACKING BASED ATTENTIONAL DISENGAGEMENT TRAINING FOR DEPRESSION

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ABSTRACT
Cognitive biases play an important role in emotional disorders. Consequently, Cognitive Bias Modification (CBM) has been found to change these biases and to reduce clinical symptoms. Most of the successful CBM applications have been reported for anxiety disorders, but there is a lack in regard to CBM for depression. Very often attentional trainings (ABM) have been used, but the trainings do have their shortcomings concerning the reliability of what is measured and modified. To overcome these shortcomings, we developed an ABM task that is controlled by eye-tracking. This task allows to assess and train both disengagement from negative pictures and maintained attention to positive pictures. In a first study with an unselected student sample, we compared a positive training (PT; N = 44), promoting attention towards positive stimuli, to a negative training (NT; N = 42), which reinforced the opposite attentional pattern. As expected, the PT induced longer fixations on positive pictures and faster disengagement from negative pictures. The NT showed no changes in attentional processes. The groups did not differ in mood reactivity and recovery from a stressor. To see if the training can be helpful in depression we conducted a second study in dysphoric students. Here we compared the positive attention training with a sham-training, where no valence-dependent attentional patterns were reinforced. The results of this study will be presented. Furthermore we will discuss the advantages of using eye-tracking in ABM and potential applications of the training.
MENTAL IMAGERY-BASED COGNITIVE BIAS MODIFICATION IN ADOLESCENTS: EFFECTS OF VALENCE AND PERSPECTIVE ON MOOD AND COGNITIVE BIAS

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ABSTRACT
Research with adults has demonstrated that mental imagery has a powerful impact on emotion, with mental-imagery based Cognitive Bias Modification (CBM) paradigms providing one experimental tool for investigating such effects. However, we know little about the impact of mental imagery in adolescence, despite this being the key time for the onset of emotional dysfunction. The current study investigated the effects of mental imagery valence and perspective on mood and cognitive bias using a mental-imagery based CBM paradigm in a sample of male adolescents (N = 60, aged 11-16 years). Participants viewed ambiguous pictures paired with a positive or negative caption of a few words, and were instructed to form a mental image that combined the picture and words. The impact of imagery valence was investigated by comparing a positive imagery condition (100% positive word captions) to a mixed valence imagery condition (50% negative word captions, 50% positive word captions). The impact of imagery perspective (field vs. observer) was investigated using separate field and observer perspective sessions in a within-subjects design. Effects of the manipulations on mood and cognitive bias, including a novel scrambled sentences task, were investigated. The findings highlight the impact of mental imagery generation on mood and cognition, and the potential moderating impact of imagery perspective. This extends our understanding of the relationship between mental imagery, mood, and cognition in adolescence, highlighting potential treatment targets and methods to modify them.
INVESTIGATING WHETHER SLEEP ENHANCES THE EFFECTS OF COGNITIVE BIAS MODIFICATION IN ANALOG POSTTRAUMATIC STRESS

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ABSTRACT
Posttraumatic Stress Disorder (PTSD) is characterised by dysfunctional interpretations of the trauma and its consequences. Experimental studies have shown that Cognitive Bias Modification – Appraisal (CBM-App) training can reduce dysfunctional interpretations and analog trauma symptoms. One important question is how to enhance the effects of CBM and thus increase potential benefits. Following work suggesting that sleep has beneficial effects on consolidation processes and can thus improve learning, the present study investigated whether the sleep can be used to enhance the effects of CBM-App.

In the present study, all participants watched a stressful movie as an analog trauma induction. After that, participants received either positive or negative CBM-App training. Within each CBM training group, half of the participants then had a 90 minute nap or watched a neutral movie. The effects of the CBM-App on dysfunctional interpretations and trauma-related cognitions were assessed. Intrusive memories of the analog trauma and associated distress over the subsequent week were recorded using a diary. The presentation will give an overview of the results of this study and will integrate them into the broader context of CBM and PTSD.
THE RELATIONSHIP OF EARLY REGULATORY PROBLEMS, STRESS EXPOSURE AND BEHAVIORAL PROBLEMS IN HEALTHY CHILDREN AT PRESCHOOL AGE

Speaker: Nadine Messerli-Bürgy, University of Fribourg

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ABSTRACT
Introduction: Stress exposure is related with the development of regulatory problems in infancy (RP) such as excessive crying, feeding problems and sleeping problems. Previous research has shown that most RP tend to diminish during toddlerhood, but others showed that RP predicted behavioral problems at preschool and school age. However, little is known about the impact of RP on persistent eating problems and its relation with biological stress responses in childhood. The aim of the study was to investigate the impact of stress exposure on early regulatory problems during infancy (RPs) and the relation of RP with behavioral problems and biological stress responses in healthy children. Method: Within 476 healthy children (aged 2-6 yrs) who participated in the Swiss cohort study SPLASHY, parents were asked to complete a set of questions on the child’s early regulatory problems during infancy (composite factor of crying, feeding and sleeping problems), early stress exposure (major life events since birth of the child), current behavioral problems and to sample their child’s saliva during two consecutive days to assess diurnal patterns of cortisol. Mixed models were calculated by controlling influencing factors (i.e. age, gender, socioeconomic status, maternal mental health). Results: Within this cohort study, parents of a total of 17.8% reported retrospective RPs of their child. Early life events did not predict retrospective RPs, but RPs were significantly related to subclinical internalized problems ((0.42 (0.12; 0.71); p = 0.006) and subclinical levels of hyperactivity/inattention (0.74 (0.36; 1.12); < 0.001) in children at preschool age. There was no relationship of RP with persistent eating difficulties, with conduct problems or peer problems, nor with diurnal cortisol patterns. Discussion: In contrast to previous studies, stress exposure was not associated with RPs and there was no significant relationship of RPs and eating difficulties or current biological stress patterns. However, early RPs were related to internalized problems and hyperactivity in this healthy sample of young children. Conclusion: RPs are related to subclinical behavioral problems, but not to diurnal patterns of cortisol in preschool children. Further analyses of biological stress responses during an acute stress exposure using an age-adapted stress task will reveal more of the association of RPs and biological stress responses during early childhood.
EARLY LIFE ADVERSITY AND REJECTION SENSITIVITY

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ABSTRACT

Early life adversity (e.g., parental divorce, separation from primary caregivers) has been shown to be positively related to dissociative symptoms, which has given rise to the notion that freezing (as a dissociative process) may help to numb emotional and physical pain and, therefore, to enable both survival and escape from these overwhelming situations. Traumatic stress during childhood can enhance the risk for children to develop insecure attachment styles, which are related to physical and psychological health problems. The separation of or from one's main caregivers is a major life event that can easily result in emotional (sometimes traumatic) stress as well as extreme insecurity to the child concerned and, therefore, mental and physical ill-health. Recent research suggests that children of divorced parents and adoptees more often experience psychological and physical symptoms than children of non-divorced parents. The processes that mediate the relationship between early life adversity (here: parental divorce or separation from the primary caregivers) and ill-health, however, are still elusive.

The current presentation will report on the results of two studies investigating the relationship between early life adversity and ill-health while focusing on the mediating role of rejection sensitivity on the long-term consequences of parental divorce and adoption in young adults.

In the first study, 199 participants completed an online survey including measures of mental health, childhood trauma, resilience, and rejection sensitivity. Participants with divorced parents reported increased levels of psychological symptoms, childhood trauma, rejection sensitivity, and lower levels of resilience. The association between parental divorce and mental health was fully mediated by resilience and rejection sensitivity and childhood trauma. The mediation model explained up to 44% of the total variance in mental health symptoms.

In a second study, 40 adoptees and 74 control participants were screened for mental health symptoms using a range of questionnaires on daily stress perception, self-esteem, rejection sensitivity, and childhood trauma. In addition, a structured clinical interview (SCID) was used for the assessment of mental health according to DSM-IV. Groups did not differ on the childhood trauma scale. Adoptees, however, were more rejection sensitive, had lower self-esteem, and a higher incidence of mental disorders, and also reported higher daily stress levels. A mediation model supports the hypothesis of rejection sensitivity to be an important mediator between adoption status (adoptees vs. control) and mental health symptoms. The mediation model explained up to 16% of the total variance in mental health symptoms.

Resilience and rejection sensitivity are crucial factors for successful coping with the experience of parental separation. Prevention programmes that help to boost children's resilience might help to reduce the long-term effects of early life adversity on their attachment style (e.g., rejection sensitivity), thereby improving their mental health on the long run. Furthermore, the results call for parental awareness and counseling to target and reduce the observed increased level of childhood trauma in children of divorced parents.
PROMOTING ADAPTIVE EMOTION REGULATION A SCHOOL-BASED UNIVERSAL PREVENTION PROGRAM FOR CHILDREN AND ADOLESCENTS IMPLEMENTED WITH BACHELOR STUDENTS

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ABSTRACT
Background: High prevalence rates of mental disorders and its impairment in affected children and adolescents, as well as high monetary costs, the necessity of prevention programs becomes evident. Emotion regulation is an essential feature of mental health. Therefore, an emotion regulation perspective in prevention programs seems highly beneficial. Bachelor students in psychology are a valuable resource for the implementation of prevention programs in schools. The primary goal was to develop a program using empirically evaluated modules that can be conducted by Bachelor students. Furthermore, acceptance will be investigated from the school children, teachers, and students.

Methods: We designed a universal primary prevention program with a main focus on emotional regulation. Modules consist of emotional awareness, psychoeducation on emotion regulation, focusing on the importance and functions of emotions in daily life. Second focus is the transfer of strategies in adaptive emotion regulation, to preserve and promote mental health. In total, 52 school classes received the program, ranging from six to ten school hours. Acceptance rates were assessed with a questionnaire. The sample consists of 187 adolescents (M = 15.52 years; SD = .59), 248 children (M = 10.26 years; SD = .61), 38 teachers, and 88 students.

Results: Teachers, children, adolescents, and students reported high acceptance rates. Overall, all participating groups reported a high benefit as well as a high interest and motivation in the program.

Conclusion: The results demonstrated a successful implementation of a prevention program on adaptive emotion regulation implemented by students as group leaders.
THE RELATION OF STRESS REACTIVITY, BEHAVIOURAL PROBLEMS AND TEMPERAMENT IN PRESCHOOL CHILDREN

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ABSTRACT
Background: Stress reactivity is influenced by children’s temperament, especially by high negative emotionality. Previous research has shown that children with high emotionality show a stronger reactivity in response to stressors. In contrast, findings on the relationship of stress reactivity and behavioural problems are mixed, probably due to different stress assessments. As both temperament and behavioural problems are both independently related to stress reactivity and interplay with each other, both factors need to be considered in the analysis. The aim of this study was to investigate stress reactivity during an age-adapted stress task and its relation with behavioural problems and the child’s temperament in preschool aged children.

Method: A total of 476 2-6 year old children participated in the Swiss cohort study SPLASHY, whereof 402 completed an age-adapted stress task. Saliva samples were taken before, during and after the task and salivary cortisol and salivary alpha-amylase (SAA) were analysed in the lab. Cortisol patterns were calculated using a latent class growth analysis. Besides this, parents were asked to complete a set of online questionnaires to assess the child’s temperament (by the Emotionality Activity Sociability Temperament Survey (EAS (Buss & Plomin, 1984))) and current behavioural problems of the child (Strengths and Difficulties Questionnaires (SDQ (Goodman, 2001))).

Results: Cortisol patterns displayed three different groups of stress reactivity including a first pattern with an expected peak after the stress task and a decrease of cortisol levels during the recovery period, a second group with a blunted response and a third group with delayed cortisol reactivity. Comparison of all three groups showed no differences in SAA, in temperament nor in behavioral problems but a significant age difference between the groups. Within the group with blunted stress response age and peer problems predicted overall cortisol release during the stress task. Furthermore, conduct problems significantly predicted overall cortisol release in the delayed reactivity group.

Discussion: In contrast to previous research, children’s overall cortisol release during the age-adapted stress task showed different response patterns. The groups of cortisol patterns differed in age only, however cortisol levels within the blunted and delayed cortisol group were both associated with behavioural problems, but not with temperament or SAA.

Conclusion: Cortisol reactivity patterns seem to differ within younger and older preschool children, and unusual stress patterns were related to behavioural problem. The long-term impact of delayed or blunted stress patterns needs to be investigated within the longitudinal design to improve the understanding of the relation between stress reactivity and persistent behavioural problems.
ABSTRACT
Background: Children of parents with anxiety disorders run an increased risk to develop anxiety disorders themselves. If parents, however, undergo cognitive-behavioral therapy (CBT), successful parental treatment has been shown to benefit their children as well, confirming the parental influence on child psychopathology, for good or for worse. If this path of influence is a transactional one, however, allowing for a comparable beneficial influence of child CBT on parental psychopathology, has not yet been investigated. The present study examines the effect of manualized CBT treatment for children suffering from anxiety disorders on parental stress, anxiety, and depression.

Methods: All children (N = 140; 73 girls, aged 4-13) with a primary diagnosis of specific or social phobia, separation anxiety disorder, or generalized anxiety disorder seeking treatment in a large outpatient clinic were included in the study. Children underwent an evidence-based 16-session manualized CBT program (Coping Cat or TAFF). DSM-IV diagnoses (assessed by structured clinical interviews), ratings for child anxiety (SCAS), depression (SMFQ-C), and general psychopathology (SDQ) as well as parental anxiety, depression and stress (DASS) were assessed at baseline, post-treatment, and at 6-month follow-up using a multi-informant approach. Therapies were conducted by child- and adolescent psychotherapists with advanced or completed CBT training. All treatments were videotaped and treatment integrity was tested.

Results: The effect of successful child CBT on parental mood variables will be reported and age will be tested as a possible moderator of this "upward" transmission effect from children on parents. Furthermore, it will be investigated if involvement of parents in the child's treatment (TAFF) will enhance the expected beneficial effect on parental mood as compared to the "standard" child-focused treatment approach (Coping Cat).

Conclusion: This study is the first to regard the intergenerational transmission of treatment effects as a transactional process that allows for beneficial effects of CBT to be transmitted from either part of a parent-child dyad to the other.
CO-OCCURRING DEPRESSIVE DISORDERS AND ALCOHOL USE DISORDERS: EPIDEMIOLOGY AND COMBINED INTERVENTIONS

Speaker: Matthijs Blankers, Arkin Mental Health Care & Trimbos Institute, Utrecht, The Netherlands

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ABSTRACT
Depression often co-occurs with other mental health disorders, including substance use disorders. Especially alcohol use disorders (AUD) co-occur often with depression, and impact the duration and severity of morbidity, and outcome of treatment. A recent review (Riper, 2014) on combining CBT and motivational interviewing to treat comorbid AUD and (M)DD, demonstrated that both can be effective; however, no significant difference between integrated (focus on mood and AUD concurrently) and single-focus CBT/MI was found.

To address this theme of integration/single focus, a three-arm RCT (depression+alcohol focus, alcohol only focus, assessment-only control) is currently to be performed simultaneously in Germany, Switzerland and The Netherlands.

The following questions will be addressed:

1) What is known from literature about the prevalence and clinical course co-occurring depression and AUD, and the effectiveness of combined treatment?
2) What are our first experiences while developing an internet-based self-help intervention to address depression symptoms and problem drinking simultaneously and preparing an RCT to test its (cost-)effectiveness?

There are clear indications for the impact of co-occurring depression and AUD regarding prevalence and clinical course. Regarding treatment effectiveness, CBT/MI as an adjunct to TAU appears effective for co-occurring (sub)clinical (M)DD and AUD; effect sizes were small but significant. Our RCT is among the first to test the efficacy and cost-effectiveness of internet-based combined self-help for depression and problem-drinking.
PREVENTING VICTIMIZATION IN DEPRESSED PATIENTS: AN ONLINE EMOTION-REGULATION TRAINING ADDED TO COGNITIVE-BEHAVIOURAL THERAPY

Speaker: Carolien Christ, Arkin Mental Health Care & GGZ InGeest, Amsterdam, The Netherlands

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ABSTRACT
Depressed patients are 3.4 times more likely to become victim of a violent crime than the general population. Victimization exacerbates symptom severity and decreases treatment outcome. In current depression treatments, however, victimization remains largely unnoticed.

Apart from several risk factors that aren’t easily influenced, such as childhood trauma and previous victimization, emotion-dysregulation (ED) is considered to be both a consequence of prior victimization and a risk factor for future (re)victimization. Depressed patients frequently suffer from deficits in emotion-regulation (ER) skills, such as recognizing, acknowledging, accepting and modulating emotions. Over the past two decades, ED repeatedly has been pointed out as a contributing factor to the maintenance of depression.

Since ED is considered an underlying mechanism in depression and victimization, an intervention aimed at enhancing ER skills may decrease both depressive symptoms and victimization.

In an RCT, we will examine the effectiveness of a recently developed online ER Training (based on the Affect Regulation Training [Berking, 2007; ] added to Cognitive-Behavioral Therapy in reducing depressive symptoms and victimization risk in previously victimized, depressed patients.

Participants will receive an overview of an internet-based ER training, and gain knowledge about the prevalence of violent victimization in depressed patients and potential mechanisms of action.
SELF-WISE, OTHER-WISE, STREETWISE (SOS) TRAINING: A NOVEL INTERVENTION TO REDUCE VULNERABILITY OF PATIENTS WITH CO-OCCURRING PSYCHIATRIC AND SUBSTANCE USE DISORDERS

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ABSTRACT
Substance use disorder patients with a co-occurring mental disorder have more severe and persistent symptoms, are more often homeless and are vulnerable to become victims of crime. However, randomized controlled trials in this target group are scarce. Therefore the available evidence based treatment options for patients with dual diagnosis are limited. We developed the Self-wise, Other-wise, Streetwise (SOS) training, that aims to reduce victimization in patients with dual diagnosis. The SOS-training is a 12 session group-based training. Each session utilized learning techniques such as role playing, group discussions and sharing experiences. The training compromises 3 modules: Self-wise involves an emotion-regulation skills training, Other-wise involves a conflict resolution skills training and Streetwise involves a street skills training.

The SOS-training is being implemented in a randomized controlled trial to investigate the effectiveness. We included 250 patients of Arkin Mental Health Care in Amsterdam. Participants are interviewed at baseline and 2, 8 and 14 months follow-up. The primary outcome measure is victimization. Secondary outcome measures are: substance use, psychopathology, emotion-dysregulation, interpersonal functioning and quality of life.

Preliminary results as well as the contents of the SOS-training will be presented.
 DOES THE PASSAGE OF TIME INCREASE FEAR GENERALIZATION AND CAN WE DO SOMETHING ABOUT IT? 

Speaker: Arne Leer, Clinical Psychology, Utrecht University, The Netherlands

Author(s)
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ABSTRACT
The ability to generalize fear responses to situations that resemble a traumatic event is crucial for survival. However, overgeneralization, in which there is reduced discrimination between danger cues and objectively innocuous cues, is maladaptive, and a defining feature of clinical anxiety. Mapping the factors affecting fear generalization is thus of theoretical and clinical importance. From a memory perspective, it may be expected that as time passes attributes of danger cues are forgotten. Consequently, novel cues are less easily discriminated from those involved in the traumatic event, possibly resulting in stronger levels of fear generalization. The aim of the present research was twofold. First, we examined whether the strength of generalized fearful responding increases following a retention interval. Second, we tested whether this effect could be limited by a reminder treatment, i.e. presenting participants with the original conditional stimulus prior to the generalization test phase. Results and will be presented.
RECONSOLIDATION CUTS BOTH WAYS: REACTIVATION SELECTIVELY STRENGTHENS, BUT DOES NOT DISRUPT, MEMORY FOR THREATENING EVENTS

Speaker: Marijn Kroes, Department of Psychology & Center for Neural Science, New York University, New York, NY 10003

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ABSTRACT
Consolidated memories are classically viewed to be stable and remain essentially unchanged. Reconsolidation research challenges this view by demonstrating that reactivating consolidated memories can renew flexibility. The vast majority of evidence for reconsolidation comes from studies with laboratory animals that use Pavlovian conditioning tasks. Evidence for reconsolidation of other types of memory, especially episodic memories is limited, and the natural function of reconsolidation is unclear. In this study we found that reactivation resulted in a selective retrograde and anterograde strengthening of episodic memory for stimuli associated with an aversive Pavlovian learning experience. We thus provide supporting evidence for reconsolidation of episodic memory in humans and suggests that its allows selective strengthening of relevant episodic memories.
TURNING NEGATIVE MEMORIES AROUND: WHAT WORKS BEST?

Speaker: Pauline Dibbets, Maastricht University, faculty of psychology and neuroscience, dept. Clinical Psychological Science

ABSTRACT

Though extinction or exposure is highly effective in diminishing fear responses, reoccurrence of the fear response outside the extinction context often occurs. One of the putative reasons for this reoccurrence is that the mental representation of the aversive event (US) is still intact and can be easily reactivated. The present study compares three different procedures to reduce a conditioned fear response: extinction, imagery rescripting and eye movement desensitization and reprocessing. The first procedure reduces fear by changing the CS—US contingency (i.e., CS-noUS), whereas the latter methods are thought to alter the mental US representation. A reinstatement procedure will be used to test the efficacy of each method on the return of rear. The results will be presented at the EABCT symposium.
THE ACQUISITION OF FEAR AND AVOIDANCE IN APPROACH-AVOIDANCE CONFLICTS

Speaker: Andre Pittig, Institute for Clinical Psychology and Psychotherapy, TU Dresden

ABSTRACT
In anxiety disorders, maladaptive avoidance reduces irrational fears in the short-run, but vitally impedes the individual from attaining other positive outcomes (e.g., making new friends). Given this preference for short-term relief at the cost of other rewards, decision conflicts between avoidance of fear-relevant stimuli versus approach of competing rewards are critical in anxious individuals. However, such conflict decisions have rarely been accounted for in traditional fear learning models. To this end, the present study investigated the impact of competing rewards and behavioral choice on the acquisition of fear and avoidance within a novel conflict model of fear learning. Learning in this model was compared to traditional Pavlovian and operant models. 105 participants (35/group) with varying levels of anxiety underwent three different acquisition phases, which varied the availability of behavioral choice and rewards competing with aversive unconditional stimuli (USs) as decision outcome. In a subsequent test phase, skin conductance responses and subjective ratings of threat expectancy indexed the acquisition of fear, while behavioral decision-making behavior indexed the acquisition of avoidance.
For participants that were offered behavioral choice, findings indicated significant acquisition of avoidance behavior, which was, however, attenuated under a decision conflict between aversive consequences and competing rewards. In addition, all participants acquired fear, which was also modulated by the presence or absence of behavioral choice and competing rewards.
These underlying mechanisms of approach-avoidance conflicts are at the core of exposure-based interventions for anxiety as patients are required to overcome avoidance to achieve long-term symptom reduction. Strengthening behavioral choice and highlighting positive consequences of facing one's fear may thus augment exposure-based interventions for anxiety disorders.
ABSTRACT
According to national guidelines in child and adolescent psychiatry, CBT parent training should be one of the treatments offered families with a child with disruptive behaviours. However, even though parent training is effective for 2/3 of the families, approximately 1/3 still report child behaviour problems. Some of the children who do not improve from parent-directed treatments might have a severe disruptive behaviour, why effective interventions targeting the children might be needed. The Coping Power Program is an evidence-based CBT group-program for children with disruptive behavior disorders and their families, which can be delivered both in schools and at child and adolescent psychiatric clinics. We recently evaluated the Coping Power Program for children aged 8-12 years (N = 129) in an RCT within Swedish child and adolescent psychiatry. The main aim of the study is to evaluate the possibility of an additive effect of Coping Power program to parent training. Thus, the Coping Power Program for the child and parent training (the Swedish program Komet) constituted one of the treatment conditions in the trial, which is compared to the second treatment condition, parent training only (Komet). The families participate in measurements at pre-, post-, 1-year, and 2-year follow-ups, and of disruptive behaviors during treatment. In the present symposium, the effects from pre- and post-measurements will be presented and discussed.
Current reports show that the prevalence rates of psychiatric disorders among children and youth are high, and some reports indicate increased rates. Children and adolescents with disruptive behaviour problems compose a large group of those referred to child and adolescent psychiatry. Since early starting mental health problems may translate into serious social and health-related problems in adolescence and adulthood, such as continued psychopathology, peer- and academic or work-related problems, it seems extremely important to increase the availability of effective treatments. For parents to children aged 3-12 years there are several documented, effective parent training programs. On the contrary, it is not always possible for parents of adolescents with disruptive behaviour to access evidence-based parent training programs. Internet-based therapies have been shown to have similar effect sizes as regular face-to-face therapies. Some of the advantages with Internet-based therapies are that these therapies are available regardless of the distance to a clinic, and of when the participant has time to work with the program. In an earlier study we evaluated Internet-based parent training for parents of children aged 3-12 years, showing similar effect sizes as face-to-face parent training programs. In this presentation we will describe a newly developed, brief (5 sessions) Internet-based CBT parent training program for parents experiencing many conflicts with their adolescent. This program was evaluated within an RCT, where the effects of the Internet-based CBT parent training are compared to those for parents on a waitlist.
IMPLEMENTING COPING POWER IN ITALIAN COMMUNITY HOSPITALS

Speaker: Pietro Muratori, University of Pisa

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ABSTRACT
In the past decade, efforts to identify and disseminate evidence-based treatments for children with a diagnosis of DBD have increased rapidly. There have, however, been relatively few attempts to evaluate the implementation process for these intervention models. When intervention programs have been disseminated in mental health settings, the quality of program implementation has often been highly variable, contributing to the apparent failure of many effective interventions after they have been adopted and widely distributed. It is therefore important to examine factors that contribute to variations in implementation in a range of real-world settings, including community hospitals. Intervention effects may be difficult to detect because interventions are typically implemented by a number of therapists with different personal characteristics, which therefore influences the implementation quality. In the current talk we will present a study that described the implementation process of Coping Power in Italian community hospitals and examined whether the therapist attachment style may influence the implementation quality of Coping Power.
MORAL DISENGAGEMENT AND SEVERITY OF EXTERNALIZING BEHAVIORAL PROBLEMS IN ADOLESCENTS

First speaker: Laura Ruglioni, IRCCS Stella Maris, Pisa, Italy
Author(s)
Marinella Paciello, Uninettuno, Roma
Carlo Buonanno, Scuola di Psicoterapia Cognitiva, Roma, Italy

ABSTRACT
Callous-unemotional traits have been proposed to be meaningful risk factors for a poorer prognosis in youth with disruptive behaviour disorders. Thus, identifying factors that foster and maintain elevated levels of callous traits is a clinically relevant issue in developing targeted therapeutic interventions. Of the possible predictors of the exacerbation of callous-unemotional traits, previous studies have investigated the role of moral cognitive mechanisms, such as moral disengagement. In the current talk we will describe a study that aimed to evaluate moral disengagement as a cognitive dimension that fosters callous traits in adolescents with disruptive behaviour disorder diagnosis.
THE ROLE OF NEGATIVE INTERPRETATION BIAS IN PREDICTING WORRY AND RUMINATION IN GENERALISED ANXIETY DISORDER AND DEPRESSION

Speaker: Charlotte Krahe, Institute of Psychiatry, King’s College London, United Kingdom

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ABSTRACT

Worry and rumination are two types of repetitive negative thinking characterised by their persistent, negative and uncontrolled nature. They are integral features of generalised anxiety disorder (GAD) and Depression, respectively; thus, understanding the cognitive processes which maintain worry and rumination is vital in developing treatment approaches for GAD and Depression. A key cognitive process implicated in GAD and Depression is consistently interpreting ambiguous information in a negative manner, termed negative interpretation bias. In past research, individuals with GAD and Depression have been found to show a more negative interpretation bias than healthy controls. However, it is less clear how this bias relates to worry and rumination both on self-report measures and behavioural tasks assessing negative intrusive thoughts, which play a role in initiating episodes of worry and rumination. We examined whether negative interpretation bias predicted self-reported worry and rumination as well as the number of negative intrusions, which were measured in two conditions: after an experimentally induced period of worry / rumination and in a prior baseline period without such an instruction. One hundred and fifty participants with either GAD or Depression or healthy control participants completed measures of interpretation bias, namely the Scrambled Sentences Test and Recognition Memory Test, self-report questionnaires assessing levels of worry (Penn State Worry Questionnaire) and rumination (Ruminative Response Scale), and a behavioural repetitive negative thinking task adapted from the Worry Test (Hirsch, Hayes & Mathews, 2009; Hayes, Hirsch, Krebs & Mathews, 2010) which measures the frequency of negative intrusive thoughts during a breathing focus exercise. Participants completed this repetitive negative thinking task both before and after engaging in worry / rumination about a personally relevant topic. Results are discussed in relation to the cognitive processes underlying repetitive negative thinking and in relation to implications for interventions to reduce worry and rumination in clinical populations.
ABSTRACT

GAD is still the most challenging anxiety disorder for CBT, with comparatively the lowest improvement and remission rates after CBT. From a research perspective, information on the transfer of effects of CBT for GAD into a practice setting and on the duration of effects is particularly scarce. The present research examined a) the effectiveness of CBT for GAD in a naturalistic setting and b) CBT’s long-term effects (more than 10 years after treatment).

In Study 1, n = 84 patients of an outpatient CBT clinic, who were diagnosed with GAD, were included and examined with a broad set of questionnaires and the Hamilton Anxiety Rating Scale. Due to the minimal exclusion criteria, most of the patients suffered from one or more comorbid disorders. In Study 2 we contacted all available patients of previous randomized controlled trials to explore the course of the disorder in the time interval of 10 years and more after treatment.

Study 1 showed remission rates of 33-53% (depending on the definition of remission) and controlled effect sizes ranging from d = 0.51 to d = 0.74. Behaviour experiments including the exposure to situations which might trigger worrisome thinking proved to be among the best predictors of treatment success. (Study 2 will only complete recruiting in summer 2016.)

We discuss the issue of integrating specific principles of GAD treatment into a broader CBT case formulation (for patients with many comorbid disorders) and propose a number of measures to increase acceptance and impact of CBT for GAD in practice.
ID-182 INCLUDED IN S54-KOERNER

DEVELOPMENT AND INITIAL TESTING OF A COGNITIVELY-ENHANCED WRITTEN EXPOSURE PROCEDURE FOR GENERALIZED ANXIETY DISORDER

Speaker: Naomi Koerner, Ryerson University, Canada

Author(s)
Elvira Prusaczyk, Ryerson University, Canada

ABSTRACT
Generalized anxiety disorder (GAD) is characterized by excessive and uncontrollable worry. When individuals with GAD worry, their thinking consists mainly of self-verbalizations that are vague and low in detail (e.g., "What if I lose my job...then what?...things will fall apart..."). People with GAD avoid thinking in a clear and detailed way about the situations that they are afraid of because they fear that doing so will be overwhelming. However, the Reduced Concreteness Theory (Stoeber & Borkovec, 2002) suggests that this avoidance actually brings about cognitive and emotional dysregulation.

We propose that training a concrete style of thinking through a technique called written exposure (WE) can reduce worry and associated features. In WE, individuals write about the situations they fear in a detailed and concrete way, guided by instructions to (1) construct a coherent “story” of their worst fear unfolding; (2) write in the present tense as though the situation is happening now; and (3) include references to feelings and sensory experiences. Our group has begun to test the therapeutic potential of WE for GAD. For example, Fracalanza, Koerner, and Antony (2014) randomly assigned 57 adults with GAD to one of three writing conditions and asked them to write at the lab for 20 minutes on each of 3 consecutive days. Those assigned to standard WE wrote on each day about the same worst fear coming true, in accordance with the instructions outlined earlier. Those assigned to varied WE also wrote about their worst fear coming true, but wrote about a different scenario each day. Those assigned to neutral writing wrote about what they would do if they found out that they had the day off (control condition). Participants in standard WE benefitted the most: one week after the final writing session, they reported large (d = 0.91), statistically significant improvements in worry; whereas, those in the other conditions did not improve.

Adding a simple cognitive technique to our WE procedure to improve inhibitory learning (see Craske et al., 2014) may result in even greater improvements in excessive worry. In our cognitively-enhanced written exposure (COG-WE) participants articulate their fears with respect to writing about their worst case scenario (e.g., “I will lose control over my emotions if I write about this”) and explicitly state afterward what they learned by engaging in the exposure. COG-WE is being tested against standard WE and neutral writing (NEUT) among participants scoring above 62 on the Penn State Worry Questionnaire and endorsing DSM-5 criteria for GAD (N = 32 completers to date; N = 87 completers expected by July 2016). Outcomes are evaluated at pre-intervention, 1-week post-intervention and 1-month post-intervention and include worry, attentional control, cognitive and emotional avoidance, negative metacognitive beliefs and negative affect. It is predicted that COG-WE and standard WE will lead to greater improvements relative to NEUT; and that COG-WE will outperform WE. We will present outcome data as well as qualitative data on what COG-WE and WE participants wrote about. Implications for cognitive behavioural theories and treatment will be discussed.
ID-350 INCLUDED IN S55-ÖZDEŁ

EMPIRICAL STATUS OF COGNITIVE DISTORTIONS: ARE COGNITIVE DISTORTIONS VALID OR THEY JUST CLINICAL INSTRUMENTS?

Speaker: Kadir Özdel, Diskapi YB Teaching and Research Hospital/Ankara

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ABSTRACT

The Cognitive Distortions Scale was developed to assess thinking errors using case examples in two domains: interpersonal and personal achievement. The aim of the current study was to evaluate the psychometric properties of the Cognitive Distortions Scale in two Turkish samples and to examine the usefulness of the categorical scoring system. A total of 325 individuals (Sample 1 and Sample 2) were enrolled in this study to assess those psychometric properties. Our Sample 1 consisted of 225 individuals working as interns at the Diskapi Ankara Yıldırım Beyazıt Teaching and Research Hospital and Sample 2 consisted of 100 patients diagnosed with depression presenting to the outpatient unit of the same Hospital. Construct validity was assessed using the Beck Depression Inventory, the State Trait Anxiety Inventory, the Dysfunctional Attitude Scale, and the Automatic Thought Questionnaire. Factor analyses supported a one-factor model in these clinical and non-clinical samples. Cronbach’s α values were excellent in both the non-clinical and clinical samples (0.933 and 0.918 respectively). Cognitive Distortions Scale scores showed significant correlation with relevant clinical measures. Study Cognitive Distortions Scale scores were stable over a time span of two weeks. This study showed that the Cognitive Distortions Scale is a valid and reliable measure in clinical and non-clinical populations. In addition, it shows that the categorical exists/does not exist scoring system is relevant and could be used in clinical settings.
Dysfunctional attitudes are considered to be important risk factors in the onset and maintenance of depression. Thus, a psychometrically reliable and valid measure is necessary for understanding depression. The Dysfunctional Attitude Scale (DAS) is widely used and has good psychometric properties, but there is no consensus about its factor structure. In the beginning, dysfunctional beliefs were proposed as trait-like cognitive constructs which made people vulnerable to depression and predated the depressive symptoms. Although subsequent research did not consistently support the conceptualization of a trait-like risk factor, dysfunctional attitudes have repeatedly been found to be related to depressive symptoms and outcomes in cognitive-behavioral therapy for depression. While the DAS–A, the most widely used version of the DAS, has good psychometric properties in terms of internal consistency, temporal stability, and concurrent validity, its factor structure has differed across studies. Many of those studies were conducted in non-clinical samples, whereas several others were conducted in clinical samples, and the number of factors identified differed among these groups. The number of factors in the DAS, as proposed in the literature, has varied from one to four. Regardless of the number of factors, the scale still had overall adequate internal consistency with Cronbach’s α values ranging from .79 to .90. To examine the Turkish version’s psychometric properties and factor structure, a total of 885 individuals consisting of patients with depression and healthy controls were evaluated. After the sample was randomly divided into two subsets, exploratory and confirmatory factor analyses were performed. Then the DAS was abbreviated according to the factor profiles and theoretical background. Analyses indicated two factors, named Perfectionism/Achievement and Need for Approval/Dependency for the revised DAS. Reliability analyses revealed a good internal consistency, and the concurrent validity indicated significant correlations with the Beck Depression Inventory and the Automatic Thoughts Questionnaire.
ABSTRACT

According to cognitive theories of personality disorders, antisocial personality disorder (ASPD) is based upon a distinct set of cognitive-behavioral representations. The aim of this study is to examine this supposition by comparing the early maladaptive schemas (EMSs) and core beliefs of young antisocial men with those of a set of socio-demographically matched, psychiatrically healthy individuals. We used the Schema Questionnaire (SQ-SF) and the Social Comparison Scale (SCS) to identify and evaluate subjects’ EMSs and core beliefs. Thirty-eight antisocial individuals and 24 healthy control subjects participated in the study. Results of the SCS indicated that antisocial patients see themselves as unlovable, lonely, and rejected. Results of the SQ-SF indicated that antisocial patients had significantly elevated and clinically relevant scores in comparison to controls in the following areas: emotional deprivation, entitlement/grandiosity, mistrust/abuse, vulnerability to harm and illness, and social isolation. In general, the results of the present study tentatively indicate that while ASPD individuals demonstrate a common profile of core beliefs, these are not unique to individuals diagnosed with ASPD. The implications of these findings are discussed for cognitive behavioral theory, and treatment of ASPD.
THE ROLE OF SELF-COMPASSION, ATTACHMENT, INTERPERSONAL FUNCTIONING, AND THE USE OF SOOTHING IMAGERY IN DEPRESSION

Speaker: Stella Chan, University of Edinburgh

Author(s)
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ABSTRACT

Introduction
Self-compassion has been shown in a meta-analysis to be associated with psychopathology with a large effect size. However, research has been mostly focused on adult non-clinical populations. It is less clear whether self-compassion has an equally important role in adolescent mental health and clinical populations. This talk will present novel data from a series of four studies on self-compassion.

Method
Study 1 is an empirical study investigating the link between self-compassion and depression in adolescents, as well as its relationships with key psychological variables (attachment, interpersonal relationships, and fear for self-compassion). Study 2 is a meta-analysis that examined the association between self-compassion and psychological distress (depression, anxiety, stress) in studies using adolescent samples. Study 3 is a clinical study that examined self-compassion, attachment, and social relationships in individuals diagnosed with depression and anxiety recruited from a primary care service in Scotland. Finally, Project Soothe combines research and public engagement, aiming to collect a bank of soothing images from the public. Soothing imagery has been widely used in Compassion Focused Therapy; this project explores what type of images people find soothing and how this may influence mood and psychological wellbeing.

Results
Study 1 replicated the link between self-compassion and depression in adolescents with a moderate effect size. However, structural equation modelling yielded a poor fit with our hypothesised model. Study 2 identified 11 studies examining self-compassion in adolescent samples (mean age 19); a significant inverse relationship between self-compassion and psychological distress was found with a large effect size. The result was unaltered after publication bias was accounted for. Study 3 has just completed data collection with N &gt; 70. Preliminary analyses suggest a significant correlation between self-compassion and depression and anxiety in this clinical sample, but with only a small effect size. Mediation analyses are underway. In Study 4, Project Soothe has collected 350 images from the public (age range 15-78; 85% Female; 80% from Europe) with 70% around the theme of natural landscape and 12% animals. Validation studies are currently underway to explore the impact of these soothing images on mood and psychological wellbeing.

Discussion
Results from Study 1 and Study 2 suggest that self-compassion plays an equally important role in adolescent mental health as in adults. This is not surprising given the importance of self-identify formation in this developmental stage. Study 3 indicates that while self-compassion is associated with depression and anxiety in clinical population, the effect size is much weaker than that previously found in a meta-analysis that was dominated by non-clinical samples. The images collected in Project Soothe have high external validity and can be developed for future use in research and psychotherapy.

Conclusion
Self-compassion plays an important role in psychopathology, both in adolescents and adults. These are encouraging results for the development of third wave therapies such as Compassion Focused Therapy that aims to boost psychological wellbeing by enhancing self-compassion. Project Soothe further highlights the advantages of involving the public in research.
COGNITIVE BASIS OF MENTAL IMAGERY AND MOOD INSTABILITY

Speaker: Martina Di Simplicio, MRC Cognition and Brain Sciences Unit, Cambridge

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ABSTRACT

Patients with bipolar disorder describe experiencing intrusive ‘flashforwards’ of negative future events (Hales et al., Bipolar Disorders 2012), or playing movies of worst case scenarios in their mind which amplifies anxiety and low mood. We have shown that targeting distressing emotion-laden mental imagery via a brief psychological intervention can reduce mood instability in bipolar disorder (Holmes, [...], Di Simplicio, Transl. Psychiatry 2016). Based on this clinical evidence, we aimed to investigate the cognitive basis of imagery phenomenology in individuals with bipolar disorder compared to non-clinical controls by: 1) conducting a comprehensive assessment of mental imagery abnormalities, including tasks of cognitive stages of non-emotional imagery; and 2) exploring the neurofunctional correlates of negative future mental imagery.

Our results indicate that compared to non-clinical controls individuals with bipolar disorder display no clear abnormalities on tasks assessing cognitive stages of non-emotional mental imagery. Instead, abnormalities in the domain of subjective emotional mental imagery are present, such as more vivid and ‘real’ negative future images and higher levels of self-involvement in experimental imagery tasks. Imagery abnormalities were also associated with affective lability and anxiety ratings. Moreover, these behavioural findings appear to be reflected in preliminary evidence of abnormal neural activation in individuals with bipolar disorder in brain areas involved in emotion regulation and self-referential processing during the imagination of future negative scenarios.

Overall, our data support the idea that distressing mental imagery in particular of negative future events can contribute to mood instability in bipolar disorder (Holmes et al., 2008).
NEUROBIOLOGICAL FINDINGS FROM THE TEN-YEAR LONGITUDINAL SCOTTISH BIPOLAR FAMILY STUDY

Speaker: Heather Whalley, University of Edinburgh

ABSTRACT

Background: Abnormalities of mood-related brain circuitry are proposed to underlie symptoms of Bipolar disorder (BD) and Major Depressive Disorder (MDD). However whether these abnormalities can distinguish those at greatest risk, how they change over the course of illness development, or how they relate to other risk factors, has yet to be fully determined.

Method: The Scottish Bipolar Family Study (BFS) is a prospective longitudinal imaging study examining young individuals (16-25 years) at high familial risk of mood disorder, along with a group of healthy controls over 10 years. Individuals were categorised into high-risk who remained well (HR Well), high-risk who developed a mood disorder, primarily MDD (HR MDD), and healthy controls. Here we report new findings using the most up-to-date clinical information on the BFS participants using multi-modal imaging.

Results: Comparisons of groups indicated significant structural decreases over time in the right amygdala in the HR MDD group. Using a facial emotion processing task we found significantly reduced activation of the sub-genual anterior cingulate cortex (sgACC) in the HR MDD. Longitudinal imaging of white matter integrity however revealed differences between the HR groups as a whole versus controls but not between HR groups.

Conclusions: These results illustrate neural abnormalities in mood-related brain circuitry in individuals at familial risk in the early stages of mood disorder. The findings indicate that some neurobiological differences are associated with increased risk, and some are specifically associated with the presence of MDD or impending diagnosis.
ID-201 INCLUDED IN S57-ENEBRINK

THE GOOD BEHAVIOR GAME: A UNIVERSAL PREVENTION STRATEGY

Speaker: Magnus Johansson, Sweden

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Gustav Nilsson,
Martin Karlberg, Uppsala University, Sweden
Pia Enebrink, Karolinska Institutet, Sweden

ABSTRACT
In this symposium, The Good Behavior Game, a behaviour procedure that was first created by a teacher in 1967 is presented. Individual teachers introduce the Good Behaviour Game as a classroom game in elementary school classes, with the aim of developing children's self-regulation and cooperation skills. Several international studies show an immediate impact on disruptive behaviors, and long-term effects on a wide array of outcomes, i.e. substance abuse and suicide ideation. The Good Behavior Game has recently been translated into Swedish and is currently being culturally adapted for Swedish settings. In the presentation, the Good Behavior Game and international research on the method will be presented, and the first experiences from introducing PAX Good Behavior Game to a Swedish context discussed.
THE COPING POWER AS A UNIVERSAL PREVENTION PROGRAM

Speaker: Pietro Muratori, IRCCS Stella Maris Foundation, University of Pisa, Italy

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ABSTRACT
In this presentation we will present The Coping Power program. The Coping Power Program is a targeted prevention program for students exhibiting aggressive behavior, which can be adapted as a universal prevention program among elementary school children, as well as among preschooers. We will present findings derived from randomized control trials that aimed to implement Coping Power, adapted as universal prevention program, in Italian elementary schools and in Italian nursery schools. Furthermore we will explore whether the levels of teacher stress would be negatively related to measures of intervention's outcomes.
ABSTRACT
In the first presentation, we will present a meta-analysis evaluating the effectiveness of Cognitive Behavioral Therapy to reduce externalizing symptoms. Twenty-one trials met the inclusion criteria. Results showed that the biggest improvement, after CBT, was in ODD symptoms followed by parental stress, externalizing symptoms, parenting skills, social competence and ADHD symptoms. CBT was also associated with improved attention, aggressive behaviors, internalizing symptoms and maternal depressive symptoms.
BLOOD, INJURY AND INJECTION PHOBIAS IN CHILDREN AND ADOLESCENTS: CLINICAL PHENOMENOLOGY AND PSYCHOLOGICAL CHARACTERISTICS

Speaker: Ella Oar, Centre for Emotional of Health, Macquarie University

Author(s)
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Allison Waters, School of Applied Psychology, Menzies Health Institute, Griffith University
Thomas Ollendick, Child Study Centre, Virginia Polytechnic and State University

ABSTRACT
Blood-Injection-Injury (BII) phobia is a particularly debilitating condition that has been largely ignored in the child literature. The present study examined the clinical phenomenology of BII phobia in 27 youth, relative to 25 youth with dog phobia - one of the most common and well-studied phobia subtypes in youth. Children were compared on measures of phobia severity, functional impairment, comorbidity, threat appraisals (danger expectancies and coping), focus of fear and physiological responding, as well as vulnerability factors including disgust sensitivity and family history. Children and adolescents with BII phobia had greater diagnostic severity and greater interference in their family, school and social life. In addition, they were more likely to have a comorbid diagnosis of a physical health condition, to report more exaggerated danger expectancies, and to report fears that focused more on physical symptoms (e.g., faintness and nausea), in comparison to youth with dog phobia. The present study advances knowledge relating to this poorly understood condition in youth.
ADHD SYMPTOMS: IMMEDIATE AND LONG-TERM EFFECTS ON THE TREATMENT OF SPECIFIC PHOBIAS

Speaker: Thorhildur Halldorsdottir, Department of Translational Research, Max Planck of Psychiatry, Munich, Germany

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ABSTRACT
The present study examined the differential association of Attention-Deficit/Hyperactivity Disorder (ADHD) symptoms with immediate and long-term outcomes in youth receiving One-Session Treatment (OST) or educational support (EST) for a Specific Phobia (SP). Eighty-three children (ages 6-15, 47% female, 89% white) with a SP participated in the study. Children were randomly assigned to receive OST or EST. Parent-reported ADHD symptoms at pretreatment were used to predict clinician severity ratings of the SP at one week, 6-months, 1-year and 4-years following treatment. Hierarchical linear growth modeling (HLGM) was used to explore the association of ADHD symptoms and the two treatment conditions (i.e., OST versus EST) and the trajectory of change in the severity of the SP from pre-treatment to the 4-year follow up. Higher levels of ADHD symptoms predicted poor immediate and long-term treatment outcomes. Anxious youth with comorbid ADHD symptoms are less likely to benefit from this brief, intensive treatment and may require either a longer, standard CBT treatment protocol or adjunctive pharmacotherapy.
ID-161 INCLUDED IN S58-OAR

QUALITY OF LIFE IN CHILDREN WITH SOCIAL AND SPECIFIC PHOBIA

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ABSTRACT
The present investigation compared life satisfaction of children suffering from two different anxiety disorders (specific phobias and social phobia) with the life satisfaction in unselected, non-clinical children from the general population. Participants were 54 children seeking treatment for social anxiety disorder, 99 children participating in a treatment study for specific phobias and 604 non-clinical 8-14 year old school children. Results indicated that children diagnosed with social anxiety disorder reported lower overall quality of life, or life satisfaction, than did children with specific phobias and nonclinical children with no significant difference between the latter two groups. Moreover, children in the social anxiety group were significantly less satisfied with their friends and their self-respect than the non-clinical children. A secondary purpose was to explore possible predictors of life satisfaction for the two groups of anxious children. According to this analysis, age group significantly predicted life satisfaction, across the two groups of anxious children. The other two predictors were diagnostic severity of the anxiety disorder and the children's score on the depression scale. The results highlight the negative impact of social anxiety disorder on the lives of children and suggest that interventions need to address depressive symptoms as well as children's social relations and extra-curricular activities.
**ID-133 INCLUDED IN S59-OAR**

**ONE-SESSION TREATMENT FOR PEDIATRIC BLOOD-INJECTION-INJURY PHOBIA: PROCESSES OF CHANGE**

Speaker: Ella Oar, Centre for Emotional Health, Macquarie University

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**ABSTRACT**

Blood-Injection-Injury (BII) phobia is a severe and impairing disorder that has been understudied in youth. The present study aimed to define patterns of response and remission following a modified One Session Treatment (OST) including an e-therapy maintenance program for children and adolescents with BII phobia. Moreover, characteristics of different responder groups were examined in order to determine correlates of a poorer response. Youth (n = 20; 8-18 years) were categorised into four responder groups (e.g., immediate remitter, delayed remitter, partial responder and non-responder) based upon defined criteria for remission. Immediate remitters to treatment were more likely to have a primary diagnosis of injection phobia, rather than a combined blood and injection phobia. Non-responders reported significantly greater disgust sensitivity at pre-treatment and were more likely to have a comorbid diagnosis of social phobia. In regards to within session change, youth who achieved the exposure goal of having a blood test during treatment had a significantly stronger treatment response. These preliminary findings may assist clinicians in the planning and delivering of intensive cognitive behavioural treatment approaches for BII phobia in youth.
ABSTRACT
Treatment for anxiety disorders in children and adolescents has now enjoyed more than two decades of empirical evaluation. Many clinical trials have demonstrated clear efficacy for a number of established programs. Minor adjustments and fine-tuning have ensured that we are now able to facilitate marked improvements in perhaps 80% of anxious young people. Interest is now beginning to focus more strongly on methods to deliver treatments more accessibly and more cost-effectively. One of the least expensive methods of treatment delivery is low-intensity. Low-intensity refers to a range of treatment delivery methods that include internet, printed materials, or telephone facilitation. These formats are then augmented by varying amounts of therapist contact, but typically considerably less contact than is found in traditional treatment forms. Several evaluations have shown low-intensity treatments to be better than “no treatment” for anxious youth, but few studies have compared low-intensity against current best practice, empirically validated treatments. We have recently completed a large trial of best practice compared against stepped care for anxious young people. The first step in stepped care involved low-intensity treatment. Treatment was delivered either via printed materials for parents when children were aged under 13, or via a multimedia CD Rom for the young person, for adolescents. At this step, self-help materials were supported with up to 4 brief telephone sessions with a minimally qualified therapist. The current presentation will describe results for step 1 of stepped care against standard therapy using the Cool Kids program delivered by trained and qualified therapists. Hence these analyses will provide an RCT of low intensity against best practice. Total sample is 281 and outcomes are assessed via self report measures from both parents and children as well as by an online diagnostic measure.
A COMPARISON OF TWO BRIEF INTERVENTIONS FOR CHILDHOOD ANXIETY DISORDERS: CLINICAL AND ECONOMIC OUTCOMES

Speaker: Cathy Creswell, University of Reading

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ABSTRACT
Aim: Anxiety disorders are among the most common mental health difficulties among children, are a major risk for other serious mental health conditions, most notably depression, and have annual health and social costs over twenty times greater than those of children in the general population. Psychological treatments, particularly Cognitive Behaviour Therapy (CBT), have established efficacy for the treatment of childhood anxiety disorders, however these treatments are typically intensive (9-16 weekly sessions) and few children access them (and those that do may have waited a long time for treatment). As such low intensity treatments are required that can be delivered effectively within non-specialist settings.

Method: N = 136 children with anxiety disorders referred to primary care child and adolescent mental health services across Oxfordshire (UK) were randomized to receive one of two brief (approx. 5 hours) psychological interventions: guided parent-delivered CBT or brief solution focused therapy. Clinical and economic outcomes were assessed post treatment and at a 6 month follow-up.

Results: No significant differences were found for the clinical outcomes, with both groups achieving recovery rates comparable with those from more intensive treatment approaches (e.g. 59-69% very/much improved post-treatment). Health economic analyses revealed significant relative cost benefits for guided parent-delivered CBT.

Conclusion: CBT delivered via parents presents a cost-effective means to achieve good outcomes for children with anxiety disorders.
TREATING SPECIFIC PHOBIA WITH INTERNET-DELIVERED CBT – EXPERIENCES AND OUTCOMES

Speaker: Sarah Vigerland, Karolinska Institutet

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Brjánn Ljótsson, Karolinska Institutet
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ABSTRACT
Title: Treating specific phobia with internet-delivered CBT – experiences and outcomes
Specific phobia (SP) is common in childhood and has been shown to increase the risk of developing mental disorders later on in life. Therefore, it is important to treat specific phobia at an early stage. However, access to evidence-based treatment for children with specific phobia is low.

This presentation will focus on adapting CBT for specific phobia in children to an internet-delivered therapist-guided self-help program. Experiences and outcomes from two published trials will be discussed (Vigerland et al., 2013; Vigerland et al., 2016). To date, we have treated more than 55 children (8-12 years of age) with a principal diagnosis of specific phobia with moderate to large within group effect on clinician and parent rated symptoms.
ABSTRACT
The role of self-compassion and shame seem to be crucial when faced with experience of suffering or personal failure after trauma. However, understanding the role of shame and self-compassion in the process of therapeutic change depends on the method used to examine it. Therapy process research has mainly focused between-patient data, that is, how differences in process among patients are related to differences in outcome among the patients. Recently, longitudinal models of change have been introduced, which include the strength to disaggregate between-person and within-person effects in the regression of an outcome on a time-varying covariate. Only longitudinal data with the proper separation of variance related to individual differences (between-person effects) from the intra-individual process of change (within-person effect) can fully evaluate theoretical contributions regarding process of change. The purpose of this presentation is twofold: Both to illustrate the need to separate the within-person and between-person components of time-varying covariates, and to present the role of within-person change in shame and self-compassion components (self-kindness, common humanity, mindfulness, self-judgment, isolation, over-identification) in symptom change for PTSD from session to session during treatment. PTSD patients (n = 65) were randomized to either standard prolonged exposure, which includes imaginal exposure (IE) to the traumatic memory, or modified prolonged exposure, where imagery re-scripting (IR) of the memory replaced IE as the imagery component of prolonged exposure in a 10 week residential program. They were assessed repeatedly (weekly) on self-compassion, shame and PTSD symptom measures. This presentation explores both substantive and quantitative issues related to the disaggregation of within- and between person effects over time, with a particular emphasis placed on the multilevel model. Potential limitations and directions for future research will be discussed, and recommendations for the disaggregation of effects in practice will be offered.
COGNITIVE MODELS FOR PANIC DISORDER WITH AGORAPHOBIA: A STUDY OF DISAGGREGATED WITHIN-PERSON EFFECTS

Speaker: Asle Hoffart, Modum Bad Psychiatric Center

ABSTRACT
Objective: To test two cognitive models of panic disorder with agoraphobia (PDA) – a catastrophic cognitions model and a low self-efficacy model - by examining the within-person effects of model-derived cognitive variables on subsequent anxiety symptoms. Method: Participants were 46 PDA patients with agoraphobic avoidance of moderate to severe degree who were randomly allocated to 6 weeks of either cognitive therapy (CT) based on the catastrophic cognitions model of PDA or guided mastery (guided exposure) therapy (GMT) based on the self-efficacy model of PDA. Cognitions and anxiety were measured weekly over the course of treatment. The data were analyzed with mixed models, using person-mean centering to disaggregate within- and between-person effects.
META-COGNITION, COGNITION, AND ANXIETY: A PROCESS-OUTCOME STUDY

Speaker: Sverre Urnes Johnson, Modum Bad Psychiatric Center

ABSTRACT
Aim: Cognitive behavioral therapy (CBT) proposes that negative automatic thoughts (NAT) mediates treatment outcome. However, CBT is however no longer a homogeneous construct. Metacognitive therapy (MCT), a transdiagnostic treatment model, proposes changes in metacognitions (MC) as a mediator of treatment outcome. The role of MC in psychotherapy is not well understood, including its relationship to NAT and to symptom reduction, and if MC and NAT are related to changes different way. The results from a study investigating relationships between metacognition, NAT and outcome in CBT and MCT will be presented.

Method: 74 patients with comorbid anxiety disorders where randomized to either metacognitive therapy or diagnose specific cognitive behavioral therapy for panic disorder with and without agoraphobia, social phobia and posttraumatic stress disorder. Metacognitions (MCQ30), anxious thoughts (ATQ) and anxiety (BAI) were measured every session. The data was analyzed using multilevel models, separating within- and between patient effects.

Results and discussion: The results will be presented and discussed at the congress.
ABSTRACT

Objective: Developments in working alliance theory posit that the therapist’s attention to fluctuations in the alliance throughout treatment is crucial. Accordingly, researchers have begun studying the alliance as a time-varying mechanism of change rather than as a static moderator. However, most studies to date suffer from bias owing to the nonindependence of error term and predictors (endogeneity).

Method: Patients with major depressive disorder (N = 84) from a randomized trial comparing Cognitive Behavioral Therapy with Interpersonal Psychotherapy filled out the Beck Depression Inventory-II before each session. After each session, patients and therapists filled out the Working Alliance Inventory short forms. Data were analyzed using the Generalized Method of Moments for dynamic panel data, a method commonly applied in econometrics to eliminate endogeneity bias.
ID-148 INCLUDED IN S61-ORCHARD

THE DIFFERENCE BETWEEN SELF-PERCEIVED LIKEABILITY AND PEER-RATED LIKEABILITY IN SOCIALLY ANXIOUS CHILDREN

Speaker: Eni Becker, Radboud University Nijmegen

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ABSTRACT
Previous studies indicate that socially anxious children are afraid of being less liked by their peers and rate themselves as less socially competent. It is not clear whether this is caused by impaired social skills or by a negative perception of their social skills, competence and likeability in these socially anxious children. To shed more light on this issue 577 regular elementary school children between 7 and 13 years old completed questionnaires to measure their levels of social anxiety, depression, and self-assessment scores on likeability. Peer ratings on likeability were determined by a sociometrics questionnaire in which children had to write down the names of their most and least liked classmates. The results showed that there was a relation between social anxiety, depression and self-assessment on likeability. The relation between social anxiety and likeability was moderated by depression; the higher the score on depression, the stronger the relation between social anxiety and low perception of likeability. Only depression was a significant predictor for sociometric scores on likeability. Furthermore, we found that both social anxiety and depression were significant independent predictors of an underestimation of likeability.
COGNITIVE BIASES IN ADOLESCENTS WITH LOW MOOD AND HIGH NEUROTICISM: NOVEL FINDINGS FROM A SCOTTISH COMMUNITY SAMPLE

Speaker: Stella Chan, University of Edinburgh
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ABSTRACT
Introduction. Adolescence represents a period of vulnerability to affective disorders, the prevalence of which is high in this population. Consistent with neurocognitive theories, negative biases in memory, interpretation and attention have been observed in adults experiencing depression or anxiety. These biases have been further proposed to be a marker of vulnerability contributing to the onset and maintenance of these disorders. However, research in the adolescent population is limited; in particular, very few studies have assessed multiple dimensions of information processing. This study sought to utilise standardised and validated measures, within a community sample of adolescents, to investigate the role of emotional processing biases in adolescents with low mood and high neuroticism (a well known risk factor). It was hypothesised that individuals with elevated mood symptoms and high neuroticism would demonstrate negative biases (or lack of positive biases) towards emotional stimuli.

Method. Participants were recruited from local schools in Scotland (N = 88; 54.5% female; mean age = 14.67 years). About 50% of this sample demonstrated elevated low mood based on recommended cutoff points on the Mood and Feeling Questionnaire, with 9.1% reaching the cut-off score for having a current major depressive episode. Their interpretation and memory for emotional information, including self-referent adjectives, ambiguous social scenarios, facial expressions (happiness, sadness, fear, anger, and disgust), as well as attachment, rumination and dysfunctional attitudes, were measured.

Results. Comparing with non-depressed adolescents, those who had elevated symptoms showed significantly higher levels of rumination and dysfunctional attitudes as well as lower levels of parental secure attachment (all with a large effect size; Cohen’s d > 0.80). In the tasks using self-referent personality descriptors, these adolescents were more likely to rate negative words as self-referent and subsequently more likely to recall these words. In the task using ambiguous scenarios, these adolescents were less likely to interpret situations as positive. Significant correlations were also found between these emotional processing biases and neuroticism score. Analyses of the facial expression recognition task are currently underway.

Discussion. This study highlighted a large proportion of adolescents in community living with elevated, albeit subclinical, levels of low mood. It is therefore of great importance that we examine risk factors and mechanisms in community samples as they represent those who do not, or cannot, access clinical support services. Our data support our hypotheses that low mood and personality risk factor of neuroticism are related to negative biases in information processing. These results extend the current literature by replicating this significant link between cognition and mood in adolescents.

Conclusion. Adolescence represents a critically vulnerable developmental stage when we see a sudden increase in depression, anxiety, and other affective disorders. Research in this age group lags seriously behind that in adults. This study yielded findings that help to characterise cognitive factors and mechanisms underlying low mood in youth. Implications for clinical interventions will be further discussed in the symposium.
ABSTRACT
Background: CBT for depression was designed to treat adults and has been shown to reduce symptoms and relapse (Butler, Chapman, Forman, & Beck, 2006; Hollon & Ponniah, 2010; Hollon, Stewart, & Strunk, 2006). However, the effectiveness of CBT for depressed adolescents appears not to be as effective when compared with alternative talking therapies, drug treatments or control treatments (Calati et al., 2011; Weisz, McCarty, & Valeri, 2006). It is assumed that the cognitive model of depression is applicable to adolescents but this has rarely been tested. This paper reports on the assessment of interpretation bias in adolescents aged 13-18 using an ambiguous scenarios test originally created by Berna, Lang, Goodwin and Holmes (2011).

Methods: Four groups of adolescents were recruited: clinically-referred depressed (n = 27), clinically-referred non-depressed (n = 24), community with elevated depression symptoms (n = 42) and healthy community (n = 150). Clinically referred adolescents were diagnosed based on the Kiddie-Schedule for Affective Disorders and Schizophrenia. They completed the Ambiguous Scenarios Test for Depression in Adolescents (Orchard, Pass & Reynolds, 2016) which was previously adapted to be suitable for adolescents. This includes 20 ambiguous situations. Adolescent are asked to describe what they think will happen and rate the outcome on a 1-9 scale of pleasantness. Open responses were coded as positive, negative, mixed or neutral by blind independent raters with good reliability (κ = .89), and an interpretation bias score was computed.

Results: Between-group differences in interpretation bias were analysed using one way ANOVAs. The results showed that adolescents with depression made significantly more negative interpretations to ambiguous situations than all other groups. They also rated the situations as being less pleasant. A correlational analysis across all groups indicated that interpretation biases become more negative as depression symptomatology increases. The role of gender will also be explored using a gender x group interaction.

Discussion: Adolescents appear to experience the same interpretation biases as adults with depression. However, the cross sectional design means that we are unable to demonstrate causality. It is important to understand the biases that occur in adolescent depression as CBT is designed to target these biases. These data have implications for the development of age-specific treatments for depression in adolescents.
COGNITIVE BIAS MODIFICATION FOR INTERPRETATIONS
TARGETING ADOLESCENT ANXIETY AND DEPRESSION: A RANDOMIZED CONTROLLED TRIAL

Speaker: Leone De Voogd, University of Amsterdam, The Netherlands

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ABSTRACT
Depression often has its onset during adolescence and is highly comorbid with anxiety disorders. These internalizing problems are both characterized by negative interpretation biases. Previous research has shown that such cognitive biases can be changed with Cognitive Bias Modification for interpretations (CBM-I), and that corresponding emotional effects might be obtained (Menne-Lothmann et al., 2014). As CBM-I could be offered online, it might be a low-barrier early intervention. The most often used CBM-I paradigm is the scenario training, in which ambiguous scenarios are resolved positively by completing a word fragment. However, effects on internalizing symptoms have been mixed, and the training is experienced as relatively boring. Since mental imagery also plays an important role in internalizing disorders, and including imagery in CBM-I seems to enhance effects, the more imagery based picture-word training might be attractive. Promising results have already been obtained in adult samples in the context of depression (Pictet et al., 2011).

In the current RCT, we investigated the potential of CBM to reduce anxiety and depression and increase emotional resilience in a sample of adolescents (aged 11-18) with heightened symptoms of anxiety and depression. In two parallel studies, effects of two types of CBM-I, and of CBM for attention (CBM-A) were investigated. In the CBM-I study, adolescents (N = 119) were randomized to either a scenario training, a picture-word imagery training, or a neutral control scenario training. In the CBM-A study, adolescents (N = 108) were randomized to an experimental or placebo visual search training, or to a no-training control group. In this presentation we’ll focus on the CBM-I study, but exploratory analyses were performed to compare results with the no-training control group from the parallel CBM-A study. All training programs consisted of eight online sessions, performed at home. Cognitive biases were assessed pre- and post-training, and emotional outcome measures pre- and post-training and at three and six months follow-up. We also assessed users’ experience and performance during training with regard to interpretations and imagery.

Results revealed that both of our measures of interpretation bias, the recognition task and the scrambled sentence task, were correlated with internalizing symptoms. However, changes in bias were only observed on the recognition task, in the scenario training group specifically. The picture-word training did not affect interpretation bias, and adolescents with more symptoms and more negative interpretations had more difficulties creating vivid positive images during training. Irrespective of condition, reductions in anxiety and depression were observed, and the same pattern was observed in the no-training control group of the parallel study.

These results show that interpretation biases are indeed involved in anxiety and depression in adolescents, and might also be related to the ability to use positive mental imagery. We were also able to reduce a negative interpretation bias by scenario CBM-I, though only on a closely matched assessment task. As no emotional effects were observed over and above any of the control conditions, CBM-I as implemented in this study, seems ineffective as an early intervention for adolescent anxiety and depression.
HOW DOES COGNITIVE THERAPY FOR POSTTRAUMATIC STRESS DISORDER AFFECT SELF-REPORTED AND OBJECTIVELY MEASURED SLEEP DISTURBANCES?

Speaker: Elizabeth Woodward, University of Oxford

Author(s)
Juliane Sachschal, University of Oxford
Anke Ehlers, University of Oxford

ABSTRACT
Sleep disturbances, such as insomnia, are common in people with posttraumatic stress disorder (PTSD), however they are usually not targeted directly in trauma-focused treatments for PTSD. Growing evidence suggests, however, that sleep disturbances may play a role in maintaining PTSD symptoms, may interfere with response to PTSD treatment, and that sleep disturbances may persist following otherwise effective PTSD treatment. This raises the question of whether insomnia should be targeted directly in the treatment of PTSD, or whether additional insomnia treatment may be required following PTSD therapy, when other PTSD symptoms have resolved. This talk will present data from a recent study investigating the effects of trauma-focused cognitive behavioural therapy (CBT) for PTSD on sleep disturbances. A group of patients with a primary diagnosis of PTSD were assessed on a number of validated self-report (questionnaires, sleep diaries) and objective (actigraphy) measures of sleep, before and after receiving CBT for PTSD. Patients were compared to a group of traumatised controls without PTSD, and a control group of people who have never experienced a traumatic event, assessed at equivalent time points. Group differences and effects of CBT for PTSD on self-reported and objectively measured sleep disturbances will be presented, and treatment implications will be discussed.
ID-163 INCLUDED IN S62-SACHSCHAL

UPDATING NON-TRAUMA MEMORIES IN POSTTRAUMATIC STRESS DISORDER

Speaker: Juliane Sachschal, University of Oxford

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Anke Ehlers, University of Oxford

ABSTRACT
Trauma survivors with posttraumatic stress disorder (PTSD) often show excessive negative appraisals of their trauma, such as ‘Nowhere is safe’ or ‘I can never trust anyone again’. Integrating post-trauma information into the trauma memory (e.g., ‘I am safe now’) is an important procedure in trauma-focused Cognitive Behavioural Therapy (CBT) and is thought to help update the meaning of the trauma. To our knowledge, it has not yet been investigated whether people with PTSD might show more general deficits or biases in memory updating, for example in updating non-trauma memories. This talk will present data from a new PTSD patient study that explored deficits or biases in updating negative and neutral non-trauma memories in trauma survivors with and without PTSD and non-traumatised controls. PTSD patients were assessed before and after trauma-focused CBT, and controls after an equivalent wait period. Participants completed an adapted version of a picture-location memory-updating task by Novak and Mather (2009), designed to assess the ability to update non-trauma associative memories. Results will show group comparisons in memory performance and explore whether memory updating ability changes over PTSD treatment. The findings hope to inform cognitive models of PTSD about how basic memory updating processes might contribute to the persistence of excessive negative trauma appraisals and an over-generalised sense of current threat. Possible implications for the refinement of current PTSD treatments will be discussed.
A COGNITIVE-TASK THERAPEUTIC TO DISRUPT INTRUSIVE (BUT NOT DELIBERATE) MEMORIES OF TRAUMA: WHAT ARE THE MECHANISMS OF ACTION?

Speaker: Alex Lau-Zhu, Medical Research Council Cognition & Brain Sciences Unit

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ABSTRACT
Disrupting intrusive memories while preserving deliberate memory for trauma is clinically and ethically desirable (e.g., a trauma victim may wish to have fewer distressing intrusions but still able to testify in court). Research in experimental psychopathology suggests this may be possible: a cognitive-task procedure (memory reactivation + Tetris game play) has shown to selectively reduce the frequency of intrusions while sparing deliberate (e.g. recognition) memory. Such selective memory interference effect, however, challenges predictions from mainstream memory consolidation theories, underscoring the need to investigate its mechanisms of action. We devised novel memory measures to dissect changes for an experimental trauma (trauma film) following the cognitive-task procedure. We found a reduction in intrusion frequency both outside and within the laboratory, but not in other memory aspects. Together, these experiments highlight that the modulation of memory ‘intrusiveness’ can be achieved without compromising various aspects of memory, including the ability to deliberately remember the traumatic event. A better understanding of these memory mechanisms can be leveraged for clinical innovation in trauma.
PRE-TRAUMA PREDICTORS OF POST-TRAUMATIC STRESS DISORDER AND DEPRESSION

Speaker: Jennifer Wild, University of Oxford

Author(s)
Kirsten Smith, University of Oxford
Erin Thompson, University College London
Francine Bear, University of East London
Miriam Lommen, University of Groningen
Anke Ehlers, University of Oxford

ABSTRACT
It is unclear which potentially modifiable risk factors best predict post-trauma psychiatric disorders. We aimed to identify pre-trauma risk factors for posttraumatic stress disorder (PTSD) or major depression (MD) that could be targeted with resilience interventions. Newly recruited paramedics (N = 453) were assessed for history of mental disorders with structured clinical interviews within the first week of their paramedic training and completed self-report measures to assess hypothesized predictors. Participants were assessed every four months for two years to identify any episodes of PTSD and MD; 386 paramedics (83.2%) participated in the follow-up interviews. Thirty-two participants (8.3%) developed an episode of PTSD and 41 (10.6%) an episode of MD during follow-up. In all but 9 cases (2.3%), episodes had remitted by the next assessment four months later. At two years, those with episodes of PTSD or MD during follow-up reported more days off work, poorer sleep, poorer quality of life, greater burn-out; and greater weight-gain for those with PTSD. In line with theories of PTSD and depression, analyses controlling for psychiatric and trauma history identified several pre-trauma predictors (cognitive styles, coping styles and psychological traits). Logistic regressions showed that rumination about memories of stressful events at the start of training uniquely predicted an episode of PTSD. Perceived resilience uniquely predicted an episode of MD. Participants at risk of developing episodes of PTSD or depression could be identified within the first week of paramedic training. Cognitive predictors of episodes of PTSD and MD are promising targets for resilience interventions.
EFFECTIVENESS OF INTERNET-DELIVERED COGNITIVE BEHAVIOR THERAPY FOR INSOMNIA IN A PRIMARY CARE SETTING

First speaker: Robert Johansson, Karolinska Institute
Second speaker: Hanna Tarkian Tillgren, Region Östergötland

Author(s)
Susanna Jernelöv, Karolinska Institute
Viktor Kaldo, Karolinska Institute
Gerhard Andersson, Linköping University

ABSTRACT
Objectives
This study investigated the effectiveness of an Internet-based guided self-help CBT-intervention (ICBT) for patients with insomnia. While ICBT for insomnia has a strong evidence base from RCTs, the current evidence can not be generalized to daily clinical practice. This is due to the lack of dissemination studies examining the effectiveness of ICBT for insomnia in clinical settings, for example in primary care.

Method
The ICBT treatment was delivered through 31 primary care centers in Östergötland, a province in the southeastern part of Sweden. A majority of the patients were referred to ICBT by their GP. All therapists were working in primary care.

Three hundred twenty-nine patients were referred to treatment. Out of these, 217 (80 male, 137 female) were included in the study. Mean age was 40.4 (SD 14.09). A structured clinical assessment was conducted for all patients before inclusion. The treatment was based on an established Swedish CBT self-help manual by Jernelöv, used in several other ICBT-treatments for insomnia.

Results
The proportion of patients who had less than 15 on the Insomnia Severity Index (no or few symptoms of insomnia) was 56%, indicating a response to treatment for these individuals.

Conclusions
To our knowledge, this is the first effectiveness study of ICBT for insomnia. The results indicates that ICBT for insomnia can be effective within a regular primary care setting. However, a larger randomized trial should be conducted, directly comparing ICBT to TAU within such a setting.
AN ADAPTIVE TREATMENT STRATEGY FOR INTERNET-CBT

Speaker: Viktor Kaldo, Karolinska Institutet

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ABSTRACT

Background
Internet-based CBT (ICBT) could be used as a first level in stepped care for Insomnia as well as for other conditions. However, to save resources and decrease unnecessary suffering for patients it would be highly beneficial if patients at risk for treatment failure could be identified before treatment termination to make it possible to adjust or change treatment. We aim to show that patients at risk of failure can be identified early on in treatment and that if their level of care is stepped up immediately, to an enhanced form of ICBT, they will have a better final outcome.

Methods
Patients (n = 152) were recruited via media, screened via internet and diagnosed in a face-to-face assessment. Main outcome was the Insomnia Severity Index (ISI). Standardized patient and therapist ratings was used in a step-wise semi-automated algorithm to classify patients as ‘Red’ (risk of failure) or ‘Green’ (good prognosis) during treatment week four of nine. Red patients were randomized to either the same regular level of care as green patients (15 min therapist-time per week) or enhanced treatment (initial telephone interview, individual treatment plan including possible extra modules and more support via internet or phone).

Results
Preliminary results show that 64 patients (42%) where categorized as Red and had an ISI of 18.8 (3.7) before treatment. Patients randomized to enhanced treatment dropped to 10.6 (3.7) on ISI compared to those receiving regular care who dropped significantly (p = .003) less to 13.5 (4.9) with a between group effect of d = 0.67. The enhanced treatment decreased the number of non-responders from 81% to 34%.

Green patients dropped from 16.7 (4.2) to 6.7 (4.2) which was significantly more than Reds on regular care ( < .001) but not more than Reds with enhanced care (p = .33).

Conclusion
Internet-delivered Cognitive Behavioral Therapy for insomnia provides good opportunities to early on in treatment detect patients at risk of not benefitting from it. Adjusting the treatment content and therapist support for patients at risk of failure considerably increase the treatment effect and decrease the number of non-responders.
ACCEPTANCE OF INSOMNIA

ABSTRACT

Background
The objective of CBT-I is to change behavioural, cognitive, and physiological factors that perpetuate insomnia, with the aim to decrease SOL and WASO, for example. That, in a way, represents a symptom- and syndrome-focused change agenda. As an alternative to this agenda, the concept of acceptance (i.e. to make an active choice of openness towards psychological experiences), has gained scientific support within the field of behavioural medicine. There are tools for measuring general acceptance of personal events, but since specific instruments often are more responsive, we aimed to develop a new assessment instrument for studying acceptance of insomnia, the Sleep Problem Acceptance Questionnaire (SPAQ).

Results
A principal component analysis was performed on a first sample and a final eight-item solution with two factors was presented. The sub-scales were labelled ‘Activity Engagement’ and ‘Willingness’. This solution explained 65.9% of the total variance among all eight items. Structural equation modelling was used to test this initial model on a second sample and this confirmatory factor analysis supported the model.

Conclusion
The process of developing and validating a brief insomnia-specific measure of acceptance resulted in an eight-item questionnaire with two factors: (1) Activity Engagement, persisting with normal activities even when sleep is unsatisfactory, and (2) Willingness, avoiding fighting and trying to control sleep problems. Together these two factors reflect the two sides of the central theoretical construct in acceptance-based therapies, ‘psychological flexibility’, that is the ability to experience the present moment without trying to change it, and to engage in personally important activities despite resistance. Aspects of psychological flexibility can perhaps help us to better select, target, and optimise methods for the subpopulations with insomnia that do not gain from CBT-I.
ABSTRACT

Aim

Patients with ADD/ADHD often experience significant sleep problems. One of the most common problems is sleep onset insomnia, often combined with delayed sleep phase disorder. Previous studies have evaluated the use of melatonin and other pharmacological treatments for this patient group. However, although CBT-I (cognitive behavioral therapy for insomnia) is considered treatment of choice for insomnia, evaluations of the use of this behavioral intervention for insomnia patients with ADD/ADHD are lacking. Thus, the aim of the present study is to pilot and evaluate a CBT-I group intervention for adult patients with ADD/ADHD and insomnia, in the context of a specialist psychiatric out-patient clinic.

Method

In a within-group design, four groups of up to 8 patients each, will be given an ADHD-adjusted version of CBT-I (including sleep compression, stimulus control, relaxation and cognitive interventions, and with specific attention to light exposure) as a ten-session group intervention at the Department of ADHD, Northern Stockholm Psychiatry (Stockholm, Sweden). Inclusion criteria: being a patient at the clinic (i.e. having a diagnosis of either ADD or ADHD), having clinically significant insomnia as defined by an ISI (Insomnia Severity Index)-score > 10. Additional co-morbidities and medication use are not cause for exclusion. Primary outcomes will be assessed with ISI and ten to fourteen days of sleep diary, and secondary outcomes ASRS (Adult ADHD Self-Report Scale) and adherence measures, at pre-treatment, post-treatment, and three-month follow up.

Results

Results and experience from the currently on-going pilot study will be presented. The primary outcome measures focus on insomnia severity and sleep parameters since treatment targets sleep problems. Secondary outcomes will be used to evaluate effects of treatment adherence on improved sleep, and the relation between improved sleep and ADHD symptoms.

Conclusion

If this pilot study yields promising results, it will be a welcome addition to the knowledge base for the use of CBT-I in patients with ADHD. However, further studies would be needed to create an evidence base for the use of non-pharmacological alternatives to treat their sleep problems, with the potential to greatly improve care and quality of life for this patient group.
THE EFFECT OF NEGATIVE SEXUAL EXPERIENCES ON FEMALE SEXUAL FUNCTION: FINDINGS FROM EXPERIMENTAL STUDIES ASSESSING PHYSIOLOGICAL AND SUBJECTIVE SEXUAL AROUSAL RESPONSES

Speaker: Stephanie Both, Department of Psychosomatic Gynecology and Sexology, Leiden University Medical Center

ABSTRACT
A history of sexual abuse is often associated with several problems, including sexual dysfunction. Sexual problems in women with a history of sexual abuse include low sexual desire, problems becoming sexually aroused, reaching orgasm, vaginismus, dyspareunia, and low sexual satisfaction. It is assumed that in women with a history of sexual abuse, sexual trauma may affect their perception of sex, resulting in negative expectations about sexual encounters, which activate negative affect creating a distraction from processing the sexual content of relevant stimuli, thus interfering with the activation of sexual responses (e.g. Barlow, 1986; Rellini et al., 2012). Most information on sexual function in women with a history of sexual abuse is built on descriptive data based on retrospective self-report measures. Only few studies have investigated the underlying mechanisms of sexual abuse associated sexual dysfunction by assessing psychological and physiological sexual arousal responses in the laboratory. In this presentation, studies on physiological and subjective sexual arousal responses, and the role of sexual self-schemas and affect, in women with a history of sexual abuse will be discussed. Secondly, studies that show that in women genital arousal responses can occur in response to sexual threat stimuli, even while these stimuli elicit negative affect will be discussed. Third, recent studies that show attenuated genital and subjective sexual responding as a result of aversive classical conditioning will be presented. The implications of the research findings for the understanding of the underlying mechanisms of sexual dysfunction in women with sexual abuse experiences will be discussed, as well as future research questions.
IMPAIRMENTS OF SEXUAL FUNCTIONING IN FEMALE PTSD PATIENTS WITH A HISTORY OF INTERPERSONAL ABUSE IN CHILDHOOD AND ADOLESCENCE

Speaker: Pia Bornefeld-Ettmann, Department of Clinical Psychology and Psychotherapy, Goethe-Universität Frankfurt

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ABSTRACT

Background
There is a growing body of evidence for a frequent occurrence of sexual dysfunctions and reduced sexual satisfaction as well as sexual self-esteem in victims of CSA – however, in prior studies diagnostic status was often indistinct. Impairments of sexual functioning, sexual satisfaction and sexual self-esteem in women with diagnosed PTSD after interpersonal abuse in comparison to healthy control women were examined.

Method
52 female patients after interpersonal abuse in childhood and adolescence and 52 mentally healthy women were examined using Sexual Experience and Behavior Questionnaire (“Fragebogen zum Sexuellen Erleben und Verhalten”, FSEV-F; Ahlers et al., 2004), Multidimensional Sexuality Questionnaire (MSQ; Brenk-Franz & Strauß, 2011) and Sexual Self-Esteem Inventory (SSEI; Zeanah & Schwarz, 1996). For the clinical sample differences between victims of sexual and physical abuse were expected, with sexual abuse being expected to have a higher impact on impairment.

Results
As expected, the clinical group indicated more frequent impairments of sexual functioning and a lower sexual self-esteem as compared to healthy controls. Significant differences were also found for type of trauma (sexual vs. physical).

Conclusions
Results are in line with current state of research regarding the impact of abuse in early age on sexual functioning and sexual self-esteem in adulthood. The influence of type of interpersonal trauma on sexual dysfunctions should further be investigated. Results should be considered in the treatment of PTSD after interpersonal abuse.
THE EFFECT OF NEGATIVE SEXUAL EXPERIENCES ON FEMALE SEXUAL FUNCTION: FINDINGS FROM EXPERIMENTAL STUDIES ASSESSING PHYSIOLOGICAL AND SUBJECTIVE SEXUAL AROUSAL RESPONSES

Speaker: Stephanie Both, Department of Psychosomatic Gynecology and Sexology, Leiden University Medical Center

ABSTRACT
A history of sexual abuse is often associated with several problems, including sexual dysfunction. Sexual problems in women with a history of sexual abuse include low sexual desire, problems becoming sexually aroused, reaching orgasm, vaginismus, dyspareunia, and low sexual satisfaction. It is assumed that in women with a history of sexual abuse, sexual trauma may affect their perception of sex, resulting in negative expectations about sexual encounters, which activate negative affect, creating a distraction from processing the sexual content of relevant stimuli, thus interfering with the activation of sexual responses (e.g., Barlow, 1986; Rellini et al., 2012). Most information on sexual function in women with a history of sexual abuse is built on descriptive data based on retrospective self-report measures. Only few studies have investigated the underlying mechanisms of sexual abuse associated sexual dysfunction by assessing psychological and physiological sexual arousal responses in the laboratory. In this presentation, studies on physiological and subjective sexual arousal responses, and the role of sexual self-schemas and affect, in women with a history of sexual abuse will be discussed. Secondly, studies that show that in women genital arousal responses can occur in response to sexual threat stimuli, even while these stimuli elicit negative affect will be discussed. Third, recent studies that show attenuated genital and subjective sexual responding as a result of aversive classical conditioning will be presented. The implications of the research findings for the understanding of the underlying mechanisms of sexual dysfunction in women with sexual abuse experiences will be discussed, as well as future research questions.
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THE IMPACT OF CHILDHOOD TRAUMA ON SOLITARY AND DYADIC SEXUALITY IN GENDER DYSPHORIC PATIENTS

Speaker: Sarah Biedermann, Clinic of Psychiatry and Psychotherapy, University Medical Center Hamburg-Eppendorf

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ABSTRACT
Gender dysphoria (GD) emerges in people with an incongruence between natal sex and gender identity. In this cross-sectional multicentre study including 82 transwomen (male-to-female) and 72 transmen (female-to-male) at different treatment stages, we investigated the impact of childhood trauma history on solitary and dyadic sexual desire and psychological tendencies associated with sexual relationships. Childhood sexual abuse and childhood physical abuse in this sample significantly impaired solitary sexual desire in transmen but not in transwomen. Dyadic sexual desire was not affected by childhood abuse. Results were independent from history of PTSD. Moreover, an effect of trauma history on age of onset of gender dysphoria was detected. The interplay between solitary sexual desire, sexual attitudes and body image in gender dysphoric patients will be explored. Summarized, childhood trauma can affect sexuality in GD patients. Future studies thereon could help to improve psychological treatment of GD patients.
SEVERITY OF SEXUAL ABUSE AND FEAR OF COITUS IN WOMEN WITH VAGINISMUS

Speaker: Reinhilde Melles, Department of Psychology, Center of Sexology, Maastricht University Medical Center

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ABSTRACT
This study investigates the role of the severity of sexual abuse and fear of coitus in the aetiology of primary vaginismus. We hypothesized that fear of coitus is a mediator between the severity of sexual abuse and primary vaginismus. Sixty-two participants without sexual problems were matched on basis of age to 117 participants with primary vaginismus, obtained in a randomized controlled clinical trial. As predicted, participants with primary vaginismus showed more fear of coitus than participants without a sexual problem. However, no difference was found in the severity of reported sexual abuse between women with primary vaginismus and women without a sexual problem. Furthermore, no difference was found in fear of coitus between the groups of abuse severity. As we did not find any support for the hypothesis that fear of coitus mediated the relationship between the severity of sexual abuse and vaginismus it was not possible to test this assumption directly. Our main conclusion is that participants with primary vaginismus report higher levels of fear of coitus. However, in contrary to a long-time held belief that a history of sexual abuse is an aetiological factor in primary vaginismus, sexual abuse seems to be undetectable in the present study. Finally some research implications of these findings are discussed in more detail.
MALADAPTIVE GOAL PROCESSES IN DEPRESSION

Speaker: Joanne Dickson, University of Liverpool

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ABSTRACT
Emerging research suggests that maladaptive goal motivation is implicated in affective disorders. Theoretically, distinct approach and avoidance motivational sensitivities and associated cognitions are thought to underlie depression. This presentation focuses on problematic aspects of goal regulation in clinically depressed adults, relative to controls. Depressed participants were recruited from two Improving Access to Psychological Therapy clinics in north-west England. Control participants were recruited from the same region. Participants listed their personal approach goals and avoidance goals and completed self-report measures of goal attainment likelihood and depressive symptoms. They also completed a measure of ease of disengagement from unattainable goals and re-engagement with new goals. The findings showed distinct problematic goal pursuit processes in depression, characterised by a deficit in approach goal motivation (but not increased avoidance goal motivation), more pessimistic goal likelihood expectations and an increased readiness to disengage from unattainable goals and less readiness to engage in new goals. The findings extend the current knowledge of the psychopathology of depression from a goal regulation perspective. Notably, depressed people did not report perseverance on unattainable goals as some theories posit. Potential clinical implications are reviewed.
OVERCOMING LIFE-GOAL DISENGAGEMENT IN DEPRESSION: SHARPENING THE FOCUS OF CBT

Speaker: Stephen Barton, University of Newcastle & NTW Foundation Trust

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ABSTRACT
The second paper presents the results of two studies investigating life-goal disengagement in major depression. The results suggest a multi-level process maintains disengagement from desired goals in depression. In study 1, depressed life-goals were found to be intact, similar in number to normals and subjectively important to depressed people. Compared with normals, depressed participants generated significantly fewer reasons to engage with their goals, even though they could lead to subjectively desirable outcomes. We suggest depressed life-goals are represented as abstract desired states. The goals are intact mental representations of future states, but there is significant impairment to the motivation to engage with them in a concrete way. Discrepancies between the current state and desired goals provoke negative affect and the interaction of goal discrepancies, impaired motivation and negative affect provokes disengagement and rumination, which further perpetuates depressed mood. In study 2, depressed people were encouraged to differentiate their life-goals into sub-goals and concretize the steps they would need to take to engage with them. Counter-intuitively, when encouraged to do this task the depressed participants generated more sub-goals than normals. The depressed participants also predicted a significantly higher level of threat to occur when putting these steps into action. Implications are considered for sharpening the focus of CBT when encouraging engagement with valued life-goals in depressed people.
GOALS AND PLANNING (GAP) TRAINING: EFFECTS ON WELL-BEING AND MENTAL HEALTH.

Speaker: Andrew MacLeod, Royal Holloway, University of London

ABSTRACT
Depression is characterised by a range of problems with goal-directed behaviour, including the nature of personal goals, the perception of their likelihood and the ability to identify means to bring them about. This talk will focus on a programme that teaches goal setting and planning skills. The programme utilises findings from the social cognition literature to help people identify personally relevant and meaningful life goals and acquire planning skills to move towards those goals. Studies utilising the approach in both a group and a self-help format will outlined, and evidence that the approach can reduce distress and increase well-being will be reviewed. These studies have been carried out in the general population, a selected population of working adults, and also in clinical groups - those who have a long history of depression and those who have severe and enduring mental ill health, mainly psychosis.
CO-MORBIDITY AS RISK FACTOR FOR CHRONICITY: IS THERE A REASON TO PROLONG TREATMENT IN DEPRESSION IN CASE OF CO-MORBID CHRONIC SOMATIC ILLNESSES?

Speaker: Claudi Bockting, University of Utrecht, Department of Clinical Psychology

ABSTRACT
Depression is known for its recurrent character (Judd, 1997). Patients with a co-morbid chronic somatic illness are presumed to have a heightened risk of depressive recurrence according to the high impact clinical practice guidelines of treatment of Major Depressive Disorder (MDD) of the American Psychiatric Association (APA, 2010) and the National Institute of Clinical Excellence (NICE, 2009, 2010). The APA therefore advises a longer duration of maintenance therapy to patients with MDD and co-morbid chronic somatic illnesses. Proof for this presumed association between co-morbid chronic somatic illness and risk for recurrence in MDD is scarce and not always consistent due to methodological differences (Vuorilehto, Melartin & Isomets, 2009). We therefore performed a systematic review and compared depressive recurrence rates between patients with and without a co-morbid somatic illness and calculated Risk ratios (RR). We did not find evidence for a higher risk of depressive recurrence in the somatically ill (Kok et al., 2013, PLoS One). Clinical implications for treating co-morbidity will be discussed and future directions will be presented.
EFFECTIVENESS OF COGNITIVE BEHAVIOURAL THERAPY ON QUALITY OF LIFE, ANXIETY AND DEPRESSION AMONG PATIENTS WITH INFLAMMATORY BOWEL DISEASE: A MULTICENTRE RANDOMISED CONTROLLED TRIAL.

Speaker: Floor Bennebroek Evertsz, Department of Medical Psychology, Academic Medical Centre Amsterdam

ABSTRACT

Inflammatory Bowel Disease (IBD) patients report poorer quality of life (QoL) and more anxiety and depressive symptoms than controls from the general population. Despite high levels of anxiety and depressive symptoms and poor quality of life, psychiatric complaints in IBD patients are undertreated. Screening for and treatment of psychiatric symptoms should become an integral part of IBD medical care.

Cognitive behavioral therapy (CBT) is effective for anxiety and depression, but questionable in case of co-morbidity with IBD. Therefore, an adapted new CBT specifically designed for IBD patients was developed. The objective of this study is to evaluate the effectiveness of adapted CBT on QoL, anxiety and depression in IBD-patients with a poor QoL.

In this presentation the results from a randomized controlled trial on the effectiveness of CBT in IBD patients with a poor quality of life will be presented. Patients were randomly assigned to CBT (n = 59) versus a waiting-list control condition (n = 59). The last group received CBT after 3,5 months. The Inflammatory Bowel Disease Questionnaire (IBD-Q) was used to assess primary outcome of the intervention. It measures health-related quality of life and consists of 32 items assessing four dimensions; bowel symptoms, systemic symptoms, emotional functioning, and social functioning. Secondary outcome measures were symptoms of anxiety, depression and general quality of life.

CBT had a positive effect on disease-specific-QoLdepression, anxiety and generic QoL.

Conclusion: IBD-specific CBT is effective in improving QoL, anxiety and depression in IBD-patients with a poor QoL. Clinicians should consider incorporating screening for poor mental QoL and consider reference to CBT.

In addition, fragments of this targeted CBT for IBD patients will be demonstrated (DVD).

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MAJOR DEPRESSIVE DISORDER IN MS: DIFFERENT OR SIMILAR?

Speaker: Rosa Boeschoten, Department of Psychiatry, VU University Medical Center and GGZinGeest, Amsterdam, Netherlands

ABSTRACT

Aim: Major depressive disorder (MDD) is common in Multiple Sclerosis (MS) patients but may remain unrecognized because of overlapping symptoms and different presentation due to its specific MS-related neurobiological etiology. We aimed to investigate the clinical profile of MDD in MS.

Method: In a sample of MDD patients with MS (n = 83) and without MS (n = 782), MDD characteristics, differences between 30 depressive symptoms, and sum scores of cognitive, somatic, atypical and melancholic symptom clusters were compared using logistic regression analyses and analysis of co-variance.

Results: MDD in MS was characterized by older age of onset (< .001), and fewer comorbid anxiety disorders (37% versus 72%; < .001). The symptom 'future pessimism' was more common in MS patients (OR = 1.62;95%CI = 1.02-2.59), 'Diminished capacity for pleasure/enjoyment' (OR = 0.44;95%CI = 0.24-0.78), 'increased appetite' (OR = 0.40;95%CI = 0.19-0.85), 'arousal symptoms' (OR = 0.49;95%CI = 0.28-0.84) and 'panic/phobic symptoms' (OR = 0.49;95%CI = 0.29-0.84) were less common in MS patients. Twenty-five symptoms (83%) out of 30, including depression’s core symptoms (sadness and loss of interest), were not differentially associated with MS and no differences existed for the symptom clusters.

Conclusion: Only subtle differences in depression symptomatology existed between MDD patients with and without MS. The clinical profile of depression remains valid among MS patients, although diminished anxiety distress and comorbidity suggest a purer form of MDD.

References

EXPECTATION-FOCUSED INTERVENTION IN CBT FOR BREAST CANCER PATIENTS - FIRST RESULTS OF A RANDOMIZED-CONTROLLED TRIAL

Speaker: Yvonne Nestoriuc, 1Clinical Psychology and Psychotherapy, University Hamburg, Germany

ABSTRACT
Treatment expectations impact efficacy as well as side effects of medical treatments. The aim of this multicenter randomized controlled trial was to investigate the efficacy of an expectation-focused intervention to prevent side effects during adjuvant endocrine treatment for breast cancer.

191 female patients with breast cancer were randomly assigned to receive either the side effect prevention training (SEPT), standard medical care or a manualized supportive program before the start of endocrine treatment. SEPT consists of a three session cognitive-behavioural training including psychoeducation and side effect management to enhance expectations about coping ability. Side effects and quality of life 3 and 6 months after the start of AET serve as primary outcomes. Response expectations and expectations about coping ability are measured as mediators before and after the intervention.

Before the intervention, 75% of the patients expressed their need to talk about their expectations concerning endocrine treatment. High expectations concerning specific (e.g. hot flashes) and unspecific (i.e. palpitations) side effects were reported. Results show that expectations regarding side effects, beliefs about medications and adherence were optimized with medium to high effect sizes through SEPT in comparison to standard medical care. Transfer of optimized expectations into clinical effects will be analyzed at follow-up.

This expectation-focussed intervention has been successfully studied in primary care in two German breast centers. Psychological prevention programs for side effects might be potential pathways in health care to improve patients’ quality of life during medication intake.
PREVALENCE AND HERITABILITY OF HOARDING SYMPTOMS ACROSS ADOLESCENCE AND YOUNG ADULTHOOD

Speaker: Volen Ivanov, Karolinska Institutet

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ABSTRACT
Background: Previous twin studies clearly indicate that hoarding symptoms in adults are heritable with 40-50% of the variance being explained by genetic effects and the remaining by unique environmental factors. Surprisingly, heritability estimates of hoarding symptoms in 15-year olds suggest low to moderate genetic effects in boys and no genetic effects in girls. This raises the possibility of a considerable increase of genetic effects on hoarding symptoms across the life span. However, the heritability of hoarding symptoms has not yet been estimated in the period between adolescence and adulthood.

Methods: We used data from two large, longitudinal, cohort studies of all twins born in Sweden registered in the Swedish Twin Registry. The present study estimated the prevalence and heritability of hoarding symptoms in three age groups: 15 (n = 7,905), 18 (n = 2,472) and 21-28-year olds (n = 6,218). Hoarding symptoms were measured using the Hoarding Rating Scale- Self Report (HRS-SR). Heritability in the three age groups was estimated using maximum-likelihood univariate model-fitting analyses. Bivariate model fitting analyses were employed on twin scores at age 15 and 18 in order to estimate the stability of genetic and environmental effects.

Results: Hoarding symptoms occurred in 1.5% of the 15-year olds, 0.8% of 18-year-olds and in 0.9% of the young adults. While hoarding symptoms were heritable in all age groups, heritability did not increase with age. We found a modest genetic correlation of 0.40 between hoarding symptoms at age 15 and age 18. The genetic correlation was strong and estimated to be 0.8 whereas the unique environmental was only 0.2.

Conclusion: The present study shows that hoarding symptoms are prevalent already in 15-year olds and decrease slightly at age 18 and in young adulthood. The modest phenotypic correlation between age 15 and 18 indicates that hoarding symptoms are somewhat unstable during adolescence. The stability in the trait is largely due to the same genes whereas new environmental influences seem to come in play and decrease stability. The present study confirms previous findings that hoarding symptoms are moderately heritable, even in younger age groups than previously studied and highlights the need of further study of unique environmental influences in the etiology of hoarding symptoms.
THE RELATIONSHIP BETWEEN POOR ATTENTIONAL CONTROL AND HOARDING

Speaker: Kiara Timpano, University of Miami
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ABSTRACT
Clinical hoarding—marked by extreme difficulties with discarding one’s possessions and debilitating clutter—represents a hidden public health burden that affects between 3-5% of the population. Hoarding is heritable and chronic, often marked by high comorbidity and involvement of social services. There is also a growing appreciation that hoarding has serious ramifications, not just for the patient, but also for their families and even the communities within which they live. The current conceptualization of hoarding outlines several factors that may place an individual at risk for developing symptoms, including genetics, life events, executive functioning difficulties, and affectively-driven reinforcement patterns. More recent evidence points to self-regulatory difficulties as an additional factor to consider with regard to vulnerabilities for hoarding. The construct of self-regulation is multifaceted, and has been variously defined as the ability to exert self-control over ones behaviors and impulses, the ability to regulating emotional responses, and a capacity to focus, direct, and maintain attention. The latter might be particularly relevant to hoarding, given recent evidence that attention deficits are predictive of hoarding symptoms. Attentional control (AC) is the self-regulatory individual difference variable that reflects the ability to willfully inhibit or terminate an ongoing prepotent response. AC specifically captures the ability to focus and shift attention. Examining whether or not AC may reflect a key vulnerability factor for hoarding would have important implications for further refining the cognitive-behavioral model of hoarding, as well as treatment development.

We investigated the relationship between hoarding and AC in a series of studies. In Study 1 (at risk non-clinical sample; N = 94) we first considered the general association between facets of AC and facets of hoarding. The Attentional Control Scale (ACS) was found to be associated with greater hoarding symptoms, as assessed by the Saving Inventory Revised (SIR). This relationship remained significant even after controlling for general distress and other anxiety symptom measures (β = -.30, t = -3.16, < .01). AC was most strongly associated with the difficulty discarding subscale of the SIR (β = -.34, t = -2.18, < .05), and the ACS attentional focus subscale was, in turn, most strongly related to hoarding (β = -.36, t = -3.52, < .01). Study 2 (N = 56) included individuals with clinical hoarding, age and gender matched healthy controls, as well as those with subclinical hoarding. Results revealed significant group-wise differences (F = 4.65, p <.01). The hoarding group had significantly lower ACS scores than the healthy controls, but did not differ significantly from the subclinical group. These effects were largely driven by the attentional shifting subscale. Study 3 (non-clinical sample; N = 98) extended these findings by considering the potential moderating role of distress on AC in predicting hoarding symptoms within the context of a stressful life event. Results revealed that levels of general distress assessed on the day of a stressful exam moderated the relationship between baseline AC and hoarding (β = .20, t = 2.23, < .05), which was assessed three weeks after the exam. Findings will be discussed in terms of recent etiological models of hoarding, along with treatment implications and future directions.
INTERNET-SUPPORTED GROUP CBT FOR PEOPLE WITH HOARDING DISORDER

Speaker: Volen Ivanov, Karolinska Institutet

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ABSTRACT
Background: Although cognitive-behavioral therapy (CBT) for Hoarding disorder (HD) is an effective treatment, the majority of the patients remain highly symptomatic after treatment. Low treatment engagement and difficulties in homework compliance are barriers that contribute to the limited efficacy of CBT. One potential way of overcoming these barriers is to provide patients with increased therapist support during treatment. In an effort to develop a more effective treatment for HD we developed and pilot tested an Internet-support system as an adjunct to group CBT.

Design: Uncontrolled clinical trial.

Method: Twenty patients with HD, recruited through self- and clinical referral were assessed and treated at two clinics specializing in obsessive-compulsive and related disorders. The self-rated Saving Inventory – Revised (SI-R) was used as the primary outcome measure and was administered at pretreatment, mid-treatment and post-treatment. Patients also completed measures of treatment acceptability and satisfaction.

Treatment consisted of a sixteen-week manualized CBT group including psychoeducation about CBT and HD, goal-setting, motivation enhancement, executive skills training, cognitive restructuring, mindfulness-based skills to accept and tolerate negative emotions and relapse prevention. Between group sessions, patients had access to an Internet-support system which enabled them to communicate with their therapist on a daily basis through e-mails and by uploading photos of their home using a smart phone or digital camera. Therapists provided individualized feedback and encouragement to the patients and guided them through decluttering of their home throughout the treatment. Additionally, patients were able to access the treatment manual, including work sheets and homework assignments inside the Internet-support system.

Results: The treatment was associated with significant reductions in hoarding symptoms and participants reported a high rate of treatment acceptability and satisfaction at post-treatment assessment. Data collection is ongoing and will be completed in June 2016.

Conclusion: The preliminary results of this pilot study support the feasibility and efficacy of adding Internet-support to group CBT for HD. A randomized controlled trial of this treatment approach is warranted. If shown to be efficacious, the treatment could be implemented in regular care.
UNDERSTANDING THE EXPERIENCES OF CARERS:
DEVELOPMENT OF A BRIEF PSYCHOEDUCATIONAL GROUP
INTERVENTION FOR CARERS OF PEOPLE WITH HOARDING
DISORDER

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ABSTRACT
Hoarding Disorder (HD) is a major public health burden associated with substantial functional disability and considerable losses for individual sufferers. However, our understanding of the wider negative impact on the families of people living with HD and effective and acceptable treatment responses remain less well known.

The current work offers an overview of key findings from a two phase study on the informal carers of adults with HD. Phase 1 investigated the relationship between carer appraisals about HD and impact of caregiving (burden), and their key correlates. Phase 2 assessed the impact of a brief, group based, cognitive-behavior therapy intervention for carers designed to support their understanding of HD, adaptive coping, and improve their wellbeing.

Fifty-three carers were recruited in the first phase of the study, and 12 carers completed the CBT-based intervention including completion of measures at pre- and post-intervention and one month follow-up. The main results confirmed high levels of carer burden, psychological distress, and accommodation of HD symptoms and related behaviors. Most carers were female (86%), aged in early their early forties, and the offspring of the identified person with HD. Reports of carer burden and distress were positively associated with a negative conceptualization of HD and negative caregiving relationship. The results of the intervention indicated a positive effect on carer wellbeing, understanding of HD, and positive experiences of caregiving that were maintained at follow-up. No changes were observed in burden, distress, or coping styles. Satisfaction and perceived helpfulness were high.

Carers’ appraisal of HD may have an important role to play in their caregiving experiences and the quality of the relationship shared with their relative. A group-based, carer-focused CBT intervention shows promise in improving carer experience in HD and is acceptable. Implications for clinical practice and future research are reviewed.
ABSTRACT

Introduction: In recent years, studies have found that treatment expectancy is a good predictor of treatment outcomes in anxiety disorders, substance abuse, mood disorders, obsessive-compulsive disorder, chronic pain or, eating disorders; they have found links between high expectancy and reduced levels of symptoms. Another important factor to consider in treatment outcomes is patient satisfaction; some studies have found that higher treatment satisfaction is associated with lower scores on symptoms; it has also identified its link with perceived treatment efficacy. On the other hand, few studies have evaluated the expectancy or satisfaction of using technology like virtual reality (VR) or augmented reality (AR) in exposure-based treatments (EBT).

Objective: This work evaluated differences in expectancy before treatment and satisfaction after treatment between type of diagnosis (anxiety disorders or stressor-related disorders) and type of technology (VR or AR).

Method: Participants suffered any of the following disorders: anxiety (panic disorder, agoraphobia, phobia of spider or cockroach, or flying phobia); stressor-related (adjustment disorders, posttraumatic stress disorder, or persistent complex bereavement disorder). Treatment expectancy was evaluated with 168 patients (age = 31.6 (SD = 9.61), 76% women); 55% diagnosed with anxiety disorders and 45% with stressor-related disorders. Treatment satisfaction was evaluated with 176 patients (age = 31.6 (SD = 9.74), 78% women); 57% diagnosed with anxiety disorders and 43% with stressor-related disorders. Patients received an EBT using VR or AR.

Results: Treatment expectancy was very high, no significant differences were found between types of diagnosis; only significant differences were identified regarding the type of technology: participants who received an AR-EBT expected this would be more aversive (p = 0.000; M = 6.79; SD = 2.48). Treatment satisfaction was also very high, only significant differences were found in the logical of treatment: this was considered more logical by the anxiety disorders (p = 0.008; M = 9.21; SD = 0.94).

Conclusions: Our results suggest that using technologies like VR or AR provokes high expectancy and satisfaction in relation to treatment outcomes. This could have a direct effect on key aspects of treatment efficacy such as therapeutic alliance, motivation, and treatment adherence.

Keywords: expectancy, satisfaction, virtual reality, augmented reality, psychological treatments
FACTORS RELATED TO ANXIETY AND NEGATIVE AFFECT DURING A VIRTUAL SEXUAL ASSAULT SCENARIO

Speaker: Claudie Loranger, Centre intégré de santé et de services sociaux de l'Outaouais
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ABSTRACT
Although the evidence for the use of virtual reality in the treatment of posttraumatic stress disorder (PTSD) is growing, the development of virtual environments (VE) for sexual assault victims has received poor attention so far. Knowing sexual assault are prevalent and can lead to major consequences on mental health, innovative treatment tools like VEs deserve to be explored further. But before using such instruments in therapy, ethical, safety and practical concerns such as psychological moderators must be addressed. In this study, a VE developed specifically for the treatment of PTSD in female sexual assault victims was tested with 30 participants (19 non-victims and 11 victims of sexual assault not diagnosed with PTSD). Two virtual scenarios (experimental and control) were presented to them in a counter-balanced order. Both scenarios took place in a VE depicting a crowded bar, but only the experimental scenario would progressively lead to a sexual assault. Questionnaires measuring anxiety (IASTA-Y1), negative affect (PANAS-NA) and virtual reality-related variables (cybersickness and presence) were given after each immersion. No adverse events were reported by our participants during or after the immersions. No significant differences were found between victims and non-victims’ reactions to both scenarios. Repeated measures ANOVAs indicate spatial presence, anxiety and negative affect are significantly higher in the experimental scenario than in the control scenario. Moreover, regression analyses show only negative affect is predicted by spatial presence, while anxiety is not. Clinical implications of negative affect and anxiety in the treatment of PTSD with the help of VEs are discussed.
VR EXPOSURE IN THE TREATMENT OF PANIC DISORDER AND AGORAPHOBIA: PREDICTORS OF EFFICACY

Speaker: Cristina Botella, Universitat Jaume I
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ABSTRACT
VR exposure therapy has demonstrated its efficacy in the treatment of several anxiety disorders. It is important to progress in this field by exploring which variables are more related with the efficacy of this procedure. Our research team, Labpsitec, conducted a controlled trial with three experimental conditions (VRE group, In Vivo Exposure –IVE– group, and waiting-list group –WL–). The treatment programs lasted nine weekly sessions. Thirty-seven patients meeting DSM-IV criteria for PDA (APA, 2000) participated in the study. The improvement achieved using VRE was superior to a waiting list condition and similar to that achieved using in vivo exposure at post-treatment and at 12-month follow-up. The goal of this presentation is to offer data about the predictors of efficacy of VRE. The results indicated that the main predictors of treatment efficacy were the avoidance behavior and the anxiety sensitivity index: The avoidance level previous the treatment predicts the anxiety sensitivity index in the one-year follow-up after treatment. The anxiety sensitivity index before the treatment predicts the anxiety sensitivity index in the post-treatment. The efficacy of using VRE in the treatment of PDA are discussed.
IN VIVO VERSUS AUGMENTED REALITY EXPOSURE IN THE TREATMENT OF SMALL ANIMAL PHOBIA: PREDICTORS OF EFFICACY.

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ABSTRACT
More evidence regarding the predictors and moderators variables and their relationship with the treatment outcome is necessary. Positive expectations have traditionally been seen as important clinical variables (Frank, 1968; Goldstein, 1962; Rosenthal and Frank, 1965) and are associated with better outcomes (De Graaf et al., 2009; Goossens et al., 2005). The literature suggests that they may even be crucial to the psychotherapy process and outcomes (Greenberg et al., 2006). Our research team, Labpsitec, conducted a study with two experimental conditions: In vivo exposure (N = 31) versus an Augmented Reality system (N = 32) in a randomized controlled trial with sixty-three patients meeting DSM-IV criteria for small animal phobia (APA, 2000). “One-session treatment” guidelines were followed. Participants in the Augmented Reality condition significantly improved on all the outcome measures at post-treatment and follow-ups. When the two treatment conditions were compared, some differences were found at post-treatment, favoring the participants who received in vivo exposure. However, these differences disappeared at the 6-month follow-ups. The purpose of the present study is to examine which variables are more related with the efficacy in the treatment of small animal phobia. The correlation analysis showed that there were significant correlations between different variables included in the study and the main efficacy outcomes. In addition, the regression analysis confirmed this showing specific predictors of efficacy evaluated by BAT (Behavioral Avoidance Test) at 6 months follow up and by self-report questionnaires (Fear of Spiders Questionnaire and Spider Phobia Beliefs Questionnaire) at post treatment and at 6 months follow up. Results obtained in this study are relevant in order to progress in the analysis of the variables more related with the efficacy of the procedures. Important implications for research and clinical practice are discussed.
ABSTRACT
Objective: People suffering from social anxiety disorder (SAD) fear social interactions and may be reluctant to seek treatment involving exposure to social situations. Social exposure conducted in virtuo, embedded in individual cognitive behavioural therapy (CBT), could be an answer to treatment avoidance and is better accepted by patients. Cognitive changes associated with perceived threat have long been considered to be the key change processes underlying the efficacy of CBT. However, it is unclear which treatment mechanisms is involved when exposure is conducted in vivo, with some authors suggesting that the feeling of presence represents a key ingredient (e.g., Wiederhold & Wiederhold, 2005) and other insisting on the role of cognitive changes (e.g., Côté et al., 2009). In addition, there is a current trend insisting on the importance of documenting the role of treatment alliance on outcome (e.g., Castonguay & Beutler, 2006). The study aims to test the role of cognitive change, working alliance and presence on CBT for SAD when exposure is conducted in virtuo and in vivo. Method: Fifty nine adults diagnosed with SAD were randomly assigned to individual CBT for 14 weekly sessions with exposure conducted by psychologists either in virtuo (n = 17), in vivo (n = 22) or combined exposure after 14 weeks on a waiting list (in vivo and in virtuo, n = 20). Treatment outcome was assessed with the Liebowitz scale (LSAS-Self Reported), cognitive changes are assessed with the ASC and the self-efficacy for SAD scales (using residualized change scores), working alliance is measured after the 7th CBT session using the WAI and presence is measures using the ITC-SOPI. Results- Outcome: Improvements were found on the LSAS-SR in both treatment groups compared to the waiting list. When patients on the waiting list received CBT with combined exposure, all three groups benefited significantly from the treatment, with 78% of patients successfully treated. Hierarchical regressions analyses confirmed that cognitive changes were significant over and above the role of other predictors (F change = 15.83, Rsquare change = .43, p < .001). Conclusions: Using virtual reality in the treatment of SAD can be advantageous over standard CBT as a potential solution for treatment avoidance and as an efficient, cost-effective, and practical medium of exposure. Although VR is used to conduct exposure, the traditional treatment mechanism remains cognitive change. Using technology had no detrimental impact on the working alliance, and presence was related to the potential of VR to elicit fear and not treatment outcome, which is consistent with contemporary theories underlying exposure-based treatments (e.g., Craske et al., 2014).
CLINICAL AND COST-EFFECTIVENESS OF THE ROLE OF SUPPORT IN INTERNET-BASED PROBLEM SOLVING TREATMENT FOR ANXIETY AND DEPRESSION: A RANDOMIZED CONTROLLED TRIAL

Speaker: Annet Kleiboer, Vrije Universiteit Amsterdam

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ABSTRACT
Internet-based interventions can be effective treatments for anxiety and depression. Meta-analytic evidence suggests that they should be delivered with human support to reach optimal effects. These findings have not consistently been replicated in direct comparisons of supported and unsupported interventions, however.

This study examined the effectiveness and cost-effectiveness of the role of support in Internet-based problem solving treatment (PST) for symptoms of anxiety and/or depression over 12 months. Adults with mild to moderate symptoms of anxiety and/or depression were recruited from the general population and randomised to: (1) PST without support (n = 107), (2) PST with support on request (n = 108), (3) PST with weekly support (n = 106), (4) no Internet-based intervention but non-specific chat or email (n = 110), (5) Waitlist control group (WLC; n = 106). Primary clinical outcomes were symptoms of anxiety (HADS) and depression (CES-D) measured at baseline, 6 weeks later, 3 months and twelve months. Analyses were first based on the intention-to-treat principle (ITT) and repeated with intervention completers. Cost-utility was assessed over 12-months to identify the intervention associated with the least incremental cost per additional QALY gained. Data for the WLC condition were only available at post-treatment.

Results at post-treatment showed that only participants who received PST with weekly support improved significantly more than WLC for depressive symptoms at post-treatment. Results for anxiety were less robust but in favour of the weekly support condition. Results did not show differences between the four remaining conditions at long-term follow-up (twelve months), neither did the cost-utility analyses.

The results underscore the importance of structural support in Internet-based interventions for depression and anxiety. However, in the long term no clear differences were identified in terms of clinical or cost-effectiveness, which may be explained by a lack of statistical power.
ABSTRACT

Purpose

Blended care combines face-to-face treatment with web-based components in mental health care settings. Blending online and face-to-face psychotherapy sessions in the treatment of depression could improve implementation of evidence-based treatment in routine practice and improve therapists’ treatment adherence.

To the best of our knowledge, our project is the first to examine blended care for depression in specialised mental health care.

This presentation will introduce the concept of blended care, and showcase a blended cognitive behavioural depression treatment (bCBT). Furthermore, initial experiences with bCBT in routine practice will be discussed from research, patient, and therapist perspectives.

Methods

We developed a bCBT protocol for adult patients with major depressive disorder and conducted an initial pre- post evaluation of this protocol with seven therapists and nine patients in specialised mental health care. The resulting protocol is currently being tested in a pilot RCT (aim N = 150) comparing costs and clinical effects of bCBT to standard face-to-face CBT in routine practice at 10, 20 and 30 weeks after the start of treatment.

We examined the reach of bCBT, patients’ clinical profiles, health care usage, treatment adherence rate, and self-assessments of depression, quality of life, pre-treatment expectations and post-treatment satisfaction. Further, discussion groups with participating therapists give insight into the potential benefits and challenges of blended treatment.

Results and discussion

The initial evaluation showed that bCBT has the potential to be a suitable intervention for depressed patients in specialised mental health care. Therapists stated that the highly structured blended treatment helped them adhere to an evidence-based treatment manual in this complex patient group. During the presentation we will discuss the reach of bCBT along with patient profiles, based on the RCT study. We will share lessons learned and recommendations concerning developing, testing and implementing bCBT for patients with major depression in routine practice.
INTERNET-BASED TREATMENT FOR DEPRESSION IN MULTIPLE SCLEROSIS: A RANDOMIZED CONTROLLED TRIAL

Speaker: Rosa Boeschoten, VU University Medical Center/GGZinGeest

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ABSTRACT

Background: Depression in Multiple Sclerosis (MS) patients is common but often not treated adequately. This may be due to physical limitations that preclude face-to-face contact. Internet-based treatment demonstrated to be effective for depressive symptoms in general and a pilot study showed it could be a promising tool for treatment in MS.

Methods/Design: Here, we present a randomised controlled trial (RCT) with longer follow-up to investigate the effectiveness of a) a guided Internet-based PST (iPST) for depression in MS and b) additional telephone support (text-messages) to increase compliance rate. MS patients with moderate to severe depressive symptoms were randomly assigned to an Internet-based intervention (with or without supportive text-messages) or waiting list control group. The primary outcome was the change in depressive symptoms defined by a change in the sum score on the Beck Depression Inventory (BDI-II). Secondary outcomes included measures of anxiety, fatigue, cognitive functioning, physical and psychological impact of MS, quality of life, problem solving skills, social support, mastery, satisfaction and compliance rate. Assessments took place at baseline (T0), within a week after the intervention (T1), and at four months (T2) follow-up. The control group was measured at the same moments in time. Analysis was based on the intention-to-treat principle.

Results: From July 2011 to August 2015, 495 MS patients were assessed for eligibility, of which 171 were randomised to the intervention (n = 85) or waitlist control group (n = 86). Post-test was completed by 152 patients (89%) and follow-up by 131 patients (77%). Results show that both the intervention and the control group showed significant improvements in the primary outcome of depressive symptoms but no differences between groups were found at post-test (d = 0.26, 95% CI = -4.03-1.08, p = .26) and at follow-up (d = .03, 95% CI = -2.80-2.98, p = .95). Also no significant effects in favour of the intervention group were found for the secondary outcomes. Additional text-messages did not increase the compliance rate of the intervention (51%).

Discussion: We found that Internet-based PST for MS patients with moderate or severe depression is not more effective in reducing depressive symptoms than a waitlist. Large improvements in depressive symptoms in the waitlist control group were unexpected, and explanations are discussed.
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IMPLEMENTING INTERNET- AND VIDEO-BASED TREATMENT FOR DEPRESSION INTO ROUTINE CARE - PRELIMINARY RESULTS FROM THE GERMAN MASTERMIND TRIAL.

Speaker: Anne Etzelmueller, Friedrich-Alexander-University Erlangen-Nuremberg/Schoen Clinic

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ABSTRACT
Purpose. Despite the proven efficacy of Internet-based Cognitive Behavioral Therapy (iCBT) in treating depressed patients, the actual implementation of this treatment in Europe is limited. The MasterMind project, funded by the European commission, aims to increase access to evidence-based depression care through the implementation and up scaling of iCBT in Europe. Within the German MasterMind project, 500 patients will be treated with iCBT interventions within a co-operation with the Schoen Clinic Chain and health insurance company Barmer GEK. Patients will be offered up to 25 video-based therapy sessions. Preceding, a face-to-face session on site at one of eight Schoen Clinics nation wide will insures a standardized diagnostic procedure. Service is offered to patients who do not have access to the outpatient psychotherapy.

Method. The analysis of the implementation project is based on the model for assessment of telemedicine applications – MAST, Normalization Process Theory (NPT) and RE-AIM within a mixed-methods approach integrating quantitative and qualitative data of patients, therapists and the organizations. Acceptability of and satisfaction with the interventions as well as the effectiveness of the interventions under routine conditions as well as factors which foster or hinder the implementation process will be evaluated.

Results. First results with regard to the implementation status, the acceptability and effectiveness of the German MasterMind trial will be presented.
THE ROLE OF THE THERAPIST IN THE IMPLEMENTATION OF INTERNET-BASED COGNITIVE BEHAVIOURAL THERAPY FOR PATIENTS WITH DEPRESSION IN ROUTINE CARE - PRELIMINARY RESULTS FROM THE MASTERMIND STUDY IN THE NETHERLANDS

Speaker: Mayke Mol, GGZ inGeest

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ABSTRACT
Purpose. Internet-based Cognitive Behavioural Therapy (iCBT) for the treatment of depressive disorders is innovative and promising. Various studies have demonstrated the clinical effectiveness, but the implementation in routine practice lags behind. The objective of this study is to identity factors that promote or hinder the implementation of iCBT for adults in outpatient secondary mental health care, with a specific focus on the role of the therapist.

Method. The uptake of iCBT interventions in routine mental health care practices for the treatment of depression will be promoted, monitored and analysed by a mixed methods approach: quantitative data on the implementation outcomes (e.g. reach, depressive symptoms, perceived satisfaction and usability) and qualitative data to evaluate the facilitating and hindering factors in the implementation of iCBT (e.g. focus groups and semi-structured interviews). The evaluation will assess three levels of stakeholders: patients, therapists and mental health care organisations. The RE-AIM framework will be used to guide and structure the evaluation to assess Reach, Effectiveness, Adoption, Implementation, and Maintenance of iCBT.

Results. Preliminary results regarding the facilitation of the role the therapist in the implementation of iCBT will be presented.
ABSTRACT
A systematic review will be presented to answer the question: what psychological risks are conferred on children of parents with an anxiety disorder? (At this time, the review is still being conducted, so results are unavailable and no further information can be provided.)
ABSTRACT
Background: Anxiety runs in families. Environmental factors such as modelling of anxious behavior contribute to the intergenerational transmission of anxiety. This study investigated the links between parental anxiety (lifetime anxiety disorders and expressed parental anxiety) and 4.5-year-old children's fear and avoidance during encounters with novel stimuli in a social referencing (SR) paradigm.

Methodology: Children (N = 111) participated in this study separately with their fathers and mothers (parents with or without lifetime social and/or other types of anxiety disorders assessed with the ADIS for DSM-IV). Children and parents were confronted with a stranger and a robot in SR situations. Children's fear and avoidance, and parents' expressed anxiety were observed.

Results: Preliminary analyses revealed significant associations between mothers' and fathers' anxiety, and children's avoidance (but not fear) only for girls (not for boys). Daughters of parents with social anxiety diagnoses were more avoidant of the stranger, but not the robot. Parents' expressions of anxiety in the SR situation did not predict daughter's avoidance of strangers. In contrast, less expressed anxiety from parents was related to more avoidance in girls in the robot SR task.

Discussion: The findings reveal a specific vulnerability of daughters to mothers' and fathers' dispositions for social anxiety disorders in the social SR contexts, while higher levels of expressed anxiety from parents do not seem to increase 4.5-year-old children's fear or avoidance in SR situations.
A FAMILY-ORIENTED APPROACH FOR TARGETED PREVENTION AND EARLY INTERVENTION IN SAD: MANY QUESTIONS, FEW ANSWERS?

Speaker: Susanne Knappe, Institute of Clinical Psychology and Psychotherapy, Technische Universität Dresden, Germany

ABSTRACT
Mental disorders have been consistently shown to “run in families”. However, our knowledge of the familial transmission of mental disorders remains limited as few studies have used family data from representative community samples and quantified the extent of familial liability and degree of specificity in the familial transmission of psychopathology.

Considering the example of social anxiety disorder (SAD), both parental psychopathology and unfavourable family environment emerged as putative risk factors for the onset and course of particularly interaction-related social fears in a prospective community study of adolescents and young adults. Findings argue for a family-oriented approach for targeted prevention and early intervention in SAD. At the same time, however, whether parents’ involvement in interventions adds significant value to therapy outcomes and relapse rates in offspring SAD remains yet to be demonstrated. Questions to be resolved include the timing, dosage and contents of parental involvement.
ABSTRACT

Interpretation biases are a proposed underlying factor in the intergenerational transmission of anxiety. However, it is unclear how interpretation biases of children relate to parental diagnoses, and if they pose a specific vulnerability factor. Our first aim was to investigate if children of anxious parents show an interpretation bias similar to their parents’ diagnosis. The second aim was to test whether priming is necessary to find differences in interpretation bias between children of parents with an anxiety disorder and children of parents without an anxiety disorder. Participants were 42 children of parents with a panic disorder, 27 children of parents with a social anxiety disorder and 84 control parents. Parents and children filled out the SCARED-71 and children performed an ambiguous scenario task with and without video priming. Our results showed that children of parents with an anxiety disorder showed significantly more negative interpretations than controls, while their anxiety levels did not differ. Priming was not necessary to find differences between groups. We also found partial evidence for the specificity of the bias. In short, our results show that interpretation bias qualifies as a possible vulnerability factor for children of anxious parents.
EXPLORING AUTONOMIC HYPERAROUSAL AND IMPAIRED HABITUATION AS RISK FACTORS FOR ANXIETY DEVELOPMENT

Speaker: Wieke De Vente, University of Amsterdam

ABSTRACT

Autonomic hyperarousal has been proposed as a dispositional factor enhancing the risk of developing an anxiety disorder (AD). Therefore, we studied cardiac hyperactivity and habituation in offspring of parents with and without an AD and assessed whether hyperarousal predicted behavioural fear. A total of 135 infants (4 months old) were exposed to novel stimuli (visual, olfactory, acoustic, and unknown male) and to repeated acoustic stimuli to study autonomic activation and habituation. Heart rate (HR) and Heart Rate Variability (HRV) were measured during baseline periods, during the stimuli, and during a recovery period. Parents' AD status was measured using a clinical diagnostic interview (ADIS) including both diagnostics status and a severity measure and temperamental fear (ATQ). Behavioral fear responses were measured at 4 months, 1 year and 2.5 years during structured tasks. Results showed that parents' anxious temperament and severity of the anxiety disorder were related to a higher HR in their infants during the task procedures. No differences in habituation were found. Infants’ HR also predicted more behavioral fear responses at the age of 2.5 years. The results suggest that autonomic hyperarousal may be an endophenotypic expression of the genetic predisposition to an anxiety disorder.
ABSTRACT

Background: One of the potential pathways in the intergenerational transmission of anxiety is via parenting behavior. However, empirical findings on the relations between parental anxiety disorders and parenting behavior, such as overprotection, have been inconsistent. Recent theory and evidence suggest that challenging parenting behavior, reflecting active physical and verbal behaviors that encourage children to push their limits (Majdandžić, De Vente, & Bögels, 2015), may serve to reduce child anxiety, particularly when expressed by the father. It is currently unknown whether parents’ anxiety disorders affects their challenging parenting behavior. The aim of the current study was to explore whether fathers’ and mothers’ observed challenging parenting behavior and overprotection from early infancy to toddlerhood are predicted by parents’ severity of lifetime anxiety disorder, and whether these relations are moderated by child fearful temperament.

Methods: Families were 151 couples, who participated with their first-born child at age 4 months (n = 129), 1 year (n = 127), 2.5 years (n = 123). Severity of fathers’ and mothers’ anxiety disorders was measured using the Anxiety Disorder Interview Schedule (Di Nardo, Brown, & Barlow, 1994). At each child age, fathers’ and mothers’ challenging parenting behavior and overprotection were observed in 9 to 12 structured and free play tasks in the lab and at home. Child fearful temperament was observed at 4 months using 5 tasks based on Kagan’s paradigm (Kagan & Snidman, 1991), and at 1 year using 11 tasks based on standard paradigms (e.g., the Lab-TAB; Goldsmith & Rothbart, 1996). Fear at both ages (r = .03) was aggregated to reflect stable fearful temperament.

Results: Multilevel models revealed that fathers, but not mothers’, severity of anxiety disorder predicted less challenging parenting behavior. Parents’ severity of anxiety disorders did not predict their observed overprotection. No moderation by child stable fearful temperament was found.

Discussion: Fathers’ severity of anxiety disorder negatively affects their level of challenging parenting behavior, which has previously been hypothesized and found to play a protective role in child anxiety development. Implications for interventions are discussed.
THE INFLUENCE OF POSTPARTUM ANXIETY DISORDERS AND MOTHER INFANT-INTERACTION ON CHILDREN’S SOCIO-EMOTIONAL AND COGNITIVE DEVELOPMENT

Speaker: Corinna Reck, Ludwig-Maximilians University, Germany

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ABSTRACT

Introduction:
Maternal anxiety disorder seems to impact mother-child interaction and child development.

Aims: The study comprises two assessments at an average infant age of $M = 4.0$ months and $M = 12$ months as well as two assessments at a child age of 5 years.

Method: $n = 34$ mothers with postpartum anxiety disorder (DSM-IV) and $n = 47$ healthy mothers were videotaped during a Face-to-Face-Still-Face interaction with their infant ($M = 4.0$ months). Specific aspects of an anxious symptomatology were measured by questionnaires. Mother-child interaction, child cognitive development, behavioural inhibition and behavioural difficulties were analysed. The Bayley Scales (Bayley-III®) were chosen to assess infant language and cognitive development at one year of age. Behavioural difficulties and clinical outcome were assessed with the Child-Behavior Check List (CBCL- Mother and Father) and according to DSM-IV at five years of age.

Results: Infants of mothers with postpartum anxiety disorder performed significantly less well in the language domain than infants of controls but not with regard to cognitive development at one year of age. Children of mothers with postpartum anxiety disorder showed more internalizing behaviour difficulties, (CBCL) and also more frequently anxiety disorders (DSM-IV) at five years of age. Exploratory analyses pointed out the important role of maternal avoidance behaviour and maternal neutral engagement on infant development.

Conclusions: Results recommend considering maternal interaction and specific anxiety symptoms when treating postpartum anxiety disorder to prevent negative impacts on infant affective and cognitive development.
HOW DO ANXIOUS PARENTS RESPOND TO CHILDREN’S FEAR, AND CAN THEIR BEHAVIOURS BE MODIFIED?

Speaker: Sam Cartwright-Hatton, University of Sussex

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ABSTRACT
Parents are thought to play a role in children’s acquisition of fears, but the particular parenting processes involved in this are under-explored. Following Rachman (1977), we hypothesized that negative information, direct conditioning and vicarious learning would play a role. We hypothesized that a short tutorial, educating parents about these processes, would modify parenting behaviour, and result in increased confident behaviour in children.

Parents with and without anxiety disorders were invited into the laboratory with their child (aged 5-9).

The child was shown a list of potentially phobic stimuli (e.g. spiders, snakes, worms) and was asked to select two that they were afraid of. One of these stimuli was randomly selected and parents were given a box containing items relating to it (ranging from drawings to live or taxidermy-prepared animals) and were asked to help the child to approach them (beginning with the least fearful items and working up to the most). Videos of these interactions were coded for parenting behaviours (criticism, encouraging/reinforcing approach, encouraging/reinforcing avoidance, confident/fearful verbal information, positive/negative modeling) and for child fearfulness and approach.

Parents were then randomly assigned to watch either a) a short film teaching behaviours that parents can use to increase ‘bravery’ in children, which covered the behaviours described above, or b) a control film.

The exposure exercise was then repeated with the second fearful stimulus.

Analyses indicated that parenting behaviours were associated with children’s fearfulness and approach behaviours. The video tutorial resulted in changes in parenting behaviours and increases in children’s approach towards the stimuli. This was the case for both clinically anxious and non-anxious parents.
A LIFETIME APPROACH TO MAJOR DEPRESSIVE DISORDER: THE CONTRIBUTIONS OF PSYCHOLOGICAL INTERVENTIONS IN PREVENTING RELAPSE AND RECURRENCE.

Speaker: Claudi Bockting, University of Utrecht and University of Groningen

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Keith Dobson, University of Calgary

ABSTRACT

State of the art CBT relapse prevention strategies in depression
Prof. C.L.H. Bockting University of Utrecht and University of Groningen, the Netherlands

Depression is a major public health problem, producing substantial decrements in health and well-being. In this talk innovations in psychotherapeutic interventions for chronicity in depression will be discussed. Chronicity in Major Depressive Disorder can be differentiated in two types, i.e. the persistence of depressive symptomatology (persistent depression: dysthymia, chronic depression) and relapse and recurrence after remission/recovery. An overview of the evidence for CBT interventions focused on relapse prevention will be given (Bockting et al., 2015). Attention will be paid to the merit of specific psychotherapeutic interventions for depression in terms of endurance of effects after stopping this treatment. In addition, several effective sequential brief self help and psychotherapeutic relapse prevention strategies as applied after remission will be discussed. Moreover, indications will be given what type of preventive treatment can be best given to whom. Finally, the transfer of these findings to treatment to other mental health conditions will be discussed and future innovative developments.

Literature

TRAJECTORIES OF CHANGE AND BEHAVIOURAL AND COGNITIVE PREDICTORS OF RELAPSE IN COGNITIVE BEHAVIOURAL THERAPY (CBT) FOR TREATMENT-RESISTENT DEPRESSION

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ABSTRACT
Discontinuities and nonlinear patterns have been used to reveal important processes of change across sciences. A cubic pattern of change has been reported in 3 clinical trials of an exposure-based cognitive therapy for depression (Hayes et al., 2007; Grosse Holtforth et al., 2012, 2016). A cubic pattern is characterized by an initial decrease in symptoms, an increase during the more affectively-charged phase of treatment, and then a subsequent decrease. Two discontinuities that might underlie a cubic pattern are the sudden gain (a substantial early decrease in symptoms; Tang & DeRubeis, 1995) and a depression spike (a transient increase and decrease in symptoms; Hayes et al. 2007), both of which predict improvement in depression. The entrenched patterns of treatment-resistant depression might require early behavioural change to energize patients and also a subsequent period of disturbance, as core depressive schemata are targeted and processed.

Participants were 156 adults with treatment-resistant depression, who completed at least 6 sessions in the CBT arm of a randomized controlled trial of pharmacotherapy with and without CBT (Wiles et al., 2013). Hierarchical linear modeling (HLM) showed a significant cubic pattern of symptom change (BDI-II). Regression analyses indicated that the cubic pattern predicted less depression at 12-month follow-up, whereas the linear and quadratic patterns, general symptom variability, and the sudden gain (SG) and spike patterns did not predict outcome. The cubic pattern highlighted segments of treatment that might reveal important change processes.

In a subsample of 50 clients, therapy sessions were coded with the CHANGE rating scale (Hayes et al, 2007) immediately before SGs and after the depression spikes (or matched controls). We coded positive behaviours (adaptive behaviours applied between sessions) and constructive processing of depression-related material. More positive behaviours preceded the SG and predicted less depression at the 12-month follow-up. More constructive processing immediately after the depression spike also predicted less depression at follow-up. Thus, both behavioural and cognitive change might contribute to the prophylactic effects of CBT in this difficult-to-treat population. This study illustrates how trajectories of symptom change can be used to identify key change processes.

Keywords: depression, cognitive-behavioral therapy, process of change, processing
DISRUPTING THE RHYTHM OF DEPRESSION: PREVENTION OF RELAPSE IN DEPRESSION WITH MOBILE COGNITIVE THERAPY

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ABSTRACT
Depression is a highly recurrent disease. Therefore, the National Institute for Health and Care Excellence recommends ongoing monitoring and treatment (NICE, 2010). An Internet-based cognitive therapy with monitoring by text messages (Mobile CT), added to Treatment as Usual (TAU), might offer a cost-effective way of treating recurrent depression. In this symposium, the outcomes of our recent treatment study on the effectiveness of Mobile CT will be presented and discussed. In this study remitted patients with at least two previous episodes of depression were randomized to Mobile CT added to TAU (n = 132) or TAU only (n = 132), and compared on 1) the time until relapse/recurrence, and 2) the course of depressive symptoms after study start.
INTERNET-BASED SUPPORTIVE MONITORING AND DISEASE MANAGEMENT FOR PATIENTS WITH RECURRENT DEPRESSION: RESULTS OF THE SUMMIT TRIAL

Speaker: Markus Wolf, University of Zurich

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ABSTRACT

Background
Depressive disorders often take a chronic or recurrent course. Despite considerable advances in the development of preventive and acute phase interventions, the long-term management of depression remains a challenge. Thus, the question is not whether or not a relapse will occur but when. This calls for a new, potentially life-long treatment perspective that focuses on symptom free (“well”) times and targets both, an increase of well days and a decrease of unwell days. We have developed an internet-based program called SUMMIT—short for Supportive Monitoring and Disease Management through the Internet—that adopts such an adaptive disease management strategy accounting for the specific characteristics of recurrent mental health conditions.

Method
We have investigated the clinical efficacy of the program in a three-arm multi-site, randomized controlled trial in which two versions of the program, with personal support (SUMMIT-PERSON) and without (SUMMIT), as an add-on to standard care (TAU), were tested against TAU alone in a high risk group of patients with at least three previous episodes of a recurrent depressive disorder (Kordy et al., 2013). Two-hundred thirty two patients who had been treated in one of six psychiatric centers in Germany were randomized and followed-up for a maximum of 24 months. Patients in the two intervention groups participated in the program for 12 months after their index treatment. As primary endpoint of this study ‘well’ and ‘unwell’ weeks were assessed by blind evaluators based on weekly Psychiatric Status Ratings of the Longitudinal Interval Follow-Up Evaluation.

Results
Time-to-event models analyzed by Cox proportional hazard regression with multiple events per patient showed that SUMMIT was superior to TAU whereas SUMMIT-PERSON was not. Discussion: This clinical trial provides evidence that long-term online disease management for a high-risk group of patients with recurrent depression and a history of multiple episodes is feasible, safe, well-accepted, and efficacious. The results of the study have implications for the development and implementation of adaptive treatment strategies for chronic mental health conditions.
DO DAILY FLUCTUATIONS IN EMOTIONS PREDICT THE COURSE OF TAPERING ANTIDEPRESSANTS?

Speaker: Nicola Klein, University of Groningen

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Imagine your mood team

ABSTRACT

Background
Although maintenance antidepressant medication (ADM) is widely used to prevent depressive recurrence, little is known about discontinuing ADM. Some studies suggest ADM tapering might be a challenge for both patients and clinicians. Information about specific mechanisms that predict successful ADM tapering might be helpful in determining treatment strategies and enhancing treatment outcome for patients and clinicians that aim to taper ADM.

Objective
Goal of the current study was to preliminary examine with the ‘Imagine your mood’ project group the course of daily negative affect (NA) and positive affect (PA) during ADM tapering with additional preventive cognitive therapy (PCT) and whether changes in PA and NA predict who is able to complete the taper. We hypothesize that especially increases in PA predict successful ADM tapering.

Methods
In total 51 remitted patients with recurrent depression that used maintenance ADM for at least six months were randomized to either PCT with maintenance ADM, PCT while tapering maintenance ADM, or maintenance ADM alone. The Experience Sampling Methodology (ESM) was used to examine the day to day process of positive affect (PA) and negative affect (NA) during ADM tapering with additional PCT. Patients rated their momentary mood during eight weeks at ten random moments a day during three consecutive days a week on a smartphone application named ‘Imagine your mood’. Dosage of ADM was measured weekly. A bivariate vector-autoregressive Bayesian dynamic model (AR(1)) was performed to examine whether specific trajectories of PA and NA predict successful tapering.

Preliminary results and discussion
Preliminary results revealed a significant association between higher NA and a higher dosage of ADM. No association was found between dosage of ADM and PA. With this study we aim to increase the knowledge about ADM tapering and factors contributing to successful tapering. With this knowledge treatment strategies can be informed and adjusted in an early stage. ESM might be promising in examining the process of ADM tapering by giving insight in the day-to-day course of affect during tapering.
ABSTRACT
Cognitive Behaviour Therapy (CBT) is the most frequently evaluated treatment for child anxiety disorders. Previous meta-analyses have concluded that CBT shows a clear benefit over wait-list control, but these include studies using varying diagnostic indices to assess outcomes. Outcomes have been assessed using more or less conservative approaches, including absence of the one anxiety disorder that causes most interference (i.e. primary anxiety disorder) to absence of all anxiety disorders. We conducted a meta-analysis to establish the efficacy of CBT specifically in terms of absence of all anxiety disorders. Where possible, we compared this rate to outcomes based on absence of the primary anxiety disorder. We identified 56 randomised controlled trials of child-focused CBT for anxiety disorders, but only 19 provided data on recovery from all anxiety disorders (n = 635 CBT, n = 450 control participants). There was wide variation in outcomes across studies, and full recovery rates among children without autism spectrum conditions (ASC) varied from 47.6 to 66.4% across different sets of comparisons. Corresponding recovery rates in waitlist and active comparisons were 20.6% and 21.3% respectively. Our findings highlight the lack of consistency in how diagnostic data is used to assess outcomes across randomised controlled trials of CBT for childhood anxiety disorders. This varied approach to reporting diagnostic outcomes prohibits meaningful synthesis of findings across trials, and highlights the need for consensus in reporting outcomes in future evaluations of CBT for childhood anxiety.
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USING SYMPTOM AND INTERFERENCE QUESTIONNAIRES TO IDENTIFY RECOVERY AMONG CHILDREN WITH ANXIETY DISORDERS

Speaker: Rachel Evans, University of Reading, United Kingdom

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ABSTRACT
We evaluated whether two widely used child and parent report questionnaires of child anxiety symptoms and interference (Spence Children’s Anxiety Scale; SCAS-C/P and Child Anxiety Impact Scale; CAIS-C/P) could accurately identify recovery from common child anxiety disorder diagnoses as assessed by a widely used, standardised diagnostic interview (ADIS-IV-C/P). 337 children (7-12 years, 51% female) and their parents completed diagnostic interviews and questionnaire measures (SCAS-C/P and CAIS-C/P), before (Time 1) and after (Time 2) treatment or wait-list. Recovery from separation anxiety disorder was identified well by Time 2 SCAS-C/P separation anxiety subscale scores (AUC = .80 and AUC = .82, respectively) and CAIS-P scores (AUC = .79). Time 2 CAIS-P also successfully identified recovery from social phobia (AUC = .78) and generalized anxiety disorder (AUC = .76). Whilst no measure successfully identified recovery from specific phobias, Time 2 CAIS-P scores were a good predictor of absence of any diagnoses (AUC = .81). These AUC values were supported by moderate to good sensitivity (.70-.78) and specificity (.70-.73) at the best identified cut-off scores. These results suggest that questionnaire measures, particularly the CAIS-P, can be used to identify whether children have recovered from common anxiety disorders, with the exception of specific phobias. Cut-off scores have been identified that can guide the use of routine outcome measures in clinical practice.
CONTENT-SPECIFIC INTERPRETATION BIASES IN CLINICALLY ANXIOUS CHILDREN

Speaker: Anke Klein, Radboud University, The Netherlands / Macquarie University, Australia

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ABSTRACT

Introduction
Cognitive theories of anxiety suggest that anxious children should interpret negatively only materials specifically related to the content of their anxiety. So far, there are few studies available that report on this postulated content-specificity of interpretation processes in childhood anxiety, with mixed results. This is infelicitous because knowing more about the content-specificity of cognitive biases in children has important implications for the identification, prevention and treatment of anxiety in children. Therefore, the main goal of this study was to investigate the content-specificity of interpretation biases in a sample of clinically anxious children.

Method
We examined interpretation bias and its content-specificity using an “ambiguous scenarios” paradigm. Children were asked to finish scenarios that were related to either social threat, general threat, or separation threat. In total, 105 clinically anxious children, 21 control children and their mothers were assessed with the ADIS-C/P and the Spence Children’s Anxiety Scale.

Results
The clinically anxious children provided more negative endings to the scenarios than the control children. Within the clinically anxious group, specific interpretation biases were found: Interpretation of scenarios related to social threat, general threat, and separation threat were only predicted by the children’s self-reported levels of social phobia, generalized anxiety, and separation anxiety, respectively.

Discussion
Based on our findings, we recommend studying the specificity of biases in children, as it seems that anxious children do indeed show content-specific interpretation biases related to their specific fears. Future research of childhood anxiety should therefore assess the specificity of other potential biases, for instance in attention and memory processes. It would be worthwhile for future studies to also address the content-specificity of biases for predicting treatment success and relapse probability in anxious children. This study was limited to clinically anxious children with GAD, SP and SAD with a high co-morbidity, therefore we recommend studying children with one diagnosis only, as well as children with other types of fears and phobias.

Conclusion
We found that the “ambiguous scenarios” paradigm is able to differentiate between clinically anxious children and non-anxious children and that it is a useful instrument for assessing content-specific interpretation biases. Thus, specific fear-related interpretations can already be present at a young age. The present results support cognitive models in youth that argue for specificity of cognitive content associated with different disorders and are consistent with current classification systems for childhood mental disorders. Clinically, this unique insight into the presence of interpretation biases in anxiety disorders might be used to improve treatments for anxious children by targeting specific cognitive biases related to individual disorders.
IDENTIFYING SUBGROUPS OF CLINICALLY ANXIOUS CHILDREN USING LATENT PROFILE ANALYSIS

Speaker: Sam Pearcey, University of Reading, United Kingdom.

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ABSTRACT
Anxiety disorders are among the most prevalent mental health problems in children. Cognitive behavior Therapy (CBT) is effective, however a significant proportion of children do not benefit. Furthermore, CBT for child anxiety disorders typically includes a range of strategies that may not all be applicable for all children. This study used latent profile analysis to explore whether there are distinct subgroups of children with anxiety disorders who are characterized by their responses to measures of key mechanisms that are targeted in CBT (i.e. interpretation bias, perceived control, avoidance, physiological arousal, and social skills). 391 children (7-12 years) with a current anxiety disorder completed an ambiguous scenarios paradigm (to assess threat interpretation, perceived control, expected negative emotions and avoidance) and provided measures of heart rate recovery from a mild stress task (presentation). Parents also provided information on their children's social communication difficulties (SCQ). Latent profile analysis identified three groups, reflecting (i) ‘low-copers’ (low threat interpretation but high avoidance and low perceived control); (ii) ‘worried-controllers’ (relatively high perceived control and somewhat less avoidance); (iii) ‘socially uncomfortable’ (high SCQ). Notably the ‘worried-controllers’ were more likely to have generalized anxiety disorder and be female, whereas the ‘socially uncomfortable’ group were significantly more likely to have social anxiety disorder and to be male. The findings suggest that there may be particular subgroups of children with anxiety disorder that would benefit from more targeted treatments that focuses on specific maintenance factors. Treatment studies are now required to establish whether this approach would lead to more effective and efficient treatments.
ABSTRACT
Obsessions (i.e., recurrent, intrusive, and distressing thoughts) are a diagnostic feature of obsessive-compulsive disorder (OCD) and can appear as word-based (verbal) propositions, behavioural impulses, and mental images (American Psychiatric Association, 2013). Most research on obsessions has not distinguished between forms, despite the fact that images have important unique properties. For example images evoke more powerful emotional reactions, they serve to mentally simulate actions, and they facilitate goal directed behaviour. Furthermore, images are often representations of pivotal memories. Finally, there is some evidence that imagery rescripting is effective in treating OCD. It is possible, then, that obsessions which occur in the form of images may be experienced as more credible, evoke a stronger emotional response, yield prepotent behaviour, and may be responsive to imagery rescripting. However, there have been few studies of images in OCD. Forty individuals diagnosed with OCD were recruited from the community to complete an online, questionnaire-based study of the phenomenology of intrusive images. Results suggest that intrusive images are common, with 59% of participants experiencing their recent obsession as an intrusive image. The vast majority (85%) of reported images appeared in colour and depicted a brief video (as opposed to a static picture). Half of participants reported that the video also included sound and touch, with some also reporting smell and taste. The videos were equally like to occur in the person and observer perspectives. Finally, 75% of participants reported that the image was a representation of a memory. Implications of the data for models of OCD and OCD treatment will be discussed.
REVERSAL TO INTRUSIVE IMAGES AMONG OUTPATIENTS WITH SOCIAL ANXIETY DISORDER

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ABSTRACT
Recurrent intrusive images exist across mental disorders. However, the specific content of intrusive images varies depending on disorder. Theoretical models of how intrusive thoughts develop into clinical obsessions are primarily cognitive-behavioral therapy (CBT) models on how obsessive-compulsive disorder (OCD) develops. In this study, we explored whether individuals with social anxiety disorder (SAD) react to intrusive images with compulsive behaviors (including neutralizations), defined as strategies in response to the intrusive image that participants report being compelled to do (at least 50% of the time) with the function of reducing distress in the moment. Participants were 35 outpatients (M age = 28.3; SD = 11.5; 54% female) at an anxiety treatment center in Iceland diagnosed with SAD (according to the Mini International Neuropsychiatric Interview; MINI) as a primary diagnosis. Total scores on the Liebowitz Social Anxiety Scale were 82.7 on average, SD = 20.7. Participants were interviewed with a semi-structured interview to assess imagery in SAD, which was adapted to focus specifically on reactions to intrusive images. Sixty percent of the participants reported experiencing recurrent, clinically significant intrusive images in the last 6 months. Most participants reported the image as a brief video (76%), with reporting hearing sounds (43%) and having bodily sensations (71%), with fewer reporting the sensation of smell (10%), taste (5%) and touch (5%). Contrary to the seminal study of images in SAD by Hackmann et al., (2000), 48% of participants reported seeing the image from a field perspective, with 52% reporting a mixture of a field and observer perspective and no participants reporting a pure observer perspective. 68% of participants reported that the image was based on a memory. 85.7% of patients who had experienced a recurrent intrusive image reported at least one compulsive strategy in response to the intrusive image. Examples include repeating sentences in their mind, seeking reassurance from others and suppressing the image. This initial study is a first step toward establishing that obsessions and compulsions may exist in SAD as a maintaining process. There appear to be greater similarities between SAD and obsessive-compulsive spectrum disorders such as OCD and body dysmorphic disorder than previously believed. Future directions and treatment implications are discussed.
Research suggests that most patients diagnosed with social anxiety disorder (SAD) experience recurrent intrusive images, which usually depict the patients social fear (e.g., public humiliation). This type of imagery is thought to play an important role in the maintenance of SAD according to cognitive-behavioral models of the disorder (see e.g., Clark & Wells, 1995). It is thought that these spontaneously occuring images can contribute to anxiety and consequent avoidance and safety behaviors when a patient thinks of or enters a social situation, especially if the patient appraises the image as saying something about him or her, other people or the future. However, there is very little research on how patients with SAD appraise intrusive images.

One question concerns whether cognitive behavioral models of obsessive-compulsive disorder (OCD) are relevant for appraisal processes of intrusive images in SAD. More specifically, whether patients with SAD also endorse the three main types of appraisals and beliefs believed to be unique to OCD (importance of thoughts, responsibility, and control of thoughts). Our aim in this study is, therefore, twofold. Firstly, we compared the cognitive appraisals of intrusive images of SAD patients with appraisals in OCD patients and anxiety controls (as reported in Lipton et. al., 2010). Secondly, we systematically investigated appraisals of images in SAD patients.

Participants were 19 outpatients (M age = 29.9, SD = 11.2; 68% female) with a primary diagnosis of SAD (according to the Mini International Neuropsychiatric Interview; MINI) who reported having recurrent, clinically significant intrusive images. They were interviewed with a semi-structured imagery interview to assess occurrence and appraisal of their most recurrent intrusive image along with their reactions to the image. We assessed appraisals by asking participants whether the image means something about them, other people or the future, and then later performed a content analysis of the results. Patients were also administered the Interpretation of Intrusions Inventory (III), a self-report measure to assess appraisal of intrusive thoughts (OCCWG, 2001), in this case of their most significant intrusive image.

SAD patients scored similarly on the III (M = 1241.6, SD = 508.8) to anxious controls and OCD patients in other studies (Lipton et. al., 2010), with scores only differing significantly on the subscale ‘Responsibility’ (t(31) = 3.05, p < .001, d = 1.00), where the OCD patients scored higher (M = 585.3, SD = 245.3) than the SAD patients (M = 367.9, SD = 182.0). All intrusive images were appraised as carrying a negative meaning about the patient, others or the future. The content analysis revealed that the most commonly occurring themes in the appraisals of the intrusive images were, in order of prevalence: flawed and/or weak self (e.g., ‘I am inadequate’), others are critical and/or cruel, social perfectionism (e.g., ‘people will react badly if I don’t behave flawlessly’), and ‘I will end up alone’. These results suggest that there may be specific types of appraisals of images in SAD. Implications for theoretical models of the disorder are discussed.
REACTI0NS TO INTRUSIVE IMAGES AMONG PATIENTS IN A PARTIAL HOSPITAL PROGRAM

Speaker: Inga Wessman, McLean Hospital/Harvard Medical School

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ABSTRACT
Recurrent intrusive images are common in nonclinical and clinical samples. Although image characteristics are similar across psychopathology, and the thematic content is specific to each disorder, the theoretical and research literature has mainly focused on developmental and maintenance processes of intrusive images in obsessive-compulsive disorder (OCD). The present study aimed to assess prevalence and characteristics of intrusive images among patients in a partial hospital program, and, further, take initial steps in examining whether intrusive images result in negative appraisals and compulsive strategies. Participants were recruited from a partial hospital program located in the Northeast of the United States of America. The exclusion criteria for the research study included active acute psychotic or manic states. Twenty-eight patients were included in the study and were administered the Imagery Interview, the Mini-International Neuropsychiatric Interview (MINI), and self-report questionnaires. The sample mostly consisted of non-Hispanic whites, and included almost equal percentages of females and males with a mean age of thirty-eight. Twenty out of twenty-eight patients reported having recurrent intrusive images in the past 6 months. All patients with images appraised the intrusive image as having a negative meaning about themselves, other people, and/or the world or future. Eight out of the twenty patients with an intrusive image reported performing a strategy to reduce momentary distress with little or no sense of control (how we functionally define compulsive strategies). Patients that utilized at least one compulsive strategy reported significantly more symptom severity and less well-being compared to patients without an intrusive image. Therefore, targeting negative appraisal of intrusive images and reactions to them may enhance treatment outcomes for patients with different mental disorders.
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THE KEY ROLE OF EXTINCTION LEARNING IN ANXIETY DISORDERS: BACK TO THE (NOVEL) ROOTS OF EXPOSURE-BASED INTERVENTIONS

Speaker: Andre Pittig, Technische Universität Dresden

ABSTRACT
Exposure-based interventions for anxiety syndromes and disorders are one of the major success stories of current cognitive-behavioral treatments. The effectiveness of such interventions for the treatment of maladaptive fear and anxiety has been well-established in various randomized controlled trials and naturalistic clinical studies. However, these studies also showed that a considerable number of clients do not benefit from current treatment methods. The need to optimize exposure-based interventions thus sparked innovative experimental research on their basics mechanisms. Here, extinction learning is one of the major mechanisms for fear reduction by means of exposure and extinction paradigms are thus used as a laboratory proxy to augment exposure. This talk will provide an overview over recent insights into the role of extinction learning for the anxiety disorders and their treatment as, for example, seen in deficits in extinction learning in individuals with anxiety disorders. The focus will be on innovative behavioral strategies to enhance fear extinction, which may inform the optimal delivery of exposure-based interventions by behavioral psychotherapists. Here, procedural enhancement strategies implemented during extinction training translate to how exposure exercises may be conducted to optimize fear extinction. Flanking enhancement strategies target periods before and after extinction training and inform optimal preparation and post-processing of exposure exercises. Together, these strategies provide a powerful starting point for novel bonds between experimental psychotherapy research and clinical applications. Translational studies are warranted to expand these findings and their naturalistic utility.
AVOIDING EXTINCTION: AVOIDANCE BEHAVIOR DURING A CLASSICAL ASSOCIATIVE LEARNING PARADIGM IN ANXIETY DISORDERED PATIENTS AND ITS RELATIONSHIP TO EXPOSURE THERAPY OUTCOME.

Speaker: Rianne De Kleine, Pro Persona; Radboud University

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ABSTRACT
Avoidance is a cardinal symptom of anxiety and related disorders. By example, a patient with panic disorder avoids all physical exercise that makes his heart pound, because of his fear of dying of a heart attack. Apart from being a focal symptom of anxiety disorders, avoidance behavior is thought to be an important maintaining factor of anxiety, since it prevents corrective learning.

In exposure therapy, the first-line treatment for anxiety disorders, corrective learning is aimed for by repeated exposure to safe, but anxiety provoking stimuli. The patient learns that exposure to the feared stimuli (i.e. the pounding heart; CS) will not lead to the anticipated harmful outcome (i.e. a heart attack; US), but is harmless instead (no-US). The learning of this new inhibitory association (CS-noUS) is believed to result in the extinction of fear. Avoidance behavior is thought to interfere with this corrective learning, and during exposure therapy patients are encouraged to cease all avoidance behavior. Although, the extinction of fear has been extensively studied in the pre-clinical fear literature, avoidance behavior has received little scientific scrutiny. Including avoidance behavior in the fear-learning paradigm can advance our understanding of the maintaining force of avoidance for anxiety symptoms and improve the validity of the fear-learning paradigm as a model of exposure therapy.

In this talk we will present the data of a classical associative learning paradigm that patients (est. N = 56) completed prior to enrolment in exposure therapy, and link their performance on this task to exposure therapy outcome. Emotional, anxiety provoking pictures from the International Affective Picture System will be used as the unconditioned stimulus (US), and pictures of an office containing a light, that changes color (A, B, C), as the conditioned stimuli (CS). During the first phase of this paradigm, A and B are followed by the US, while C is never followed by the US. During the second phase, there will appear a button on the screen during CS presentation, and pressing prevents the appearance of the US at the end of the CS. However, this is only the case with A+, while for B+ pressing the button will not prevent presentation of the US. Hence, participants can learn that pressing the button is effective (A+), ineffective (B+), or unnecessary (C-), dependent on stimulus presentation. We expect that patients with more persevering avoidance behaviour will show less response to exposure therapy. Specifically, we propose (i) that participants with higher US expectancy ratings after effective avoidance stimuli (A+) will profit less from therapy; and (ii) that those with more avoidance responses (i.e. button press across the three CS’s) will show less response to exposure therapy. The results of this exciting translational study will be presented and discussed.
CAN A SURPRISING EVENT ENHANCE THE LONG TERM EFFECTS OF EXTINCTION? A TEST ON THE RETURN OF AVOIDANCE RESPONSES

Speaker: Angelos-Miltiadis Krypotos, Utrecht University

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ABSTRACT
Avoidance is a diagnostic criterion, common across multiple mental disorders (e.g., anxiety- or stressor-related disorders). Although exposure in combination with response prevention is a common way to treat maladaptive avoidance, relapse rates of avoidance symptomatology after seemingly successful therapy remain high. In the present experiment we tested whether the occurrence of a surprising event during an extinction procedure, the laboratory parallel of exposure therapy, could prevent the return of excessive avoidance. Participants first underwent a Pavlovian conditioning procedure during which the presentation of a spider picture (Conditioned Stimulus or CS+) was paired with shock (Unconditioned Stimulus or US) administration, whereas the picture of another spider picture (CS-) was paired with shock omission. Afterwards, participants learnt that they could avoid the US presentation by pressing a computer button. An extinction procedure followed. During this phase, participants in the control group encountered the CSs, without any of them followed by a US. Participants in the experimental group encountered the CSs as well, with the CS+ now being followed by the presentation of a surprising event (i.e., presentation of a neutral tone or pairs of pictures). Return of fear and avoidance responses were tested after the administration of unexpected USs. We present results on the return of avoidance responses and fear ratings. We also extend on the role of surprise in clinical interventions, and how it can potentially block the return of excessive fear/anxiety and avoidance.
ABSTRACT

Background

Studying dysfunctional mechanisms related to psychopathology may provide a basis to characterize clinically relevant populations across the categorical definitions.

Methods

The current study assessed fear conditioning trajectories in patients with anxiety disorders (N = 104) and healthy comparison subjects without an axis I disorder (N = 93), using both subjective and physiological outcome measures. Participants completed a fear conditioning procedure that included uninstructed and instructed acquisition and extinction phases. In addition, we explored whether the trajectories in patients (assessed before treatment) predict treatment outcome.

Results

Latent class growth analyses demonstrated various distinct trajectories across participants, based on subjective outcome measures. Patients with anxiety disorders were relatively more often characterized by trajectories of impaired safety learning (e.g., poor fear extinction to danger cues and generalization of fear to safety cues), compared to healthy comparison subjects. In addition, patients with trajectories of impaired safety learning were associated with worse treatment outcome compared to patients with normal fear conditioning trajectories.

Conclusions

The use of data-driven latent class growth analyses resulted in various distinct fear conditioning trajectories across patients with anxiety disorders and healthy comparison subjects. Within the patient group, such differences seem to relate to the potential to benefit from treatment. Trajectory analyses may increase our knowledge on individual differences in (dysfunctional) fear conditioning, and may therefore complement the classical approach of comparing patient-control differences at a group level.
SERVICE SATISFACTION AND LONG TERM PSYCHOLOGICAL FOLLOW-UP AMONG SEXUAL ASSAULT VICTIMS SEEKING ASSISTANCE AT THE RAPE TRAUMA CENTER IN ICELAND

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ABSTRACT
Severe psychological consequences of sexual violence such as posttraumatic stress disorder (PTSD), depression, suicidality and substance misuse have been well documented. In order to better meet the needs of survivors, multidisciplinary acute service centers have been established. However, despite services being available and the severity of the consequences of sexual violence, it is estimated that only a quarter of victims of rape seek acute services at such centers following assault and only a portion of those seeking help continue to utilize the recommended follow-up services despite ongoing post-assault trauma symptoms. Studies indicate that under-utilization of trauma or mental health services persists long-term while victims of rape tend to have higher rates of medical service utilization than the general population.

Known predictors of early follow-up service utilization are having a history of mental health problems, and receiving mental health treatment, having insurance, having completed the acute medical examination, having available social support to help cope with the assault and early post-assault depressive symptoms. Furthermore, developmental or other disability and being assaulted in public have been associated with reduced likelihood of utilizing follow-up services.

The main goal of the current study was to examine factors related to service utilization, and long-term psychological outcomes 2-6 years after initial contact with the Rape Trauma Services (RTS) in Iceland. Satisfaction with services and barriers to using services were assessed among sexual assault victims seeking assistance at the RTS during the years 2010-2014 and their current psychological status and social support was assessed using self-report measures of post-traumatic stress, depression and anxiety administered in an on-line survey. The second goal was to examine the relationship between service utilization and psychological outcomes. To better understand predictors of follow-up service utilization medical records were used to obtain information on services received, sociodemographic factors, and trauma-related factors such as nature of the trauma, its’ severity and trauma-related consequences following initial contact to assess initial trauma status.

A cohort study design using both retrospective and prospective data is currently underway to assess satisfaction with psychological services in order to be able to better understand and meet the needs of this population. Currently, all necessary IRB approvals have been received and 300 comprehensive medical reports which include description of the sexual assault, physical and emotional health, relevant history and service utilization of the survivor have been reviewed and coded using a structured questionnaire. Prospective data collection on service satisfaction, barriers to service utilization and long-term psychological outcomes is being collected and will be complete by the end of May 2016. Data analyses will provide descriptive statistics and test logistic regression models to identify predictors of follow-up service utilization.

This study will provide important information on long-term psychological status of help seeking victims and point to barriers to follow-up service utilization following sexual assaults in Iceland which may have implications for improving service delivery. Benefits and limitations of this methodology will be discussed.
**ABSTRACT**

Sexual violence is a serious public health problem that has resulted in the establishment of professional, multidisciplinary service centers for victims in most of the Nordic countries. In Iceland a Rape Trauma Service (RTS) was established in 1993. The RTS is a multidisciplinary service clinic that provides free comprehensive and immediate 24 hour service to all sexually victimized adolescents and adults. The RTS includes extensive medical, forensic, legal and psychological services. Due to the potential severe psychological consequences of sexual assault the psychological service is considered a vital part of the services provided. However, no studies have examined its utilization.

The goal of the study was to examine the utilization of psychological services among sexual assault victims who sought services at the RTS over a four year period, from 2010 to 2014. During that time 400 sexual assault victims were referred to the psychological services of the RTS. Comprehensive medical reports were reviewed and information pertaining to descriptions of the sexual assault, physical and emotional health, relevant history, psychological responses to the assault and service utilization of the victim was coded using a structured questionnaire. Results showed that approximately 70% of survivors expressed interest in psychological services and asked to be contacted by a psychologist during their acute medical exam at the hospital. However, only approximately one third of survivors utilized some psychological services and only a small proportion (15%) utilized the services fully. Furthermore, results showed that a large group of survivors declined treatment before recovery has taken place and were still suffering from post-trauma symptoms causing great distress and interfering with their lives.

These results raise important questions about why services are not utilized more and how best to provide services to sexual assault victims. One possible explanation for poor service utilization may be that survivors recover spontaneously and don’t need further services. This however is unlikely because results showed high rates of post-trauma symptoms in those declining services. Another possible explanation for lack of utilization of services may be that survivors are manifesting posttraumatic avoidance symptoms. Further studies are needed to shed light on this issue. The present study also raises important questions on the implementation and cost effectiveness of early psychosocial support following sexual assault. Great effort has been put into early services for sexual survivors in Iceland. However, less effort has been made towards making empirically supported psychological interventions available for those sexual assault survivors who do not recover by themselves and seek help months or even years after the assault. This study highlights the importance of continuing efforts in understanding what type of follow-up services are most beneficial for survivors. The findings will be compared to available findings from other countries both in Europe and other parts of the world.
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PREVALENCE OF SEXUAL AND PHYSICAL VIOLENCE IN THE ICELANDIC POPULATION

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ABSTRACT

The World Health Organization has defined violence as a global public health problem requiring urgent action. Previous research has found violence exposure to be associated with poor mental and physical health, as well as impaired social functioning. Assessing the prevalence of violence, demographic characteristics of victims and service utilization is necessary to develop effective preventive measures and improve access to treatment. To date, no epidemiological study has assessed the prevalence of violence in the Icelandic population. The aim of this study was to assess the lifetime and 12-month prevalence of physical violence (e.g. hitting and domestic violence) and sexual violence (defined as completed rape, attempted rape or unwanted sexual touching) in the Icelandic population and to assess demographic characteristics of victims. Participants were 10,162 residents of Iceland, 18-84 years old, residing in both the capital and rural areas. Self-reported questionnaires were sent out in 2012 assessing physical and sexual violence exposure, demographic characteristics of participants (e.g. sex, age, education level, income), current physical or mental health problems related to the violence and service utilization. Response rate was 67% (6,783/10,162). Preliminary results indicate that the lifetime prevalence of physical violence is 11% among both genders. The lifetime prevalence of sexual violence was overall 11%, and more prevalent among women (19%) than men (3%). Currently, data analysis is underway and will be completed in May 2016. The significance of this study includes providing health professionals and policy-makers with important information about the scope of violence against both men and women, which may be used to improve clinical and policy guidelines at both national and international levels. Results will be compared to Nordic and other international studies.
THE ASSOCIATION BETWEEN MENTAL HEALTH AND HYPERTENSION AMONG WOMEN WITH AND WITHOUT LIFETIME HISTORY OF VIOLENCE

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ABSTRACT

Background
Violence against women continues to be an insidious problem and its health impact needs to be further elucidated. The aim of this study was to explore the association between violence and common mental- and cardiovascular morbidities, as well as to elucidate the role of mental health symptoms in hypertension among women with and without lifetime exposure to violence.

Methods
A total of 689 women, 20-69 years, attending the Cancer Detection Clinic in Reykjavik, Iceland, in 2014 were invited to participate in a pilot study (SAGA cohort). This study is limited to 507 (73.7%) women who participated and responded to Life Stressor Checklist-Revised for assessment of past violence exposure. GAD-7 and PHQ-9 were used for assessment of anxiety and depressive symptoms. Body Mass Index (BMI) and blood pressure were assessed by research nurses during a short physical examination. We used Poisson regression to test the associations of interest with results presented as risk ratios (RR; with 95% confidence intervals [CI]) adjusting for age, education level, occupation, income and marital status.

Results
A total of 300 women (59.2%) reported never to have been exposed to violence (sexual nor physical violence), while 207 (40.8%) had at some point in their life been exposed to physical or sexual violence; 122 (24.1%) reported lifetime exposure to sexual violence. The differences in socioeconomic characteristics between women exposed and unexposed to violence were negligible. Compared with unexposed women, women with a history of violence were more likely to report symptoms of depression (6.5% vs. 14.1%; RR 1.99; 95% CI: 1.05, 3.78) and anxiety (8.1% vs. 20.7%; RR 2.53; 95% CI: 1.47, 4.35), while no overall statistically significant differences were observed in risks of obesity (RR 1.16; 95% CI: 0.81, 1.65) nor hypertension (RR 0.97; 95% CI: 0.70, 1.33), all after multivariable adjustment. Yet, among women exposed to violence, presence of depressive symptoms (RR 1.84; 95% CI: 0.99, 3.41) or anxiety (RR 1.85; 95% CI: 1.06, 3.11) was associated with an almost doubled risk of hypertension while such risk elevations by mental health symptoms were not noted among women without lifetime exposure to violence (RR 0.80; 95% CI: 0.29, 2.18 and RR 1.02; 95% CI: 0.43, 2.07, respectively), after age adjustment.

Conclusions
Almost two out of five adult, urban women in Iceland have been exposed to violence, with strong implications for their mental health. Future prospective studies need to address the role of adverse psychological sequele following violence exposure and further health decline, including the risk for hypertension.
BEHAVIOURAL ACTIVATION SELF-HELP TO IMPROVE MOOD AND QUALITY OF LIFE IN PEOPLE WITH DEMENTIA SUPPORTED BY INFORMAL CARERS: THE PROMOTE STUDY

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ABSTRACT

Introduction
Around 50% of people with dementia experience depression resulting in poor quality of life. Currently access to evidence-based psychological support is limited due to costs of delivery and lack of trained professionals. A potential solution may lie with developing services based upon written cognitive behavioural therapy self-help, informed by a behavioural activation approach.

Methods
The MRC Complex Interventions Framework was adopted to inform intervention development. Phase I comprised 10 semi-structured interviews with people with dementia alongside two focus groups with informal carers to ensure acceptability of intervention content. Furthermore, focus groups were used to explore the carer role in supporting the intervention. A (Phase II) single arm feasibility study aims to recruit fifty people with dementia and carers. Feasibility objectives such as effectiveness of recruitment methods, attrition; data collection and intervention acceptability will be examined.

Results
People with dementia and carers reported high acceptability for the proposed intervention. However carer involvement in supporting the intervention at home and provision of regular guidance by mental health practitioners was seen as essential. Significant importance was placed on using positively orientated language, with the intervention written to promote ‘wellbeing’ and ‘living well’ rather than adopting a clinical orientation, with low acceptability for referring to the intervention as ‘psychological’ and to overcome ‘depression’ or ‘low mood’. A preference was also found to avoid the term ‘dementia’, with ‘memory difficulties’ being an acceptable alternative. Results informed development of the intervention and delivery protocol being investigated in the Phase II feasibility study.

Conclusion
Significant need exists to involve people with dementia and carers in the development of psychological interventions to maximise acceptability. Furthermore, involving carers in supporting the intervention and providing carers with professional guidance appears fundamental.
INTERNET-BASED GUIDED SELF-HELP FOR PARENTS OF CHILDREN DIAGNOSED WITH CANCER: LONG-TERM FOLLOW-UP OF A RANDOMIZED CONTROLLED TRIAL

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ABSTRACT

Background
A considerable proportion of parents of children on cancer treatment experience distress such as symptoms of posttraumatic stress (PTSS), depression and anxiety. The purpose was to investigate the long-term efficacy of Internet-based guided self-help for these parents.

Methods
58 parents of children on cancer treatment (median months since diagnosis = 3) were randomized to receive 10 weeks of guided self-help via the Internet or to wait-list (intervention n = 31, wait-list n = 27). The intervention utilized principles from cognitive behavior therapy and included psychoeducation, relaxation training, coping with thoughts and feelings, problem solving, and emotional writing. Weekly support via e-mail was provided. Outcomes included PTSS (PCL-C), depression (BDI-II) and anxiety (BAI) and were assessed at pre and post intervention and at one-year follow-up.

Results
18 participants completed the intervention. 16 participants in the intervention condition and 16 participants in the wait-list condition participated in the one-year follow-up.

Intention-to-treat analyses indicated significant time*group interactions for all three outcomes with reductions favoring the intervention group: PCL-C; F = 10.9, p < .001, BDI-II; F = 12.0, p < .001, BAI; F = 14.6, p < .001. At the one-year follow-up there were large between-group effect sizes for all three outcomes (Cohens d 0.8 to 1.1).

Conclusions
The high drop-out rate warrants caution in interpretation of the findings. However, Internet-based guided self-help may be an accessible alternative for some parents of children on cancer treatment and findings indicate that short-term efficacy can be maintained in the long term.
ABSTRACT

Problem
Globally, mental health problems contribute massively to the burden of ill-health. Patients face long waiting lists and difficulty in accessing appropriate services. Some patients do not wish to attend health service support and prefer to avoid mainstream mental health services. This trial tested the effectiveness and cost-effectiveness of low-intensity Cognitive Behavioural Therapy (CBT), delivered as self-help group classes in community settings, for people with symptoms of anxiety and depression, to investigate an alternative to usual services.

The approach
Individuals with symptoms of depression self-referred via community adverts (including free newspapers) to Living Life To The Full (LLTTF) classes. The 8-week course involved weekly 90 minute classes. Class leaders (provided by the charity Action on Depression) guided participants through written self-help booklets aimed at teaching key life-skills. Participants were randomly allocated to an Immediate Access group or a Delayed Access Control group who received the classes after 6-months. Measures of depression (PHQ-9), anxiety (GAD-7) and social function (WSAS) were collected at baseline and 6-months. Individuals aged 16 and over with at least mild depression were recruited.

Findings
142 patients were recruited (16 above target). 68.1% had experienced depression for over five years. 49.3% were taking an antidepressant at baseline with no difference in antidepressant usage between the groups. 71.8% (102/142) provided data at six months.

Significant reductions in depression (mean 3.6 points improvement on PHQ-9), anxiety (mean 2.8 points improvement on the GAD-7) and social function (mean 5.3 points improvement on the WSAS) were observed in the Immediate Access arm compared with the Delayed Access Group.

Mean participant satisfaction with the LLTTF classes (IA group) was 24.3±5.1 (n = 47) measured by the CSQ-8. Classes were rated as useful, quite useful or extremely useful by 81.8% (n = 36 of 44) of participants who returned class feedback forms.

The classes were cost-effective with a reduction in the LLTTF class arm costs from £907 to £780 (£-127), and from £802 to £740 (£-62) in the control group, in the 6 months before and after joining the study. Overall the delivery of the classes (rooms, staff, resources) was cost-neutral as delivery costs were fully offset by the savings in health care usage in the intervention arm – with significant savings in terms of admission to hospital.

Consequences
This study is the first to evaluate CBT self-help resources delivered with low-intensity support via short, weekly, small group classes delivered in partnership with the voluntary sector in a community setting. The classes were effective, cost effective and acceptable in the management of depression, anxiety and impaired social function. Community-based recruitment can successfully reach individuals in need of support including those not currently receiving GP support. The LLTTF classes provide an alternative treatment option for use in primary care and community settings.
ABSTRACT
In Scotland health is a devolved issue led by the Scottish Government Health Department. This means that there are different policies for the delivery of mental health care North and South of the border. One key difference is that the focus on the development of new teams with a new workforce in England and Wales (IAPT- Increasing Access to Psychological Treatments) has not been adopted in Scotland. Instead, health care delivery in Scotland is informed by the Matrix – a grid summarising evidence-based interventions to inform service development and delivery. Each local area can decide its own policy and programmes of health delivery informed by the Matrix. One of the recommended approaches for low intensity working is the Structured Psychosocial InteRventions In Teams (SPIRIT – Structured Psychosocial Interventions In Teams) approach, used in Glasgow and some other health Boards and based on the use of low intensity bibliotherapy.

NHS Greater Glasgow and Clyde is Scotland’s largest mental health Trust. It funds the SPIRIT team - including four seconded part-time trainers and a part-time administrator working to build capacity in the workforce to deliver low intensity CBT-based interventions for anxiety and depression.

SPIRIT has been established for over 13 years with all adult and older adult teams having received training, which systematically works through the content of the Overcoming depression and low mood book (Williams 2013) as well as how to use the free linked online site at www.llttf.com.

Training is delivered as 8 x 3.5 hours interactive workshop sessions plus three x1.5 hour-long sessions of Practice and Review. Each session uses a range of training styles including taught theory, case discussion, and group work. An accompanying skills log encourages self-reflection/self-practice. Linked workbooks and worksheets are freely available throughout the Health Board with access to print worksheets and workbooks copies via the Staff website.

A novel component is that teams as well as individuals are invited to attend training.

Over 1000 members of staff have completed training to date, with 469 staff trained in the last 2 years. Course completion rate is 87%, 60% of attendees are nurses, 10% Occupational therapists and 30% a mix of other disciplines. Training Acceptability Rating Scale (TARS Milne & Noone, 1996) rated highly for Content of training (rated &gt;91%) and Teaching process (rated &gt;80 %).

SPIRIT provides an alternative dissemination model for low intensity work using an existing workforce. By using the structure of printed books it enhances the likelihood of treatment fidelity addressing a concern in LI working. Participants value the training which enhances their knowledge and skills as well as providing a common language and intervention for all staff in local CMHTs.

Detailed feedback will be presented concerning the training, and learning points about implementing low intensity interventions into an existing workforce discussed.

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OPEN PAPERS
MAKE UP YOUR MIND ABOUT FOOD: A HEALTHY MINDSET ATTENUATES ATTENTION FOR UNHEALTHY FOOD IN RESTRAINED EATERS

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ABSTRACT
Attention bias for food could be a cognitive pathway to overeating in obesity and restrained eating. Yet, empirical evidence for individual differences (e.g., restrained eating and BMI) in attention bias for food is mixed. We tested experimentally if a temporarily induced mindset, in addition to individual differences in restrained eating, would influence attention bias for food. After manipulating mindset (health vs. palatability) experimentally, attention bias for food was measured by eye-movements (EM) and response latencies (RL) during a visual probe task with high-calorie food and non-food pictures. Restrained eating was assessed afterwards.

An interaction of mindset and restrained eating on RL bias emerged: A health vs. palatability mindset attenuated attention bias for food only in participants with higher restraint. Within each mindset condition, no differences in attention bias for food were observed for participants with higher versus lower restraint. No effects were observed on EM bias scores.

A “health” versus “palatability” mindset biases food-related attention specifically in restrained eaters. Our findings may explain previous inconsistent evidence for individual differences in food-related attention bias as the influence of mindset has been overlooked in previous research.
BODY-RELATED ATTENTIONAL BIAS IN EATING DISORDERS: RESULTS FROM AN EYE-TRACKING STUDY ON ADOLESCENTS WITH ANOREXIA NERVOSA, RESTRICTIVE SUBTYPE, ANOREXIA NERVOSA, BINGE EATING/PURGING SUBTYPE, AND BULIMIA NERVOSA

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ABSTRACT
Body image disturbance, a core symptom of eating disorders, is associated with a body-related attentional bias. Previous research suggests that females with eating disorder pathology show a deficit-oriented pattern of attention allocation when exposed to their own body. Even though eating disorders hold an incidence peak in adolescence, no study so far analyzed selective visual attention towards one’s own body in girls with eating disorders. In the current eye-tracking experiment, body-related attention allocation was examined in adolescents with Anorexia Nervosa, restrictive subtype (AN-R), Anorexia Nervosa, binge eating/purging subtype (AN-BP), and Bulimia Nervosa (BN), compared to clinical and non-clinical controls. N = 141 adolescents (n = 30 with AN-R, n = 26 with AN-BP, n = 22 with BN, n = 20 clinical controls with anxiety disorders and n = 43 healthy controls) were presented with images of one’s own and a peer’s body, while their spontaneous eye movements were recorded. Subsequently, their state body satisfaction was assessed. After a second photo presentation, attractiveness ratings were taken for areas of both bodies from each participant. Based on these individual ratings, a bias score was conducted, representing the gaze pattern of body-related attention allocation.

A three-way mixed model ANOVA (Group × Body × Attractiveness) revealed an attentive preference for unattractively evaluated body areas with significantly longer fixation times on unattractive areas of one’s own compared to the peer’s body in all five subgroups. However, girls with AN-R looked significantly longer on body areas subjectively evaluated as ugly and significantly shorter on body areas evaluated as beautiful than the clinical and healthy controls. Furthermore, significant correlations between state body satisfaction and the visual attention bias score were found within the eating disorder subsample and the control subsample.

Female adolescents with and without eating disorders show a deficit-oriented pattern of attention allocation towards one’s own and a peer’s body. However, a more pronounced bias compared to the control groups was found in AN-R, but not in AN-BP and BN, which might reflect a specific motivational strategy in AN-R. Body-related attention allocation is related to state body satisfaction, suggesting its relevance for the manifestation of body image disturbance. For the first time, biased body-related attention processes were found in adolescents with eating disorders. These findings indicate the implementation of attentional bias modification trainings in the treatment of body image disturbance in eating disorders.
EMOTION REGULATION IN PATIENTS WITH BINGE EATING DISORDER

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ABSTRACT

Impaired emotion regulation is discussed as one factor contributing to the development and maintenance of the binge eating disorder (BED). Binge eating is discussed to occur in response to emotions and to act as a dysfunctional emotion regulation strategy. Still, there is a lack of studies investigating the basic mechanisms of emotion regulation in individuals with BED.

Methodological approaches are twofold: First, we conducted a systematic review of experimental studies to integrate evidence regarding the emotion regulation model. Out of 2087 potential studies we found 18 relevant studies and discussed their results regarding the aspect of the triggering effect of emotions and the relieving effect of binge eating. Second, we investigated the effect of negative emotions on inhibitory control, approach behavior, conflict processing and performance monitoring in overweight individuals with BED (BED+), compared to overweight individuals without BED (BED-) and normal-weight controls (NWC). N= 83 participants were confronted with two experimental tasks in a negative and a neutral mood condition: an anti-saccade task and a free exploration paradigm. In both task high-caloric food stimuli and non-food control stimuli were used. We measured inhibition and approach behavior with eye tracking and conflict processing (event-related potential N2) and performance monitoring (event-related potential error-related negativity) with electroencephalography. All participants filled in several emotion regulation questionnaires.

The systematic review provided evidence that negative emotions seem to trigger binge eating in individuals with BED. Evidence for the relieving effect of binge eating is rather weak. Regarding the experimental data, BED+ reported higher impairment of emotion regulation. They showed general inhibitory control deficits and heightened approach behavior towards food stimuli irrespective of the mood condition. Conflict processing differed significantly from BED- as, overweight individuals without BED showed longer conflict processing latencies without any effect of mood condition. Performance monitoring was impaired under negative mood in all participants.

Integrating the results of our systematic review in the current literature, they strengthen the assumption of emotions as triggers of binge eating. Recent studies suggest that positive emotion as well can trigger binge eating. The experimental data shows, that the effect of mood on processes assumed to relate to binge eating is not straight forward. Nevertheless, there seems to be a general influence of mood on the performance monitoring process.

To sum it up, experimental evidence for the effect of emotions on processes related to binge eating is still preliminary. Nevertheless, from clinical experience emotions seem to be relevant for eliciting binge eating. Further investigation of the mechanisms between emotions, emotion regulation and binge eating could be used for the development or specialization of psychotherapeutic intervention for patients with BED. The combination of internal and external valid methods might helpful.
CHARACTERISTICS AND CONTENT OF INTRUSIVE IMAGES IN PATIENTS WITH EATING DISORDERS

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ABSTRACT
Intrusive or spontaneous mental imagery are a prominent feature in bulimia nervosa patients (Somerville, Cooper & Hackmann, 2007), however little is known about images in other types of eating disorders. Intrusive mental images play a key role in maintaining psychopathology (Holmes & Hackmann, 2004). Further, addressing images in therapy enables a rapid identification of the network of underlying assumptions and core beliefs (Hackmann, 1988). Given their significance, examination of spontaneous mental imageries across all eating disorders warrants further investigation. This study explored the occurrence and content of spontaneous mental images in patients with eating disorders.

Data were collected from 61 patients with different subtypes of eating disorders: anorexia nervosa restrictive subtype (n = 20), anorexia nervosa binge purging subtype (n = 13), bulimia nervosa (n = 15) and other specified feeding and eating disorders (n = 5). Participants completed a set of self-report questionnaires, covering eating disorders, depression and anxiety, self-esteem, life events, post-traumatic stress disorder and spontaneous mental images.

The majority of participants (92.1 %, N = 58) experienced intrusive images that typically contained visual, motion, and internal sensation modalities. Images tended to be vivid and distressing. Content analysis of the images showed that typical themes included appearance focused images (body checking, distorted body image, or body comparison), and evaluative images based on their body/weight. Both types of anorexia nervosa patients were more likely to imagine from the observer perspective compared to bulimia nervosa patients. Specific eating disorder subscales scores were associated with different images content, and the level of negative emotional tone, distress and vividness associated with mental images, suggesting a link between characteristics of spontaneous images and eating disorder severity.

In overall, images in eating disorder patients reflect the attentional biases (negative self-focus), and its potential association with self-worth (Stopa, 2009). Patients may fail to update their images by avoiding situations with potential contradictory information, thus contributing in maintaining of the eating problem (Holmes, Arntz & Smucker, 2007). The findings suggest that imagery may be a significant feature across all eating disorders, but can have specific features for the different subtypes.
ABSTRACT

Weight and shape concerns represent a major risk factor for the emergence of eating disorders. These concerns are mirrored in distortions of a specific body perception process, namely self-other discrimination. In a first study, we examined the neuronal basis underlying the processing of human bodies by means of steady-state-visual-potentials (SSVEPs). We demonstrated the feasibility of this method in unraveling a distributed network of temporal, occipital and parietal areas underlying the processing of human bodies. In a follow-up study, we applied this method to the investigation of the self-other discrimination in a subclinical population with high weight and shape concerns.

14 females with high weight and shape concerns took part in the present investigation and were compared with 14 females with low weight and shape concerns. The group characterization relied on the results of the two subscales (weight and shape concerns) of the Eating Disorder Examination Questionnaire (EDE-Q).

In electroencephalography, SSVEPs are a continuous oscillatory brain response, which is elicited by a visual stimulus presented repetitively at a predefined flickering rate. It is characterized by an excellent signal-to-noise ratio, which is a major advantage for source reconstruction. First, we analyzed SSVEP amplitudes at the scalp level. In a second step, we complemented this result by a source reconstruction analysis to localize the SSVEP generators.

We contrasted three types of stimuli: (1) picture of the own body (2) picture of a control body (3) picture of non-body stimuli. Subjects were instructed to detect a magenta-colored dot, which was briefly superimposed on the various background pictures. This task is well-established in the field of object representation research.

Analyses of highest SSVEP amplitudes at posterior sites showed, in the group with high weight and shape concerns, enhanced amplitudes for the control body picture (2) compared to the own body (1). On contrary, the group with low weight and shape concerns was characterized by amplitude differences between the two body stimuli (1 and 2) and the non-body stimuli (3). We also found a further group difference in the source reconstruction results, which showed a right lateralized generator in the high weight and shape concerns group, in contrast to a bilateral distribution of the reconstructed sources in the low weight and shape concerns group.

The reported differences at scalp level and in source reconstruction between females with high and low weight and shape concerns could corroborate previously reported results in eating disorder patients. These results showed left lateralized reduction in grey matter and connectivity in this clinical population.

Our study is the first to demonstrate alteration in early body perception processes in a high-risk group for the development of body image and eating disorders.
ABSTRACT
Cognitive behavior therapy (CBT) is reliably effective in eliminating binge eating and in reducing associated psychopathology in binge eating disorder (BED). However, high dropout rates seem to be common, ranging from 17-34%. Knowledge about possible predictors of dropout may help to keep dropout rates as low as possible. So far, research into the prediction of dropout of BED treatment has been scarce: Thompson-Brenner and colleagues (2013) combined the data of 11 studies on the treatment of BED, and found that older age and being of African-American ethnicity were predictive of more dropout. They found no evidence for the following predictors for dropout: number of objective binges; BMI; education; treatment duration. No study, to our knowledge, has primarily focussed on the prediction of dropout from face-to-face treatment for BED using pretreatment characteristics.

Participants were 376 patients in an intensive outpatient CBT-program for BED, 82 of whom (21.8%) dropped out of treatment. An exploratory logistic regression was performed using demographic, general psychopathology and eating disorder variables to identify predictors of dropout.

Social embedding, agreeableness and social adjustment appeared to be significant predictors of dropout, although the total explained variance was low. Low social embedding, low agreeableness and low social adjustment each predicted higher risk for dropout.

Knowing that patients with less social embedding, less social adjustment or less agreeableness are at risk for dropout, we look into options on how to prevent dropout for these patients. We discuss the results of our large study in light of broader research findings.

ABSTRACT
Patients with anorexia nervosa often report that being underweight leads to a dampening of emotions, and that not-eating serves as a way of coping with painful emotions. This is in line with clinicians’ views (Kyriacou, Easter & Tchanturia, 2009). However, quantitative studies into the intensity of emotions while at extreme low weight are scarce and contradictory. And, no studies have yet been conducted that focus on the intensity of emotions during the weight recovery process.

We are currently conducting an extensive pilot study in which we test the following hypotheses:
1: Emotions are less intense while at starvation-caused low body weight.
2: Emotions intensify during the process of weight restoration.
3: This process of intensified emotions is more distinct for patients with a traumatic history.

Participants (n = 60, ongoing) have anorexia nervosa and are admitted to our inpatient ward. At the start of treatment BMI is being determined. Besides that, patients fill out questionnaires measuring difficulties in emotion regulation, intensity of emotions and, if applicable, level of post-traumatic stress. Thereafter, BMI, intensity of emotions and (if applicable) level of post-traumatic stress are measured every second week during a period of 10 weeks.

Little support can yet been found for the assumption that low weight dampens emotions, or that weight restoration intensifies emotional experience.

Our findings are contradictory to patient reports and clinical impressions. Possible implications for treatment will be discussed.

IMPROVING INHIBITORY CONTROL ABILITIES - A PROMISING APPROACH TO TREAT OVERWEIGHT AND BINGE EATING?

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ABSTRACT
Previous studies emphasized impulsivity as perpetuating factor of disinhibited eating patterns, suggesting interventions to enhance interference, prepotent and interruptive inhibition in the treatment of obesity and binge eating disorder (BED).

Based on these findings, N = 69 overweight and obese patients were randomly allocated to ImpulsE (n = 41), a novel cognitive-behavioral therapy (CBT) approach, concerning the improvement of inhibitory control abilities and its interrelation with emotion regulation, or a CBT-based treatment as usual (TAU) (n = 28). Participating in a ten-session group therapy, patients were investigated using measurements of impulsivity (UPPS, Stop Signal task), eating disorder pathology (EDE-Q) and BMI from baseline (T0) to follow-up (T4, three months after group).

Good adherence and positive feedback suggest that ImpulsE is a helpful and suitable Treatment for this specific patient group. Intention-to-treat analyses revealed that ImpulsE improved food-specific inhibition performance significantly (p < .05, d = .60); however, groups did not differ with respect to the improvement of binge eating and EDE-Q global score over time. Completer analyses showed that ImpulsE led to a significant higher weight loss, compared to TAU (p < .05, d = .51). The current results propose ImpulsE as a worthwhile add-on module to standard treatment, illustrating the additional benefit on course of weight.
ABSTRACT
Body dissatisfaction is defined as the difference between the perceived and the desired body (Cash, 2002). Although the literature highlights higher body dissatisfaction in women than in men (Dany & Morin, 2010), it seems that men are becoming increasingly dissatisfied with their bodies (Valls, Chabrol, & Rousseau, 2013). Given its core role in eating disorders, it is crucial to identify processes involved in body dissatisfaction. A promising line of research has suggested that rumination —repetitive, prolonged, and recurrent thinking about one's concerns and one’s experience (Watkins, 2008) — could be a risk and maintaining factor of body dissatisfaction (Etu & Gray, 2010). However, the previous research did not explore the differential effect of the two types of rumination—analytic-abstract vs. concrete-experiential—distinguished by Watkins (2008) on body dissatisfaction.

Therefore, the first aim of this study was to examine whether the induction of distinct types rumination affects the change in body dissatisfaction following a task intended to induce negative body image. The second objective was to examine whether the different types of rumination affect men and women similarly.

Eighty-one participants (50 women) completed several measures assessing brooding rumination, eating disorders symptomatology, and perfectionism, as well baseline negative affects, body dissatisfaction and state rumination. After an induction of negative body image, participants were randomly assigned to one of the three experimental conditions—distraction, concrete rumination or abstract rumination. Then, they completed again the measures.

As expected, the results showed a marginally significant main effect of the condition on the change in body dissatisfaction following the induction: Analytic-abstract rumination and concrete-experiential rumination were significant followed by a greater increase in body dissatisfaction compared to the distraction condition. Interestingly, this effect was qualified by a marginally significant interaction between gender and condition. In women, the induction of analytic-abstract rumination was followed by a greater increase in body dissatisfaction compared to the distraction condition, whereas in men, the induction of concrete-experiential rumination was followed by a greater increase in body dissatisfaction compared to the distraction condition. This effect remains significant when brooding rumination and perfectionistic concerns were added as covariates. A similar pattern of results was observed for the change in state rumination following the induction. In women, the increase in state rumination was greater in the analytic-abstract condition compared to concrete-experiential condition, whereas, in men, this increase was greater in the concrete-experiential condition compared to the analytic-abstract condition. By contrast, no significant effect was observed for change in negative affects.

To conclude, the present study was the first to experimentally demonstrate a specific and differential effect of analytic—abstract vs concrete-experiential rumination on body dissatisfaction. Moreover, this study also highlighted that the two type of rumination impact men and women’s body dissatisfaction differentially. Taken together, these results suggest that the processes involved in rumination and body dissatisfaction would not be the same for women and men. Therefore, gender-specific interventions should be considered to target the rumination involved in body dissatisfaction.
FOOD-RELATED IMPULSIVITY IN OBESE INDIVIDUALS WITH AND WITHOUT BINGE EATING DISORDER AND NORMAL-WEIGHT CONTROLS

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ABSTRACT
Impulsivity towards food is suggested to be a potential factor contributing to the development and maintenance of obesity and binge eating disorder. Individuals with binge eating disorder may form a specific subgroup of obese people characterized by increased levels of impulsivity (Schag et al., 2013). However, this assumption still needs to be verified as there are only a few studies that have examined food-related impulsivity in obese individuals with and without binge eating disorder.

In the present study we assessed impulsivity in obese individuals with binge eating disorder (OB+BED; n = 48), obese individuals without binge eating disorder (OB-BED; n = 48) and normal-weight controls (NWC; n = 48). The Barrat Impulsiveness Scale was used as self-report measure to assess different facets of impulsivity. A food-associated Go/No-go task with pictures of high- and low-caloric food was used as behavioral measure to assess response inhibition. As hunger may have an impact on response inhibition (Loeber et al., 2013), hunger was manipulated using a procedure by Nasser et al. (2008): Participants were instructed to diet before testing and received either a liquid meal or flavored water during testing. Hunger ratings were assessed several times during testing.

Results indicate that hunger manipulation was successful: Individuals who had received the liquid meal reported lower hunger ratings than individuals who had received flavored water. Concerning self-report data, OB+BED reported higher ratings for non-planning and attentional impulsivity than NWC but did not differ from OB-BED. Concerning the Go/No-go task we analyzed reaction time, commission errors and omission errors as outcome variables. There were no group differences in reaction time or commission errors neither in response to high-caloric or low-caloric stimuli. OB+BED made more omission errors than NWC but did not differ from OB-BED. Hunger ratings did not show any effect on reaction time, commission or omission errors in the Go/No-go task.

Results indicate higher levels of impulsivity in OB+BED than in NWC as assessed with the Barrat Impulsiveness Scale. There was no evidence for impaired response inhibition to food stimuli in OB+BED or OB-BED as assessed with the Go/No-go task. This finding is surprising but does not necessarily contradict existing findings reporting greater deficits in response inhibition in OB+BED and OB-BED as behavioral measures such as the Go/No-Go task may assess different functions of response inhibition. In conclusion, obese individuals with and without binge eating disorder consider themselves as more impulsive than normal-weight controls, which may have important implications for their actions. Ambulatory assessment may be very useful to assess impulsivity in daily life situations. Laboratory-based behavioral measures may capture different processes of response inhibition; therefore more studies examining response inhibition in obesity and binge eating disorder are needed.
ABSTRACT

Correlational research has shown that individuals who tend to place the memory of a traumatic event more central in their life-story experience more post-traumatic stress symptoms (specifically intrusions and avoidance), rumination, and worry. In our experiment, the causal link between the centrality of a stressful negative autobiographical memory and subsequent symptoms of stress will be examined. More specific, the effect of a centrality Cognitive Bias Modification (CBM) training on event centrality, symptoms of stress (specifically intrusions and avoidance), and symptoms of depression, mediated by worry and rumination, will be tested. Participants were asked to bring to mind their most central stressful negative life event as determined by the Centrality of Events Scale (Berntsen & Rubin, 2006). The centrality of this event was manipulated by a centrality CBM training. Participants were randomly assigned to an experimental centrality CBM condition that aimed to decrease centrality, or a neutral control CBM condition that was similar in presentation but was designed not to manipulate event centrality.

Preliminary results showed that the event centrality CMB training was able to decrease event centrality and symptoms of PTSD in participants who reported highly central memories of negative life events.

This study shows whether the centrality CBM training is effective in decreasing post-traumatic stress symptoms in healthy participants, which has the potential to inform future application of a centrality intervention in clinical practice.
ROLE OF PHYSICAL EXERCISE IN THE DEVELOPMENT OF EMOTIONAL MEMORIES

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ABSTRACT

Brief physical exercise enhances memories for neutral events, and recently has been shown to modulate fear learning in animals (Siette, Reichelt & Westbrook, 2014). It is hypothesised that exercise acts as a physical stressor, and induces the release of brain-derived neurotrophic factor (BDNF), which together could be pivotal to this memory-enhancing effect. This study investigated whether a pre-existing BDNF val66met polymorphism (which results in lower activity-dependent secretion) influenced exercise induced emotional memory development in a healthy population.

64 university students (18-33 year olds) were randomly assigned to engage in either 10 minutes of step-up exercise holding weights (n = 33) or easy walking (control condition; n = 31), and then viewed 18 positive and negative IAPS images. Saliva samples were collected to index salivary cortisol at baseline and 20min post activity, and to extract genomic DNA to determine BDNF val66met genotype. Participants completed memory questionnaires two days later.

Participants in the exercise relative to the walking condition, experienced a significant increase in cortisol 20min post activity, and recalled more emotional images overall, with no differences between positive and negative items. Cortisol response or BDNF Val66Met genotype alone did not exert any effect, but an interaction between the BDNF val/val allele (compared to the Met-66 allele) & cortisol response was associated with better emotional memory in the exercise condition. These findings are consistent with recent evidence of acute exercise induced emotional learning in animals, and point to possible ways by which emotional memories may be strengthened.
RESPONSES TO INTRUSIVE MEMORIES IN PTSD: PRELIMINARY FINDINGS FROM AN EXPERIENCE-BASED SAMPLING STUDY

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ABSTRACT
Cognitive-behavioural models of posttraumatic stress disorder (PTSD) suggest that the way in which people with PTSD respond to intrusive trauma memories may serve to maintain symptoms of the disorder. For instance, thought suppression, distraction and certain types of rumination are considered to be unhelpful ways of responding to intrusions, whereas re-appraisal of intrusive memories is considered to be a more helpful way of responding. Understanding which response strategies are used by people with PTSD and how these might change during the course of treatment is important for optimising treatment outcomes.

Individuals with PTSD attending a 4-week CBT-based residential treatment program were invited to participate. Ratings of the occurrence of intrusive trauma memories and responses to intrusive memories were collected twice a day from participants throughout the program by means of a mobile phone app.

Participants (21.4% female) responded to a mean of 33.8 (SD = 13.6) assessment points during the program and indicated that they had experienced an intrusive trauma memory in the preceding hour on 71.5% of those occasions. When intrusive memories occurred, participants endorsed responding in more than one way on 25.4% of occasions. Controlling for between-participant variation in the number of assessments completed, the following response strategies were reported: distraction (31.8% of occasions when a memory occurred), rumination (seeking “meaning” from the memory; 18.6% of occasions), re-appraising the event as not currently occurring (14.3% of occasions), speaking to another person about the memory (16.4% of occasions) and ignoring the memory (12.4% of occasions). There were high levels of within-person variability in the use of particular response strategies. Generalised estimating equation analyses predicting the rate of use of each response strategy over time suggested that the use of distraction decreased (p = 0.01) and the use of all other strategies increased to a small but significant extent (p < 0.05) throughout the course of treatment.

To the best of our knowledge, this is the first study to investigate the responses to intrusive trauma memories during treatment using an experience-based sampling approach. Most participants used a variety of different strategies in response to different instances of intrusive trauma memories, but typically only one response at any given time. A limitation of our study is that we were unable to tie responses to memories to specific intrusive memories and we are unable to quantify the extent that the treatment program addressed the benefits and disadvantages of each strategy. Conclusion: Consistent with CBT models of PTSD, a sizeable minority of participants endorsed responding in what could be considered unhelpful ways to intrusive memories: distraction, rumination, and ignoring the memory. Although changes in the use of various response strategies was noted, the relative persistent use of unhelpful strategies throughout the course of the treatment program will be discussed as a potential avenue for enhancing therapeutic interventions for PTSD.
ABSTRACT

Over consolidated emotional memories form the basis for many emotional disorders. Increasing evidence suggests that when a memory is reactivated through retrieval, it becomes temporarily vulnerable to environmental or pharmacological manipulation, which can consequently update, eliminate or strengthen the memory. Physical exercise is one variable that has recently been evidenced to modulate the maintenance of fear memories in animals. This study investigated whether acute exercise can modulate the maintenance of emotional memories following memory reactivation.

Fifty-four undergraduate students watched a trauma film depicting the aftermath of a highway car crash (Time1). Two days later (Time 2) one group engaged in 20 minutes of incremental cycling following a memory reactivation induction (Reactivation/Exercise), whilst the second group engaged in 20 minutes of mild cycling (Reactivation/No Exercise) following memory reactivation. A third group engaged in 20 minutes of incremental cycling but was not asked to reactivate their memory for the trauma film (No Reactivation/Exercise). Saliva samples were collected to index salivary cortisol at baseline and 20min post activity. Participants completed memory questionnaires relating to declarative and intrusive memory recall 2 days later.

Results indicated that those in the reactivation/exercise group remembered more central details of the trauma film relative to the other two groups. Increased cortisol predicted better total memory recall in the reactivation/exercise group, but not in the other conditions. The reactivation/exercise group however did not experience more intrusive memories compared to the other 2 groups.

These findings suggest that exercise enhances memory only when the memory trace is reactivated shortly before, and is consistent with recent evidence of exercise induced fear reconsolidation in animals. Findings also point to possible mechanisms by which exercise may augment the maintenance of emotional memories.
WHAT LEADS TO THE GENERAL SELF-EFFICACY GROWTH AMONG MOTOR VEHICLE ACCIDENT SURVIVORS? A CROSS-SECTIONAL STUDY ON PTSD, GENERAL SELF-EFFICACY AND NEGATIVE SELF-COGNITIONS

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ABSTRACT
According to Albert Bandura, people’s beliefs about their self-efficacy (the influence on their own life and functioning) are perceived as crucial among different mechanisms influencing people’s activity. Traumatic experiences cause important changes in activity, emotions and cognitive processes, extremely leading to the development of posttraumatic stress disorder (PTSD) and influencing negatively one’s perception of being able to deal with trauma consequences as well as PTSD symptoms. Different research report not only lower general self-efficacy, but also stronger negative self-conceptions and beliefs about the world as well as self-blaming (posttraumatic cognitions) among trauma victims. As any kind of therapy of trauma (psycho- and pharmacotherapy) leads to the reduction of symptoms, they may also change the perception of one’s possibilities to fight trauma consequences, increasing their general self-efficacy. The aim of this research was to determine whether PTSD therapy leads to the increase of self-efficacy level among motor vehicle survivors, taking into consideration the mediators of the relation between PTSD and general self-efficacy.

The study was done on 87 people (69 women and 18 men) who were randomly assigned to three different types of therapy that last for 12 weeks: trauma-focused prolonged exposure psychotherapy, pharmacotherapy with SSRI medicines and combined therapy. The level of PTSD symptoms, posttraumatic cognitions and self-efficacy were measured with self-reported tools: PTSD-C – original Polish measure of PTSD symptoms according to DSM-IV, developed by Zawadzki, Bieniek, Strelau, Oniszczenko & Sobolewski (2002), GSES – General Self-Efficacy Scale developed by Jeruzalem & Schwarzer (1985) and PTCI – Posttraumatic Cognitions Inventory developed by Foa, Ehlers, Clark, Tolin & Orsillo (1999).

The measurement took place twice: before the therapy and in the follow-up that took place one year after the therapy. The results of regression analysis led to the conclusion that the relations between PTSD and general self efficacy is mediated only by negative cognitions about self (with negative cognitions about world and self-blame being insignificant predictors of self-efficacy level after the therapy). Then the path analysis results suggest that in a longer time after the trauma and therapy PTSD symptoms influence self-efficacy level, which, however, was independent of the type of therapy and was observed only among people whose PTSD symptoms were significantly reduced during therapy process.

As in other research from all three types of posttraumatic cognitions only negative cognitions about self occurred to be significant predictors of both PTSD symptoms and general self-efficacy level. Conducted analyses suggest also that any kind of PTSD symptoms therapy leads to the reduction of negative self-cognitions and to the self-efficacy growth. The self-efficacy increase was independent of the type of the therapy and was caused by the reduction of PTSD symptoms.

Significant reduction of PTSD symptoms after the therapy process (regardless the type of therapy) leads to the reduction of negative posttraumatic cognitions about self and to the increase of general self-efficacy.
EMOTION RECOGNITION AND EXPRESSIVE SUPPRESSION IN TRAUMATIZED INDIVIDUALS WITH AND WITHOUT POSTTRAUMATIC STRESS DISORDER

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ABSTRACT

Previous research has shown that individuals with posttraumatic stress disorder (PTSD) have difficulties recognizing facial emotional expressions. We aimed at replicating these previous findings. Moreover, we assessed if suppression of one’s facial expressions (expressive suppression) and dissociative symptoms (e.g., depersonalization, derealization) affect the hypothesized emotion recognition deficits in PTSD.

Participants with PTSD, non-traumatized healthy controls (HC) and traumatized healthy controls (TC) were watching 300 one-second movies showing emotional facial expressions and indicated which of 10 emotions were presented in each movie. Expressive suppression during this task was assessed by the emotion regulation questionnaire (Gross & John, 2003) and by facial electromyography (EMG). Dissociative symptoms and potentially associated, autonomic changes occurring during the task were assessed by questionnaires (e.g., Dissociation Tension Scale – acute, Stiglmayr et al., 2009) and by changes in heart rate, respiratory sinus arrhythmia, and electrodermal activity.

Unexpectedly, the PTSD group showed no emotion recognition deficits. Yet, for emotions presented with moderate intensity, higher numbers of traumas were linked to better recognition of negative (anger, fear, disgust, contempt) and poorer recognition of positive emotions (happiness, pride). Reaction times to the presented movies were longer in participants reporting high vs. low rates of childhood physical abuse and in participants reporting high vs. low rates of emotional neglect. These effects were unrelated to study group. PTSD patients reported more pronounced expressive suppression than HC and TC. For emotions presented with high intensity, we found that individuals with PTSD showed less pronounced Corrugator and Zygomaticus muscle responses to expressions of anger and joy than TC and HC. Both self-reported and EMG measures of expressive suppression were unrelated to emotion recognition. Self-reported dissociative symptoms were unrelated to autonomic changes and to emotion recognition abilities.

Our results are in line with previous findings that maltreated children both with and without PTSD show enhanced sensitivity to negative emotions compared to not maltreated children. Better recognition of negative emotions may, on the one hand, be adaptive for people who suffered from repeated traumas because it helps them to identify potentially harmful situations. On the other hand, it is unclear why adverse childhood experiences are related to longer reaction times. This finding is in contrast to previous research showing that maltreated children respond more quickly to negative (fearful) facial expressions.

We conclude that processing and recognition of emotional expressions may be related to (childhood) trauma, rather than to diagnoses of PTSD. Furthermore, trauma history may differentially impact recognition of positive versus negative emotions.
THERAPEUTIC ADHERENCE AND COMPETENCE SCALES FOR COGNITIVE PROCESSING THERAPY (CPT) FOR PATIENTS WITH PTSD: DEVELOPMENT AND PSYCHOMETRIC PROPERTIES

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ABSTRACT
The assessment of therapeutic adherence and therapeutic competence is one of the most essential issues in psychotherapy research to accurately interpret the results of treatment outcome but often neglected. We developed two scales to assess disorder- and treatment-specific therapeutic competences (Competence Rating Scale for PTSD, CRS-PTSD; Competence Rating Scale for CPT, CRS-CPT) and a scale to assess therapeutic adherence (Adherence Rating Scale for CPT-C; ARS CPT-C) for Cognitive Processing Therapy for patients with PTSD and borderline personality disorder symptoms and examined their psychometric properties.

Two independent and trained raters assessed 30 randomly selected therapy sessions involving eight CPT patients treated by eight therapists within a multicenter study of a treatment program for PTSD and co-occurring borderline personality disorder symptoms after childhood interpersonal trauma (RELEASE).

Intraclass correlation coefficients showed ICC = .95 for the total ARS-CPT-C, ICC = .94 for the CRS-PTSD and .95 for the CRS-CPT. Cronbach’s alpha was .56 for the ARS-CPT-C, .92 for the CRS-PTSD and .73 for the CRS-CPT. Also, regarding content validity and discriminant validity the scales showed good results.

The newly developed scales yielded good to excellent inter-rater reliability. The therapeutic competence scales showed also high internal consistency, while the internal consistency of the ARS-CPT-C was less satisfactory than expected. Three experts considered all of the newly developed items of the ARS-CPT-C as well as of the CRS-PTSD and the CRS-CPT as relevant and appropriate. The ARS-CPT-C, the CRS-PTSD and the CRS-CPT for patients with PTSD and borderline personality disorder symptoms are reliable, adequate and useful instruments for assessing therapeutic adherence and disorder- and treatment-specific therapeutic competences. The ratings can be helpful to ensure internal validity of treatments and thereby to accurately interpret results of treatment effects, to identify and train therapeutic skills and to detect possible predictors of treatment outcome.
THE ROLE OF AROUSAL IN EMDR: THE EFFECTS OF β-ADRENERGIC BLOCKADE ON THE DEGRADING EFFECTS OF EYE MOVEMENTS ON NEGATIVE, AUTOBIOGRAPHICAL MEMORIES

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ABSTRACT
Eye movement desensitization and reprocessing (EMDR) is an effective treatment for posttraumatic stress disorder (PTSD). During EMDR patients make fast eye movements (EM) while recalling traumatic memories, which renders future trauma recalls less vivid and emotional. These memory degrading effects can be explained by the dual taxation of limited working memory (WM) capacity. Due to simultaneous EM, there are not enough resources left to recall the memories in all completeness. Because retrieval returns memories to a plastic state, it is assumed that, after recall+EM, the degraded memories are reconsolidated into long-term storage. While the WM account of EMDR survived many critical tests, it cannot explain why vivid, autobiographical memories with relatively low emotional intensity, i.e., neutral memories, have been shown to be insensitive to the EM manipulation. The present study was designed to test the role of emotional arousal on the memory degrading effects of EM by blocking noradrenergic activation.

Fifty-six healthy participants selected three negative, autobiographical memories. One was recalled while making EM, one while keeping eyes still, and one was not recalled. Vividness and emotionality of the memories, and heart rate and skin conductance level during memory retrieval, were measured before, directly after, and 24 hours after the intervention. Before the EM task, participants either received a placebo or the noradrenergic β-receptor blocker propranolol (40 mg).

Results showed no effects on memory emotionality, or psychophysiological measures in the propranolol or the placebo group. However, memory vividness significantly decreased from pretest to posttest and from pretest to follow-up (24h later) after recall + EM relative to the control conditions in the placebo group, whereas these effects were not observed in the propranolol group.

Suppressing arousal through the blockade of noradrenergic activation abolished the commonly observed effects of EM on the vividness of emotional memories, indicating that emotional arousal is crucial for EMDR effectiveness. It is likely that noradrenaline release strengthens the reconsolidation of the degraded memory.
INTERNET-BASED INTERVENTIONS FOR POSTTRAUMATIC STRESS: A META-ANALYSIS OF RANDOMIZED CONTROLLED TRIALS

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ABSTRACT
Around 65% of the world population experience at least one potentially traumatic event at some point during the lifespan and the lifetime prevalence rates of posttraumatic stress disorder (PTSD) in the US adult population is estimated to range between 4% for men and 11.7% for women. Although effective treatments for PTSD are available, these are not widely applied in clinical practice and moreover, only a minority of patients seeks psychological treatment. Internet-based interventions (IBIs) could improve the delivery of and access to mental health care for PTSD. However, no meta-analytical evidence is available on IBIs for PTSD to date.

We thoroughly searched the literature to conduct a meta-analysis of randomized controlled trials in order to summarize the current state of efficacy of IBIs for the treatment of PTSD; to identify moderator variables of efficacy (therapeutic support, number of intervention sessions, provision of reminder functions, provision of multimedia components); and to evaluate dropout and completer characteristics. Hedges’ g was used to measure effect size, the random effects model was utilized for the primary effect size calculations, and subgroup analyses were conducted using mixed effects analysis.

20 studies were included (N=973 in treatment groups, N=805 in comparison groups), of these, k=15 tested internet-based cognitive behavioral therapy (CBT) and k=5 tested expressive writing (EW) against active or passive comparison conditions, including subclinical and clinical samples. CBT was associated with large effect sizes for PTSD sum (k=8, g=0.95, p<.001), avoidance (k=7, g=0.83, p<.001) and intrusion (k=7, g=0.82, p<.001), while a medium effect was found for hyperarousal (k=4, g=0.66, p<.001). No significant effect sizes were found when CBT was compared to active control conditions. Also, no significant effect sizes were found for EW. None of the tested moderator variables were found to significantly contribute to the effect sizes. For EW, on average 15.83% of participants in the treatment dropped out, whereas for CBT, on average 23.23% of the participants allocated to treatment dropped out. CBT that provided support and those that did not reported comparable drop outs.

The findings of this meta-analysis provide support for the efficacy of CBT-IBIs in treating PTSD and moreover are in line with recent meta-analyses that demonstrate large effects of telehealth interventions for PTSD and moderate to large effect sizes of IBIs for anxiety and depression. Furthermore, dropout rates in CBT-IBIs were found to be comparable to those reported in face-to-face therapy, indicating a good acceptance of the internet-based programs. However, the number of includable studies in this meta-analysis was small, limiting statistical power and the interpretation of results. Based on the current evidence no overall conclusions concerning the efficacy and acceptance of IBIs can be reached and no definite recommendations for an optimal program design can be drawn. Future research is necessary to systematically investigate the impact of treatment components and test against active controls with optimal power.
BEHAVIOURAL TREATMENT OF TRAUMATIZED REFUGEES: RESULTS FROM AN OUTCOME EVALUATION STUDY

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ABSTRACT
Europe is facing one of its worst refugee crisis since the World War II. Mental healthcare needs of refugees pose a serious challenge for all host countries. Interestingly, progress in the treatment of trauma survivors had little impact on the work with war and torture survivors. Most psychological treatments used with this population are not based on sound theory and lack evidence on their effectiveness. There is a need for brief, effective and cross-culturally applicable treatments that can be cost-effectively disseminated to large numbers of war survivors. This study examined (1) the effectiveness of the Control-Focused Behavioural Treatment (CFBT), (2) the optimum number of treatment sessions required for significant clinical improvement in asylum-seekers and refugees in Turkey.

Sixty war, torture and gang-rape survivors with PTSD from Middle Eastern and African countries were consecutively recruited in an open trial. Non-specific effects of therapist contact and assessment were examined in a subset of 25 cases using a multiple baseline experimental design. Primary outcome measures were Clinician Administered PTSD Scale, SCID Major Depressive Episode Module, Patient's Global Impression-Improvement. CFBT involved self-conducted or therapist-administered in vivo exposure to trauma-related cues with a focus of enhancement of sense of control and distress tolerance.

The mean pre-treatment CAPS score was 85.8 (SD = 16.9), indicating extremely severe PTSD. Therapist contact and assessment had no effect on symptoms. At post-treatment there was 80% reduction in PTSD severity and 91% reduction in number of MDE symptoms. Ninety-three percent of the cases rated themselves as ‘much/very much improved,’ which corresponded to 82% reduction in PTSD symptoms. The CAPS score at post-treatment was under 20 in 70% of the cases (near-complete recovery), between 20 and 39 (mild / sub-threshold PTSD) in 27%, and between 40-59 (moderately severe PTSD) in only 2 (3%) cases. Thus, 97% of the cases were either nearly asymptomatic or had only mild PTSD symptoms at the end of treatment. Effect sizes (Hedges g) on CAPS were 4.84 (95% CI 4.13-5.55) for completers and 2.02 (95% CI 1.64-2.40) intent-to-treat sample. The mean number of sessions required for improvement was 6.4 (SD = 2.4). About half (55%) of the cases improved after 6 sessions, 75% improved after 8 sessions, 88% after 10 sessions, and 93% after 12 sessions.

Despite high levels of illness severity, the refugees responded very well to a treatment that mainly involved instructions for in vivo self-exposure to trauma cues. High levels of improvement occurred despite their adverse life circumstances, showing that additional life stressors do not necessarily block response to a potentially effective treatment. A psychological treatment involving an average of 6 sessions can be considered fairly brief. The present findings raise the prospect of even briefer treatment. CFBT might be helpful in reducing traumatic stress in some cases even when delivered on a solely self-help basis. CFBT has a significant potential for effective and cost-effective mental healthcare of uprooted survivors of war, torture and sexual violence.
ABSTRACT

Publication bias is a systematic bias characterized by the selective publication of studies with positive results and is one of the most severe threats to the validity of meta-analyses. No comprehensive statistical assessment of publication bias has hitherto been carried out in the field of psychotherapy research for posttraumatic stress disorder (PTSD). It is therefore unclear whether the efficacy of psychotherapeutic interventions for PTSD is overestimated due to publication bias, and the aim of this study was to re-analyze all meta-analyses with respect to the degree and impact of bias.

All meta-analyses published up to September 2015, without restrictions to a specific school of psychotherapy, were included. All data sets from these meta-analyses with at least six primary studies and a homogeneous pooled effect size estimate were examined, as heterogeneous and underpowered data sets can distort the statistical tests for publication bias. Begg and Mazumdar’s adjusted rank correlation test, Egger’s regression analysis, the test of excess significance (TES) and p-uniform’s publication bias test were applied to assess the presence of bias. The trim and fill procedure, p-uniform and PET-PEESE, which all re-estimate bias-corrected effect sizes, were applied to assess the magnitude of bias.

The literature search resulted in 98 meta-analyses, and 92 data sets reported in 24 of these meta-analyses fulfilled the statistical inclusion criteria. The rank correlation test, the regression analysis, TES, and p-uniform’s publication bias test indicated bias in 8, 13, 4 and 5 data sets, respectively. Applying trim and fill resulted in 2 significant reductions of effect sizes, albeit both remained large effects. The significant results were dispersed over all therapeutic approaches. Data analysis for PET-PEESE is still in progress. Detailed results will be presented at the conference.

We found evidence for the presence of publication bias. The tendency for selective reporting of positive outcomes affects the different therapeutic approaches quite equally. Detailed results for the changes in magnitude of the effect sizes under scrutiny due publication bias will be discussed. Methodological issues such as the congruence between the different methods will also be discussed, all including PET-PEESE.

To conclude, publication bias is present in meta-analyses of the efficacy of therapeutic approaches to treat PTSD. Besides, the risk of biased effect sizes remains unknown for the 74 meta-analyses that could not be re-analyzed due to statistical reasons. Overall, the solution that might be best suited to prevent publication bias is to implement registers, in which all psychotherapy research studies are collected comprehensively at the time of their inception.

18 PATIENTS WITH PTSD PARTICIPATED IN 8 SESSIONS OF MBSR. MBSR IS A SYSTEMATIC TRAINING OF MINDFULNESS BY FORMAL EXERCISES LIKE THE BODY-SCAN, YOGA, SITTING AND WALKING MEDITATIONS. THESE FORMAL EXERCISES ARE COMBINED WITH MINDFULNESS PRACTICE IN DAILY LIFE, LIKE MINDFUL TOOTH BRUSHING. THE EFFECTS OF THE TRAINING WERE MEASURED PRIOR TO, POST TREATMENT AND FOUR WEEKS AFTER THE INTERVENTION BY SELF-RATINGS (E.G. DTS) AND CLINICAL INTERVIEWS (CAPS). FURTHERMORE, WE DID QUALITATIVE INTERVIEWS REGARDING THE ACCEPTANCE OF THE INTERVENTION, POTENTIAL PROBLEMS WITH THE EXERCISES AND IDEAS FOR FUTURE IMPROVEMENTS.


RESULTS CONFIRM THAT PURE MINDFULNESS INTERVENTIONS SEEM TO BE APPLICABLE AND HELPFUL FOR PTSD PATIENTS. THE HIGH DROP OUT RATES AND THE RESULTS OF THE POST INTERVIEWS HOWEVER DEMONSTRATE THAT THE INTERVENTION SHOULD BE BETTER ADAPTED TO THE SPECIFIC NEEDS OF PTSD PATIENTS. A SPECIFIC MINDFULNESS PROGRAM FOR PTSD PATIENTS SHOULD INCLUDE PSYCHOEDUCATION ABOUT THE AIM OF THE EXERCISES, ALLOW FOR FLEXIBLE ADAPTATION OF THE FORMAL EXERCISE AND ALSO INCLUDE SHORT EXERCISES FOR ACUTE CRISIS.
ABSTRACT
Obsessive compulsive disorder (OCD) is traditionally considered to involve rigidity and inflexibility. However, while several recent meta-analytic reviews have reported on medium effect sizes on neurocognitive measures related to inflexibility, the exact nature and specifics of these deficits remains unclear. Moreover, while most relevant neurocognitive tasks measure different types of performance deficits (e.g. both preservative and non-preservative errors), previous reviews do not control for other performance deficits while focusing on flexibility. This limits the ability to argue that OCD is characterized by deficits related specifically to flexibility.

We intend to present an in-depth meta-analysis aimed at gaining a better understanding of inflexibility in OCD, by carefully examining several task-related moderators. Major data bases and previous reviews were screened for studies including tasks tapping on flexibility (e.g. WSCT, probabilistic reversal learning tasks, etc.), and comparing individuals suffering from OCD to healthy controls. In this talk we intend to address three major questions: a) can general implicit learning deficits account for findings related to inflexibility in OCD; b) how does environmental uncertainty (i.e. probabilistic contingencies) influences inflexibility; c) which theoretical models are capable of accounting for the variability found between different inflexibility measures.

Preliminary results (after coding half of the studies), raise important questions regarding the specificity of impairments in flexibility measures (e.g. WSCT preservative errors), as similar deficits seem to emerge for other measures as well. Moreover, no flexibility deficits were found in tasks that include environmental uncertainty (i.e. probabilistic reversal learning).

These preliminary findings highlight the need to reevaluate inflexibility in OCD. Possible theoretical models accounting for these findings will be suggested. One possibility is that OCD patients have exaggerated responsiveness to sudden changes but only in highly stable environments, rather than a general deficit in inhibiting previously reinforced responses. These findings have the potential to advance the understanding of the neurocognitive deficits involved in OCD. Specifically, the pre-conception of OCD as a disorder characterized by behavioral rigidity and difficulties in changing previously learned behavior should be scrutinized carefully, while focusing on the theoretical meaning of task-related moderators.
FAMILY ACCOMMODATION IN YOUTH WITH TIC DISORDERS

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ABSTRACT
Tic disorders are a neurodevelopmental disorder characterized by chronic motor and/or vocal tics. There is some evidence to suggest that behavioral antecedents and consequences may influence tic expression/suppression, however the nature and extent to which families make accommodations based on the child’s tic symptoms has not been examined. Tic disorders are commonly comorbid with anxiety, depressive and behavioral problems in youth, conditions that have shown a robust association with family accommodation. This study examined the phenomenology of family accommodation in youth with tic disorders, and validated a brief self-report measure of tic-related family accommodation, the Tic Family Accommodation Scale (TFAS). The clinical correlates of family accommodation in youth with tics were assessed. Finally, this study examined the extent to which child anxiety, depressive symptoms, externalizing symptoms and tic severity independently predicted family accommodation.

Seventy-five youth aged 6-18 who were diagnosed with a tic disorder and their parent completed a diagnostic clinical interview, and a number of clinician, parent and self-report measures of tic severity, depressive symptoms, anxiety symptoms, behavioral problems, family accommodation and impairment.

An exploratory factor analysis of the TFAS showed a two-factor structure, with good internal consistency for the Total score, Modification of Child Environment and Modification of Parent Environment subscales (α = .88, .86 and .81 respectively). Family accommodation was not associated with tic severity. Family accommodation was associated with increased anxiety, depressive and externalizing symptoms, rule breaking, aggressive behaviors and social problems, and with greater tic-related functional impairment. Anxiety and externalizing problems (but not depressive symptoms) predicted family accommodation above and beyond the effect of tic severity. Family accommodation predicted high levels of functional impairment over and above the effect of tic severity, anxiety, depression and externalizing problems.

Family accommodation is a common phenomenon for youth with tic disorders, with modifications typically encompassing changes to the child and/or parent environments. Accommodation was not associated with tic severity, but was related to higher levels of anxiety and externalizing symptoms. Accommodation of tic symptoms was associated with increased functional impairment. Results suggest that other emotional symptoms are more likely to drive accommodation practices than the tic symptoms per se. However the accommodation itself can have a negative impact on the child’s level of functioning.
IMMERSION IN IMAGINED POSSIBILITIES AMONG INDIVIDUALS WITH OCD

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ABSTRACT
The inference-based approach (IBA) has been proposed as an alternative to the prominent cognitive appraisal model of obsessive-compulsive disorder (OCD). The IBA conceptualises obsessions as pervasive doubts about reality that are inferred to be true due to faulty reasoning processes, such as inverse reasoning and a distrust of one’s senses. According to the IBA, it is these reasoning processes that are responsible for the intense immersion in these obsessive doubts that is demonstrated by individuals with OCD. It is this immersion in an obsessive doubt that leads to clinically-significant levels of distress. In the current study, we aimed to evaluate the associations among inverse reasoning, immersion in a hypothetical scenario, and distress in a clinical sample of individuals diagnosed with OCD relative to non-OCD comparison groups. Three groups were recruited from the community for this study: a clinical OCD group (n=25), a clinical control group (n=25), and a healthy control group (n = 25). Clinical diagnoses were determined by conducting the Mini International Neuropsychiatric Interview for DSM-5 (Sheehan et al., 2015). Inverse reasoning was measured using self-report questionnaires and a reasoning task, respectively. For the experimental paradigm, all participants were provided with the beginning and ending of both OCD and non-OCD related hypothetical scenarios and asked to generate the middle section (adapted from Keen et al., 2008). This paradigm was used to mimic the generation of obsessive doubts. Ratings of immersion and distress were taken following each scenario.

We will compare the three groups (OCD, clinical control, and healthy control) with respect to immersion and distress during the experimental task, as well as on measures of inverse reasoning. We expect that immersion in these scenarios will predict distress and OCD symptoms only for the OCD group and that this relationship would be mediated by their endorsement in inverse reasoning.

Collection of data is ongoing and conclusions are pending subject to completion of the final analyses.
SUBTYPES OF OBSESSIVE COMPULSIVE DISORDER AND STIGMA: DOES IT REALLY DIFFER AND WHAT ABOUT BEFORE AND AFTER AN INTERVENTION PROGRAM?

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ABSTRACT

As a form of negative attitudes and discrimination from society, stigma has a detrimental impact on people who are diagnosed with a mental disorder. Current research on stigma mainly focused on schizophrenia, but it has been broadly ignored in the Obsessive-Compulsive Disorder (OCD) literature. As the variety of the OCD symptoms and negative impact of this problem on several areas people's life are taken into consideration, its cost on the patient, their family members and society becomes critical. Accordingly, the present study aimed to investigate whether social distance towards various symptoms of the OCD (i.e., sexual, religious, aggressive, control & contamination) differ in the community, in comparison with a more serious condition, namely schizophrenia and to examine impact of brief intervention including a video of contact and psychoeducation about OCD on this social distance.

In the first part of the study, 500 adults were recruited (279 females, age mean of 34.18). Following check of standardization of scenario by several experts, the participants were given randomly one of 6 vignettes about descriptions of a disorder (i.e., 5 different subtypes of the OCD and paranoid schizophrenia) and then, they completed the measure on social distance for this mental illnesses by considering the person in that vignette.

The results of the univariate ANOVA revealed significant differences in degree of social distance to 6 vignettes. Interestingly, the OCD symptoms focused on sexual and aggressive contents did not differ from paranoid schizophrenia in these negative social reactions, as all of them had highest social distance; whereas, reactions to the contamination and checking symptoms were the same, but religious dimension was the lowest. Two weeks later, those subjects who voluntarily accepted to participate into the second part of the current study (n = 69) watched a video containing conversation with an OCD patient about disorder and information about the OCD given by a psychologist. Then, they were given the first vignette and requested to re-report their reactions. The results of the univariate ANCOVA, where the first measure of social distance was controlled, indicated that intervention had a significant impact on social reactions. Stigma towards paranoid schizophrenia still seems significantly higher than other OCD scenarios; whereas, this time, reactions for aggressive and sexual OCD reports were lower than schizophrenia but different from other types of the symptoms.

The current findings first suggested that various subtypes of the OCD are associated with different degrees of stigma. Second, it seems that in the baseline measurement, sexual and aggressive themes of the OCD are actually viewed as similar to the schizophrenia. However, following intervention, social distance towards the OCD lowered significantly. These findings of the current study support a small number of previous studies on the OCD, but numerous research on stigma about mental disorder and could be considered in the context of cultural factors. As a result, all types of mental problems may lead social reactions; thus, contact and educational programs are strongly needed.
THE ROLE OF SHAME IN OBSESSIVE-COMPULSIVE DISORDER

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ABSTRACT

Obsessive-compulsive disorder (OCD) is a debilitating mental disorder which features unwanted, unrelenting, and distressing intrusive thoughts (obsessions); and repetitive or ritualistic behaviours which are performed in response to obsessions to reduce distress or prevent a dreaded outcome (compulsions). Obsessions typically feature themes such as danger, harm, immorality, sex, blasphemy, and contamination. (American Psychiatric Association, 2013)

Cognitive theories have been developed to explain why almost everyone experiences unwanted intrusions, but relatively few individuals (around 1.9 to 3.5%) develop obsessive-compulsive disorder (Angst, Gamma, Endrass, Goodwin, Ajdacic, Eich, & Rössler, 2004; Weissman, Bland, Canino, Greenwald, Hwu, Lee, . . . Wickramaratne, 1994). These theories suggest that the meaning attributed to intrusions is critical (Rachman, 1993, 1997, 1998; Salkovskis, 1985, 1999). In particular, Rachman (1993, 1997, 2003) proposed that intrusions are more likely to develop into obsessions if they are appraised as evidence that a valued aspect of the self is defective. The literature regarding self-conscious emotions suggests that shame is elicited when such appraisals are made (Lewis, 1971; Tangney & Dearing, 2003). Shame is an acutely painful emotion which is experienced as a sense of being diminished and unloveable (Lewis, 1971; Tangney & Dearing, 2003). Given that intrusions are understood to escalate into obsessions if they are appraised as evidence that the self is defective, and shame is elicited by such appraisals, it follows that shame regarding intrusions may be commonly experienced in the context of OCD.

Theorists have conceptualised compulsions as attempts to protect one’s positive representations of the self (Bhar & Kyrios, 2007; Guidano and Liotti, 1998). When intrusions are interpreted as evidence that such representations have (or will be) violated, shame is likely to arise, and so, individuals with OCD may likewise be motivated to engage in compulsions in order to regulate (i.e., reduce or avoid) shame. In this study, it was hypothesised that more frequent intrusions would only correspond with more severe compulsions for those who felt strong shame in response to their intrusions.

The sample comprised 385 adult undergraduate psychology students who participated in an online study for course credit. Following provision of informed consent, respondents completed questionnaires, including the newly created Intrusion-Related Shame scale, as well as measures of intrusion frequency, and compulsion severity. Hierarchical regressions utilising interaction terms were conducted.

Intrusion-related shame was found to moderate the relationship between frequency of intrusions and compulsion severity. Our findings indicate that more frequent intrusions tend to only correspond with more severe compulsions for those who feel strong shame in response to their intrusions. This suggests that individuals may indeed perform compulsions to regulate shame. Further, in the absence of such shame, individuals may experience frequent intrusions without feeling compelled to engage in neutralisation strategies.

Intrusion-related shame is potentially an important focus in cognitive-behavioural treatments of OCD. Further investigation in clinical populations is warranted to establish whether reduction in such shame leads to relief from the compulsion to perform behaviours which would otherwise be enacted when intrusions arise.
ABSTRACT

Obsessive Compulsive Disorder (OCD) is a prevalent condition in childhood with significant impairments in social, academic and family functioning. OCD can successfully be treated with Cognitive Behavior Therapy (CBT). However, a majority of OCD sufferers do not get access to CBT due to various treatment barriers, such as geographical distance and a shortage of trained clinicians. Internet-delivered CBT (ICBT) has the potential to overcome those treatment barriers. Yet, little is known about the efficacy of ICBT in childhood OCD. The overarching objective of the presented clinical trials is to develop and evaluate ICBT for children and adolescents.

A 12-week parent- and clinician-guided ICBT intervention for children and adolescents with OCD and their parents was developed, “BiP OCD”. In a first step, the feasibility and efficacy of BiP OCD was tested in adolescents (12 – 17 years) in a pilot study (N = 21) and, recently, in a randomized controlled trial (N = 67) with half of patients randomized to ICBT and half to a waitlist condition. The next step was to develop “BiP OCD jr.”, an adapted version for children (7 – 11 years) and to test the feasibility and efficacy in a currently ongoing open pilot study. The primary outcome for all three trials was clinician rated symptom severity change. In addition, qualitative acceptability data was collected.

BiP OCD was feasible and effective in the treatment of OCD in adolescents with a significant symptom reduction after 12 weeks, large within-group effects and moderate treatment effects when compared to a waitlist condition. Furthermore, additional improvement was observed at the 3-month follow-up in both adolescent trials. Preliminary outcome data from the BiP OCD jr. study will be presented, as well as qualitative feasibility data. ICBT was effective in the reduction of OCD symptoms in adolescents in an open trial format as well as in a randomized controlled trial. Preliminary positive results suggest that ICBT also could be feasible and effective for children with OCD. Next steps in the development of ICBT for pediatric OCD will be discussed such as cost-effectiveness aspects, comparison with face-to-face CBT and ICBT in a stepped-care model.
HOW CAN OCD HAVE IMPACT ON RELATIONSHIP WITH PARTNER? A FOCUS GROUP STUDY

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ABSTRACT
Patients with obsessive compulsive disorder (OCD) usually have a considerable symptom-burden and functional impairment. Family members experience considerable distress. There is need for more knowledge about maladaptive interpersonal dynamics in families where one member has OCD.

The study is part of a long-term following up of OCD patients who received group treatment during 2006-2009. 15 of these patients participated in focus group and were interviewed about how OCD can influence the relationship to their partner. The interviews were audiotaped, transcribed and analyzed by a hermeneutic phenomenological approach.

The overarching finding was that OCD can have a powerful influence on relationships. The results indicate that when a partner has OCD, the relationship can be distant and can involve power struggles and power imbalances. The study reveals that that OCD can be a force that is able to skew the couple relationship along two main axis: 1) a “horizontal” axis with a span from a distant relationship to an overly close relationship where personal boundaries are crossed, and 2) a “vertical” axis where OCD can be a source to establish power positions where either parties can occupy unfortunate inferior and superior positions where they monitor and humiliate each other. Furthermore, even well-meant help can result in complex unfortunate interaction patterns. The power imbalance can last even in good OCD periods.

The study shows that OCD is capable of inducing considerable power imbalance, which need to be handled in couple treatment. Among couples where the patient is insecure and feels humiliated, introduction of the partner as a coach can reinforce the skewed power distribution. The study support earlier findings which show that OCD can induce distance in relationships. Our study extends this knowledge by describing both mentally and physical distance, including lack of intimacy. These issues need to be addressed in therapy.
"THE NORWEGIAN TRICHOTILLOMANIA PROJECT. THE EFFECTIVENESS OF GROUP COGNITIVE-BEHAVIORAL THERAPY AT ONE YEAR FOLLOW-UP"

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ABSTRACT
Trichotillomania (TTM) is a serious mental disorder characterized by repetitive pulling of one's own hair, resulting in hair loss and bald spots. In spite of the fact that TTM is as common as other many mental disorders, health care professionals are largely unaware of this condition, and treatment studies are rare. The Norwegian Trichotillomania Project is a multicenter study that aims at evaluating the effectiveness of behavioral group therapy for TTM, i.e., ACT (Acceptance and commitment therapy) enhanced habit reversal training (ACT-enhanced HRT).

Participants were adults or adolescents (16 year or older) who fulfilled criteria for TTM according to DSM-IV. Between January 2013 and September 2014, 53 patients were admitted to treatment (49 women and four men). Treatment was delivered at three treatment sites in Norway; in Kristiansand, Oslo, and Trondheim. Treatment was manualized and consisted of ten group sessions of three hours delivered at consecutive weeks, and two or three booster sessions during the first year after treatment.

Treatment outcome was evaluated by three outcome measures; the Massachusetts General Hospital - Hairpulling Scale (self-report); the National Institute of Mental Health Trichotillomania Severity Scale (clinical interview, conducted by independent evaluators); and the Clinical Global Impression Scale for TTM. Outcome was measured at three points in time; at baseline, at the end of treatment, and at one-year follow-up. Mixed models procedures in SPSS were used to analyze longitudinal data. Fifty-one patients (96%) participated in the one-year follow-up evaluation.

There was significant change from baseline to one-year follow-up, for all outcome variables. A more fine-grained statistical analysis ("linear spline model") indicated that there was very large improvement during the ten-session treatment phase and a slight increase in TTM symptoms from post-treatment to one-year follow-up. Moreover, during the follow-up period, there were large differences in clinical course, i.e., some patients had additional improvement whereas others relapsed. This effect was highly significant ("significant variance of random slopes at the individual level"). Dropout patients had poorer outcome than completers, but this was not statistically significant, probably due to their low number (N=3).

ACT-enhanced HRT in group format appears to be an effective treatment modality for patients with TTM. Patients had large symptom relief, and several patients further improved during the one-year follow-up period. However, a considerable number of patients did not sustain their treatment benefits at the long run. Future studies should focus on how to capture these patients and how to maintain treatment benefits.
GROUPBASED CBT TREATMENT FOR INPATIENTS WITH BODY DYSMORPHIC DISORDER

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ABSTRACT
With a lifetime prevalence of around 2% BDD states a common mental disorder. It is usually accompanied by sever impairment in psychosocial functioning and great suffering as well as restricted quality of life. Very often self-manipulation (e.g. skin picking) and self-injuring behavior as well as hight rates of suicidality play an important role. Therefore it seems surprising that there is only little experience with inpatient treatment of patients with BDD.

The present contribution illustrates a groupbased CBT treatment approach for patients suffering from BDD within a specialized inpatient treatment setting (Psychosomatic Hospital). Besides core treatment components such as BDD group therapy, perceptional retraining (e.g. mirror excercises), behavioral experiments/exposure and cognitive interventions, the implementation within the department for OCD and related disorders as well as experiences with shame-associated behavior and treatment ambivalence is portrayed.

As little is known about who seeks inpatient treatment so far, 43 patients are described concerning sociodemographic data, clinical appearance (e.g. perceived flaws) and standardized test diagnostics. Data yield towards a strong psychosocial impairment and suffering among these patients. Outcome data for treatment efficacy will also be reported. First results show large effect sizes for depression (d = 0.84 for BDI-II) and general psychological distress (d = 0.78 for BSI). Results also show a promising large effect on specific BDD-symptoms (d = 1.65 for BDD-YBOCS) at post treatment.

Finally restrictions concerning the naturalistic data and further challenges and developments with the inpatient treatment of patients with BDD as e.g. the consideration of techniques from Compassion Focused Therapy to tackle shame and self-criticism will be discussed.

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ABSTRACT
In a meta-analysis, Johnsen & Friborg (2015) reported a significant negative relationship between publication year and the effect sizes (ESs) of cognitive behavioral therapy (CBT) for depressive disorders, suggesting its effectiveness was falling. We identified a series of methodological and conceptual caveats and consequently undertook redoing the meta-analysis. We used the same inclusion criteria, but only included randomized controlled trials and searched for additional eligible trials. We computed pre-post ESs for the CBT arm for the Beck Depression Inventory (BDI) and the Hamilton Rating Scale for Depression (HRSD). We assessed risk of bias, sample size and type, control group, and the study’s country of origin and conducted subgroup, single and multiple meta-regression analyses including publication year and other moderators. We identified thirty additional eligible trials. ESs on the BDI and HRSD were similar to the original meta-analysis, but with huge heterogeneity estimates (I² around 90%). Year of publication was significant in some single meta-regression analyses on the BDI, but not significant in others or in most analyses on the HRSD. Studies conducted in the US yielded higher ESs than studies done outside it. Multiple regression models indicated either year was not significantly related or both year and country were significantly related to outcomes, with a temporal trend present solely in US studies. Year of publication does not appear to be a stable, reliable and independent moderator of the effectiveness of CBT for depression. The "temporal trend reported by Johnsen & Friborg (2015) is most likely a statistical artifact."
A COMMON NEURAL SUBSTRATE FOR SOCIAL PROCESSING OF AUTOBIOGRAPHICAL MEMORIES OF REJECTION AND INCLUSION IN MAJOR DEPRESSIVE DISORDER?

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ABSTRACT

Major life events involving social rejection, loss or failure are found to be the most proximal risk factors for depression and persistent low mood. Social rejection has been argued to activate a distinct social pain network by co-opting the physical pain matrix. However, there is evidence that physical pleasure and physical pain share a common neural substrate. This study uses a script-driven imagery approach with emotionally salient autobiographical experiences to elucidate the neural correlates of social rejection and inclusion within depressed and healthy control subjects.

18 participants with Major Depressive Disorder (MDD; 13 female; 34.11 ± 10.9 years) and 21 healthy controls (10 female; 35.30 ± 16.1 years) listened to 18 autobiographical memories of social rejection, inclusion and neutral memories acquired in a prior interview session, and subsequently visualized images of the script content. Participants rated their current mood following each memory. FMRI data were pre-processed and analysed using SPM12.

Affective ratings found significant changes in mood, but no main effect for group. Rejection memories resulted in a heightened negative mood state, while inclusion memories decreased negative mood, and mood following neutral memories remained unchanged. One sample t-test in depressed participants revealed activations in right amygdala, subgenual prefrontal cortex (PFC), bilateral insula, and ventral striatum (VS) for rejection versus neutral memories. During inclusion compared to neutral imagery, we also found subgenual PFC along with areas above, with the exception of VS. In healthy participants the bilateral post central gyrus and posterior dorsal anterior cingulate cortex (dACC) were active during social rejection memories. Inclusion memories compared to neutral memories revealed bilateral post central gyrus activity. There were no differences between social rejection compared to inclusion in either group. Two-sample t-tests revealed MDD subjects showed increased activation in the subgenual PFC, bilateral anterior insula and inferior frontal lobe while visualizing rejection memories compared to neutral memories, relative to controls. Furthermore, visualizing social inclusion memories compared to neutral memories revealed increased activation in the pain-related dorsal ACC and bilateral anterior insula in MDD relative to controls.

Our results suggest that social pain may share a common neural substrate with social pleasure and this may be heightened in the presence of MDD.
ABSTRACT
Symptoms of depression and anxiety are quite prevalent in older adults (65 yrs or older), yet it is often mistaken as being part of normal ageing, and comorbidity is common. It is established in literature that comorbid cognitive changes are common, and this is often reported as an obstacle for psychological treatment. It is also known that older adults are not only seeking help at a lower level than other age groups suffering from depression, they are less often offered evidence-based psychological treatments, whether in primary or secondary care. Untreated depression in older adults is also associated with less social support and more medical problems. The use of internet-based cognitive behavioral treatment (iCBT), known to be helpful in other age cohorts for treating depression with or without comorbidity, might increase the opportunity for these patients to get adequate treatment. Tailoring the treatment according to the patient’s unique characteristics and comorbidities have shown to be beneficial for middle aged and younger adults with depression in earlier studies and might be so even for older adults. 

The aim was to test if tailored iCBT might be a feasible approach to treat depression in older adults. And to investigate the possible connection between cognitive changes and treatment outcome. Participants, aged 65 years or older, were recruited through advertisements in newspapers and applied via the study web-site by filling out standardized self-report measures (Beck Depression Inventory, Patient Health Questionnaire, Geriatric Depression Scale, Beck Anxiety Inventory, Generalised Anxiety Disorder Questionnaire, Quality of Life Inventory) and 10 additional questions regarding history of treatment and demographics. The measurements served as baseline assessment. A total of 61 participants applied for participation and 49 were included after a telephone administrated diagnostic interview. After inclusion patients filled out the Cognitive Failures Questionnaire and Wisconsin Card Sorting Test, and were randomized to either 10 weeks of individually-tailored treatment, or active control. Weekly self-reported symptoms of depression were collected. Treatment consisted of 6-10 modules, individually prescribed and distributed over 10 weeks, in combination with scheduled online therapist guidance. The trial is ongoing and post treatment data will be collected during late spring 2016 and presented at the conference. Preliminary data suggest symptom reduction post treatment. If studies on patient preferences are right, and older adults prefer psychological treatment, the need for evidence-based psychological treatments for depression in persons 65 years or older is of importance. Both randomized controlled trials and trials using the internet to administer treatment is quite rare in this age group adding to the importance of this study. The few studies made indicate that older adults do benefit from psychological treatment, and the iCBT format. Which is in accordance with the studies made on adults, where iCBT is proven to be effective as well as acceptable both for depression and several anxiety disorders.
JUMP STARTING BEHAVIOURAL ACTIVATION WITH AN N-METHYL-D-ASPARTATE (NMDA) CHANNEL BLOCKER: SINGLE CASE SERIES ANALYSIS OF BEHAVIOURAL ACTIVATION AFTER INTRAVENOUS KETAMINE FOR TREATMENT RESISTANT DEPRESSION.

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ABSTRACT

Introduction. Despite advances in pharmacological and psychotherapeutic treatments of depression, approximately 1/3 of patients do not benefit from available therapies. Ketamine is a novel intervention that has a fast onset antidepressant property; however, the antidepressant effect does not last more than two weeks. The hypothesis tested in this ongoing study is that behavioral activation (BA) will result in greater clinical improvements in patients who have had an initial positive response to ketamine treatment.

Method. We used a single case series design. A total of 8 participants received ketamine (6 ketamine responders and 2 ketamine non-responders) completed 16 sessions of behavioral activation over a 12-week period. Outcome measures completed pre and post study were: 1) Self-Administered Comorbidity Questionnaire, 2) Patient Health Questionnaire; 3) Generalized Anxiety Disorder Scale; 4) Work and Social Adjustment scale. Depressive symptoms were measured at every session with the Beck Depression Inventory (BDI). The behavioral activation protocol was divided into 5 stages. Protocol adherence and treatment fidelity were rated.

Results. The BDI scores in all 6 patients who experienced significant mood improvements with the ketamine treatment remained stable or further decreased upon completion of the BA treatment. Patients who did not respond to ketamine experienced only a slight improvement in mood symptoms after the BA.

Discussion. The brief period of increased mood after ketamine treatment offers a window of opportunity to intervene with psychotherapy such as BA. A common challenge with BA is getting individuals to begin to change behaviour. Once more activated, however, patients often receive positive reinforcement from their environment, which in turn maintains and promotes further gains. Conclusion. A large number of depressed patients are not helped by current treatments. A better understanding of how to best integrate psychological treatments with pharmacological treatment - particularly the novel use of traditionally non-psychiatric medication such as ketamine - is a promising future area of research.
DECENTERING AND METACOGNITIVE JUDGMENTS OF PERFORMANCE IN DEPRESSIVE PATIENTS

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ABSTRACT
Decentering is described as a central change strategy within Mindfulness-Based Cognitive Therapy (MBCT) lowering relapse probability in depressed patients. Decentering is a process in which a shift in perspective is realized through which patients are enabled to non-judgmentally accept cognitive patterns without engaging or evaluating them. The reorientation of attention on thoughts at the present moment, while simultaneously not focusing on its content, is characterized by cognitive flexibility and self-focused attention. Besides dysfunctional cognitive patterns, depressive patients suffer from cognitive deficits in many domains like attention and memory and tend to underestimate their abilities. Judging owned abilities is a metacognitive skill, which has been widely studied in the domain of memory, but there is only little research in other cognitive domains. Moreover, investigations of specific psychological mechanisms or basal cognitive abilities underlying decentering remain sparse, as for example the relationship between decentering and the ability to shift and allocate attention.

The study investigates if depressive patients (N=30) reveal less decentering abilities in comparison to a matched healthy control group (N=30). Moreover, we hypothesize that patients' metacognitive abilities when judging their attention performance and the confidence in those judgments diverge from the controls' abilities and confidence. Finally, the study examines the association between metacognitive abilities, confidence and decentering.

To assess decentering participants filled out the German version of the Experiences-Questionnaire (EQ-D; Gecht et al., 2014a). As a measure of attention, the Stroop test was used (Bäumler, 1985). Participants' metacognitive judgments of their attention performance were assessed and referred to speed of responding indicated in seconds. The difference between judged and real performance served as index for the metacognitive ability. Further, participants were asked to indicate the confidence in their judgments on a rating-scale ranging from zero to 100%.

Patients with affective disorders reveal significantly less decentering abilities in comparison to healthy participants (EQ-D: F(1,58) = 50.4, p < .00, ηp2 = .5; EQ-D: F(1,58) = 64.6, p < .00, ηp2 = .5). Albeit groups' metacognitive abilities do not differ (F(1, 58) = .03, p = .88), patients indicate significantly less confidence in their judgments (F(1,58) = 4.9, p = <.05, np2 = .1). Finally, data reveal no association between decentering and metacognitive abilities, but a significant association between decentering and confidence ratings (EQ-D: r = .39, p < .01).

The finding that decentering is diminished in depressive patients is in line with previous studies that found decentering to be a process promoting wellbeing. Results further underline that patients make equally precise metacognitive judgments in the domain of attention but are less confident in comparison to healthy controls. The association between decentering and metacognition only becomes evident in the aspect of confidence in metacognitive abilities.

The study at hand can help to gain a better understanding of what it is about decentering that explains treatment gains of depressed patients that have been attributed to decentering improvements within MBCT.
DEPRESSION 2

A TEST OF THE HABIT-GOAL FRAMEWORK OF DEPRESSION VULNERABILITY

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ABSTRACT
Contemporary cognitive theories postulate that some form of cognitive dysregulation is a major vulnerability of relapse and recurrence in depression. Two such constructs are depressive rumination and cognitive reactivity that both are considered to be vulnerability factors for recurrent major depression. Watkins and Nolen-Hoeksema (2014) recently proposed a habit-related framework of depressive rumination where rumination is seen as a form of mental habit—a learned response that through past repetitions becomes automatically triggered by endogenous (e.g. mood) or exogenous stimuli. In the present study, we tested if depressive rumination had characteristics of automaticity that is characteristic of mental habits (lack of conscious awareness, lack of control, lack of conscious intent). We also tested if depressive rumination and cognitive reactivity was related to the tendency to rely on habitual stimulus-response contingencies rather than goal-directed action-outcome contingencies during a computerized instrumental learning task that might reflect innate deficiencies in goal-directed action control.

Participants were 20 formerly depressed and 22 never-depressed female university students that answered self-report measures of depression and anxiety symptoms, rumination, cognitive reactivity and habitual characteristics of rumination. They also participated in a mood induction procedure to measure cognitive reactivity in an experimental setting and completed a computerized task of habit vs. goal directed action control.

Preliminary results show that self-reported rumination and cognitive reactivity was greater in the FD group but the groups did not differ on a measure of cognitive reactivity measured in the experimental setting. No difference was observed between the groups in habit vs. goal directed action control, but greater tendency to habitual responses on this task correlated with number of past depression episodes in the FD group.

The results offer partial support for the habit related account of depressive rumination.
EFFECTIVENESS OF A GUIDELINE-BASED COLLABORATIVE AND STEPPED CARE MODEL FOR PATIENTS WITH DEPRESSION: RESULTS OF A CLUSTER-RANDOMIZED CONTROLLED TRIAL IN ROUTINE CARE

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ABSTRACT
The Hamburg Network for Mental Health “psychenet”, funded by the Federal Ministry of Education and Research (BMBF), integrates 11 research and innovation projects aiming at the sustainable improvement of mental health care. Given major deficits in the care of patients with depression (concerning detection rates, access to evidence based treatments, integrated care, among others), the objective of one of its projects was the implementation of the German national clinical practice guideline for unipolar depression and its evaluation: This project on depression established and evaluated a stepped and collaborative care model (SCM) within a trans-sectoral network of general practitioners, psychotherapists and psychiatrists in in- and outpatient services who were trained in guideline-based screening, diagnosis, treatment and monitoring for depression. According to international stepped care models, several evidence-based treatment options of different intensity levels were offered (e.g. bibliotherapy, computer- and telephone-based cognitive-behavioral therapy, outpatient and inpatient psycho- and pharmacotherapy). Appropriate treatment options were selected according to the severity of depression and the patient’s preferences.

In order to investigate the effectiveness of the SCM, a cluster randomized controlled intervention trial was conducted including a consecutive sample of depressive primary care patients which was followed up within a one-year period. The primary outcome was defined as symptom reduction (change in PHQ-9); secondary outcomes include response, remission and health related quality of life (SF-12; EQ-5D-3 L). The randomization (ratio: 3:1) took place at the level of the general practitioners; a treatment-as-usual condition served as control group. Primary analyses follow a linear mixed model approach and include the ITT sample.

36 general practitioners (GP) were randomized to the intervention group (IG) and 13 GP to the control group (CG). The GPs of the IG built the SCM network together with 36 psychotherapists, 6 psychiatrists and 8 inpatient units. A sample of 737 primary care patients were included in the trial (IG: n=569; CG: n=168). Patients of the IG show a higher reduction in the PHQ-9 ratings than patients in the CG 12 months after baseline (score difference of 2.4; p<0,001; Cohen’s d=0.41). This difference already emerged 3 months after baseline (score difference of 1.3; p=0.016; Cohen’s d=0.23). Going along with this, patients of the IG had a higher probability to reach response [OR: 2.8] and remission [OR: 3.2]. Patients and network partners show a high satisfaction with SCM.

SCM was more effective than treatment as usual for a representative sample of depressed patients in routine primary care. Although patients with regular care also improved, symptom reduction was higher and faster for SCM patients. Establishing the network and implementing guideline based procedures was possible in routine care – however, it demanded special resources and efforts (e.g. continuous quality circles). Given the positive results, former developments (e.g. expanding SCM to further mental disorders) seems worth the effort.
ALTERED NEURAL PROCESSING OF REWARD AND PUNISHMENT IN ADOLESCENTS WITH MAJOR DEPRESSIVE DISORDER

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ABSTRACT
Altered reward and punishment function has been suggested as an important vulnerability factor for the development of Major Depressive Disorder (MDD). Prior studies found evidence for a dysfunction in neural reward and punishment processes in adults with MDD. However, to date, only very little is known about reward and punishment function and its neural underpinnings in adolescents with MDD. Therefore, the aim of the present event-related potential (ERP) study was to investigate the neurophysiological mechanisms of anticipation and consumption of reward and punishment in adolescents with MDD within the framework of one comprehensive paradigm.

25 adolescents diagnosed with MDD and 29 healthy adolescents aged 12-17 years were included in the study. During ERP recording, the well-established Monetary Incentive Delay Task was applied to assess the neural underpinnings of both anticipatory and consummatory phases of reward and punishment processing.

Compared to healthy controls, adolescents with MDD showed prolonged latencies of the P3 component following cues indicating potential rewards ("cue-P3"). Furthermore, across all participants, cue-P3 latency positively correlated with the extent of depressive symptoms and behavioral inhibition tendencies as assessed via questionnaires. During reinforcement consumption, adolescents with MDD displayed a shorter P3 latency after feedback ("feedback-P3") in the reward versus punishment condition, while controls exhibited comparable feedback-P3 latencies across both conditions.

A delayed neural processing of reward cues corresponds to the clinical presentation of adolescent MDD and might reflect a reduced motivational tendency to obtain rewards. The relatively shorter feedback-P3 latencies in the reward condition in participants with MDD could point towards a high salience of performance-contingent rewards which presumably are experienced as rather rare events in typically negatively biased individuals with MDD.

Our ERP findings demonstrate that adolescents with MDD show distinct disturbances in reinforcement processing, depending on the phase (anticipation, consumption) and modality (reward, punishment) investigated. In the long run, the present findings might have important clinical implications as they point towards the possibility that frequently delivering performance-contingent rewards might be an important and promising intervention approach in adolescents with depression.
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ABSTRACT
Depressed individuals have difficulty retrieving specific memories, often producing a categoric memory when a specific memory is requested. A specific memory is a memory for a contextualised experience occurring at a particular time and place. A categoric memory refers to a memory for a collection of events. However there has been no examination of how the fluency of retrieving specific versus categoric memories varies across lifetime periods for depressed versus non-depressed individuals. Retrieval of categoric memories about lifetime events provides important than information about life stories in terms of regular events and specific memories provide distinctive information about the life story. The current study examined how depression influences the retrieval of these two types of memories across lifetime periods. A sample of twenty nine depressed and 29 non-depressed university student took part in the study. Participants were asked to retrieve as many specific and categoric memories as possible within 60 seconds for events that occurred in primary school, secondary school and the past six months respectively. Quantitative and qualitative differences were found between depressed and non-depressed groups for both specific and categoric fluency. In particular the clinically depressed group significantly fewer specific and categoric memories than the non-depressed group across all lifetime periods. The memories were also rated for valence and a valence effect was found for specific memories only. The depressed participant's memories were rated as being significantly more negative. The greatest negativity was found for the secondary school period. Further we examined the flexibility in shifting from one theme to another in the memories. The depressed participants recollections were associated with less flexibility in the themes reported. The lack of flexibility was more pronounced in the specific autobiographical memories although still present categoric memories. The implications of reduced fluency for both specific and categoric memories for the different lifetime periods in depressed individuals as well as reduced flexibility in retrieval of specific and categoric memories are discussed in terms of their implications for social functioning.
BASELINE INDICATORS OF SEVERITY AS MODERATORS OF DIFFERENTIAL RESPONSE BETWEEN COGNITIVE-BEHAVIOR THERAPY AND PHARMACOTHERAPY FOR THE TREATMENT OF DEPRESSION

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ABSTRACT
Both cognitive-behavior therapy (CBT) and antidepressant medications (ADMs) are effective treatments for mild to moderate depression [1,2]. Treatment guidelines suggest those with more severe depression receive pharmacotherapy [3]. However, the extent to which certain treatments work best for certain patients remains relatively unknown because randomized control trials (RCT) of these treatments are insufficiently powered to adequately analyze efficacy among subgroups and conventional meta-analysis techniques have considerable methodological limitations [4]. Knowing the extent to which these patient characteristics affect outcome can have a significant impact on future research and practice. Therefore, we conducted an individual patient data meta-analysis (IPDMA), wherein patient’s raw data is collected and aggregated from RCTs of CBT versus ADM. This study examines indicators of severity (eg. baseline depression severity, comorbid anxiety disorders) as moderators of differential response between CBT and ADM for the treatment of depression. Systematic searches to identify studies were conducted and authors of eligible randomized controlled trials were contacted. A multivariate metaregression analysis was used to determine whether those studies that contributed data and those that did not differed when controlling for study level variables. Individual patient data was then analyzed using separate multi-level linear models for each moderator and clustering on the study level. These models utilized the Hamilton Rating Scale for Depression (HAM-D) as outcome and included interactions between baseline severity or diagnosed co-morbid anxiety and treatment as independent variables. Missing outcome depression scores were imputed using multiple imputation methods. Sensitivity analyses were also conducted.

A total of 14,902 abstracts were examined from a comprehensive literature search in PubMed, PsycINFO, EMBASE, and Cochrane Registry of Controlled Trials from 1966 to January 2014. Twenty-four eligible studies were identified and 16 (67%) were able to contribute individual patient data. Data from 14 studies provided HAM-D scores with 1466 patients, however, 6 studies provided data on comorbid anxiety disorders. No significant difference was seen between studies that included data and those that did not in the multivariate metaregression (P=.88). Mixed-effects models indicated that baseline severity does not moderate outcome depressive symptoms between CBT and PHT (β=0.00; P=.96) [5]. There was also no indication that having a co-morbid anxiety disorder moderated depression outcomes between these two treatments.

IPDMA techniques have substantial power and give more reliable estimates of moderator variables than RCTs and conventional meta-analysis techniques. Although some previous research has indicated that severe depression requires treatment with pharmacotherapy, we found that baseline depression severity and comorbid anxiety disorders do not moderate differences between CBT and ADM on the HAM-D at post-treatment. This finding cannot be extrapolated to those with severe depression that requires inpatient treatment nor to additional psychotherapies or an individual antidepressant medication. However, it does offer new information about the treatment of depression to be considered by researchers and clinicians.
ABSTRACT

Cognitive behavioral therapy (CBT) is currently the most widely researched form of psychotherapy, with high empirical support for a variety of conditions (e.g., Butler et al., 2006). However, literature indicates that minority populations are underrepresented in evidence based trials of psychological interventions, thus raising questions about the applicability of these treatments in minority groups (Horrell, 2008; Miranda et al., 2005). Cognitive-behavioral therapy (CBT) might be differently efficient for ethnic minorities groups compared to White European participants, in terms of accessibility, diagnosis accuracy and response to therapy. In this sense, authors recommend tailoring psychiatric interventions such as to accommodate the particularities of ethnic minorities (Kamaldeep et al., 2015), but the difference in response rate between minorities and majority population has not yet been empirically examined in a systematic manner.

In order to account for the difference in efficacy between minority and majority groups, we conducted an individual patient meta-analysis (IPD) on 10 randomized control trials comparing CBT with pharmacotherapy for adult depression, employing 1530 participants, using the Hamilton Rating Scale for Depression-17-item (HAM-D-17) as the outcome measure. Conducting an IPT allows for comparisons between minority and non-minority since we can include the minority status (i.e., minority vs. non-minority) of each participant as a moderator. Multiple imputation was used for missing data. One-step meta-analysis with mixed models showed no significant differences after adjustment of baseline depression severity. Minority status did not moderate the differential efficacy of CBT and antidepressant medication for depression, so it seems that interventions are not less effective for minority participants. However, it could be that minority participants included in our sample of RCTs differ significantly from participants in minority communities (e.g., they may be more assimilated into the majority culture), so future studies should explore this possibility in more detail.
TEMPORAL RELATIONSHIP BETWEEN PSYCHOLOGICAL FLEXIBILITY AND WELL-BEING DURING AN ACCEPTANCE AND COMMITMENT THERAPY SELF-HELP INTERVENTION

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ABSTRACT
Treatment research has traditionally focused on changes in symptoms from pre-treatment to post-treatment. This approach is important to learn about efficacy of treatments, however, it neglects an understanding of processes of change. To better understand processes of change, variables of interest can be measured at each session or week. Longitudinal temporal testing of variables within the course of treatment have been investigated in a few studies, in which variables were still limited to for instance self-efficacy, symptom related cognitions and beliefs in panic disorder and post-traumatic stress disorder. Examination and direct testing of broad and overarching variables, that are not disorder-specific and implicated in intervention research such as psychological flexibility (PF) are crucial for understanding the processes of treatment. Psychological flexibility is the ability to adapt to a variety of different situational demands when doing so is useful for living a meaningful life. This study aimed to investigate how a total increase in psychological flexibility between pre-treatment and post-treatment is associated with both a pre- to post-treatment and post-treatment to Follow-Up (FU) change in well-being in individuals.

This was an internet-delivered randomized controlled trial (RCT) without therapist contact for self-help based on Acceptance and Commitment Therapy (ACT). Participants were 119 individuals suffering of symptoms of burnout. Measurements were completed at pre-treatment, post-treatment, as well as 3-months-FU. Weekly assessments consisted of a measure of psychological flexibility sensitive to treatment change. Well-Being was measured at pre-treatment, post-treatment and FU with the Mental Health Continuum-Short Form, which assesses positive mental health (i.e. emotional, social, and psychological well-being). Total increases of psychological flexibility consisted of weekly measurements. We used a sample consisting of individuals suffering of symptoms of burnout.

Multilevel strucutural equation models revealed that the total increase in psychological flexibility between pre-treatment and post-treatment was positively associated with the pre- to post- treatment change in well-being (coefficient= 0.07, SE= 0.019p < 0.001), but not with post-treatment to FU changes in well-being (coefficient= 0.01, SE= 0.016p=0.462). Our study provides more empirical support about promoting well-being through ACT by showing that a total increase of psychological flexibility is related to changes in well-being. Our results suggest that processes of and an increase of psychological flexibility subsequently pave the way for changes in well-being. Future studies with individuals across various diagnoses and different methodologies (e.g. ecological momentary assessment) are needed.

Conclusion: Our findings show that increases in psychological flexibility promotes well-being.
SEEING THE SIGNS: PREDICTING THE COURSE OF DEPRESSIVE SYMPTOMS AFTER REMISSION.

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ABSTRACT
Major depressive disorder (MDD) is a heterogeneous disorder, making it hard to formulate accurate predictions about patients’ chances to relapse after remission. This is unfortunate because relapse occurs in at least 50% of patients, with 20% eventually becoming chronically depressed. Only few studies have attempted to uncover predictors of different patterns of relapse/recurrence. Therefore, this study aimed to investigate predictors of different, empirically identified patterns of relapse/recurrence after remission.

The sample consisted of primary care MDD patients (n=213) that were followed up for a year with weekly depressive symptom ratings. First, latent class growth analyses (LCGA) were used to identify data-driven subgroups of patients with different course trajectories over the 24 weeks following remission. Next, the subgroups were compared on baseline demographic, clinical (e.g. comorbidity) and psychological (e.g. personality, mastery, self-esteem) predictors. Finally, depression severity and functioning at 3- and 10-year follow-up were compared between the subgroups to evaluate the predictive value of differentiating between the relapse/recurrence patterns for long-term outcomes.

LCGA showed that a 4-subgroup model best described the variations in relapse/recurrence patterns, including a ‘Slow Recovery’ class (23.3%), with declining residual symptoms until week 12 after remission, a ‘Quick Recovery’ class (14.0%) with persistently low symptom-scores after remission, a ‘Residual Symptoms’ class (38.7%) with persisting residual symptoms; and a ‘Recurrence’ class (24.1%) with increasing symptom levels after remission.

The Residual Symptoms and Recurrence classes showed significantly lower self-esteem at baseline, higher depression severity at 3-year follow-up and more recurrences between baseline and 3-year follow-up than the other two classes. In addition, the ‘Recurrence’ class showed poorer levels of functioning at 3-year follow-up. At 10-year follow-up, higher depression severity was still observed in the Residual Symptoms and Recurrence classes.

The patterns of relapse/recurrence in newly remitted primary care MDD patients could be captured with four data-driven subgroups. Although possibilities to differentiate between these groups based on baseline predictors were very limited, the subgroups themselves were found to be predictive of long term outcome, with relapse/recurrence patterns characterized by persisting residual symptoms and early recurrence being predictive of a poor outcome in the long term. This suggests that patterns of relapse/recurrence hold more prognostic information about future course and outcome than cross-sectional psychiatric and/or psychological assessments, and should be a point of focus in research and clinical practice.
ABSTRACT
Many studies show that the parents of children with disabilities have high levels of stress, experience psychological distress and are more often depressed than parents to neurotypical children (e.g., Mak & Kwok, 2010, Hayes & Watson, 2013). Despite the research that exists on psychiatric problems in this target group, there are far fewer studies of interventions directed at treating this group. A few studies, however, highlight Acceptance- and Commitment Therapy (ACT) as an effective intervention for parents of children with autism (e.g. Blackledge & Hayes, 2006, Kowalkowski, 2012). At the Habilitation and Health in Stockholm, ACT methods have been applied in the treatment groups for parents to children with autism since 2007. The goal with ACT-interventions has been to reduce the parents' stress and depression, practice acceptance and mindfulness, and help the participants to take steps towards a valued direction in life, despite its complications. The main focus has been in acceptance of child's disability.

The purpose with this presentation is to introduce the manual based intervention NAVIGATOR-ACT to parents of children with disabilities. The preliminary results from two pilot studies conducted at the Habilitation and Health will be discussed, as well as a plan for a RCT-study to be conducted in 2016-18.

During the pilot study, treatment credibility, participant satisfaction and preliminary treatment effects of Navigator ACT were evaluated. The following research questions were considered: 1. Is Navigator ACT for parents a functional method of treatment? 2. Are participants satisfied with the method? 3. Is Navigator ACT an effective method in this target group, in order to a) reduce parenting stress; b) increase participants capacity to be mindful; c) increase the psychological flexibility and well-being; d) reduce symptoms of depression; e) reduce behavioral problems in the child with disabilities? The effects of treatment were measured with standardized self-evaluation forms, a treatment credibility scale and session/course evaluations.

The results from the clinic evaluation show promising results. Parents' psychological flexibility and mindfulness skills increased and depression levels declined during the intervention and at 3-month follow-up. We are going to obtain results from the new pilot study in the end of this spring.

The indicate that parents raising a child with disability may benefit from ACT. Future research in the form of a RCT-study is needed to confirm these results. Our attempt is to conduct a RCT-study with appr 100 participants during the coming years.
PSYCHOLOGICAL INTERVENTIONS ENHANCE MEDICATION ADHERENCE IN PEOPLE LIVING WITH HIV: A META-ANALYSIS OF RANDOMIZED CONTROLLED TRIALS

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ABSTRACT
About 40% of people living with HIV do not sufficiently adhere to their medication regimen, which adversely affects their health due to disease progression. Medication non-adherence can be predicted by mental health problems, yet these often go untreated in standard HIV care. The current meta-analysis investigated the effect of psychological interventions on medication adherence in people living with HIV. Expectations were that various types of psychological interventions would improve medication adherence.

Randomized controlled trials, published between 1996 and 2014, were systematically searched using PsycInfo, Embase and Medline databases. Search terms included words related to HIV, medication adherence and psychological interventions. Medication adherence was operationalised as the average percentage of adherence to the prescribed regimen in each group. Study characteristics (e.g. study aim and measure type) and intervention characteristics (e.g. type of intervention and therapy provider) were investigated as moderators of intervention effects.

Forty-three randomized controlled trials were included in the meta-analysis (N = 5095). The effect size indicates a small to moderate positive effect (Hedges’ g = 0.373) of psychological interventions on medication adherence in people living with HIV. Studies using measures without a recall period for medication adherence (i.e. using objective measures such as monitoring devices) showed higher effect sizes than studies using a recall period shorter than or equal to 14 days. Other study or intervention characteristics, including the type of intervention, did not moderate the effect, suggesting that various types of psychological interventions may be effective. No evidence for publication bias was found.

A wide range of psychological interventions can improve medication adherence and thereby the health of people living with HIV. Therefore, incorporating psychological care in the treatment of these individuals is important.
MAY THE ORGANIZATIONAL SOCIALIZATION OF NEW NURSES BE FACILITATED USING TECHNIQUES FROM COGNITIVE BEHAVIOR THERAPY?

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ABSTRACT

Newly registered nurses constitute a professional group that is often identified as being exposed to high levels of occupational stress, suffering from symptoms of burnout, and choosing to leave their occupation at early stages in their career. Supporting new nurses' transition into practice thus seem an important issue. For this purpose, semi-structured interviews were conducted with 12 newly registered nurses about their experiences of entering the profession. The interviews were analyzed using a method inspired by a behavioral analysis. The newly registered nurses acknowledged being troubled by fear of making mistakes and not being accepted by their colleagues. Relatedly, they reported behaviors such as avoiding assignments perceived as difficult, not asking questions and not asking for help, working at a heightened speed, avoiding breaks and working overtime, and avoiding delegating assignments to assistant nurses. These results are in line with organizational socialization research showing that perception of social- and performance risks impede new professionals' use of proactive behaviors. Proactive behaviors contribute to strengthening new professionals' role clarity, competence, and social support and thereby facilitate the transition into the profession. Based on this analysis and guided by organizational socialization research and cognitive neuroscience an intervention including techniques such as behavioral activation, goal setting, and exposure was developed with the aim of increasing new nurses' use of proactive behaviors to reduce the risk of burnout and professional dropout.

A semi-randomized controlled feasibility trial was conducted during the fall of 2015 in Sweden. The study aimed at evaluating the possibility to conduct a controlled study as part of an ongoing introductory year for new nurses and the participants' opinions of the intervention. The intervention consisted of two 2-hour sessions in groups of approximately 10 individuals. The study sample included 68 participants. Data was collected at 10 points in time with one month's intervals (registration, pre-intervention, post-intervention, and follow-up for another 7 months). After post-intervention the intervention was given to the control group. Measures were included to evaluate participants' work-related stress, role clarity, perceived competence and social support.

Results of the study will be presented.

Based on organizational socialization research and cognitive neuroscience it may be hypothesized that techniques such as behavioral activation, goal setting, and exposure may strengthen the organizational socialization of new nurses by facilitating nurses' use of proactive behaviors. A major limitation of the study is the omission of colleagues and managers. These parties largely affect new nurses' use of proactive behaviors and including them in the intervention would likely increase effects.
ABSTRACT

Patients with chronic skin conditions, such as psoriasis, often experience a high disease burden in daily life. Psychological and social problems are commonly experienced, in addition to disease-related symptoms such as itch and fatigue. However, research on psychological interventions and access to psychological care is limited in these patient populations. A promising intervention that may increase access to psychological care for patients with psoriasis is internet-delivered cognitive behavioural treatment (ICBT). The aim of this multicenter randomized controlled trial was to examine the effects of therapist-guided, individually-tailored ICBT in a clinical sample of patients with psoriasis who have a psychological risk profile.

A total of 131 patients with psoriasis, who were screened for a psychological risk profile (i.e., elevated levels of distress), were randomized to either care as usual (CAU, n=65) or ICBT in addition to care as usual (n=66). Patients in the CAU condition continued with the regular dermatological care they already received. Patients in the ICBT condition received two face-to-face intake sessions, followed by therapist-guided internet-based treatment tailored to their individual treatment goals. Patients in both groups filled out standardized self-report questionnaires assessing physical and psychological functioning, and impact on daily activities, at baseline, post-assessment, and 6-month follow-up. Furthermore, the working alliance was assessed at the beginning of treatment.

In covariate-controlled linear mixed models analyses, significantly larger improvements in ICBT compared to CAU were found up to 6 months after treatment as compared to baseline in the primary outcomes physical functioning (p=.03, d=0.36) and impact on daily activities (p=.04, d=0.35), but not in psychological functioning (p=.32). In explorative analyses, the working alliance measured at the beginning of ICBT treatment predicted improved physical (p=.02) and psychological (p<.001) outcomes.

Results underline the promise of therapist-guided, individually tailored ICBT as an adjunct to regular dermatological care in improving physical functioning and reducing the impact of psoriasis on daily activities. The therapeutic relationship showed moderate-to-large associations with better treatment effects, suggesting that the establishment of a good therapeutic relationship early on may be important for treatment outcomes in personalized ICBT interventions. Further research should extend these findings, to evaluate ICBT effectiveness in other samples, and to explore its underlying mechanisms.
A TAILORED GUIDED INTERNET-BASED COGNITIVE-BEHAVIORAL INTERVENTION FOR PATIENTS WITH RHEUMATOID ARTHRITIS: A RANDOMIZED CONTROLLED TRIAL.

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ABSTRACT
A chronic somatic condition such as rheumatoid arthritis (RA) has consequences for physical and psychological health. Research has shown that cognitive-behavioral interventions can improve the functioning of patients with chronic somatic conditions. However, face-to-face CBT has several barriers for implementation such as high costs and lack of therapists. Predominantly self-management internet interventions for patients with RA have shown promising results, but recruitment strategies based on self-referral may hamper the reach of these interventions. For patients who experience elevated levels of distress, tailored guided internet-based cognitive-behavioral treatment may be effective in improving psychological and physical functioning, and reducing impact on daily life.

A multicenter randomized controlled trial was conducted. Patients were recruited at rheumatology departments of several hospitals in the Netherlands. Prior to participation, patients were screened for elevated levels of distress. Only patients who met the criteria, were invited to participate in the randomized controlled trial. The control group received standard rheumatologic care and the intervention group additionally received an internet-based tailored cognitive-behavioral intervention. Main analyses were performed using a linear mixed model for longitudinal data using maximum likelihood to estimate differences between the intervention and control group in composite scores of psychological functioning, physical functioning, and impact on daily life at pre- and post-assessment, and at follow-up assessments at 3, 6, 9, and 12 months. Patients who received the intervention reported a larger improvement of psychological functioning compared to the control group (p<.001, d=0.55), including less depressed mood (p<.001, d=0.54), negative mood (p= .01, d=0.38), and anxiety (p<.001, d=0.48), and fewer role limitations due to emotional problems (p<.001, d=0.53) during the course of the one-year follow-up period. No effects were found on physical functioning (p=.17, d=0.15) and the impact on daily life (p=.09, d=0.18), except for a trend suggesting less fatigue in the intervention group (p=.06, d=0.24). The intervention was evaluated positively by participants and patients would recommend the intervention to family members or friends with a similar condition.

Discussion
The results of this RCT show the added value in comparison to standard rheumatologic care of a guided tailored internet-based cognitive-behavioral intervention for patients with RA with a psychological risk profile. Effects were mainly found for psychological functioning and less for physical functioning or impact on daily life, which was in line with the focus of the intervention for most patients. Results were stable during the course of a one-year follow-up. In addition, the intervention was positively evaluated by participants.

Conclusions
In conclusion, this study offers support for the effectiveness of guided internet-based tailored cognitive-behavioral interventions for patients with RA who have a psychological risk profile. Further study and consideration of specific intervention ingredients is warranted. The current study is a positive step towards the implementation of evidence-based effective online interventions in multidisciplinary healthcare for patients with RA.
THE EFFICACY OF IMAGERY RESCRIPTING COMPARED TO COGNITIVE RESTRUCTURING FOR SOCIAL ANXIETY DISORDER

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ABSTRACT
Negative self-imagery linked to memories of distressing social experiences is a key maintaining factor in cognitive models of social anxiety disorder (SAD) (Clark & Wells, 1995). Imagery rescripting (IR) is a transdiagnostic intervention aiming to alter negative meanings associated with memories of distressing experiences, and this technique has recently demonstrated promising results in the treatment of SAD. However, studies of IR for SAD are preliminary and limited by small sample sizes, and the lack of a between-subjects comparison of IR with established interventions such as cognitive restructuring (CR). Hence, the current study aimed to extend upon the demonstrated benefits of IR for SAD, including direct comparison of IR with CR and exploration of mechanisms of action in both interventions.

SAD individuals (N = 60) were randomly allocated to IR, CR or Control conditions, and were asked to complete two speech tasks, one week prior to, and one week following their assigned intervention. Participants completed measures of symptomatology, as well as state affective and cognitive variables in relation to the intervention and speech tasks. IR and CR yielded large and significantly greater reductions in social anxiety symptomatology and state distress compared to controls, and both active interventions were equivalently efficacious. However, IR yielded stronger gains on the imagery variables, whereas CR yielded stronger gains on verbal cognitive processes.

Findings provide support for the benefits of IR in the treatment of SAD. However, IR and CR appeared to operate via different mechanisms of action, and are hypothesised to produce new self-representations that compete with different facets (imaginal versus verbal) of the existing negative self-representation held by SAD individuals. While significant gains were made from a single session of IR alone, outcomes suggest that IR is likely to be most effective in the treatment of SAD when delivered across multiple sessions, in combination with CR in order to target both verbal and imaginal self-representations, or in the context of schema therapy for more complex patients. Future studies would benefit from exploring mechanisms of action in IR, including the role of positive self-imagery.
INTERNET-BASED GUIDED SELF-HELP FOR SOCIAL PHOBIA ADMINISTERED THROUGH A MOBILE APP: RESULTS OF A RANDOMIZED CONTROLLED TRIAL

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ABSTRACT
Internet-based guided self-help treatments for social phobia have shown promising results in several controlled trials. This study investigates whether this treatment format can be adapted for mobile devices. In a randomized controlled trial, a mobile app-based treatment for social phobia is compared with a web-based version of the same program tailored for the use on desktop/laptop computers, and a wait-list control group.

150 adults fulfilling the criteria for social anxiety disorder according to a telephone administered diagnostic interview (SCID) are randomly assigned to three conditions: a) a 12-week mobile app-based cognitive-behavioural guided self-help treatment, b) a comparable 12-week web-based guided self-help treatment tailored for the use on a desktop/laptop computer, c) and a wait-list control group. Primary outcomes are symptoms of social anxiety disorder and diagnostic status immediately after the intervention (12 weeks) and at 6-month follow-up. Secondary endpoints and process variables include general symptomatology, depression, quality of life, satisfaction with the treatment, usage characteristics, adherence to the program and working alliance with the therapists who provide guidance.

Main results are currently being analyzed and will be presented and discussed.

The results should point out if and how mobile apps can add to the efficacy of guided self-help treatments. The novel format, if shown efficacious, might be later deployed along with web-based interventions and modified to address other disorders and conditions.
A SORROW SHARED IS A SORROW HALVED? A RANDOMIZED CONTROLLED TRIAL COMPARING INTERNET-BASED INDIVIDUALLY VERSUS GROUP-GUIDED SELF-HELP TREATMENT FOR SOCIAL ANXIETY DISORDER

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ABSTRACT
Social anxiety disorder (SAD) is one of the most researched conditions in the field of Internet-based self-help. Various studies have shown that cognitive-behavioral treatments can be efficacious to reduce social phobic symptoms. Most of the interventions tested include some form of support, whereas the efficacy of a web-based group format has yet to be investigated. This three-arm RCT investigated the possible added value of therapist-guided group support in an Internet-based guided self-help treatment for SAD.

A total of 149 adults with a diagnosis of SAD were randomly assigned to either a wait list control group (n=29) or one of two active treatment conditions (n=60). Participants in the two active conditions used the same Internet-based self-help program, either with individual guidance by a therapist or with the support of a therapist-guided group of six individuals. In the group condition, participants communicated with each other via an integrated, protected discussion forum. The primary outcome variables were symptoms of SAD and diagnostic status immediately after the intervention (12 weeks) and at six-month follow-up. Secondary endpoints were general symptomatology, depression, quality of life and adherence to treatment.

Mean between-group effect sizes were $d=0.79$ for the group-guided treatment versus the wait list controls and $d=1.08$ for the individually guided treatment versus the wait list controls. At post-treatment, 25% of the participants in each of the active treatment conditions no longer met the criteria for SAD. In both of the active conditions, treatment gains were maintained at six-month follow-up.

Both active treatment conditions showed superior outcome on the primary social anxiety measures compared to the waitlist. The two active treatment conditions did not differ significantly in effectiveness, diagnostic response rate or attrition. Group guidance reduced the required therapist time by two thirds.

Results indicate that a group-guided self-help treatment is a promising and cost-effective approach in the treatment of SAD. It seems recommendable for the mutual exchange to take place within small groups of patients, who start the treatment simultaneously and are guided by a psychologist.
ID-59 SATURDAY, SEP 3, 14:00. OP12 SOCIAL ANXIETY DISORDER

THE OXYTOCIN MYTH: SOCIAL ANXIETY & PROSOCIAL BEHAVIOR GOING VIRTUAL

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ABSTRACT

In social interaction, a multitude of subtle behaviors can lead to more positive evaluation by others. For example, the interpersonal space that is kept to another person reflects the closeness of the relationship while automatic, subtle mimicking of an interaction partner is a sign of sympathy, that can also be used to increase sympathy, if not overdone. According to cognitive theories, socially anxious (SA) individuals tend to avoid social interaction and tend to engage in self-focused attention when in such situations. They might be reluctant to approach people and may not notice when they are being imitated and therefore form no positive impression of the imitating person. Previous findings have indeed shown that SAs keep more interpersonal distance than non-anxious controls and mimic less.

As the neuropeptide oxytocin has been shown to increase social affiliation, attention to social cues such as faces and decrease social anxiety it is investigated in how far OXT attenuates subtle behaviors such as mimicry and interpersonal space in individuals with varying degrees of social anxiety.

In a placebo controlled cross-over design, females with varying degrees of social anxiety were immersed in a Virtual Reality environment and asked to approach male and female Avatars (Task 1), and were asked to listen to an Avatar proclaiming an opinionated speech, while showing some preprogrammed head or arm movements (Task 2). In Task 1 approach speed and minimum interpersonal space were assessed, while in Task 2 it was recorded how many of the Avatar’s movements were mimicked by the participants.

The data-collection is about to be completed and (preliminary) results will be presented.

Since recently, OXT is being discussed as possible treatment adjunct for social anxiety disorder. However, its specific effects on (pro-)social behaviors are not sufficiently understood, yet. If neither maintaining nor causal processes in social anxiety, such as interpersonal approach-avoidance tendencies or mimicry, are not or only moderately attenuated after OXT administration, or if OXT effects are rather global, its use as therapeutic agent/enhancer is questionable. Consequently, the pro-social properties of OXT should be systematically investigated to substantiate its true value for the treatment of social anxiety disorder.
ABSTRACT
Social anxiety is one of the common problems among university students, affecting between 10% and 12% of them. It can significantly decrease or even block their academic performance, especially when they are expected to present their work in front of the group of other students. Anxiety can also interfere with their social life, and frequent avoidant behavior may also lead to depressive symptoms.
Group CBT based on Heimberg and Becker model was conducted with 3 groups of students, (N=20; age 19 to 28). The shortened version of 8 weekly sessions with one follow-up session (after two months) was tested. The main therapeutic interventions included in the treatment program were psychoeducation, cognitive restructuring and in-vivo exposure exercises in the group. Homework assignments were focused on conducting DTR, behavioral experiments and gradual exposure.
Several measures of treatment results have been used: Social Interaction Anxiety Scale (SIAS), Social Phobia Scale (SPS), subjective assessment of anxiety level at the beginning and at the end of each session (on the scale from 0 to 10). All measures showed significant decrease in anxiety after treatment. Students also report about less avoidant behavior and about improved functioning in academic and social situations.
It is recommended to use group CBT with socially anxious university students. Even shortened version of the treatment with 8 weekly sessions can be effective and useful to improve their everyday functioning.
THE DISSEMINATION OF MOTIVATIONAL INTERVIEWING IN SWEDISH COUNTY COUNCILS

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ABSTRACT

The objective of this randomized controlled trial was to evaluate to what extent practitioners acquire and retain skills in motivational interviewing (MI) from regular workshop trainings in five Swedish county councils, and from workshop trainings followed by supervision consisting of feedback based on monitoring of practice.

A total of 126 practitioners in five county councils across Sweden were randomized to one of the study's two groups: 1) Regular county council workshop training, 2) Regular county council workshop training followed by six additional individual sessions of telephone supervision carried out monthly, based on recorded sessions coded according to the motivational interviewing treatment integrity (MITI) code. The participant's mean age was 43.3 years, and the majority were females (88.1%).

The workshop trainings in the five county councils increased the participants' skills in MI, regardless of their different form and content. Also, consistent with previous research, the additional supervision contributed to better long-term outcome of MI skills compared to the workshop training alone. However, at the six-month follow-up assessment, the analyses showed generally maintained levels of skills for all the participants. Also, there was a considerable variation in competence among the practitioners at all assessment points, and the majority of participants did not attain beginning proficiency levels at either the post-training or the follow-up assessments.

The results raise questions regarding the most efficient training for practitioners to attain and sustain adequate MI practice standards. Future studies could build on the current by examining a stepped approach to MI training.
ABSTRACT

Mental health problems are highly prevalent and there is need for the self-management of (mental) health. Ecological Momentary Interventions (EMI) can be used to deliver interventions in the daily life of individuals using mobile devices. The aim of the current study was to systematically assess and meta-analyze the effect of EMI on three highly prevalent mental health outcomes (anxiety, depression and perceived stress) and positive psychological outcomes (e.g., acceptance).

PsycINFO and Web of Science were searched for relevant publications, and the last search was done in September 2015. Three concepts were used to find publications: (1) mental health, (2) mobile phones, and (3) interventions. Thirty-three studies including 43 samples that received an EMI were identified (n = 1301) and relevant study characteristics were coded using a standardized form. Quality assessment was done with the Cochrane Collaboration tool. The majority of the EMIs focused on a clinical sample, used an active intervention (that offered exercises), and in over half of the studies additional support by a mental health professional (MHP) was given. The EMI lasted on average 7.48 weeks (SD = 6.46), with 2.80 training episodes per day (SD = 2.12) and 108.25 total training episodes (SD = 123.00). Twenty-seven studies were included in the meta-analysis, and after removing six outliers, a medium effect was found on mental health in the within-subject analyses (n = 1008), with \( g = 0.57 \) and 95% CI [0.45; 0.70]. This effect did not differ as function of outcome type (i.e., anxiety, depression, perceived stress, acceptance and relaxation). The only moderator for which the effect varied significantly was additional support by a MHP (MHP supported EMI, \( g = 0.73 \), 95% CI [0.57; 0.88]; stand-alone EMI, \( g = 0.45 \), 95% CI [0.22; 0.69]; stand-alone EMI with access to care as usual, \( g = 0.38 \), 95% CI [0.11; 0.64]). In the between-subject studies, 13 studies were included and a small to medium effect was found (\( g = 0.40 \), 95% CI [0.22; 0.57]). Yet, these between-subject analyses were at risk for publication bias and were not suited for moderator analyses. Furthermore, the overall quality of the studies was relatively low.

Results showed that there was a small to medium effect of EMIs on mental health and psychological well-being and that the effect was not different between outcome types. Moreover, the effect was larger with additional support by a MHP. Future randomized controlled trials are needed to further strengthen the results and to determine potential moderator variables. Overall, EMIs offer great potential for providing easy and cost-effective interventions to improve mental health and increase psychological well-being.
GUIDED AND UNGUIDED TRANSDIAGNOSTIC ACCEPTANCE AND COMMITMENT THERAPY FOR ANXIETY DISORDERS PROVIDED VIA A COMPUTER AND A SMARTPHONE APPLICATION: A RANDOMIZED CONTROLLED TRIAL.

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ABSTRACT
Technology-assisted psychological treatments are becoming well-known in the scientific networks throughout the world and are being implemented into routine health care in a number of countries. The interest in evaluating the potential of different devices is growing. The main objective of the current study was to evaluate the effects of guided and unguided computer- and smartphone-based Acceptance and Commitment Therapy (ACT) for social anxiety disorder (SAD) and panic disorder (PD).

A total of 152 participants were randomized into a guided treatment group, an unguided treatment group and a waiting list control group. Both treatment groups got access to a computer-based ACT-treatment and a smartphone application (app) with corresponding content. The eight modules treatment program covered a number of topics such as the nature of anxiety, functional analyses, acceptance, mindfulness and valued actions. The purpose of the app was to make it easier for the participants to access the key points of the program and to do homework assignments in their everyday life. Automatic messages in the app aimed to give feedback to the participants on their work as well as to prompt them to continue with the program. In addition to that, the participants in the guided group got therapist support via the app. The therapists were encouraged to work with each of their patient 15 min/week during the 10 weeks treatment period and focus on motivating, validating and correcting mistakes. On the whole group level GAD-7 was used as the primary outcome measure. LSAS and PDSS-SR were used for subgroup analyses in SAD and PD participants respectively. The measurements were collected at pre-, mid- and post-treatment and at 12-months follow-up.

There were no significant differences in adherence between the treatment groups except for significantly higher rates of smartphone usage in the guided group. No significant differences in treatment outcome were found between the treatment groups with moderate within-group effects (Cohen’s $d = 0.75$ for the guided and $d = 0.66$ for the unguided group). The treated participants improved significantly in comparison to the control group both on the whole group level (between group Cohen’s $d = 0.39$) and for the participants suffering primarily from SAD (between group Cohen’s $d = 0.70$). Within group effect sizes were large for the PD-participants (Cohen’s $d = 1.00$) but the study was very underpowered in this part. Discussion. The treatment program as it was used in the present study appeared to be effective in treating social anxiety disorder and decreasing general anxiety symptoms, but the effects are smaller than seen in previous studies. The guided treatment was not clearly superior to the unguided one. The study contributes to the growing body of evidence on technology-assisted ACT.

Conclusion. Computer- and smartphone-based ACT can be made into an effective treatment for anxiety disorders. A smartphone application seems to have a clear potential to partly compensate for the absence of therapist support which needs to be studied further.
ABSTRACT
Exposure-based interventions are among the most effective methods for treating anxiety disorders, with numerous randomized controlled trials and naturalistic studies supporting their effectivity and effectiveness. Although anxiety disorders are a major focus of psychotherapeutic routine care, exposure-based interventions are insufficiently used. This lack of dissemination hampers an efficient treatment of anxiety disorders. However, the specific barriers are still unclear.
In the present study, psychotherapists were asked to indicate barriers that hinder the use of exposure in their own outpatient practice (in the eastern part of Germany,) as well as specific changes that may increase the use of exposure. Major barriers concern the organizational feasibility (e.g., time and access to appropriate locations) and specific regulations and standards of health care providers. Attitudes towards exposure and therapists’ distress during exposure were also addressed.
Together, the results offer specific implication for targeting organizational, individual, and systemic barriers of exposure-based interventions, which may help to increase dissemination and effective treatment of anxiety disorders in clinical practice.
INTEGRATED AND EXPERIENTIAL COGNITIVE BEHAVIOURAL THERAPY: STARTING WITH ROOTS AND SPREADING THE SEEDS- A MODEL OF CBT DISSEMINATION FROM NOVA SCOTIA, CANADA

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ABSTRACT
Cognitive behavioural therapy has evolved in three phases and there are significant challenges in terms of a) Integrating the different waves of CBT b) Developing a model for training and supervision c) Delivering it over large distances without incurring travel costs d) Making CBT accessible in a timely manner e) Achieving this without recurrent funding for establishing new services.

The paper will describe a province wide approach which has tackled the above challenges along with operational methodology to deliver results.

In 2011-2012 the Department of Health and Wellness (DHW) in Nova Scotia, Canada unveiled a Mental Health Strategy document to improve mental health care in the province. The Choice and Partnership Approach (CAPA) from UK was adopted to increase access to mental health care to deliver patient relevant outcomes using a team based efficiency approach. Cognitive Behavioural Therapy was considered one of the priority interventions to integrate into this model of service development.

An integrated and experiential model of CBT (IXCBT) therapy training, supervision and case flow management model was devised to assist with improving access to CBT. The IXCBT program has three components: a five day intensive introducing the clinicians to IXCBT, weekly workshop training of over 15 different mental disorders, and weekly supervision over 20 weeks. The supervision included monitoring case loads and treatment outcomes. The supervision used the CTP model (Rao and Postma 2008, 2012). The components of this model are

a. Condition and Conceptualisation
b. Treatment techniques and Protocols
c. Processes (Transdiagnostic)

Post supervision period the trainees form peer group with guidance to continue supervision following the above model. 5 cycles of training was delivered from 2011 to 2015. The last two cycles involved distance training to sites across the province of Nova Scotia using Telehealth Networks and Adobe Connect software. The participant outcome reported is from the last cycle of training. Clinicians completed online self-report surveys about the training and supervision each week. The DHW funded the training.

A 3 X 4 ANOVA was conducted to determine if skills and knowledge in a session and course of CBT increased at each time point. Results show that the IXCBT program significantly increased participants' general CBT knowledge and skills in a course of CBT from the beginning of the program (M= 5.29) to the end of the program (M= 7.72). The program also significantly increased participants’ knowledge and skills in a session of CBT from before (M= 5.64) and after (M= 7.74) the program.

In terms of service outcomes the CAPA and IXCBT programme reduced waiting times significantly such that 95% of patients treated within target waiting time in 2014-2015 in the major pilot site.

The IXCBT programme and CAPA operational management approach are compatible and deliver both increase in self rated competence as well service outcomes related to health care access. Although there are other very effective models of improving delivery for example IAPT, UK, our model did not require additional recurrent service funding to improve access to mental health care and CBT.
REDUCING VICARIOUSLY ACQUIRED FEARS VIA VERBAL INFORMATION OR POSITIVE MODELLING

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ABSTRACT
The direct pathway to fear acquisition contends that fear is acquired via aversive conditioning during a traumatic event. Rachman (1977) also advocated two indirect pathways to fear acquisition; the transmission of verbal information and vicarious learning (see reviews by Askew & Field, 2006; Muris & Field, 2010). Theoretically, it has been argued that CS-US associative learning processes may underpin the indirect pathways to fear acquisition (e.g., Davey, 2002; Field, 2006; Reynolds, Field, & Askew, 2015). Subsequently then, effective interventions should be targeted at weakening these associations. One way in which this has been demonstrated for vicarious learning specifically is via counterconditioning (e.g., Dunne & Askew, 2013; Reynolds, Field, & Askew, in press). Kelly, Barker, Field, Wilson and Reynolds (2010) demonstrated that positive information was more effective than positive modelling in reducing (or ‘unlearning’) fear-related beliefs and behavioural avoidance initially acquired via the transmission of information.

Research has yet to explore whether fear responses acquired via vicarious learning can be reduced using positive verbal information. It is impossible to discern from Kelly et al’s (2010) research whether verbal information was a more effective method of fear-reduction than vicarious learning merely because information is a more effective intervention per se, or whether it was because the fear-reduction intervention (the information intervention) matched the same pathway within which fear was initially acquired (the information pathway). Research has argued that the pathways to fear are unlikely to operate in isolation (e.g., Askew et al., 2008; Mineka & Zinbarg, 2006), however it remains to be seen whether matching the acquisition and intervention pathways affects the potency of fear reduction.

The current study presented children with a vicarious learning procedure (see also Askew & Field, 2007; Reynolds et al., 2014) whereby one novel animal (e.g., a quokka) was paired with faces expressing fear (the ‘fear-paired’ animal) and a second novel animal (e.g., a cuscus) was presented alone (the ‘unpaired’ animal). Children were then randomly assigned to one of three conditions; children in the ‘vicarious’ condition received a counterconditioning intervention whereby the previously fear-paired animal was presented with faces expressing happiness, children in the ‘information’ group received positive information about the previously fear-paired animal, and children in a ‘control’ group received an unrelated task. Fear cognitions (via a fear beliefs questionnaire), avoidance preferences (via a nature reserve task), behavioural avoidance (via a touch box task) and physiological responding (via heart rate measures during the touch box task) were measured to explore changes in fear cognitions, behaviour and physiological responding post-vicarious learning and post-fear reduction (vicarious, information or control). Thus the study sought to explore whether the vicarious intervention would be more effective than an informational intervention by virtue of matching the initial vicarious learning episode, or whether the informational intervention would be more effective than the vicarious intervention by virtue of being a more effective intervention.

The research replicated earlier findings demonstrating an increase in fear cognitions and avoidance preferences following vicarious learning, as well as demonstrating higher behavioural avoidance of a vicariously acquired fear-paired animal compared to an unpaired animal. The study also demonstrated that fear cognitions and avoidance preferences acquired vicariously can be significantly reduced with both a vicarious fear-reduction technique, as well as an information fear-reduction technique. Analyses demonstrated that there was a significant increase in fear beliefs and avoidance preferences post-learning in all three groups, however this change returned to baseline (or beyond) when children received positive vicarious learning or positive information. That is, both vicarious learning and verbal information were successful in reducing self-reported fear beliefs and self-reported avoidance preferences. For children receiving no fear reduction intervention, fear beliefs and avoidance preferences for the fear-paired animal increased post-learning and remained elevated.

The research also demonstrated significantly greater behavioural avoidance of the fear-paired animal compared to the unpaired animal following vicarious learning in the control group. However this avoidance was not found in the groups receiving a fear-reduction intervention, that fear-reduction interventions prevented behavioural avoidance. Finally, the current research found no significant effect of vicarious learning on physiological responding.

Taken together, a prospective paradigm demonstrated that fear responses acquired via one of Rachman’s (1977) indirect pathways, vicarious learning, could be reduced using fear-reduction interventions tailored towards the same pathway (vicarious learning) and via the other indirect pathway: the transmission of information. The research replicated earlier
findings demonstrating an increase in fear cognitions and avoidance preferences following vicarious learning, as well as demonstrating higher behavioural avoidance of a vicariously acquired fear-paired animal compared to an unpaired animal (e.g., Askew & Field, 2007; Dunne & Askew, 2013; Gerull & Rapee, 2002; Reynolds et al., 2014, 2015).

Results also replicated previous findings (e.g., Dunne & Askew, 2013; Reynolds et al., in press) demonstrating that vicarious counterconditioning results in a reduction of fear beliefs and avoidance preferences initially acquired via vicarious fear learning. It also extends this work by demonstrating that positive information is also effective in reducing vicariously acquired fear beliefs and avoidance preferences. The research also demonstrated significantly greater behavioural avoidance of the fear-paired animal compared to the unpaired animal following vicarious learning in the control group. However this avoidance was not found in the groups receiving a fear-reduction intervention. Previous research (e.g., Reynolds et al., 2014) has found results comparable to the control group in the current study, in that children take longer to approach an animal previously seen with scared faces compared to an unpaired animal. Therefore, the findings in the present study demonstrating no such difference in approach times when children had received positive vicarious learning or positive information provides evidence that these fear-reduction interventions prevented this effect. Despite previous research (e.g., Reynolds et al., 2014) demonstrating an increase in heart rate following vicarious fear learning, and further research (e.g., Reynolds et al., in press) showing that vicarious counterconditioning decreased vicariously acquired heart rate responses, the current research found no significant effect of vicarious learning on physiological responding. Taken together, the current research suggests that the intervention does not have to be congruent with the initial fear acquisition pathway in order to be effective.

Theoretically, research has long argued that associative learning processes underpin the vicarious and information pathways to fear acquisition (e.g., Davey, 2002; Field, 2006). More specifically, research has demonstrated that this associative learning is likely to be CS-US processes (e.g., Askew & Field, 2008; Mineka & Zinbarg, 2006; Reynolds et al, 2015, in press). The current results support this by demonstrating that positive experiences with the CS resulted in a reduction in fear cognitions, avoidance preferences and behavioural avoidance, therefore suggesting that the positive experiences weakened the negative associations between the US and the CS, creating a new positive US. Clinically, this is important as it demonstrates that the use of positive information and positive vicarious learning experiences may be useful in counteracting the negative effects of adverse experiences.
ABSTRACT
After reactivation, memories can become unstable and sensitive to modifications before they are restored into long-term memory, which is called reconsolidation. Using behavioral manipulations, reactivated memories can be disrupted via the mechanism of interference (i.e., novel learning). In a laboratory study, Wichert et al. (2013a) showed that new learning after reactivation negatively affects episodic memory, while new learning alone or reactivation alone does not. Given the potential clinical application of such a procedure in psychological treatments, the aim of this study was to replicate Wichert et al. On day 1, participants (N = 96) in four groups viewed and recalled a series of pictures. One week later, on day 8, Group 1 reactivated the previously learned pictures and learned new pictures. To control for specific effects of reactivation or new learning, Group 2 only reactivated the previously learned pictures without new learning, and Group 3 only learned new pictures without reactivation. Group 4 received no reactivation and no new learning. On day 9, all groups performed a recognition test in which they indicated for each picture out of a series whether or not they had seen it on day 1.

The data were analyzed using Bayesian hypothesis testing, which allows for quantifying the evidence in favor of the alternative hypothesis and the null hypothesis. Results show that Group 1 recalled less pictures from day 1 compared to Group 2 and 4, but compared to Group 3 the evidence was more in favor of the null hypothesis. Bayesian sensitivity analyses show that different priors do not influence the results and therefore confirm that these results are robust. We replicated most of the findings by Wichert et al., but did not find the crucial difference between new learning following reactivation and new learning alone. Possible explanations and implications will be discussed.
DISCREPANCY BETWEEN SUBJECTIVE AND OBJECTIVE ASSESSMENTS OF COGNITIVE FLEXIBILITY AND PROBLEM-SOLVING ABILITY IN GENERALIZED ANXIETY DISORDER

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ABSTRACT
Individuals with generalized anxiety disorder (GAD) report that their chronic worry and anxiety cause problems and impairment in their functioning. In addition, assessors often use functional impairment as a criterion when assessing for GAD. However, reports in the literature suggest that the subjective self-assessments of persons with GAD do not align with more objective or performance-based indicators of their functioning (Gentes & Ruscio, 2014). Specifically, individuals with GAD are often higher-functioning than they perceive themselves to be. In the present study, we compared scores on self-report measures of cognitive flexibility and problem-solving ability against performance on objective or other-rated measures of these domains in individuals with probable GAD. We also compared individuals with probable GAD to individuals low in worry and anxiety on these same measures.

Participants were classified into Probable GAD (n = 25) and non-GAD groups (n = 59) based on a stringent cut score of 7.67 on the Generalized Anxiety Disorder Questionnaire (Newman et al., 2002; Moore et al., 2014). The mean scores on the Penn State Worry Questionnaire in the Probable GAD group (mean = 68.28, SD = 7.68) and non-GAD group (mean = 46.94, SD = 11.28) were consistent with means reported in the literature for treatment-seeking and nonclinical samples, respectively. Participants completed self-report measures of cognitive flexibility [Cognitive Flexibility Inventory (CFI; Dennis & Vander Wal, 2010)] and problem-solving ability [revised Social Problem-Solving Inventory (SPSI-R; D’Zurilla, Nezu, & Maydeu-Olivares, 2002)] as well as the Wisconsin Card Sorting Test (Heaton et al., 1981) and the Means-Ends Problem-Solving Test (Platt & Spivack, 1975).
Within the Probable GAD group, scores on the CFI and SPSI-R showed no statistical associations with scores on the WCST and judges’ ratings of the concreteness and effectiveness of problem solutions on the MEPS (r ranging from 0 to .26). The Probable GAD group reported significantly lower cognitive flexibility on the CFI [t (80) =-5.1, p< .001] and a more negative orientation toward problems and the problem-solving process on the SPSI-R [t (82) = 5.5, p< .001] relative to the non-GAD group. However, there were no between-group differences on the WCST and in the quality of their problem-solving on the MEPS.

Individuals endorsing clinically significant worry did not display compromised or impaired performance on performance-based measures of cognitive flexibility and problem-solving, despite reporting that they generally have difficulty thinking flexibly and have low confidence in their problem solving abilities. The discrepancies observed in the present study are consistent with recent suggestions that individuals with GAD perceive themselves to be more impaired across a number of domains than they actually are. Interestingly, the results stand in contrast with those reported in the literature for depression, a condition also characterized by repetitive, abstract thinking. Specifically, depressed individuals show impairment in cognitive flexibility and problem-solving on subjective and objective assessments. In this talk, we will discuss possible explanations for the observed discrepancies in people with GAD; why the discrepancies are clinically meaningful; and how the discrepancies can be addressed in cognitive-behavioural treatment.
THE RELATIONSHIP BETWEEN ESTRADIOL LEVELS AND ANXIETY RESPONSES TO SOCIAL-EVALUATIVE THREAT

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ABSTRACT
Anxiety disorders are characterized by at least three important components: catastrophic thinking, elevated physiological arousal, and avoidance of feared stimuli. Exposure therapy, a core component of CBT, challenges catastrophic beliefs while allowing physiological responses to habituate. Recent evidence indicates that women and female rodents with low estradiol show impaired conditioned fear extinction, a laboratory model of exposure therapy. However, the current literature examining estradiol and fear extinction in humans has focused primarily on physiological measures of fear, such as skin conductance response (SCR) and fear potentiated startle. In a series of experiments, we investigated whether the estradiol effect generalized to other forms of exposure, specifically exposure to social-evaluative threat. We measured multiple components of anxiety in addition to physiological arousal, namely subjective responses (Experiment 1) and avoidance behaviors (Experiment 2).

Naturally cycling women with high estradiol levels (n = 19 Experiment 1; n = 23 Experiment 2) and low estradiol levels (n = 20 Experiment 1; n = 24 Experiment 2), plus women using contraceptives (which suppress endogenous estradiol; n = 19 Experiment 1; n = 23 Experiment 2), performed an impromptu speech to camera. SCR was measured, along with self-reported anxiety and affect. In Experiment 2, speech duration and self-reported safety behaviors were assessed as an index of avoidance.

Naturally cycling women with low estradiol showed a greater increase in SCR compared to women with high estradiol [Experiment 1: F(1,38) = 4.63, p = .038; Experiment 2: F(1,45) = 4.28, p = .044], despite no differences in baseline SCR. However, SCR levels for women using contraceptives were inconsistent: in Experiment 1 they were significantly different to high (p = .019) but not low estradiol women (p = .032), while in Experiment 2 they did not differ from either group (smallest p = .15). Importantly, there were no group differences in self-reported anxiety and affect for either experiment (smallest p = .119). There was also no evidence of a link between estradiol and avoidance, as measured by speech duration [F(2,69) = .211, p = .81] or self-reported safety behaviors [F(2,69) = .387, p = .68].

Endogenous estradiol levels are associated with physiological responses to social-evaluative threat, but not self-reported anxiety or avoidance behaviors. These results are in accordance with recent findings examining estradiol and conditioned fear extinction. One explanation for this dissociation could be that these response systems are controlled by separate brain regions that are differentially affected by estradiol. However, it is as yet unclear how these systems interact, or how they relate to functional outcomes in anxiety disorders. Future studies examining alternative physiological measures (e.g. fear-potentiated startle) or neurological responses (e.g. fMRI) could help clarify the link between estradiol and anxiety, which may in turn lead to potential clinical applications.
ID-1 FRIDAY, SEP 2, 10:30. OP15 CHILDREN AND ADOLESCENTS

THE ROLE OF PARENTING BEHAVIOURS IN CHILDHOOD PTSD: A META-ANALYSIS AND SYSTEMATIC REVIEW

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ABSTRACT
A number of studies have examined the association between parenting behaviours and childhood Post-Traumatic Stress Disorder (PTSD), with mixed findings. To clarify the role of parenting in childhood PTSD we conducted a systematic review and meta-analysis of 14 studies that investigated the association between parenting and child PTSD symptoms (total n=4010).

A literature search was conducted to find studies presenting quantitative data on the association between parenting and childhood PTSD. Searches for this review included Medline, Embase, PsychInfo, PILOTS, PsychNet and Web of Science (1980 to December 2014). The PRISMA method was employed to conduct the systematic review of the relationship between parenting behaviour and child PTSD symptoms.

Negative parenting behaviours (e.g. overprotection, hostility) accounted for 5% of the variance in childhood PTSD symptoms. Positive parenting behaviors (e.g. warmth, support) accounted for 1.9% of variance. Analysis of sub-dimensions of negative parenting indicated that parental overprotection was more strongly and consistently associated with child PTSD symptoms, while the associations between parental hostility and support were more variable. Moderator analysis indicated that methodological factors (e.g. cross-sectional vs. longitudinal methodology) and trauma variables may affect the association between parenting behaviour and child PTSD. Most studies relied upon questionnaire measures of general parenting style and studies were predominantly cross-sectional with weaker evidence found in longitudinal studies. This may suggest a degree of child influence upon parenting behaviour, which needs further consideration.

Given the small number of high quality studies available, only provisional recommendations about the role of parenting in child PTSD can be made. Nonetheless, given the modest proportion of variance accounted for by parenting found, we suggest that other factors and influential moderator variables are considered in future research of child PTSD.
EFFECTS OF A PARENT TRAINING PROGRAM FOR THE TREATMENT OF YOUNG CHILDREN WITH SEPARATION ANXIETY DISORDER

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ABSTRACT
Separation-anxiety disorder (SAD) is the most frequent anxiety disorder, representing approximately half of referrals to specialized clinics. Given the high prevalence of SAD, its undesirable side-effects and its persistence, early detection and treatment seem essential. Among risk factors associated with SAD, researchers have shown the role of insecure/ambivalent attachment, maternal overprotection, and parental intrusive behaviors. These factors highlight the importance of including parents in the treatment of children with SAD. To date, four programs for SAD focusing on parental participation have been developed and assessed in randomized clinical trials or single-case studies. The purpose of our study was to replicate and extend previous research by examining the effects of an adapted version of the Parent Training Treatment for Separation-Anxious Children (PT-SA) developed by Raleigh et al. (2002).

Six parent-child dyads participated to the study. The children were between 4 and 7 years old and had a primary diagnosis of SAD according to the DSM-IV-TR criteria (APA, 2000) on the ADIS-P. The parents completed the Daily Record of Anxiety at Separation, the Preschool Anxiety Scale, the Parenting Practices and the Parenting Stress Index. We used a nonconcurrent multiple baseline across participants. The treatment program was a modified version of the PTTSPA. The 10 sessions included parental training, in vivo exposure, relaxation training and contingency management. After the treatment and at three-month follow-up, parents were given the same battery of questionnaires and completed the Daily Records during two weeks.

Improvements in SAD symptoms were observed for four of six children according to the daily diaries completed by the parents. These results were confirmed by changes in ADIS-P: five children no longer met the SAD diagnostic criteria after intervention, and these effects persisted at follow-up. Results also showed some changes in parental behaviors. For example, some mothers increased their use of specific praises and rewards and showed reductions in negative discipline. The most frequent change was that four mothers showed a decrease in their overprotection behaviors following treatment. Our study extends the research literature in several ways. First, the intervention was conceived for a developmental period (4-7 years old) for which few studies were done to date in the treatment of SAD. The program combines both CBT strategies and a relational component. The fact that the program was delivered exclusively to parents may also be considered as a strength. Given that the parents play a crucial role in the development, maintenance and treatment of SAD, their role is decisive for a change to occur. Randomized controlled studies are necessary in order to replicate these results and to confirm the efficacy of the program.
ID-103 FRIDAY, SEP 2, 10:30. OP15 CHILDREN AND ADOLESCENTS

HOW TO DEVELOP A COMMUNITY-BASED CBT PROGRAM FOR CHILDREN WITH DEVELOPMENTAL DISORDERS

Dr Yuma Ishimoto, Tottori University, Tottori, Japan
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ABSTRACT
Anxiety symptoms commonly manifest in children and adolescents with developmental disorders. Cognitive Behavior Therapy has been recognized as an effective treatment for anxiety in this population (Sze & Wood, 2007). However, in Japan there are few facilities, such as mental health hospitals, that can regularly provide CBT to this population, and clinic-based treatment may be limited to providing practical training to help facilitate daily life skills. After school day-care services for children with disabilities (DCCD) are widely used in current Japanese society to support children with developmental problems. The DCCD is a specialist center that aims to enhance life skill competency of children with disabilities. Since children can visit the DCCD several times per week over one year, CBT can be offered in the environment close to daily life. Community-based treatment such as the DSSD can train and generalize life skills related to developmental disorders. As well as providing training for life skills related to developmental disorders the potential for the DCCD to be used to develop CBT services to treat anxious children should also be explored. With this in mind, this research aimed to investigate the potency of resources including supporters’ understanding of child problems and anxiety as well as current services to treat them.

Survey
A series of questionnaires were sent to 264 facilities in the west area in Japan. Of which 92 responded (34.8%). The questions explored situations regarding recognizing symptoms of child anxiety, the kind of treatments offered in such situations, and the characteristics of supporters and children.

Supporters
Supporters were qualified as child care professionals (over 80%), clinical psychologists (13.5%), and special educators (9.0%). Results indicated that supporters required further knowledge and skills of psychology and special education with CBT training.

Child problems
A majority of DCCDs (over 90%) had children with ASD.

Situations where child anxiety was recognized
Based on a categorical approach, we found 17 situations in which anxiety was commonly recognized, including activities that may result in failure or evaluation, changes of personal environment, and situations with few perspective.

Treatments offered
Social skill training and learning support were offered. There were no specific treatment, such as CBT for child anxiety.

Discussion
The results indicated that supporters were able to recognize child anxiety related to characteristics of developmental disorders, but that specific services to address anxiety or emotional problems among children in the DCCD were not available.

Conclusion
Providing training in CBT programs to supporters in non-professional mental health areas to help children with anxiety could be beneficial.
CURRENT STATUS OF THERAPEUTIC VIDEO GAMES IN PROMOTING MENTAL HEALTH IN CHILDREN AND ADOLESCENTS: A SYSTEMATIC REVIEW OF OUTCOME STUDIES

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ABSTRACT
Emotional disorders are among the most frequent and persistent mental health conditions in youths. As children and adolescents are major computer users, online therapeutic games are becoming increasingly popular among them. Although the number of therapeutic video games is growing, their efficacy is still unclear in mental health promotion.

The purpose of the present article is to review the evidence based-status of the therapeutic video games for children and adolescents. We analyzed 34 randomized clinical studies published on the use of therapeutic video games for mental health promotion and health-related behavioral change in children and adolescents.

Most studies in the field have been conducted on specific medical health-related problems (ex. cancer, asthma). Results showed a small but significant effect of therapeutic video games, Hedges’g = 0.29, 95% CI = [0.12; 0.45], which shows that they are a promising tool for mental health promotion in children and adolescents.

While results provide an argument for the use of existing therapeutic video games for addressing children and adolescents mental health problems, there is a need to develop games for mental-health promotion based on state of the art protocols and test them in rigorous studies.
OVERCOMING PROCRASTINATION: ONE-YEAR FOLLOW-UP AND PREDICTORS OF CHANGE IN A RANDOMIZED CONTROLLED TRIAL OF INTERNET-BASED COGNITIVE BEHAVIOR THERAPY

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ABSTRACT
Procrastination is defined as the voluntary delay of an intended course of action despite resulting in negative consequences. Procrastination can become a persistent behavioral pattern associated with reduced mood, increased stress, and poorer performance. Approximately one-fifth of the adult population and more than half of the student population experience significant difficulties due to procrastination. However, despite its prevalence, it has received little attention in clinical research. Meanwhile, Internet-based cognitive behavior therapy (ICBT) has been found promising for several psychiatric conditions, but has not yet been used in relation to procrastination. The current study thus aimed to examine the efficacy of ICBT for procrastination at post treatment and one-year follow-up. Furthermore, predictors of change were investigated in order to distinguish variables that might predict at positive treatment outcome.

Self-recruited participants (N = 150) with severe and chronic procrastination were randomized to a ten-week treatment program administered via the Internet; guided self-help, unguided self-help, and wait-list control (receiving unguided self-help after the first treatment period). Outcome measures were administered at screening, post treatment, one-year follow-up, or weekly; the Pure Procrastination Scale (PPS), the Irrational Procrastination Scale (IPS), the Susceptibility to Temptation Scale, the Montgomery Åsberg Depression Rating Scale, the Generalized Anxiety Disorder – 7 Items, and the Quality of Life Inventory. The intention-to-treat principle was used for all statistical analyses.

Moderate to large effect sizes were obtained at post treatment comparing guided and unguided self-help with wait-list control, the PPS, Cohen’s d = 0.70, 95% confidence interval (CI) [0.29, 1.10], and d = 0.50, 95% CI [0.10, 0.90], and the IPS, d = 0.81 95% CI [0.40, 1.22], and d = 0.69 95% CI [0.29, 1.09]. Clinically significant change was achieved among 31.3–40.0% for guided self-help, compared with 24.0–36.0% for unguided self-help. Neither of the treatment conditions were found to be superior on any of the outcome measures, Fs (98, 65.17-72.55) < 1.70, p>.19. In terms of the outcome at the one-year follow-up, the results will be available at the time of the conference, including the analyses of predictors of change.

ICBT could be useful for managing self-reported problems of procrastination, with results from post treatment revealing that both guided self-help and unguided self-help can be of great aid. Findings from the one-year follow-up and analyses of predictors of change will help to determine the long-term benefit and the possible variables responsible for a successful treatment outcome.
TRANSDIAGNOSTIC GROUP CBT FOR ANXIETY DISORDERS: THE UNIFIED PROTOCOL IN MENTAL HEALTH SERVICES

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ABSTRACT
Co-morbidity among the anxiety disorders is common and may negatively impact treatment outcome. Potentially, transdiagnostic cognitive-behavioral treatments (CBT) are more effective in dealing with comorbidity than standard CBT. The present study tested the effectiveness of The Unified Protocol (UP) applied to Mental Health Services. Pre-post-treatment effects were examined for psychiatric outpatients with anxiety disorders receiving UP treatment in groups.
47 patients (mean-age = 34.1 (SD = 9.92), 77% females) with a principal diagnosis of anxiety were included. We found significant and clinically meaningful changes in the primary outcomes Clinical Global Impression Severity Scale (CGI-S; d = 1.36), Hamilton Anxiety Scale (HARS; d = .71), and WHO-5 Well-being Index (WHO-5; d = .54). Also, comorbid depressive symptoms and levels of positive and negative affect changed significantly after treatment. Patients with high levels of comorbidity profited as much as patients with less comorbidity, however these patients had higher scores after treatment due to higher symptom-burden at onset. Patients with comorbid depression profited more from treatment than patients without comorbid depression.
The treatment effects found in the present study correspond to treatment effects of other TCBT studies, other UP group studies, and effectiveness studies on standard CBT for outpatients. The results indicate that the UP can be successfully applied to a MHS group setting, demonstrating positive effects on anxiety and depressive symptoms for even highly comorbid cases.
ABSTRACT
Clinical trials have shown that cognitive behavioural therapy for insomnia (CBT-I) may have an effect on both insomnia and depression in comorbid samples, but there is a gap in the knowledge on why CBT-I has an impact on depression. Neuropsychological theories suggest that disturbed sleep may work as a transdiagnostic process that maintains psychopathology. The aim was to test whether CBT-I impacts depressive symptoms through improved sleep, in a sample with insomnia comorbid with major depression and subthreshold depressive symptoms.
64 participants were recruited through advertisements and randomised to receive either CBT-I or an active control (relaxation training: RT) in groups during four bi-weekly sessions. Insomnia (ISI) and depressive severity (BDI-II) were measured pre-, mid- and post-treatment. Mediational analyses were conducted.
Insomnia and depressive severity lowered over the course of treatments. CBT-I was superior in reducing insomnia. The main treatment outcomes have been published elsewhere (Norell-Clarke et al, 2015). The relationship between CBT-I and post-treatment depressive severity was mediated by mid-treatment insomnia severity, which indicates that the effect of CBT-I on depression goes through improved sleep (b = -4.87, BCa CI = -9.21, -1.97). The results were maintained when pre-treatment insomnia and depressive severity were controlled for (b = -3.36, BCa CI = -8.86, -0.45). Testing for reciprocity, we found that mid-treatment depressive severity did not mediate between CBT-I and post-treatment insomnia severity. The results support the perpetuating role of insomnia in depression. This may have implications for other psychiatric patient groups with comorbid insomnia. Also, the results indicate that CBT for comorbid patient groups may need to target sleep specifically.
ID-55 SATURDAY, SEP 3, 08:30. OP17 SLEEP AND OCCUPATION

INTERVENTIONS PROGRAMS FOR ENHANCING RETURN TO WORK IN INDIVIDUALS WITH A COMMON MENTAL ILLNESS: A SYSTEMATIC REVIEW

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ABSTRACT

Common mental disorders are highly prevalent in the working population, and are often associated with disability. Return to work (RTW) is an important goal for sick-listed workers to avoid negative consequences. However, results are inconclusive regarding the effectiveness of RTW interventions for workers with common mental illness. The main objective of this study is to review the available interventions aimed at enhancing return to work in individuals with common mental illness. We performed an extensive search in biomedical, psychological and economic databases (MEDLINE, PubMed, PsycInfo, EMBASE, SocINDEX, and Human resource and management databases) to find relevant articles written in English with a publication date from January 1995 to present. We included randomised controlled trials (RCTs) and cluster RCTs of work-directed and clinical interventions for people with common mental illnesses, including mood disorders, anxiety disorders, Obsessive Compulsive Disorder, Post-Traumatic Stress Disorder and Adjustment disorders that included sickness absence and return to work as an outcome.

We systematically searched 2347 peer-reviewed articles from six databases. Two independent reviewers screened the articles with 97% level of agreement. Studies are very diverse in their design and their methods. They cover interventions with generic approaches as well as interventions developed specifically to reduce sickness absence, target disorder-specific problems in people with mental illnesses. These include internet, telephone, work-based cognitive behavioral and problem solving interventions for facilitating return to work of workers on sickness absence to common mental disorders, collaborative stepped care interventions aimed at (guided) self-help treatment of mental disorders in primary care and stepping up to specialised mental healthcare if necessary, and other interventions such as cognitive and performance-based treatments, exercises interventions, guided imagery and music therapy, telephone-based counselling and work modification interventions, interpersonal support programs. While no evidence was found regarding the effectiveness of group interventions compared to individual interventions on work-related outcomes.

This review identifies a range of work-based and clinical interventions or approaches to reduce sick leave days and enhance return to work for people with mental health conditions. However, most of the studies focus on reduction of symptoms, and reduce sick leaves. Yet, insufficient evidence exists in improving return to work processes yet. Further research is required to develop effective RTW interventions for people with episodes of poor mental health.
MAKING ROOM FOR SLEEP: A CLASSROOM BASED PREVENTION PROGRAM FOR ADOLESCENTS

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ABSTRACT
Sleep patterns go through important changes during adolescence and sleep deprivation is extremely common, with severe consequences for adolescents’ daily functioning (Owens et al., 2014).

Previous school-based interventions attempting to prevent sleep problems and their consequences have shown an increase in adolescents’ sleep knowledge but no behavioral changes. These programs usually include sleep education, cognitive and behavioral strategies, and a motivational framework (Cassoff, Knäuper, Michaelsen, & Gruber, 2013). Although the importance of motivation and engagement is unquestionable, previous attempts at enhancing adolescents’ motivation to change sleep behaviors might have been too shallow. We developed a new program that specifically targets barriers adolescents may encounter when trying to change their sleep behaviors, such as use of information and communication technology (ICT) late in the evening, stress due to schoolwork, and extracurricular activities. So, the intervention did not only focus on sleep education but also on improving students’ time management skills and encouraging them to monitor their ICT use. We also developed an interactive app for the intervention to increase engagement and to take advantage of the opportunities of ICT.

The aim of this study was to evaluate the effectiveness of this classroom delivered universal sleep intervention. More specifically, we wanted to investigate whether changes in technology usage and perceived stress preceded changes in adolescents’ sleep duration.

The intervention consisted of 5x45 min sessions over 6-7 weeks. Students (N = 292) completed weekly questionnaires through the app including a sleep diary for school-week and weekend sleep (bedtime, wake time, sleep onset latency, and wake after sleep onset), mobile usage, and motivation to change. They also completed pre- and post-intervention assessments, including self-reported sleep hygiene, perceived stress, and mood. At the end of the intervention students provided a qualitative evaluation of the sleep program.

The intervention is still ongoing and will be completed by the end of the school year (June 2016). So far, the intervention has shown good feasibility in the school context. Preliminary results will be presented on possible changes in sleep duration and sleep hygiene and the role of ICT use and stress.

This study will give us important information on adolescents’ sleep and its barriers in our 24/7 society. The discussion will focus on the possibilities of using this kind of preventive school-based interventions, as well as how modern technology (i.e. an interactive app) may be used for promoting engagement in this age group.
TO SLEEP OR NOT TO SLEEP, THAT IS THE QUESTION REGARDING LEARNING IN EXPOSURE TREATMENT-PREVALENCE AND EFFECT OF SLEEP PROBLEMS IN GUIDED INTERNET DELIVERED CBT (ICBT) FOR PEOPLE WITH SOCIAL ANXIETY DISORDER

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ABSTRACT
The current study examines comorbidity between social anxiety disorder (SAD), and sleep problems in relation to the effect of ICBT. CBT, (face-to-face and internet) is effective for people with SAD. However, roughly 25% do not improve sufficiently. One explanation could be co-morbidity with sleep problems, which are common in anxiety. As SAD and sleep problems are both associated with worry, comorbid sleep problems could mean more worry which in turn would affect treatment outcomes. Our aim was to examine the prevalence of co-morbid sleep problems among persons with SAD who had started ICBT for SAD at the Internet Psychiatry Unit in Stockholm (Sweden). Additionally, we wanted to investigate the effect of ICBT for SAD on sleep in the same sample.

We examined data from 850 patients with SAD, enrolled at the Internet Psychiatry Unit. The Insomnia Severity Index (ISI) was used to make estimates of the prevalence of comorbid sleep problems as well as the effect of ICBT for social anxiety on sleep.

Out of 850, 817 patients with SAD completed the ISI pre-treatment. Clinically significant sleep problems were reported by 40% (>10 on the ISI). After treatment, this comorbid subgroup reported a post treatment within group effect size of 0.83 on ISI.

A great proportion of people seeking treatment for social anxiety have sleep problems at clinical levels. Further, our results indicate that ICBT-SAD has an effect on sleep problems, albeit smaller than expected from CBT for Insomnia. As sleep deprivation is associated with poorer learning, and re-learning (exposure) is a central component of CBT for social anxiety, the effect of sleep problems on both SAD and treatment compliance to exposure is of interest. During the spring we will continue to analyze the current sample and specifically investigate weekly measurements of sleep duration, social anxiety, and adherence to homework when patients are working with exposure exercises. These results will be presented at the conference.
ABSTRACT
Severe health anxiety (SHA) is a common, disabling and often chronic condition that responds well to cognitive behavior therapy (CBT). To increase the availability of CBT for SHA this study explored three methods of delivering CBT with little or no therapist involvement. The main hypothesis was that regardless of method of administration, when compared to a wait-list condition, CBT would lead to a significantly larger reduction in SHA. Treatment effects were hypothesized to persist throughout the follow-up period.

Patients (N = 132) with DSM-5 somatic symptom disorder (SSD) or illness anxiety disorder (IAD) were randomized to twelve weeks of guided internet-based CBT (G-ICBT), unguided internet-based CBT (UG-ICBT), cognitive behavioral bibliotherapy (BIB-CBT) or a wait-list condition (WL). All treatments were built on the same principles and behavioral interventions. Primary outcome measure was the Health Anxiety Inventory (HAI), which was administered at baseline, post treatment, and six months after treatment.

All treatments were more effective than the WL (d = 0.83-1.23), and there was no significant difference in effect between treatments. In all treatments there were also waiting-list controlled reductions in secondary symptom scales, for example of general anxiety. Treatment effects were generally maintained at six month follow-up. Both G-ICBT, UG-ICBT and BIB-CBT seem to be efficacious treatments for SHA. The lack of a significant difference between treatments in effect on the HAI suggest that the true effect difference may be small or even non-existent. Though, due to lack of power, the relative merits of G-ICBT, UG-ICBT and BIB-CBT for SHA is still largely unknown.
INTERNET-BASED EXTINCTION THERAPY FOR WORRY: A RANDOMIZED CONTROLLED TRIAL

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ABSTRACT

Worry is a common phenotype both in psychiatric patients and the normal population. Worry can be seen as a covert behavior with primary function to avoid aversive emotional experiences. Our research group has previously developed a treatment package based on an operant model of worry, where we use competing responses as a mean to extinguish the catastrophic worry thoughts. The aim of this study was to test this treatment delivered via the internet in a large-scale randomized controlled trial.

We randomized 140 high-worriers (defined as > 56 on the Penn State Worry Questionnaire [PSWQ]) to either internet-based extinction therapy (IbET) or to a waiting-list condition (WL). Results showed that IbET was superior to WL with an overall large between group effect size of $d = 1.39$ (95% confidence interval [1.04, 1.73]) on the PSWQ. In the IbET group, 58% were classified as responders. The corresponding figure for WL participants was 7%. IbET also showed larger effects on secondary outcome measures of anxiety, depression, meta-cognitions, cognitive avoidance, and quality of life. Overall treatment results were maintained for the intervention group at 4-month follow-up.

The results from this trial are encouraging as they indicate that worry can be targeted with an accessible and effective operant-based intervention for worry. Replications trials with active control group are needed.
INTERNET-DELIVERED EXTINCTION THERAPY VS. STRESS-MANAGEMENT WORRY: A RANDOMIZED CONTROLLED TRIAL

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ABSTRACT
Worrying is one of the main symptoms in many anxiety disorders. Unfortunately, many CBT protocols has not yet been successful in treating patients with this kind of problems and several studies have found that patients with excessive worrying benefit less from treatment. Developing a transdiagnostic treatment that can specifically target this problematic behavior is therefore imperative. Our research group recently conducted a randomized controlled trial (n=140) testing an internet-based extinction therapy (IbET) for worry. Results showed a significantly large between group effect size (d = 1.39) favoring IbET vs. waiting list. Thus, IbET shows promising results and the next step is to test this treatment with an active control condition.

Randomized controlled trial. 311 high-worriers were randomized to IbET, internet-based stress-management training (IbSMT) or to waiting list. Treatments last for 10 weeks.
Blinding will be broken in may 2016
MEDIATOR ROLES OF STRESS COPING APPROACHES
IN RELATIONSHIPS BETWEEN TRAIT ANXIETY AND
PSYCHOLOGICAL FLEXIBILITY, AND DISTRESS TOLERANCE

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ABSTRACT
The aim of the present study was to explore the mediating role of stress coping approaches in the relationship between (1) psychological inflexibility and trait anxiety, and (2) distress tolerance and trait anxiety. Psychological flexibility is the ability to contact present moment and accept private experiences, in other words, experiencing the thoughts and feelings that present moment contains without a need of changing behaviour (Hayes et al., 2006). Similarly, distress tolerance is defined as the capacity to experience and to withstand negative psychological states which may be the result of psychological or physical processes (Simons & Gaher, 2005). Although, distress tolerance puts emphasise on the negativity of the event; it is possible to argue that psychological flexibility and distress tolerance are both concepts regarding individuals’ capacities of coping or dealing with a situation. Besides, stress coping approaches (i.e. self-confident, optimistic, seeking social support, hopeless, and submitted approach) comprise cognitive and behavioural strategies individuals use when they face a stressful event or a situation. Thus, stress coping approaches can be thought as tendencies rather than capacities as psychological flexibility and distress tolerance are.

Our sample consisted of 330 university students (as 262 females and 68 males) between the ages of 17 and 46 (M = 20.78, SD = 2.50). The instruments used in our research were the Turkish versions of the following: The Acceptance and Action Questionnaire-II, Distress Tolerance Scale, The Ways of Coping Scale, and Trait Form of State-Trait Anxiety Inventory. In the present study, most significantly, the hopeless stress coping approach played a mediator role in the relationship between psychological inflexibility and trait anxiety, and in the relationship between distress tolerance and trait anxiety. Results supported the "bridge" role of coping tendencies between coping capacities and anxiety. More specifically, the hopeless stress coping approach demands attention.
IMPLEMENTATION OF VRE FOR THE TREATMENT OF FLYING PHOBIA

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ABSTRACT
The aim of this study was to compare the effectiveness of VRE treatment: Wait list; individualized virtual reality exposure therapy (VRE). In addition, we evaluated the validity of protocol with presence procedures.
There were 40 subjects suffering from FOF who entered the study; 20 subjects completed the treatment protocol and 20 after a period of wait list. we administered also to a group of 20 health subject a presence questionnaire to validate a reality scenario.
Treatment with VRE was more effective than WL. VRE showed a decline in FOF on the two main outcome measures. VRE holds promise as treatment for FOF.
THE ROLE OF ACCEPTANCE AND SELF-COMPASSION IN A MINDFULNESS BASED STRESS REDUCTION INTERVENTION IN A COMMUNITY-BASED SAMPLE

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ABSTRACT
Mindfulness Based Stress Reduction (MBSR) has developed a solid empirical foundation demonstrating that it is associated with beneficial effects including reductions in stress, depression, anxiety, and improvements in overall well-being, in both clinical and non-clinical samples. Putative mechanisms underlying the benefits of mindfulness training include an enhanced ability to maintain attention and memory (Holzel et al., 2011; Holzel et al., 2007; Kilpatrick et al., 2011), increased activation of brain areas associated with positive mood states (Davidson et al., 2003), and default mode network connectivity associated with emotion regulation and stress resilience (Creswell, 2016). Investigators are also beginning to explore other factors, such as acceptance and self-compassion, as potential mechanisms of change. The present study aims to investigate the role of acceptance, self-compassion, and mindfulness on mood in a community-based sample who completed MBSR training.

Participants seeking participation in a MBSR program at a major academic medical center in a large urban environment were invited to participate in an IRB-approved study. Participants completed the Profile of Mood States (POMS), Acceptance and Action Questionnaire (AAQ II), the Self-Compassion Scale (SCS), and the Mindful Attention Awareness Scale (MAAS). The program was led by a senior psychologist trained at the Center for Mindfulness at University of Massachusetts Medical School. Means and standard deviations were computed for pre- and post-treatment measures of POMS, AAQ II, SCS, and MAAS. Regressions evaluated whether acceptance, self-compassion, and mindfulness predicted changes in mood at post-treatment. Stepwise regression was utilized to assess which of these variables accounted for the most variance in mental health.

33 participants completed the 8 week course and pre/post measures. Results at post-treatment demonstrated a significant decrease in total mood disturbance on the POMS (t = 3.9; p < .001), a significant increase in acceptance on the AAQ-II (t = -4.3; p < .001), a significant increase in self-compassion on the SCS (t = -4.4; p < .001) and a significant increase in mindfulness on the MAAS (t = -4.4; p < .001) from pre to post MBSR training. Regressions demonstrated that a model including acceptance, self-compassion, and mindfulness significantly predicted improvements in mood at post-treatment (R² = .33, F (3, 28) = 4.53, p < .01). Stepwise regression identified acceptance (b = -.52, t(31) = -3.33, p < .001) but not self-compassion or mindfulness, as the only variable significantly predicting change in mood at post-treatment (R² = .27, F (1, 30) = 11.11, p < .01).

Results demonstrated that participants experienced significant improvements in mood as well as increases in acceptance, self-compassion, and mindfulness following an 8 week MBSR program. These findings contribute to the growing body of evidence that mindfulness-based interventions may be associated with cultivation of acceptance and self-compassion. Furthermore, regression analyses indicate that acceptance may be a significant underlying mechanism by which mindfulness-based interventions confer benefit, including improvements in mood. Further investigation of the underlying mechanisms of change derived from mindfulness-based interventions, including MBSR, are indicated.
THE SHAPE OF CHANGE IN PERCEIVED STRESS, NEGATIVE AFFECT, AND STRESS-SENSITIVITY DURING MINDFULNESS-BASED STRESS REDUCTION

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ABSTRACT
Both daily stress and the tendency to react to stress with heightened levels of negative affect (i.e., stress-sensitivity) are important vulnerability factors for adverse mental health outcomes. Mindfulness-based stress reduction (MBSR) may help to reduce perceived daily stress and stress-sensitivity. Little is known about if decoupling between perceived stress and negative affect (NA) indeed takes place during MBSR and if change in stress and sensitivity to stress is incremental over the course of mindfulness-based interventions. The purpose of this study was to examine how change in perceived stress, NA, and the decoupling between perceived stress and NA evolved over the course of a MBSR program, without making any a priori assumptions on the shape of change.

Seventy-one adults from the general population participating in MBSR provided daily diary assessments of perceived stress and NA during MBSR. Time-varying effect modeling (TVEM) multilevel growth curve modeling were applied to examine how perceived stress, NA, and their interrelationship changed as a function of i) time in days and ii) days of mindfulness practice. TVEM indicated that perceived stress and NA decreased in a linear fashion rather than in a non-linear fashion, both over time and as a function of the cumulative number of days of mindfulness practice. Both TVEM and multilevel growth modeling showed that the association between perceived stress and NA did not decrease over the course of MBSR.

The current study shows that the effects of following an MBSR program on perceived stress and NA unfold incrementally over time and over days of mindfulness practice, rather than suddenly drop. The linear decrease in stress and NA as a function of the amount of mindfulness practice suggest a dose-response relationship. The decline in stress and NA may continue to some extent after the end of the training period if the individual continues to practice. However, stress-sensitivity, operationalized as the association between perceived stress and NA, does not seem to change during MBSR. Thus, although MBSR seems to reduce both perceived stress and NA, it does not decouple them.
MINDFULNESS

THE EFFECTIVENESS OF MINDFULNESS-BASED GROUP COGNITIVE THERAPY FOR SOCIAL ANXIETY IN SKIN CONDITIONS: A SINGLE CASE SERIES

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ABSTRACT

Cognitive models of social anxiety disorder (SAD) emphasise the importance of self-focused attention and rumination in the maintenance of symptoms. Whilst cognitive behavioural therapy (CBT) remains the gold standard treatment for SAD, recent studies suggest mindfulness may also be a useful intervention to reduce symptoms of SAD. Mindfulness, defined as “paying attention in a particular way: on purpose in the present moment and non-judgmentally” uses meditation practices to direct attention to the present moment. Mindfulness aims to increase meta-cognitive awareness, enabling individuals to experience thoughts as transient mental events. Approaching thoughts in this way allows individuals to recognise and disengage from negative thinking and ruminative processes which maintain SAD.

This study examined the effectiveness of group mindfulness-based cognitive therapy (MBCT) in reducing social anxiety associated with living with a dermatological condition. A multiple baseline single case design was used. Thirteen participants living with skin conditions were recruited from NHS dermatology clinics (N=4), dermatology charities (N=1) and a university volunteer list (N= 7). Participants were assessed using the Mini Neuropsychiatric Interview for Diagnostic and Statistical Manual of Mental Health Disorders IV to determine presence of SAD. Exclusion criteria included current suicidal ideation, undergoing psychological therapy, substance misuse or diagnosis of another psychiatric disorder. Participants were randomised to a two, three or four week baseline period, followed by an 8 week intervention period and four week follow-up. Idiographic measures, administered daily through text messages, examined participants’ ratings of social anxiety throughout baseline, intervention and follow-up. Measures of mindfulness and social anxiety were administered weekly via email throughout baseline, intervention and follow up. Measures of anxiety, depression, social anxiety, mindfulness, and dermatological quality of life, were administered at the start of baseline, start of intervention, end of intervention and follow-up.

The group MBCT intervention was based on the MBCT for depression programme with adaptations to incorporate psychoeducation on social anxiety. The intervention was facilitated by a trained CBT therapist/MBCT practitioner and delivered over 8 weekly 2.5 hour sessions. Participants were provided with audio guided meditations for home practice.

Of the 11 participants (three male, eight female), three dropped out within three sessions and eight completed the group, with one attending 4/8 sessions, two attending 5/8, and four attending 6/8 and one attending all 8 sessions. The completer sample demonstrated reductions on idiographic measures of social anxiety, and 4/8 of participants reported clinically significant improvements in levels of social anxiety following MBCT. All participants subjectively reported improvements in mood, particularly in managing anxiety following the intervention. The results suggest that learning flexible ways of attending to negative self-beliefs through MBCT can be beneficial in reducing SAD. This is particularly beneficial in people living with skin conditions given the range of physical and psychological factors they may experience. Despite social anxiety being a common problem in dermatology samples there are very few interventions available to address this problem. The present results suggest group MBCT is a promising intervention for people living with dermatological conditions experiencing social anxiety.
COPING SKILLS AND MINDFULNESS AS MECHANISMS OF CHANGE FOR BORDERLINE PERSONALITY DISORDER CLIENTS IN A 20-WEEK DIALECTICAL BEHAVIOR THERAPY SKILLS TRAINING GROUP

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ABSTRACT
Dialectical Behavior Therapy Skills Training (DBT-ST) as a stand-alone treatment for BPD has been associated with positive treatment outcomes (Linehan et al., 2015; Soler et al., 2009 & Valentine et al., 2014); nonetheless, there is lack of research unpacking the specific mechanisms that make DBT-ST effective, as well as, the role that DBT coping skills and mindfulness play in the reduction of BPD symptomatology. Further, it is unknown whether change in symptoms is due to an increase in skillful behaviors and whether increase in these skillful behaviors can be attributed to DBT-ST (Lindenboim et al., 2007; Neacsiu et al., 2010b & Steep et al., 2008).

This study evaluated whether the increase in DBT coping skills uptake and becoming more mindful, mediated the degree of improvement observed in measures of non-suicidal self-injury (NSSI) behavior, anger control, emotional regulation, distress tolerance and impulsivity and whether any observed mediation effects were moderated by receiving DBT-ST treatment.

Randomized controlled trial in which 84 chronically self-harming outpatients with BPD were assigned to either a 20-week DBT-ST treatment or a wait-list control condition. Changes in NSSI behavior, dysfunctional emotion regulation, distress tolerance and impulsivity were analyzed using a hierarchical linear modelling approach, with DBT coping skills use and mindfulness as mediators of change. Participants in both conditions completed a 3-month post-treatment follow-up assessment.

While increase in DBT coping skills uptake did not mediate any clinical outcomes, becoming more mindful mediated reductions of NSSI behaviors and impulsivity, as well as increased anger control, emotional regulation, and distress tolerance, which was a unique effect of time spent in the DBT-ST treatment condition. Particularly, higher average mindfulness scores overall not only demonstrated that being more mindful in general may function as a mechanism that explains clients’ ability to cope with emotional dysregulation but also increases in mindfulness indicated improvements in the ability of BPD clients to regulate their emotions regardless of time in treatment. Mediation effects in anger, control, emotional regulation, and distress tolerance improvements were moderated by being in the DBT-ST condition. Finally, becoming more mindful overtime showed a greater degree of improvement in enduring and tolerating distress and significant reductions in non-suicidal self-injury behavior for both conditions.

Contrary to what was hypothesized, DBT coping skills use did not significantly mediate clinical outcomes, which may be explained by the fact that variability and statistical power was reduced since this questionnaire was only collected at two time points in the original study. To increase statistical power and generalizability of our results, future studies should use bigger sample sizes, design studies that allow for withdrawing time causation, apply different statistical models, and further test the direct mediating effect of use of DBT mindfulness skill as opposed to becoming more mindful in different evidence-based treatments for BPD.

This study suggests improvements in clinical outcomes and change in BPD symptomatology is mediated by becoming more mindful and that the degree of clinical improvement derived from this mediation was either only present in clients receiving DBT-ST or enhanced by being in it.
ABSTRACT
Mental health disorders are a growing problem in society. Ensuring that treatments are available as a timely response to people’s problems implies that efficiency is an important component of treatment delivery. Efficiency could be considered a fundamental component of therapy effectiveness. Despite the abundance of research investigating the efficacy and effectiveness of a variety of different psychological therapies, however, research rarely explicitly assesses the efficiency of treatment. In this paper an efficiency ratio will be presented which allows the efficiency of treatment to be quantified.
An evaluation was conducted of therapy provided in routine clinical practice in which patients were able to determine the frequency of their appointments. Standardised self-report measures were used at every appointment. In this study an efficiency ratio was developed to quantify and operationally define efficiency.
The efficiency ratio is calculate as the proportion of treatment effect per session attended (Effect Size/Average Number of Sessions). Numbers closer to one represent more efficient treatments and numbers closer to zero represent less efficient treatments. An efficiency ratio of 0.4 was calculated for the evaluation that was conducted. This ratio was benchmarked against other studies of routine clinical practice using different therapists, different therapies, and different sample sizes. From 9 studies, a total of 21 efficiency ratios were calculated.
The efficiency ratio is a simple and effective means of quantifying the efficiency of treatment. It is conceptually elegant and straightforward to calculate. The efficiency ratio allows researchers and clinicians to assess the effectiveness or the efficacy of treatment relative to the efficiency of that treatment. Obtaining large effect sizes in treatment is very useful but it is more useful to obtain large effect sizes in fewer rather than greater numbers of sessions. The efficiency ratio should be used by researchers and should be requested by policy makers, health service planners, and practitioners so that the treatment effectiveness and efficacy can be assessed relative to treatment efficiency.
RCTS: PROBLEMS AND ALTERNATIVES

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ABSTRACT
The Randomised Controlled Trial (RCT) has been promoted as the gold standard research methodology for the evaluation of psychological treatments. The increase in the number of RCTs, however, has not seen a commensurate improvement in treatment outcomes. In fact, an examination of effect sizes of treatments over a period of two decades indicates that the effect sizes of treatments are getting smaller not larger. There is a growing awareness that it is inappropriate to regard any single methodology as a gold standard and a genuine gold standard of research occurs when research questions are matched with appropriate methodologies.

This paper outlines conceptual and statistical problems with using RCT methodology for evaluating psychological treatments. Some of these problems are general problems for RCTs such as non-random sampling and the direction of inference from a sample to the population rather than from the sample to an individual. Other problems are more specific to the nature of psychotherapy such as an inability to unambiguously separate independent from dependent variables.

A number of alternatives are outlined that will help to improve our understanding of psychological treatment and allow the development of more effective treatments. Methodologies such as benchmarking, replication, theory building case studies, eliminating alternative explanations, and realist methods will be described and applied to the evaluation of psychological treatments.

RCT methodology is an excellent, rigorous methodology for some, but not all, research questions. Understanding which treatment might be best for particular patients with different problems in different circumstances requires more than RCT research. Psychological treatment effectiveness will be enhanced when the concept of a gold standard of research is revised and other methodologies are granted the same respect that the RCT methodology currently enjoys.
THE QUESTIONNAIRE-BASED IMPLICIT ASSOCIATION TEST (QIAT): AN IMPLICIT ASSESSMENT METHOD OF PERSONALITY AND PSYCHOPATHOLOGY

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ABSTRACT
People do not always provide accurate information about themselves, and standard self-report questionnaires, which are used extensively in clinical settings, are susceptible to many types of biases. Reaction-time based implicit assessment methods provide information to which the person may not be aware, but the scope of implicit personality assessment has been restricted due to methodological limitations of these tasks. We have recently developed the questionnaire-based implicit association test (qIAT), a method that allows an implicit assessment of ordinary self-report questionnaires. Here we present a series of three studies in which we tested this implicit assessment paradigm.
In Study 1, participants completed a self-report measure of the Big-5 personality traits, and the implicit assessment of the qIAT assessed the extraversion subscale. To examine the test-retest reliability of the qIAT, participants completed the task again two weeks following the first administration.
In the next two studies we examined the utility of the qIAT in predicting actual behavior. In Study 2 we measured the trait of conscientiousness. This study also included two parts administered two weeks apart, but importantly, here participants were paid in advance for both parts. We examined whether self-reported and implicit conscientiousness would predict who would return to complete the second part of the study.
In the Study 3, we focused on self-esteem and on social exclusion or ostracism. The literature shows that after being ostracized, negative mood increases and performance in certain tasks is often harmed, but that such effects are moderated by trait levels of self-esteem: they are typically experienced only by individuals whose self-esteem levels are low to begin with. In order to create feelings of social exclusion, we used Williams et al’s Cyberball task, which has been used extensively as an effective manipulation of ostracism, and the dependent measure was perseverance in a tedious anagram task.
Results in Study 1 indicated that the qIAT was internally consistent, had good test-retest reliability and convergent and discriminant validity.
In Study 2, the implicit qIAT conscientiousness score, but not the standard self-report measure, predicted whether participants returned to complete the second part of the study.
In Study 3, the explicit and implicit measures of self-esteem correlated with each other. However, only the qIAT, but not self-reported self-esteem, was a significant moderator. A follow-up simple slope analysis showed that indeed only for participants with low qIAT scores of implicit self-esteem, being “ostracized” in the task affected the number of anagrams they solved. We repeated this analysis, but this time the predicted variable was the residual scores of the number of solved anagrams, after controlling for self-reported self-esteem. Still, the qIAT score was a significant moderator, thus supporting the incremental validity of this implicit measure in predicting behavior, over and above the standard self-report questionnaire.
Taken together, the findings of all three studies support for the utility of the qIAT, which opens the door for the implicit assessment of a wide range of constructs associated with personality and psychopathology.
ID-64 FRIDAY, SEP 2, 14:00. OP20
PERSONALITY AND METHODS

THEMATIC FRAMEWORK ANALYSIS OF PATIENTS UNDERSTANDING OF TRANSDIAGNOSTIC GROUP COGNITIVE BEHAVIOR THERAPY AND POSSIBLE MECHANISMS OF CHANGE?

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ABSTRACT
In this paper we present the results from our first study of three, that this research group has developed to evaluate how transdiagnostic group cognitive behavior therapy (TGCBT) for anxiety and depression works. From 2005 TGCBT for anxiety and depression has been running in primary care with positive results (e.g., Kristjánsdóttir et al., Under review). Hence the next logical step is to evaluate participants' understanding of the treatment but also try to isolate what parts of the treatment are useful and who are not. This research explicitly evaluates Salkovskis (1996) hypothesis about “Theory A vs. Theory B”. In his paper he described possible mechanism of change in CBT in general and framed it “the difference between Theory A vs. Theory B”. According to his hypothesis patients need to be taught another more realistic and believable explanation of his emotional problems (Theory B) than his current distorted explanation that the patient holds prior to entering treatment (Theory A). What's vital is that the new explanation is believable; fits with the patient experience and attitudes; and is testable. Therefore, according to Salkovskis all treatment modules should aim at testing these two competing theories, in session in discussion between a therapist and patient and between sessions using behavioral experiments. Salkovskis also believes that this process is independent of diagnostic categories and therefore transdiagnostic.

It's therefore interesting to evaluate if this hypothesis applies to our TGCBT. Hence, we recruited participants from our former study (Kristjánsdóttir et al., Under review) and interviewed them concerning the subject but this study had four aims: 1) What was the patients understanding concerning the treatment in general? 2) What did the participants believed worked for them in the treatment? In particular, what was the participants understanding of Salkovskis hypothesis? 3) Might TGCBTs' efficacy be mediated through different thought processes characterized by different emotional disorders (e.g., cognitive specificity of each disorder); and 4) In what way did different understanding of the treatment affects its efficacy?

The current data set comprised transcribed interviews with 24 participants, 12 of whom were suffering from depression but the other half suffering from anxiety disorders. Interviews were analyzed in accordance with the established guidelines of thematic framework analysis (Gale et al., 2013).

Results using Framework thematic analysis will be presented using all 24 interviews. The analysis is ongoing but the final results will be presented in the lecture.

By using qualitative methodology we present interesting results concerning possible mechanism of change in TGCBT but more importantly our first results what might have been working in our TGCBT in primary care. To our knowledge only two papers have been presented data that explicitly evaluate what works in transdiagnostic CBT in general (Brake et al., 2016; Talkovsky and Norton, 2014). Therefore this study adds to a very small but hopefully growing literature concerning the subject.
ABSTRACT
Previous research has shown that Attentional Bias Modification (ABM) can reduce an attentional bias for negative information, and might also affect emotional functioning¹. As ABM could be completed online, it might be a promising early intervention for adolescents, who show heightened vulnerability for the development of emotional disorders, but also heightened brain plasticity. However, a growing amount of research also reports comparable improvements in both active and placebo training groups². Whether these findings reflect mere effects of time, demand or expectation effects, or an active ingredient of the placebo condition, is yet unknown. The aim of the current study was to investigate the effects of online visual search ABM compared to both a placebo and no-training control group in selected adolescents.

After screening 1153 adolescents for symptoms of anxiety and depression, 121 adolescents with heightened symptoms were randomized to eight online sessions of either visual search (VS) training or VS placebo training, or to a no-training control group. Participants in the VS training had to repeatedly identify the only smiling face in a 4x4 matrix of negative emotional faces (angry, fearful and sad), while participants in the VS placebo training received a grid of flowers. Attention bias, interpretation bias, and stress-reactivity were assessed pre- and post-training and primary outcomes of anxiety and depressive symptoms, and secondary outcomes of self-esteem, perseverative negative thinking, and social-emotional and behavioral problems were assessed pre- and post-training and at three and six months follow-up.

The VS training reduced attentional bias compared to both the VS placebo and no-training control group, and this reduction was largest for participants who completed relatively many training sessions. A corresponding effect on interpretation bias just fell short of significance. Irrespective of training condition, a long-term reduction in symptoms of anxiety and depression and an increase in emotional resilience as indicated by secondary measures was observed. The training program was evaluated relatively negatively, with the VS training condition receiving slightly more negative evaluations. Since emotional effects in the VS training group were not only comparable to those in the VS placebo group, but also to the no-training control group, a natural decline in symptoms seems a more likely explanation than non-specific training effects. As attentional bias was assessed with an assessment task that closely matched the training task, and scores on this task were not correlated with symptoms of anxiety or depression, one might wonder whether we actually trained the underlying process we aimed at. Limitations of the current study concern the high drop-out rates and the high variability in individual training schedules.

The current results suggest that online ABM as employed in this study has no added value in reducing symptoms of anxiety and depression or increasing resilience in adolescents with heightened symptoms. More controlled settings might increase training effects, but the question remains how these could be translated to real world applications.

¹Beard et al., 2012. Behavior Therapy, 43, 724-740.
²Heeren et al., 2015. Clinical Psychology Review, 40, 76-90
ABSTRACT

Cognitive flexibility could be defined as “the ability to switch cognitive sets to adapt to changing environmental stimuli” (Dennis & Vander Wal, 2010). Cognitive flexibility is associated with many concepts as depression. Preliminary research has supported the connection between increases in cognitive flexibility and the reduction of depressive symptomatology (Fresco et al. 2007; Teasdale et al. 2001). It is also known that cognitive flexibility is associated with emotions and behaviors, such as problem solving (Bilgin, 2009) and emotion dysregulation (Baginski, 2015). For this reason, these factors could be risk for depressive symptoms. This study aims to investigate the mediating role of cognitive flexibility, between emotion dysregulation and problem solving by paying attention to depressive mood state.

298 volunteers who are undergraduate university students (227 female, 71 male) participated in this study. Their mean age was 20.57 (±1.84). In this study Cognitive Flexibility Inventory (CFI), Difficulties in Emotion Regulation Scale (DERS), Problem Solving Inventory (PSI), and Beck Depression Inventory (BDI) were used for measurement instruments. CFI aims to measure individuals’ ability of alternative, consistent, convenient, balanced thinking in difficult situations. It was developed by Dennis and Vander Wal in 2010, and Turkish form of CFI was adapted by Gülüm and Dağ (2012). DERS (Gratz & Roemer, 2004) is a self-assessment tool designed to obtain an overall measure of how much difficult emotions are impacting your daily life. Turkish version of DERS was prepared by Rugancı and Gençöz (2010). PSI was developed by Heppner and Petersen (1982) which assesses individuals’ perceptions of their problem solving ability and style. Turkish adaptation study of the scale was conducted by Şahin, Şahin and Heppner (1993). Also, the BDI designed to assess the presence and severity of depressive symptoms by Beck (1961).

The sample was divided into two groups (non-depressive / depressive) with reference to BDI cut point. Simple mediation analyses were performed to test the mediating role of cognitive flexibility in the relationship between emotion dysregulation and problem solving in two groups. This analysis was undertaken in IBM SPSS Version 22. Specifically, the bootstrapping technique for testing mediation using the Hayes’ PROCESS macro for SPSS (2012) was used with 10,000 resamples to obtain bias-corrected 95% confidence intervals (Preacher & Hayes, 2004).

The results for the mediation analyses both two groups were significant for mediating role of cognitive flexibility in the relationship between emotion dysregulation and problem solving. While in non-depressive group mediating role of cognitive flexibility is partial (Effect= .13, SE=.03, CI=.08 -.19), in depressive group it is full (Effect=.14, SE=.06, CI=.03 -.28), as expected.

Our results suggest that cognitive flexibility is a mediator between emotion dysregulation and problem solving. Although this study has some significant outcomes, studying nonclinical group is one of our limitations. However, this is the first study investigating the relationship between these variables. In conclusion, our findings support that cognitive flexibility and emotional regulation can be added to Cognitive Behavioral Therapy for depression.
EMOTION REGULATION STRATEGIES AS PREDICTORS OF TREATMENT OUTCOME IN CBT FOR PANIC DISORDER

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ABSTRACT
The effectiveness of cognitive behavioral therapy (CBT) for panic disorder (PD) is well established. However, the specific therapeutic mechanisms by which CBT for panic works is not fully understood. Given the importance of emotion regulation (ER) models of psychopathology, two candidate mechanisms that have not yet been evaluated are - cognitive reappraisal (CR) and expressive suppression (ES). CBT for PD entails both cognitive reappraisal techniques and discouragement of suppression (via exposure). Whether these ER strategies in fact change throughout CBT for panic and whether they are predictive of treatment outcome has not been investigated to our knowledge.

29 patients received a 12 week CBT treatment for PD. Self-reported symptom severity (PDSS & MI) were measured before each session. Self-reported anxiety sensitivity (ASI) and emotion regulation (ERQ) were measured before and after each session. Results were analyzed using longitudinal multi-level modeling (LMLM), allowing disaggregation of within and between patient effects.

All outcome measures (PDSS, ASI, MI) significantly decreased during the treatment course. ES scores but not CR scores significantly changed over time. When examining correlations with outcome measures, a complex pattern emerged: Session by session ratings of CR were found to be significantly related to session by session ratings of symptoms both when examining simultaneous correlations (PDSS, MI, ASI), as well as when examining correlations of changes instead of raw scores (ASI and MI, but not PDSS) and in changes from pre to posttreatment. Even though ES decreased significantly throughout treatment and correlated significantly with all outcome measures when analyzing pre to posttreatment time points, session by session correlations (to raw scores or change scores) were not significant. Examination of random effects revealed considerable variability among patients. Individual analysis using single case study methodology revealed that patients vary in the ways ER strategies are related to treatment outcome. Further analyses will examine these changes in ER as predictors of symptom change, and a model for examining mechanisms in CBT will be proposed.

As expected, usage of ER strategies predicted therapeutic change. Although ES was related to changes in the treatment course more than CR, CR seems to be more strongly related to session by session change compared to ES. These results suggest a different pattern of ER processes in CBT for PD. Whereas ES changes though out treatment and is correlated with changes from pre to posttreatment, CR was found to be more strongly related to the micro process of session by session symptom changes.

Combining different analyses allows for an examination of levels of processes and reveals a complex relationship: potentially two distinct processes. Analyzing individual case studies can enrich and further the understanding of between patient variability.
AN RCT OF CBT AND ABM FOR GENERALIZED SOCIAL ANXIETY DISORDER: COGNITIVE MECHANISMS AND OUTCOMES

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ABSTRACT

While there has been a lot of progress in understanding information processing biases and their relationship to psychopathology, much less research has been conducted examining the changes in these processes and how the changes are related to outcomes. In CBT, few studies have examined one bias (e.g., attention or interpretation) and even fewer have examined multiple biases.

In the current study, we examine two questions: 1) Are there greater changes in biases (interpretation and attentional bias) or outcomes (symptoms, quality of life) when patients engage in CBT or attention bias modification (ABM)? And 2) Do changes in the biases correlate with the changes in symptoms? To examine these questions, 55 patients diagnosed with generalized social anxiety disorder (LSAS >50) were randomly assigned to either 8 weekly sessions of ABM or up to 20 sessions of individual CBT. Measures of interpretation bias (a grammatical decision task, a sentence completion task, and a self-report measure) and attentional bias (500 ms dot probe to negative vs. neutral faces) were administered before treatment and weekly or every 4 weeks during treatment. LSAS, administered by evaluators blind to treatment condition, was designated as the main outcome, and the self-report SPIN and Sheehan Disability Scale as secondary outcomes.

Results: There were significantly more dropouts in the ABM than CBT condition. ITT results revealed no differences on most outcome measures in rates of change (slopes) between CBT and ABM (p’s >.05) while CBT was superior to ABM on most symptom measures at endpoint (p’s <.05), but not on other measures. Attentional bias did not change in either group (p’s >.05), but two measures of interpretation bias changed in both groups (p’s <.01). In addition, attention bias changes correlated with symptom changes and lagged analyses revealed suggestive causal influences in that interpretation biases preceded symptom change. Further analyses will examine whether interpretation biases change within session and whether such changes predict subsequent symptom changes.

Discussion: Results raise important questions about the role of attentional biases in ABM and CBT and suggest an important role of interpretation biases. Implications for information processing theories of CBT and methodological issues regarding mechanisms of CBT and ABM will be discussed.

Conclusion: Interpretation biases appear to play a causal role in symptom improvement in CBT for social anxiety.
IN THE EYE OF THE BEHOLDER? - INVESTIGATING THE EFFECTS OF AN APPEARANCE-RELATED ONE-SESSION INTERPRETATION BIAS MODIFICATION PROGRAM ON BODY IMAGE

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ABSTRACT
Negative interpretive bias for ambiguous situations has been discussed as an integral factor in most cognitive-behavioral models of body dysmorphic disorder (BDD; e.g. Veale, 2004; Wilhelm, Phillips, & Steketee, 2013). Although the existence of appearance-related interpretive biases has been demonstrated via explicit paper-pencil methods in a small sample of BDD patients (Buhlmann et al., 2002), its causal contribution to the maintenance of the disorder has not yet been investigated. Inter alia, it remains unclear whether this appearance-related interpretive bias is potentially modifiable through tailored cognitive retraining, and whether this modification is accompanied by concurrent cognitive, emotional and behavioral changes.

To investigate this question, we adapted and administered a one-session training version of the Word Sentence Association Paradigm (WSAP; Hindash & Amir) to healthy volunteers (N = 116) in a laboratory setting. Participants were randomly assigned to three groups. In the “Positivity Training” group (PT; N = 39), a more positive interpretation pattern was enhanced by reinforcing the acceptance of positive and the rejection of negative interpretations via feedback. The “Negativity Training” group (NT; N = 38) was contrarily trained to accept negative and reject positive interpretations. Participants in the control condition (CC; N = 39) received no feedback. Interpretive bias at pre- and post-intervention was assessed, as well as relevant state variables throughout the experiment (e.g. mood, self-esteem, state body image). As an indicator of differential changes in emotional vulnerability related to training, we further assessed response to and recovery from the Cyberball Ostracism Task (Williams, Yeager, Cheung & Choi, 2012).

Groups did not differ on demographic and psychometric variables (trait and state) as well as interpretive bias indices at pre-test. The experiment revealed a significant reduction in acceptance rates of negative interpretations only in the PT group. Further, acceptance rates for positive interpretations only increased in the PT and CC group, whilst they remained stable across time in the NT group. Change scores at pre- and post-intervention yielded a low, non-significant correlation of BDD symptoms and changes in overt decision rates. On a reaction time level, the PT group rejected negative interpretations significantly faster after training as compared to the CC and NT group. We will further report training effects on relevant state variables, stress response and stress recovery.

This was the first study to investigate the modifiability of appearance-related interpretive bias in a healthy sample. Results indicate that this interpretation modification program is able to modify interpretive bias on the level of overt decisions as well as reaction times even within one session. This effect is most substantial in the PT group. Low change scores further show that all participants were trained equally well. These results have important implications for our understanding of the causal relation between interpretive bias and BDD symptomatology. They form a vital basis for the development of interpretation modification programs that could serve as a beneficial augmentation and extension of CBT for body image problems.
ABSTRACT
Negative self-schemas have been implicated in both paranoia and depression. There is a lack of research on the structural characteristics of self-schemas, even though these characteristics might be stable risk factors. Hence, the present study explored organization of the positive and negative self-schemas, for both interpersonal and achievement self-domains, in currently non-depressed individuals with persistent delusional disorder (PD), currently depressed individuals with persistent delusional disorder (PDD), and nonpsychiatric controls (NC).

Twenty-six patients (65% females) with the diagnosis of persistent delusional disorder were recruited for the study through hospital referrals in a psychiatric hospital in Novi Sad, Serbia. The patients were split into two groups based on their depression scores: those without depression (PD, n = 14), and those with depressive symptoms (PDD, n = 12). The nonpsychiatric control group (NC, n = 34) was recruited from the psychology research pool at the Department of Psychology, University of Novi Sad, Serbia.

Participants completed the Psychological Distance Scaling Task, as an indicator of self-schema consolidation, and the Scrambled Sentences Task, as a measure of depressive bias and suppression.

Within the interpersonal domain, negative self-schemas were more densely organized in PDD compared to both PD and NC. Both patient groups had less interconnected positive interpersonal schemas than controls. Within the achievement domain, PDD demonstrated less consolidated positive achievement schemas than NC and greater interconnectedness among negative adjectives than PD. Depressive cognitive processing biases were found only in the depressed paranoid group.

The findings point to a heterogeneity of paranoid spectrum and existence of at least two self-schema organizations in paranoid individuals. Future research is needed to explore the importance and stability of interpersonal self-schema organization in paranoia.
MALADAPTIVE SELF-SCHEMAS AND CORE FEARS IN GENERALIZED ANXIETY DISORDER

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ABSTRACT
Generalized Anxiety Disorder (GAD) is characterized by excessive and uncontrollable worry. Cognitive-behavioural theories of GAD highlight the role of maladaptive beliefs in chronic worry. For example, metacognitive beliefs about worry, negative beliefs about uncertainty and negative beliefs about one’s capacity to solve problems have all been shown to distinguish those with GAD from those low in worry and anxiety. However, little empirical attention has been given to other types of maladaptive schemas in GAD. Members of our research group (Koerner, Tallon, & Kusec, 2015) found that dysfunctional beliefs about the need to self-sacrifice as measured by the Early Maladaptive Schema Questionnaire (Samuel & Ball, 2013, based on Young’s schema theory) uniquely distinguished individuals High versus Low in GAD symptoms over and above beliefs about worry, beliefs about uncertainty, and beliefs about problems. In the present study, we used a qualitative research approach to uncover the maladaptive self-schemas and by extension, core fears of persons with GAD.

N = 62 adults with a diagnosis of DSM-defined GAD (determined via structured diagnostic interview) identified their main worry and were then taken through an elaborate downward arrow to uncover the “worst case scenario” associated with that worry. Guided by instructions, participants then spent 20 to 30 minutes writing a script about their worst case scenario coming true in vivid and concrete detail. A theoretically- and clinically-informed codebook was developed to code the scripts. Two independent coders then read and coded each script and themes were extracted.

The most common worry domains were finances, work security, and academic performance. Approximately 30% of worst case scenarios contained descriptions of betrayal, violation of expectancies, or an unfair situation (e.g., one’s partner suddenly leaves without warning; one is suddenly fired without any prior indicators). Young’s schema theory and published cognitive-behavioural case studies of GAD were used to code the primary maladaptive self-schema underpinning each worst case scenario narrative. The most common themes were the self as a failure (the belief that one has failed to succeed or achieve in important life domains; 37%) the self as decompensating and fundamentally dependent on others for survival (the belief that one is helpless; 30%) and the self as defective (the belief that one is “bad” or “invalid”; 23%). Illustrative quotes will be included in the presentation.

The finding that themes of failure, incompetence/dependency, or defectiveness underpin the worries of individuals with GAD is consistent with published clinical observations. For a sizeable proportion of persons with GAD, betrayal is a feature of their worst fear, which is consistent with cognitive theories suggesting that individuals with GAD have difficulty tolerating unexpected events. We will make a case for the importance of integrating core maladaptive self-schemas into existing cognitive-behavioural models of GAD and will discuss implications for case formulation and treatment. Insufficient empirical attention has been given to maladaptive self-schemas in GAD. The findings from the present study provide new answers to the important question, “What are the core fears of people with GAD?”
THE EFFICACY OF A TECHNOLOGY-ENHANCED GROUP TRANSDIAGNOSTIC REBT/CBT PREVENTION DELIVERED IN A SCHOOL SETTING FOR CHILDREN AND ADOLESCENTS

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ABSTRACT
Anxiety and depressive disorders are common in children and adolescents, however they are often unrecognized. Rational emotive-therapy, a form of cognitive behavioral therapy, is efficient for the treatment of anxiety and affective disorders in children and adolescents. School settings are appropriate environments to deliver such interventions for vulnerable youths. Given youth’s access and predilection to use technology, a technology-enhanced prevention program was developed. The present study aimed to investigate the efficacy of a transdiagnostic prevention REBT/CBT program for anxiety and affective problems in children and adolescents implemented in a school setting. Classes from different Romanian public schools were randomized in either intervention or wait list group. The prevention program was group-based, delivered in 6 sessions. Participants were assessed baseline and post-intervention. Each of the six modules aimed a different component: Psychoeducation, Relaxation and Breathing, Relationship between cognitive distortions/irrational beliefs and emotions, Cognitive restructuring, Exposure, Maintenance of gaining. Despite specific activities, for each session a cartoon on that subject was viewed and discussed. Homework was given at every session. Compared to the control group, there were significant improvements in posttest/after treatment in both anxious and depressive symptomatology, as well as in quality of life assessments for the participants in the prevention group. This is the first study investigating the efficacy of a technology-enhanced transdiagnostic prevention REBT/CBT program delivered in school settings addressing internalizing problems in adolescents. This type of program is a promising approach for children and adolescents with anxious and depressive symptoms. Future studies should also involve cost-effectiveness analysis and investigate different moderators of efficacy. Anxious and depressive symptomatology is very common in children and adolescents. REBT/CBT prevention programs delivered in school settings represent ecological modalities to target vulnerable groups. Technology components added to traditional programs may lead to greater adherence and satisfaction with treatment.
ABSTRACT

Rational Emotive Behavior Therapy (REBT), in its original form, is one of the main pillars of cognitive-behavioral therapy (CBT) and was introduced by Albert Ellis in the late '50s. We aimed at summarizing findings in the field from its beginnings to present day in a comprehensive meta-analysis. We included 84 articles, out of which 69 provided data for the between-group analysis (i.e. efficacy), and 39 for the within-group analysis.

Regarding the comparative analysis, results showed an overall medium effect size of REBT interventions both on measured outcomes, post-test, $d = 0.58$; follow-up, $d = 0.66$, and on irrational beliefs (i.e., alleged mechanisms of change), post-test, $d = 0.70$; follow-up, $d = 0.57$, with type of control (e.g., waitlist, other psychological interventions) as a significant moderator in all cases. Considering the within group analyses, we obtained medium and small effect sizes of REBT on overall outcomes, post-test, $d = 0.56$, with type of report (e.g., self-report, clinician-based) and participant age category as significant moderators, follow-up, $d = 0.46$, and alleged mechanisms of change, post-test, $d = 0.61$, with treatment delivery format as a significant moderator; follow-up, $d = 0.33$.

Our results are similar to previous meta-analyses, indicating that REBT is indeed a sound intervention for different types of outcomes. Directions for future studies are outlined, stemming from limitations of existing ones.
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POSTERS
ABSTRACT
Eating disorder (ED) is a severe and often longstanding disorder often demanding advanced psychiatric treatment. The disorder often goes beyond the afflicted patient; deeply affecting parents, partners, family members and friends alike, especially if the patient is in denial and/or reluctant to seek treatment. EDs can have a devastating and profound effect on the life and health of a whole family. Even so, relatives often receive inadequate support. Relatives not only suffer, they can also represent the first line of help, be a vital resource for recovery. To better support relatives, The Resource Center for Eating Disorders at Karolinska Institute, has developed and online psycho-educational program specifically aimed at relatives of people suffering from an ED. The program consist of eight modules and examples of topics covered in the program are: ED diagnosis, symptoms and etiology; the experience of having an ED; the role of the carer at meal-time and in the process of recovery; and self-care for carers. The program is soon to be launched and will be demonstrated and discussed.
WHAT IS DISTRESS TOLERANCE? A META-ANALYSIS

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ABSTRACT
Distress tolerance is the ability to withstand aversive psychological states. Poor distress tolerance has been implicated as a causal or maintaining factor for the symptoms of a number of mental illnesses. Some have even suggested that distress tolerance is a transdiagnostic risk factor for mental disorders. Despite showing great promise for enhancing our understanding of the development and treatment of mental disorders, the literature on distress tolerance is limited in several ways. First, a wide range of effect sizes for the relations of distress tolerance with psychological outcomes has been reported in the literature. Consequently, the strength of the association between distress tolerance and psychological distress remains unclear. Second, although there is a generally agreed upon definition of distress tolerance, its connections with other constructs are not well established. Previous research suggests that distress tolerance may be made up of a combination of a tendency toward negative emotions and high perceived stress. Nonetheless, it has been associated with a wide variety of personality, affective, and behavioral components. Thus, clarifying the nomological network of distress tolerance is important. Third, research has shown weak associations between behavioral and self-reported measures of distress tolerance. Such findings call into question whether the different methods assess the same construct. Therefore, establishing the overlapping and distinctive aspects of self-reported and behavioral measures of distress tolerance is necessary. The goal of the current study was to synthesize the literature on distress tolerance using meta-analysis. It indexed the true strength of the relationships of distress tolerance with psychological outcomes, firmly established the nomological network of distress tolerance, and assessed for commonalities and differences across the behavioral and self-report measures.

This investigation consisted of a meta-analysis of 121 studies of distress tolerance. Studies were identified from searches of the PsycInfo and Web of Science Databases. To be included in our final meta-analysis, a study must have reported at least one effect size representing the relationship between a measure of distress tolerance and a correlate of interest. In particular we were interested in correlations between distress tolerance and personality traits, indices of psychopathology, significant life events, behavioral outcomes, perceptual variables, and demographics. Pearson correlations were coded from each article and used to conduct summary effect size analyses for each distress tolerance-correlate relationship. Summary effects were calculated using invariance variance weighting and maximum likelihood estimation. Analyses of publication bias were conducted to ensure that file-drawer effects did not skew data. Finally, moderators of the relationships between distress tolerance and outcomes were explored, including sample clinical status, age, and gender, in addition to distress tolerance measure type (behavioral vs. self-report).

Results demonstrated that associations between distress tolerance and mental illness symptoms ranged from moderate to strong. The strongest association was between distress tolerance and borderline personality disorder symptoms (r = -.55). Distress tolerance was also moderately to strongly correlated with perceived stress (r = -.35), negative emotionality (r = -.37), and the ability to self-regulate emotions (r = .45). Importantly, publication bias did not attenuate confidence in these findings. In general demographic factors (e.g., age and gender) did not affect the strength of the associations between DT and correlates. However, correlations tended to be stronger for clinical (vs. non-clinical) samples and those using self-report, rather than behavioral methods.

Several important conclusions can be reached from this research. First, it provided evidence for distress tolerance as a transdiagnostic correlate of mental illness symptoms. Indeed, distress tolerance demonstrated moderate to strong associations with internalizing, externalizing, traumatic stress, and borderline symptoms. This finding implies that improving distress tolerance should continue to be a goal of treatment paradigms. Second, this research demonstrated that distress tolerance is likely composed of a combination of the tendency to experience and perceive negative emotions, as well as an individual’s behavioral response to those emotions (e.g., ability to cope with or regulate aversive emotional experiences). This finding suggests that the ability to withstand negative emotions is dictated by the strength and frequency of those emotions, an individual’s perceptions of the emotions (i.e., their cognitions), and their reactions to the emotions (i.e., their behavioral responses). Third, this study illustrated that self-report measures of distress tolerance displayed stronger associations with psychopathology and personality outcomes than did behavioral measures. This result may be a consequence of shared method variance; alternatively, it may be difficult to index a general behavioral response to aversive emotions with a specific laboratory task. Further comparison of the distinctions between self-report and behavioral measures of distress tolerance through multi-trait, multi-method factor analyses may be needed.
Efficacy of Transdiagnostic-CBT on Transdiagnostic Constructs of Emotional Disorders: A Meta-Analysis

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Abstract
Transdiagnostic cognitive-behavioral therapy (TD-CBT) has been garnering interest as a new approach to deal with the comorbidity of mental disorders. In relation to emotional disorders, it is based on the hypothesis that anxiety and depressive disorders share common clinical features (e.g., shared symptoms), common areas of dysregulation (e.g., emotional reasoning) and common vulnerability factors (e.g., negative affect or neuroticism) that may be conceptualized as transdiagnostic constructs. Additionally, both anxiety and depressive disorders are associated with functional disability, lower quality of life and psychological distress. The present study used meta-analytic methods to examine the efficacy of transdiagnostic variables in TD-CBT for anxiety and depressive disorders.

A systematic literature search was conducted identifying a total of 22 studies on TD-CBT for emotional disorders that measured the pre- and post-treatment change on transdiagnostic constructs. Meta-analytic analysis were conducted with those transdiagnostic variables present in at least 5 studies.

TD-CBT was associated with a positive outcome in disability (15 studies; Hedge’s g = 0.63), psychological distress (9 studies; Hedge’s g = 0.99) and neuroticism/negative affect (7 studies; Hedge’s g = 0.66). Due to the few studies included, although some heterogeneity was found, none subgroup analyses could be conducted.

Overall, the results of this study support the efficacy of TD-CBT to reduce disability, neuroticism/negative affect and psychological distress in patients affected with anxiety and/or depressive disorders. However, it should be noted that few studies were included and that some of them were uncontrolled.
RELATIONAL TRAUMA IN THE DEVELOPMENT OF SOCIAL ANXIETY DISORDER: BRIDGING THE GAP BETWEEN AETIOLOGICAL AND MAINTAINING FACTORS

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ABSTRACT
A number of key environmental factors during childhood have been implicated in the aetiology of social anxiety disorder (SAD), including aversive social experiences, traumatic life events, and parent-child interaction. However, understanding of the nature, interactions and relative contributions of these factors remains unclear. Furthermore, the relation of aversive social experiences to the development of key maintaining factors in SAD requires elucidation. Hence, the current study aimed to extend previous research regarding the aetiology of SAD by investigating the relationship between key environmental factors in childhood, negative beliefs and self-imagery, and the development of SAD.

SAD individuals (N = 40) completed self-report measures of social anxiety symptomatology, traumatic experiences, and parenting style. In addition, participants were administered interviews assessing various domains of childhood trauma, as well as negative self-imagery and associated socially traumatic memories.

Participants reported a high frequency of early traumatic experiences across all domains (physical, emotional, sexual, social, and non-relational), as well as a high degree of parental overcontrol. However, social anxiety symptomatology was most strongly correlated with socially traumatic experiences, and mediation analyses suggest that appraisal of aversive social/peer experiences accounts for the relationship of SAD symptomatology with negative self-beliefs and imagery.

These outcomes suggest that social trauma may be a key proximal cause of SAD development, leading to the development of negative beliefs and imagery that subsequently maintain the disorder. These findings have implications for understanding SAD aetiology, and improving treatment outcomes for the disorder.
ASSESSMENT OF COGNITIVE-BEHAVIORAL BASED THERAPIES IN TBILISI CRISIS INTERVENTION CENTER

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ABSTRACT
The goal of the study is assessment of CBT-based approaches on morbidity of psychotic patients in crisis intervention service.

Objectives: to compare overall hospital length of stay and number of admissions among the patients receiving traditional services versus new CI (Crisis intervention). The new CI center delivers psychiatric crisis intervention for out-patients in crisis situations, like acute conditions provoked by mental illness, suicidal behavior, emotional stress-induced adaptation impairment and other situations. The purpose of this service is to evaluate the symptoms, using individual and family CBT-based approach in crisis situations and stabilize crisis situations, using psychological approach: individualized - ones a week sessions and group cognitive-behavioral therapy for the patients with depression (depression management), anxiety (anxiety management) and anger management weekly group sessions.

Study Design: Prospective cohort study:
The prospective cohort study has been used with the patients included in the CI service defined as exposed group and patients receiving traditional in- and outpatient services representing unexposed group.
The exposure variable was type of new service and outcome variables have been defined as number of hospital admissions and overall length of stay in the hospital.

Findings:
• If compared, CI patients are 2.5 times less likely to be hospitalized.
• CI dramatically reduced Length of Stay while hospitalizes – 7-fold reduction.

Conclusion: the hypotheses that the new CBT-based approaches in CI are associated with fewer and shorter admissions compared to traditional care have been confirmed.

All patients receiving new, CI service. individual or individual and group CBT (n = 94) have been included in the study sample. These are the adult persons aged 18-65 years, residents of the central and suburban parts of Tbilisi. Unexposed individuals (n = 119) from two mental health clinics providing standard psychiatric medical care have been selected using simple random sampling from the list of registered individuals.
The catchment area and patient profile for the three clinics have been relatively homogeneous, as all these clinics are located in Tbilisi and supposedly, serve mostl
ARE THERE DIFFERENCES BETWEEN PATIENTS, PROFESSIONALS AND MANAGERS ABOUT THEIR EXPECTATIONS REGARDING WEB-BASED INTERVENTIONS FOR DEPRESSION IN PRIMARY CARE?: A QUALITATIVE STUDY

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ABSTRACT
One-quarter of the world’s population will suffer from depression symptoms at some point in their lives. Mental health services in developed countries are overburdened. Therefore, cost-effective interventions that provide mental health care solutions such as Web-based psychotherapy programs have been proposed.

The intent of the study was to identify expectations regarding Web-based psychotherapy for the treatment of depression in primary care among patients and health professionals that might facilitate or hinder its effects.

The expectations of untreated patients and health professionals were examined by means of interviews and focus groups. There were 43 participants (20 patients with mild and moderate levels of depression, 11 primary care physicians, and 12 managers; 22 of them for interviews and 21 for groups). A thematic content analysis from the grounded theory for interviews, and an analysis of the discursive positions of participants based on the sociological model for groups were performed. Interpretations were achieved by agreement between three independent analysts.

All participants showed a good general acceptance of Web-based psychotherapy, appreciating possible advantages and improvements. Patients, physicians, and managers shared the same conceptualization of their expectations, although highlighting different aspects. Patients focused on the need for individualized and personalized interaction, while professionals highlighted the need for the standardization of the program. Physicians were concerned with extra workload, while managers were worried about optimizing cost-effectiveness.

Expectations of the different participants can conflict with each other. Finding a balanced position among them is needed if we are to harmoniously implement effective Web-based interventions for depression in routine clinical practice.
FACTOR STRUCTURE AND PSYCHOMETRIC PROPERTIES OF THE NORWEGIAN VERSION OF THE BRIEF PROBLEM MONITOR (BPM) IN A SAMPLE OF CHILDREN WITH INTERNALIZING PROBLEMS

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ABSTRACT
Short screening methods with good validity to effectively identify anxious children are necessary. The Norwegian version of the Brief Problem Monitor (BPM) is a new screening instrument that has recently shown preliminary evidence for good internal consistency. The present study examines the factor structure and psychometric properties of the parent and teacher versions of the BPM in a sample of children with internalizing problems.

The BPM consist of 19 (parent) or 18 (teacher) items. The teacher version (BPM-T) consists of three sub-scales of six items each: internalizing problems, attention/hyperactivity problems, and externalizing problems. The parent version (BPM-P) and youth version (BPM-Y) have one additional item on the subscale for externalizing problems.

Approximately five hundred children aged 9-11 years will be recruited for an indicative intervention targeting symptoms of anxiety and depression. The BPM-T and BPM-P for these children will be analyzed by confirmatory factor analysis. The study is part of an ongoing research project with a clustered, randomized design, including a total of N = 600 children from 30 schools.

Results of the factor analysis will be reported and compared with the original subscales of the instrument and preliminary results in Norway. Internal consistencies will be reported. The original three factor solution of the parents/teachers BPM will be confirmed based on our selected sample of school children. Our findings support the usefulness of the application of the BPM in clinical settings.

Implications of this study for prevention research will be discussed.
CROSS-CULTURAL ADAPTATION OF THE KONTAKT SOCIAL SKILLS GROUP TRAINING PROGRAM FOR CHILDREN AND ADOLESCENTS WITH HIGH-FUNCTIONING AUTISM SPECTRUM DISORDER: A FEASIBILITY STUDY

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ABSTRACT
Social skills group training is an intervention method that has demonstrated moderate evidence of improvement among children and adolescents with autism spectrum disorder (ASD). KONTAKT is a manualized social skills group training program that was developed in Germany and that has demonstrated preliminary evidence of positive effect. In this study, we describe its adaptation to Scandinavian settings. Objective: The aim of this study was to evaluate the clinical feasibility of the Swedish version of KONTAKT. The program was piloted in two outpatient departments in Stockholm County. A convergent mixed-method approach that involved both quantitative (ratings scales for ASD, clinical severity, and adaptive functioning) and qualitative (semi-structured interviewing) evaluation was applied. Twenty-two children and adolescents with high-functioning ASD between the ages of 8 and 17 years were enrolled in a one-group trial and completed assessments before and after KONTAKT training. The quantitative evaluation showed improvements in social communication and global everyday functioning; the qualitative evaluations yielded general treatment satisfaction. Twenty of the 22 enrolled adolescents (91%) completed the training. These findings suggest that the Swedish adaptation of KONTAKT is feasible for Scandinavian clinical settings. It is currently being examined for efficacy and effectiveness in the largest multicenter randomized controlled trial of social skills group training in patients with ASD that has ever been undertaken (NCT01854346).
COGNITIVE PROFILE OF UNIVERSITY STUDENTS WITH A PREVIOUS SUICIDE ATTEMPT

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ABSTRACT
Suicide is a public health condition in young adults. The cognitive profile of university students might help identify students who are under risk, and need early interventions for suicide prevention. This study aimed to compare the differences in the cognitive profiles of university students who previously attempted to commit suicide with those who did not.

A total of 355 university students (34 previous suicide attempters) were recruited for this study and they completed the Hospital anxiety Depression Scale, the Ruminative Response Scale, the Leiden Index of Depression Sensitivity - Revised, the Ten-Item Personality Inventory, the Dysfunctional Attitude Scale - Revised, the Beck Hopelessness Scale, the Cognitive Style Questionnaire - Short Form, and the Rosenberg Self-Esteem Scale. Group comparisons and stepwise logistic regression analyses were performed.

The results revealed that the cognitive style, self-esteem, hopelessness, rumination, and personality characteristics predicted previous suicide attempts. This model correctly classified 91.9% of the attempters. There were also group differences in terms of family history of psychiatric disorder, previous psychiatric treatment, comorbid medical disorder, and level of perceived social support.

These results highlight the predictive factors for suicide attempts among university students, and inform mental health practitioners what they should be monitoring for in populations under risk for suicide.
ABSTRACT
Prominent cognitive models of social anxiety disorder (SAD) and related empirical research have emphasised the importance of self-related content and process variables in the aetiology and maintenance of the disorder. However, few studies have looked at the role of self-structure in clinical populations with SAD, particularly in the context of cognitive behavioural treatment (CBT).
Participants were 112 individuals with SAD completing a manualised group CBT program. Self-report measures of self-concept clarity and certainty (for both positive and negative self-attributes) were completed at pre- and post-treatment, along with measures of social anxiety and depression.
Using multi-level modeling, self-concept certainty clarity and certainly increased from pre- to post-treatment, however only change in self-concept clarity predicted treatment outcome, controlling for the linear effect of time and depression symptoms.
Results are discussed in relation to the current empirical literature and prominent cognitive models of SAD. Treatment implications are also examined.
DOES IT REALLY MATTER: CAUSAL ATTRIBUTIONS FOR THE ORIGINS OF MENTAL DISORDERS

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ABSTRACT
Stigma for mental problems, including beliefs about origin, maintenance and consequences have detrimental influence for patient, their family and society. Relevant studies mostly examined stigmatization process with standard measures, but content of the measures for attributions of causal origin seems limited. The aim of the present study was to investigate the public's causal beliefs for these disorders and the nature of relationship between causal beliefs, social distance and beliefs toward mental disorders.

The current community sample which consisted of 500 (279 female; mean age of 34.18) adults completed the instrument set including demographic information, tendency for social distance, beliefs towards mental illness and a recently designed comprehensive scale called as Causal Attributions toward Mental Disorders Scale (CAMDS).

The result of the principal component analysis revealed 4 subscales (i.e., negative personality traits, family context, ordinary life events and biological causes), with acceptable internal consistency values. The results of the repeated measures analysis revealed that ordinary life events was the most frequently endorsed cause of mental disorders, followed by family context. The correlation analyses also suggested that attributing negative personality traits and family context as causes of mental disorder was associated with greater social distance, perception of dangerousness and incurability, poor social and interpersonal skills.

In conclusion, having provided support for previous stigma research, these findings showed that causal attributions are associated with social distance and negative beliefs toward mental disorders, and with promising results, the CAMDS might be used for further research in feature.
ABSTRACT
The Self Regulatory Executive Function model (S-REF) implicates maladaptive metacognitive beliefs and processes in the predisposition and/or maintenance of positive psychotic symptoms. In the model, metacognitive beliefs guide cognitive and behavioural responses to cognitive experiences. This study tested for relationships between course of illness and levels of specific metacognitions in schizophrenia spectrum disorders.

A large cohort of people with first episode psychosis (n = 578) recruited as part the OPUS trial (1998-2000) were tested. Information about course of illness (remitted, episodic or continually psychotic) and current metacognitive belief ratings were collected.

Data obtained from 367 participants revealed that levels of maladaptive metacognition varied as a function of course of illness and distinguished between remitted patients and non-patients. Metacognitive beliefs explained 17% additional variance displayed in course of illness in a multinomial regression analysis when controlling for other causal factors. Beliefs concerning need to control thoughts (RR 1.13, 95%CI 1.03-1.22, p < 0.01) predicted a continually psychotic course of illness.

Elevations in metacognitive beliefs were associated with the severity and duration of psychotic symptoms, consistent with the S-REF model. Moreover, metacognition was a better predictor of course of illness than anxiety and depression. If these associations are shown to be causal, clinical interventions that modify metacognitive beliefs may also impact on positive symptoms and course of illness within schizophrenia.
DOES THE PROPOSITIONAL APPROACH CO-EXIST RESCORLA-WAGNER MODEL?: THE PREDICTION OF EXTINCTION FORM ACQUISITION

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ABSTRACT
The propositional approach about classical conditioning proposed that a belief about whether the unconditional stimulus (US) emerges is strongly related to the conditioned response. This belief, called a 'proposition', is acquired and renewed in learning processes. We applied the Rescorla-Wagner model to proposition data to estimate individual learning rate. If this model adapts to not only the conditioned response (e.g. skin conductance response) but also the proposition data, individual differences in learning and future trends can be predicted. We treated this research question using Bayesian cognitive modelling.

In fear conditioning, participants were asked to evaluate expectancy of US during conditioned stimulus presentation. The expectancy of US was treated as the proposition. To apply the Rescorla-Wagner model, we assumed the proposition was generated by ordered-logistic model, with associative strength (ΣV) as the parameter. To estimate individual learning rate, we postulated parameter (β) in each participant. Therefore, ΔV was calculated αβ (λ-ΣV), with α as the parameter for each stimulus. We used proposition data during acquisition phase and predicted the proposition data during extinction.

Our model converged and estimated the individual difference of learning rate and stimulus property-related learning rate, respectively. Predicted extinction data fitted actual data well.

Our results showed that the Rescorla-Wagner model worked well with proposition data. By using our model, data of extinction can be predicted from acquisition data, and propositional learning can be considered the same as a physiological conditioned response within this framework.
CROSS-SECTIONAL ASSOCIATIONS OF DEPRESSIVE SYMPTOM SEVERITY AND FUNCTIONING WITH HEALTH SERVICE USE BY OLDER PEOPLE IN LOW-AND-MIDDLE INCOME COUNTRIES

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ABSTRACT
Comprehensive understanding of the determinants of health service use (HSU) by older people with depression is essential for health service planning for an ageing global population. This study aimed to determine the extent to which depressive symptom severity and functioning are associated with HSU by older people with depression in low and middle income countries (LMICs).

A cross-sectional analysis of the 10/66 Dementia Research Group population-based surveys dataset. Participants (n = 4590) were those aged 65 or older, in the clinical range for depressive symptoms (defined as scoring four or more on the EURO-D), living in 13 urban and/or rural catchment areas in nine LMICs. Associations were calculated using Poisson regression and random-effects meta-analysis.

After adjustment for confounding variables, (EURO-D) depressive symptom severity was significantly associated with “any community HSU” (Pooled Prevalence Ratios = 1.02; 95% CI = 1.01–1.03) but not hospital admission. Conversely, after adjustment, (WHODAS-II) functioning was significantly associated with hospital admission (Pooled PR = 1.14; 95% CI = 1.02–1.26) but not “any community HSU”.

Depressive symptom severity does not explain a large proportion of the variance in HSU by older people with depression in LMICs. The association of functioning with this HSU is worthy of further investigation. In LMICs, variables related to accessibility may be more important correlates of HSU than variables directly related to health problems. The study is one of few investigations of the association of mental health and HSU, in LMICs. Therefore, the findings could be influential in a region in which momentum for health care reforms aimed at achieving universal health coverage is growing.
THE RELATIONSHIP BETWEEN AGGRESSION, NEGATIVE AUTOMATIC THOUGHTS, MINDFULNESS AND CONTROL LOCUS AMONG ADOLESCENTS

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ABSTRACT
Researches show that verbal and physical aggression, violence are some of the most common reasons adolescents are referred for mental health services (Blake, Hamrin, 2007). Aggression may impact a lot of difficulties: family dysfunction, educational deterioration, drug abuse, loneliness, eating disorder, suicide attempts, criminality, isolation, cyberbullying, and traditional bullying (Nichols, 2008; Lowth, 2015; Tanrikulu, Campbell, 2015; Aricak, Ozbay, 2016; Dapelo and al., 2016). Adolescents in Lithuania reported higher rates of bullying and victimization compared with 40 different countries (Craig and et al., 2009). Therefore, it is important to develop prevention and intervention programs for aggressive adolescents. This research was oriented to program development. The purpose of the study was to find the relationship between aggression, negative automatic thoughts, mindfulness and control locus among adolescents.

The sample consisted of 673 adolescents (353 girls and 320 boys), age range 13 to 17, (average age was 14 years, SD = 0.9) from Lithuania. Rosenberg (1965) Self-esteem scale; Buss and Perry (1992) Aggression questionnaire; Bagdonas and Pociute (1988) Scale of control locus and Schniering and Rapee (2002) Children’s Automatic Thoughts Scale were used for the study.

Structural equation modeling showed that control locus statistically related to mindfulness and negative automatic thought and negative automatic thoughts, mindfulness statistically related to aggression. It means that negative automatic thoughts and mindfulness explained the relationship between control locus and aggression among adolescents.

Results showed that internal control locus related to less negative thoughts and mindfulness. The higher scores of aggression related to higher scores of negative automatic thoughts and fewer scores of mindfulness.
THE EFFECTIVENESS OF SIMONTON INTERVENTION IN IMPROVING THE QUALITY OF LIFE AND DECREASING THE EMOTIONAL DISTURBANCE OF WOMEN WITH BREAST CANCER

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ABSTRACT
Emotional disturbances and significant reduction of quality of life as side effects of chemotherapy in cancer patients show the necessity of psychological intervention. The aim of present study was to investigate the effectiveness of Simonton intervention in improving the quality of life and decreasing emotional disturbance in women with breast cancer.

In this quasi-experimental study with pre/post-test and control group, the effect of this intervention was studied. Patients who met the inclusion criteria of study, 32 participants were randomly allocated to experimental and control groups. The experimental group received 8 sessions of Simonton intervention of 120 minutes duration once a week. The control group did not receive any treatment. The research tools include, McGill (Quality Of Life questionnaire); depression, anxiety and stress (DASS-21); Templer (Death Anxiety Scale).

Findings suggested an improvement and a significant difference in quality of life measures in the experimental group compared with the control group, and for DASS, in the trial group was significantly lower than control group (P<0.05), but there was no statistically significant difference in death anxiety scale in both groups. These results differences remained unchanged after 3 months follow up.

Simonton intervention can enhance quality of life and reduce emotional disturbance for breast cancer patients. Simonton intervention should be offered as soon after diagnosis alongside medical treatment.
FEASIBILITY AND ACCEPTABILITY OF MINDFULNESS-BASED COGNITIVE THERAPY IN PEOPLE WITH DEPRESSION AND VASCULAR DISORDERS: A RANDOMISED CONTROLLED TRIAL

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ABSTRACT
Depression, which occurs in 20% of people with vascular disorders, can persist for years and predicts worse medical outcomes. There is preliminary evidence that mindfulness-based cognitive therapy (MBCT) is effective in reducing depressive symptoms across some physical problems, such as diabetes and cancer. With regards to vascular disorders, to date, there has only been controlled study that used MBCT with those with heart conditions. The study has indicated that MBCT has positive effects on depression and anxiety. In the Heart and Living Mindfully project (HeLM), we aimed to adapt the standard MBCT course so as to make it more appropriate for people with depression and vascular disorders. The current feasibility study is the last phase of the HeLM project, with the purpose of examining the feasibility and acceptability of MBCT-HeLM in people with depression and cardiovascular disorders.

32 participants with depression and cardiovascular disorders were randomised to adapted-MBCT plus Treatment as Usual (TAU), Mindfulness-based stress reduction plus TAU or TAU alone. Participants completed a set of questionnaires and their blood pressure was measured at three time-points.

The results, in general, were encouraging in terms of people who showed an interest, attendance rate, time spent on home practice and participants’ feedback about the course. However, there were some challenges, in particular, regarding the recruiting of people and dropout before the study started.

The adapted-MBCT intervention appears to be feasible and acceptable to participants, but some improvements need to be considered in the future definitive trials.
INDUCTION OF MINDFULNESS IN CHRONIC PSYCHIATRIC PATIENTS VERSUS HEALTHY SUBJECTS: AN ERP STUDY

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ABSTRACT
Developing self-compassion and improving awareness and acceptance of emotions are proposed mechanisms of change in mindfulness-based psychotherapies. Chronic psychiatric patients have lower self-compassion and ability to preserve non-judgemental attitude of their inner experience. Late Positive Potential (LPP) is a pattern in electro-encephalogram (EEG) that is thought to reflect affective reactivity. Current study aimed at studying 1) the LPP temporal dynamics in the course of a brief open monitoring mindfulness exercise in psychiatric patients in comparison with healthy subjects, and 2) the association of the LPP in the course of mindfulness exercise with self-reported measures of self-compassion and emotion regulation.

Sample consisted of healthy subjects (n = 40) and psychiatric patients (n = 11) with recurrent depression, high comorbidity (personality disorders, eating disorders and substance abuse) and previous unstable treatment effect. Subjects filled in Self-Compassion Scale (SCS) and Difficulties in Emotion Regulation Scale (DERS). EEG was measured during Induced Emotion Task (EIT), where subjects viewed negative and neutral images with different instructions (Mindfulness and two control conditions).

In healthy subjects mindful viewing initially enhanced LPP following a reduction of LPP response to negative stimuli across successive repetitions. Patients did not demonstrate adaptation to negative stimuli while practising open monitoring mindfulness exercise. The reduction of LPP across repetitions of mindfulness exercise was associated with higher self-reported measures of self-compassion (SCS), emotional clarity and acceptance of negative emotions (DERS).

Initial increase and later reduction of LPP across repetitions of mindfulness exercise is an indicator differentiating subjects with high and low self-compassion, emotional acceptance and emotional clarity.
HOW THERAPISTS USE CBT TRAINING WEBSITES: A QUALITATIVE STUDY

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ABSTRACT
Eating disorders are a significant cause of mortality and morbidity worldwide. There is a need for the development of scalable, evidence based treatments. For this the use of the internet is being explored. While there is a growing literature on the use of the internet in both therapist training and therapy delivery, there has been little focus on therapists’ experience of using training websites.

Sixteen therapists who had received web based training as part of a randomized controlled trial comparing guided and unguided use of a CBT for eating disorders training website were interviewed using a semi-structured approach. Participants were selected to include those who had engaged with training and those who did not as well as those who were offered guidance sessions and those who were not.

Nine key areas emerged from discussions: experience of implementing treatment with the patient, context of website use, flexible working, views on website content, views on website presentation, effect of guidance, motivation, problems and suggested improvements.

Therapists value the flexibility afforded by online training websites, mainly managing to fit it in during their work day. This flexibility could be further developed through training apps or podcasts. They did, however, miss the clinical supervision available through more hands on training. Interactivity of a website was important for maintaining engagement, the use of clinical demonstrations was also highlighted as very useful. No clear group differences emerged between those who engaged fully, partially or not at all, or between the guided and unguided therapists.
DOMAIN-SPECIFIC QUALITY OF LIFE ACROSS FIVE EUROPEAN COUNTRIES: CROSS-CULTURAL VALIDATION OF THE BRUNNSVIKEN BRIEF QUALITY OF LIFE (BBQ) SCALE

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ABSTRACT
The Brunnsviken Brief Quality of life (BBQ) scale is a valid, reliable and accessible self-report measure of subjective quality of life for use with both clinical and non-clinical populations. Although the BBQ has been professionally translated from original Swedish into over thirty languages, psychometric evaluations of other language versions are so far lacking.

BBQ data was collected as part of an international study on procrastination in students and employees: n = 749 from Finland, n = 599 from Sweden, n = 542 from Norway, n = 411 from Germany, and n = 315 from Italy. Weighted satisfaction ratings (score range 0-16) for each of the BBQ’s six domains (Leisure, View on life, Creativity, Learning, Friends and friendships, and View on self), along with a total sum score and Cronbach’s alphas, were calculated and compared.

Samples did not differ in BBQ total scores (F[4,2611] = 1.006, p = .403). Although there were some differences between samples on specific items, these were small (total difference M = 0.00, SD = 0.74) and confidence intervals overlapped, with the exception of the German sample that rated lower Learning than all other samples (p < .05, Bonferroni-adjusted). Cronbach’s alpha ranged from 0.752 (Finland) to 0.674 (Italy). Convergent validity (as assessed by correlations with scores on the Satisfaction With Life Scale) was high, ranging from r = .64 (Finland) to r = .42 (Italy).

The BBQ is a valid measure of subjective quality of life in the examined languages. There are only minor cross-country differences in the quality of life domains measured by the BBQ.
DEVELOPMENT AND PRELIMINARY EVALUATION OF INDIVIDUALIZED FACE-TO-FACE COGNITIVE BEHAVIOR THERAPY FOR PSYCHOLOGICAL DISTRESS IN PARENTS OF CHILDREN PREVIOUSLY TREATED FOR CANCER

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ABSTRACT
A subgroup of parents of children previously treated for cancer reports high levels of psychological distress. To date there is no evidence-based psychological treatment for these parents. The current study is the first step towards developing such a treatment.

An exploratory trial was conducted where 15 participants, who had a child previously treated for cancer and who reported psychological suffering, were provided individualized face-to-face cognitive behavior therapy (CBT) at a maximum of 15 sessions. Participants were assessed at baseline, post-intervention, and three-months follow-up using self-reported psychological distress (including posttraumatic stress symptoms, depression, and anxiety) and the diagnostic Mini-International Neuropsychiatric Interview.

From pre- to post-assessment, parents reported significant decreases in posttraumatic stress symptoms (p < .001), depression (p < .001), and anxiety (p < .01) with medium to large effect sizes (Cohens d = .65-.92). Results were maintained or improved at three-months follow-up. At pre-assessment, seven (47%) participants fulfilled diagnostic criteria for major depressive disorder and four (29%) fulfilled criteria for posttraumatic stress disorder, compared to none at post- and follow-up assessment.

This study is the first preliminary evaluation of individualized CBT for parents of children previously treated for cancer. The promising results suggest the interventions developed and used in the current study to be evaluated in future controlled studies.
EFFECTS OF MINDFULNESS ON COGNITIVE CONTROL: BRIEF TRAINING INCREASES ERROR-RELATED NEGATIVITY IN CHRONICALLY DEPRESSED PATIENTS

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ABSTRACT
It has been suggested that alterations in error-related negativity (ERN), an evoked-potential that arises as an early response to the commission of errors, represent an endophenotype for psychopathology. This study investigated whether brief mindfulness training can increase the magnitude of the ERN in chronically depressed patients. ERN was assessed in a sustained attention task. At baseline, chronically depressed patients (n = 59) had significantly blunted expression of the ERN in frontal regions compared to healthy controls (n = 18). Following two weeks of training, patients (n = 24) in the mindfulness condition showed significantly increased ERN magnitude in this region while there were no significant changes in patients who had received an active control training (n = 22). These findings suggest that brief training in mindfulness can reverse alterations in ERN in chronically depressed patients, indicating responsiveness of the parameter to mental training.
TWELVE-MONTH PREVALENCE AND CORRELATES OF ANXIETY DISORDERS IN FINNISH POPULATION - AN ELEVEN-YEAR FOLLOW-UP OF THE FINNISH HEALTH 2000-2011 SURVEY

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ABSTRACT
Anxiety disorders are among the most common mental disorders. Cognitive Behavioural Psychotherapy (CBT) is shown to be effective and considered as first line treatment for these disorders. Up-to-date knowledge of the prevalence rate of anxiety disorders is needed for planning and allocation of treatment resources. The aim of the study was to compare prevalence rates of anxiety disorders in Finland in years 2000 and 2011.

The Health 2000 (N = 8028) and 2011 (N = 7964) Studies were nationally representative surveys of the Finnish adult population aged 30 years and over. At both time points the 12-month prevalence of psychiatric disorders were assessed with the Composite International Diagnostic Interview, Munich version (M-CIDI). The anxiety disorders included were general anxiety disorder (GAD), panic disorder with and without agoraphobia, agoraphobia without panic disorder and social phobia. Nationwide health care register data on hospitalization for psychiatric disorders was used to take non-participation into account using multiple imputations.

In year 2011 the 12-month prevalence of anxiety disorders was 5.1% (95%CI 4.5-5.7) whereas at year 2000 it was 3.8% (3.3-4.3). The increase was mainly due to the significant increase in GAD prevalence from 1.2% (0.9-1.5) at year 2000 to 2.8% (2.4-3.3) at year 2011.

In the current study we combined the strengths of register-based approach and nationally representative population based study to investigate prevalence of anxiety disorders, and possible changes of prevalence rates during the 11 years follow-up. The prevalence of anxiety disorders, mainly of GAD increased during the follow-up remarkably.
CONSTRUCT AND CONVERGENT VALIDATION OF THE YOUNG SCHEMA QUESTIONNAIRE (YSQ-LONG FORM 3) IN MEXICAN STUDENTS

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ABSTRACT
Early Maladaptive Schemas (EMS’s) are those cognitive and behavioral patterns develop primarily as a result of harmful childhood experiences which remains in adulthood, are highly resistant to change and could be the core of personality disorders, mild chronic characterological problems and some Axis I disorders (Shorey, Stuart & Anderson, 2014). Among the different scales that have been developed to measure EMS’s is the Young Schema Questionnaire Long Form, third-edition (Young, 2005), which consists of 232 questions distributed in eighteen subscales corresponding to the early eighteen maladaptive schemas hypothesized by Young (1999). Although it has been translated and adapted in different populations, there isn’t a Mexican adapted version, thus the objective of these research was the validation of this instrument in Mexican students.

The sample consisted of 571 college students selected by an intentional non-probability sampling. A process of discrimination of items was conducted, also, for the construct validity an exploratory factor analysis by principal components method with varimax rotation was performed and finally for the convergent validity the instrument was correlated with the Symptom Checklist 90 and the Scale Attachment Style.

Results showed a reliable and valid scale for the study population, consisting of 22 factors and 139 items, explaining 84.04 % of the variance, the total scale obtained a Cronbach Alpha reliability of .976. Significant bivariate correlations where found between EMT, 90 Symptom Checklist and Attachment Scale factors.

From the validation of this scale may be studies in clinical and nonclinical samples to assess the prevailing schemes and thus support psychological interventions that aim to modify symptoms associated with these schemes.
INVESTIGATION OF THE AFFECTIVE CORRELATES OF TRICHOTILLOMANIA IN AN ITALIAN SAMPLE OF CLINICAL HAIR-PULLERS

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ABSTRACT
Etiological models of trichotillomania (TTM) theorize hair-pulling as a dysfunctional emotion regulation strategy employed to avoid, modulate, or alleviate negative emotions. Some research has found that affective states change differentially across the hair-pulling cycle in clinical and non-clinical samples. We further explored these emotional changes in a sample of Italian clinical hair-pullers.

Ninety-five individuals reporting TTM filled-in a 10-item section of the Italian Hair Pulling Questionnaire online, wherein they rated the extent to which they had experienced 10 different affective states before, during, and after hair-pulling.

Overall, participants reported that shame, sadness, and frustration increased from pre-to post-pulling, whereas decreased levels of calmness after hair pulling episodes were described. Furthermore, participants reported increased levels of relief and pleasure across the pulling cycle, and variations in the direction of change for anger and anxiety depending on the hair-pulling phase were referred. Boredom decreased across the hair pulling cycle, whereas indifference increased. No variations in tension or guilt were observed.

Current findings emphasize the importance of considering emotional changes experienced across the pulling cycle in Italian hair-pullers, and support the recent removal of the affective criteria from the DSM-5. We briefly discuss relevant clinical implications in terms of both treatment design and implementation.
ABSTRACT

Alcohol dependence has the largest treatment gap between the number of people affected and the number in treatment, of all psychiatric disorders. While there is good evidence that treatment is effective, only one in ten in Sweden is reached by the treatment system. There are several reasons for not seeking treatment, one is stigma. A possible alternative approach, with a lower degree of stigma, involves a greater role for primary care (PC) in the treatment of alcohol dependence. There are a number of treatment methods that can be applied by generalists in PC.

The aim is to evaluate whether a new form of treatment for alcohol dependence in PC is equally effective as treatment at a specialised addiction clinic (SC).

288 persons with alcohol dependence have been randomly assigned to treatment either at SC or PC. At SC, treatment as usual was offered, including pharmacological and/or psychological programs. At PC a brief treatment program, the 15-method, was offered, which GP’s have received 8 hours training in. The first session include feedback on baseline assessment. Patients requesting more treatment were offered three brief CBT sessions and pharmacological treatment. Primary outcome is alcohol consumption. Secondary outcomes include severity of dependence, consequences of drinking, psychological health, quality of life and biomarkers.

At 6 months 232 participants were followed up (81%). Preliminary results indicate no statistically significant differences in outcome between PC and SC.

If these results hold up, they suggest that alcohol dependence can be successfully treated by general practitioners in primary care.
COGNITIVE-BEHAVIORAL THERAPY FOR INSOMNIA WITH SLEEP MISPERCEPTION (CBT-ISM): AN OPEN-LABEL SINGLE-ARMED TRIAL

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ABSTRACT
One of the characteristic of refractory insomnia is extremely sleep state misperception (Discrepancy between subjective sleep and objective sleep). The aim of this study was to pilot the efficacy of Cognitive Behavioral Therapy for Insomnia with Sleep state Misperception (CBT-ISM).

Seventeen participants meeting criteria for insomnia with sleep state misperception such as paradoxical insomnia were enrolled in the study. The participants comprised 10 men and 7 women, with a mean (standard deviation) age of 54.40(12.56) years. The CBT-ISM is based on our previous case-study of CBT-ISM. Primary outcome was Athens Insomnia Scale (AIS). Secondary outcomes were subjective Total Sleep Time (sTST), Dysfunctional Beliefs and Attitudes about Sleep-16(DBAS), and Ford Insomnia Response to Stress Test (FIRST). Measures were administered to patients during their first visit and at the post treatment (12 weeks).

Of the 17 participants enrolled, two participants dropped out from the intervention. The ITT analyses using t-test showed the scores of the AIS, the sTST, the DBAS and the FIRST were significantly lower at the post-treatment than at the pre-treatment (p < 0.01).

In this trial, CBT-ISM successfully improving not only severity of insomnia but also subjective total sleep time. Because of the nature of this pilot study the results related to efficacy should be interpreted with caution. Additional study is needed to clarify the efficacy of CBT-ISM.
ABSTRACT
As revised editions of DSM and ICD have been approaching, it has been increasingly advocated that certain personality dimensions are able to determine by themselves the presence and severity of PD, while other dimensions are stylistic and allow subtyping. Cloninger’s personality Temperament and Character Inventory – Revised (TCI-R) represents the most validated instrument assessing self (Self-directedness) and interpersonal (Cooperativeness) functioning dimensions along with stylistic dimensions (temperament). Although negative consequences are deemed necessary for the diagnosis of PD, no study to date has evaluated the differential pattern of negative life and clinical consequences among personality style and functioning dimensions.

Cross-sectional, correlational study. The sample was made up from 867 patients consecutively referred for personality assessment and evaluated with the TCI-R and the Life Outcome Questionnaire. Multiple regression analyses of the Cloninger’s personality dimensions on 27 career, social and clinical selected outcomes were performed to ascertain its dimensions unique contribution on outcomes.

Persistence stood out as the most important dimension regarding career success, Self-directedness was the best predictor of social functioning, and Harm Avoidance regarding clinical problems. Self-Transcendence was impairing across the three outcome domains, whereas interpersonal dimensions as Reward Dependence and Cooperativeness were particularly inconsequential.

Our results doesn’t support the idea that PD diagnoses can be built upon the concept of ‘personality functioning’. Dimensions believed to measure functioning (character) were not better predictors of negative life and clinical consequences than those measuring style (temperament).
ANXIETY: THERE’S AN APP FOR THAT

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ABSTRACT
Smartphones and mobile devices have become ubiquitous, and with the rapid advances in technology, the number of health applications (apps) that are available for consumers on these devices is constantly growing. In particular, there has been a recent proliferation of anxiety apps. However, there has been no review of the quality or content of these anxiety apps. Additionally, little is known about the types of anxiety apps that are available, their purpose, the features they contain and the degrees to which the available anxiety apps incorporate evidence-based practices. Therefore, our objective in this study was to systematically review the commercially available apps.

A list of anxiety apps was collected on December 2015, using the Power Search function of iTunes and Google Play, with the key terms "anxiety", "anxiety relief", "anxiety cure", "worry", "worry relief". The search included apps compatible with both iPad and iPhone. Data for the review was extrapolated from the available app description. App descriptions typically include: an overall summary of the app, a list of app's features, users' ratings and reviews, and selected screenshots of the app. Of 3052 identified apps identified on iTunes and Google Play, 122 met inclusion criteria and were further reviewed. Their review indicates that currently available anxiety apps often lack the involvement of health care professionals in their development, only a subset have been theory-based, and that very few of them have been rigorously tested.

To summarize, although anxiety apps have the potential to increase access to care, it seems as though technology has raced ahead of the supporting science. As the consumer demand is growing, there is a need to rigorously test anxiety apps. To better leverage the potential of technology for health care interventions, perhaps science needs to meet technology halfway and offer theoretical models for developing and testing such interventions in a timely manner.
EMOTION REGULATION DIFFICULTIES AMONG FEMALE AND MALE BINGE EATERS

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ABSTRACT
Difficulties in emotion regulation have been found to play a role in binge eating. Individuals who binge eat may lack adaptive emotion regulation strategies leading them to utilize dysfunctional methods such as binge eating in response to strong emotions. Gender differences have often been looked over since most of the research is done with female participants. Still, the few studies suggest that women and men may have different motives when it comes to binge eating. The current study investigated the associations between binge eating and emotion regulation difficulties among women and men. We also explored the impact of loss of control (LOC) during the eating episode.

Experience sampling method (ESM) and self-report measures were combined. Participants assessed their emotions and eating behavior on a palmtop computer 7 times a day during a three-day period. The sample consisted of 97 women and 61 men (mean age of 22.3).

Binge eating without LOC correlated significantly with eating pathology among men whereas among women the correlation was negative. Among women the binge eating with LOC associated with difficulties in emotion regulation, specifically difficulties engaging in goal directed behavior and limited access to emotion regulation strategies. Among men, binge eating with LOC was associated with impulse control difficulties and non-acceptance of emotional responses and impulsivity.

The results corroborate previous findings that binge eating with loss of control is associated with emotion regulation difficulties. The results suggest that binge eating among women and men may be driven by different aspects of emotion regulation difficulties.
EFFECTIVENESS OF TEACHER-LED MENTAL HEALTH INTERVENTIONS

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ABSTRACT
Interventions based in schools attempting to (i) build emotional resilience, (ii) educate about mental health disorders, (iii) improve mental health literacy, and (iv) de-stigmatize mental health disorders have been shown to be associated with positive mental health outcomes (Hoagwood et al., 2007). However, many interventions are led by researchers and are unsustainable to run for long periods of time. Franklin et al. (2012) demonstrated that teachers are active in up to 40.8% of studied programmes. The current research is a systematic review of teacher-led mental health school interventions. The aim is to synthesize previous research to find what aspects of teacher-led interventions improve mental health outcomes in adolescents.

Search terms were based on school based interventions focused on internalising disorders. From the databases PsycInfo, Scopus and Medline, 26,060 articles were retrieved for abstract and title screening. Included studies had to be teacher-led controlled trials aimed at adolescents. Of these, 498 full text articles were reviewed. 65 articles satisfied the inclusion criteria. Two raters coded, extracted and assessed the quality of each paper.

Study information and mental health outcomes were collected and condensed into a narrative synthesis. Analyses comparing variables such as types of intervention, length of intervention and amount of teacher supervision will be presented.

This review will uncover whether teachers are effective at improving mental health in adolescents. These findings will have implications on how to optimally run teacher-led interventions in schools.
A SYSTEMATIC REVIEW OF THERAPEUTIC VIDEO GAMES: FEATURES, RELEVANCE AND EFFICIENCY.

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ABSTRACT
Despite to the fact that the use of therapeutic video games in the mental health field is constantly growing, there is no review that assesses their content and specifications. We conducted a systematic review aimed to provide an overview of the content of serious games for mental health promotion and health-related behavioral change in children and adolescents. We included 34 clinical randomized studies investigating the efficacy of therapeutic video games and we analyzed their goals, characteristics, techniques and their effectiveness. Therapeutic serious games were assessed using the following indicators: game category, diagnosis/symptom, population type (age, clinical status), intervention approach, game features format, psychological techniques, type of developer and game efficiency.

The content analysis of therapeutic video games revealed that they are mainly used as a therapeutic tool in therapy sessions and less as independent tools used for preventive purposes regarding mental health problems of children and adolescents. At the same time, most of the games are focused on decreasing certain healthcare problems (e.g. asthma, weight management) and less on prevention/ psychological intervention or development of psychological skills.

Results provide several guidelines for further developing the serious games’ potential of serving as valuable clinical tools. Future therapeutic video games should have clear specifications in terms of goals, content and tasks.
ABSTRACT

The effectiveness of cognitive, behavioral, and mindfulness interventions was evidenced as reducing stress in university students (Regehr, C., Glancy, D. & Pitts, 2013). Mindfulness is defined as the awareness that arises through purposefully paying nonjudgmental attention to the present moment (Kabat-Zinn, 2003). The increase in mindfulness is related to psychological well-being (Gu, Strauss, Bond & Cavanagh, 2015). This study aimed to investigate the impact of a multidimensional stress prevention program on mindfulness skills among university students.

A quasi-experimental design was applied to compare pretest and posttest outcomes in an experimental group in comparison to a waiting list control group. Forty-eight university students were randomly split up into both groups. Four dimensions of mindfulness were measured by Kentucky Inventory of Mindfulness Skills (KIMS; Baer, Smith, & Allen, 2004). The 8-week group program aims at reducing stress and increasing the resilience strategies against stress. Based on prior well-validated interventions, the program integrated cognitive and behavioral components, mindfulness strategies, social skills, problem resolution and emotional regulation.

An increase in each dimension of mindfulness skills is expected in the experimental group after the participation in the program, whereas no significant change is observed in the control group. Preliminary outcomes of our study will be presented.

Results emphasize the importance of developing effective stress interventions adapted to academic environments to increase students' psychological well-being.
COULD THE EXCESSIVE USE OF INTERNET AND MOBILE PHONE INDICATE SYMPTOMS OF DEPRESSION AMONG EMERGING ADULTS?

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ABSTRACT
Emerging adulthood is a high risk period of psychopathology episodes. The percentage of young adults experiencing mood disorders is about 12.9%. Many affected persons remain untreated or undertreated, whereas others receive help only when the severity of symptoms has reached their peak. Therefore, recognizing the signs of depression as soon as possible in order to intervene before it produces significant damage, is an imperative necessity.

The goal of the current cross-sectional study was to test whether excessive use of internet and mobile phone could predict symptoms of depression among nonclinical youths. The sample comprised 97 Romanian students aged between 18 and 25 years old (SD = 1.27). In order to assess the internet and mobile overuse we applied two identical self-report measures that capture four characteristics: loss of control, tolerance, abstinence problems and negative effects on daily functioning.

Symptoms of depression were measured using BDI-II.

The correlation matrix revealed that as the four indicators of excessive use of internet and mobile phone were more evident, the symptoms of depression were higher. However, when the overall excessive use of internet and mobile phone respectively were included as predictors in the same regression model, only the internet overuse was a significant predictor. Moreover, as a further multiple repression analysis indicated, only the signs of anxiety, discomfort or irritability when attempting to cut or stop using the internet (the abstinence factor), significantly predicted depression.

This study provides preliminary results for supporting the fact that internet overuse might be a sign of depression.
INTERPERSONAL STYLES IN CHRONIC DEPRESSION: EFFECTS OF CBASP AS AN INPATIENT TREATMENT

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ABSTRACT
The development of a specific treatment for chronic depression (CD) – the Cognitive Behavioral Analysis System of Psychotherapy (CBASP) – was based on the notion of maladaptive interpersonal styles that characterize CD patients. Referring to Kiesler’s circumplex model, CD patients typically exhibit interpersonal styles of hostility and submissiveness, which are assumed to maintain the patient’s disconnection from their interpersonal environment.

Within a multidisciplinary 12-week CBASP inpatient treatment, CD patients received a weekly group treatment especially focusing on interpersonal behavior based on the circumplex model. Self reports regarding the Inventory of Interpersonal Problems (IIP) as well as therapist-rated Impact Message Inventory (IMI) scores were assessed.

From pre to post treatment, data revealed an increase of dominant and friendly interpersonal styles as well as a decrease of hostility and submissiveness. Those patients who show the highest increase in friendliness exhibit the highest improvement in primary outcome measures (HAMD, BDI-II), possibly due to a higher amount of positive social reinforcement.

Taken together, our data indicate that CBASP in a multidisciplinary inpatient setting has a clinically relevant effect on interpersonal styles. Future research should aim at identifying the specific components of the CBASP concept that drive this effect.
PARENTAL RESPONSES TO CHILD EXPERIENCES OF TRAUMA IN A HIGH-RISK CONTEXT: QUALITATIVE STUDY

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ABSTRACT
Khayelitsha is a South African peri-urban settlement with high rates of child trauma exposure and Post-Traumatic Stress Disorder prevalence. Psychological services are limited in Khayelitsha and parents are often children's main source of support post-trauma. However, the ways in which parents support child adjustment in high-risk communities has not been systematically evaluated. Therefore, this research aims to conduct a comprehensive, qualitative investigation of parental responses and experiences following child trauma exposure.

Twenty primary caregivers and their children, aged 6-16 years, were recruited following child trauma exposure. Parents and children completed measures of psychological adjustment and parents’ experiences of caring for a child post-trauma were assessed by semi-structured interviews. The symptom measures were used to describe the sample and the interview data was analysed using Thematic Analysis.

Two key themes emerged. First, although parents reported concerns regarding their children’s psychological wellbeing post-trauma, support offered and sought for their child focused on addressing physical injury and ensuring physical safety. This prioritization of physical wellbeing reflected parents’ perceptions of their community as dangerous and unpredictable. Second, parents reported using several strategies to support their child’s recovery post-trauma, such as offering reassurance and support for their child to resume normal activities. Nonetheless, forgetting the event was encouraged as a coping strategy and discussions of the event and associated emotional distress were limited.

Given the context of pervasive community violence and limited access to formal treatment, these findings provide insight into the experiences of parents in negotiating support for their children and promoting child adjustment where standard support mechanisms are not necessarily appropriate or feasible.
THE EFFECTIVENESS OF CBT-E WITH ADOLESCENT PATIENTS

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ABSTRACT
We have been using enhanced CBT (CBT-E) with adolescent patients since 2008. It is our routine form of treatment for patients aged 14 years or older. Both our inpatients and outpatients are treated this way, irrespective of their eating disorder diagnosis. In this presentation data on the effects of CBT-E will be presented focusing on two outpatient cohorts and one inpatient cohort. The outpatient cohorts comprised a total of 117 consecutive patients treated with CBT-E alone and then followed up for one year. The inpatient cohort comprised 27 patients with severe anorexia nervosa who also received CBT-E alone and then were followed up for one year. In all three cohorts there was a marked treatment response that was well maintained. These findings suggest that CBT-E is a potential alternative to family-based treatment in this age group. It is well accepted by younger patients and few are ineligible to take part.
A COGNITIVE AND BEHAVIORAL GROUP THERAPY FOR BINGE EATING DISORDER, AN ORIGINAL DESIGN

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ABSTRACT
The Binge Eating Disorder (BED) consist in binge eating with a lost of control and guilty feeling. Weigh excessive preoccupation, psychiatric comorbidities and psychosocial impairement are associated to BED. BED prevalence is 3 to 5 % wich is the more frequent eating disorder. The efficacy of CBT is well known with several publications. 12 sessions of 1.30 hours, managed by a psychiatrist.
Each session approach a different topic (eating behavioural, self esteem, problem resolution, stigmatisation, emotion coping...) Patients are evaluated before and after therapy with Eating Disorder Inventory version 2 and rathus Scale. 30 patients were included. Patients improve eating behavioural and other topics like self esteem, social functioning, problem resolution and emotion coping. It appears that a 12 sessions group CBT is effective with patient who suffer of BED. Other studies is needed to evaluate the long term outcome.
INTERACTION OF PARENT- CHILD SCHEMAS IN DIFFERENT TYPES OF PERSONALITY DISORDERS

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ABSTRACT
In addition to Personality traits, cognitive theories emphasize on the role of cognitive errors in incidence of personality disorders. Schemas are one of the specific cognitive errors. The aim of present research was to investigate the predictive relation between parents and Childrens' schemas in different types of personality disorders.

In current descriptive post-hoc study 54 patients with personality disorders were selected by voluntary sampling method from 2private clinic and a governmental center in Tehran. 54 mothers and 54 fathers of the selected patients completed the questionnaires. In addition to diagnosis of the therapist, we used SCID and MCMI-III for diagnosis of personality disorder. We asked for completing questionnaires by clients and also their parents. The short form of Young Schema Questionnaire was administered to both children and parents which presents 15 schemas in 5 categories.

Data was analyses by ANOVA, Pearson correlation and stepwise discriminant regression. Abandonment and unbalanced standards in cluster A, Unbalanced standards and entitlement in Cluster B and C were dominant (p = 0/001). There were significant relations between child-parent schemas (p = 0/05). Type of Parents schema were different in 3 clusters of personality disorder in children.

There were no difference between schema of cluster B and C personality disorder but schema were different from cluster A. Unbalanced Standards was not a specific schema for a specified personality disorder and it was the dominant schema in all cases. Both father and mother schemas' have relation with children schema and can predict some of schema in children.
SCHEMA PENGUIN INTERVIEW - ASSESSMENT OF EMS IN PRESCHOOLERS

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ABSTRACT
This is the first explorative study aimed at assessing Early Maladaptive Schemas (EMS) in 160 preschool children by means of a newly-developed interview, the “Schema Penguin Interview” (SPI).
Before conducting the interview, we used the Strengths and Difficulties Questionnaire (SDQ-Teacher and -Parents; Goodman, 1997) to identify the behavioral problems of preschool aged children and asked the main parental caregiver (in all cases the mother) to fill in the YSQ.
1. Comparing children with “behavioral problems/borderline” and children without “behavioral problems” (criterion: total difficulties score), grouped according to the SDQ-Teacher-Verdict, we discovered that children with “behavioral problems/borderline” showed significantly higher values in the items of schema domain 3 (impaired limits) and 5 (overvigilance and inhibition). These two domains are often associated with expansive problems that might indicate a high degree of concordant validity.
2. Results concerning the transmission of parental EMS to their children showed that there is little association between the schema dispositions of the child (according to SPI) and the EMS of the mother (according to YSQ). Possibly, parents (mothers) are able to avoid transmitting their EMS to their children, at least at this early age.
3. When teachers scored the children’s behavior as problematic (SDQ-total difficulties score), the mother’s YSQ of these children showed higher EMS scores in all domains, in domain 1 (disconnection and rejection), domain 4 (other-directedness), and domain 5 (see above) even significantly.

Therefore we can draw the conclusion that certain schema domains can be linked to behavioral problems already at preschool age.
EFFECTIVENESS OF A COGNITIVE BEHAVIORAL GROUP THERAPY FOR ANGER AND AGGRESSION IN JUVENILE DELINQUENTS

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ABSTRACT
The purpose of this study is to develop a cognitive behavioral group therapy program to understand the nature of anger and to reduce aggression among juvenile delinquents. Another purpose of the study is to evaluate the effectiveness of the program. The therapy program developed by authors consisted of eight sessions including relaxation, self-instruction, cognitive restructuring, and assertiveness training. The therapy program developed by authors consisted of eight sessions including relaxation, self-instruction, cognitive restructuring, and assertiveness training. The therapy program has still been conducted to juvenile delinquents in one of the juvenile prisons in Turkey. Sixty juvenile delinquents (treatment = 30, control = 30) aged 14 to 18 who met the inclusion criteria were included at the beginning of the study. To evaluate the effectiveness of the program, State Trait Anger and Expression Inventory (STAXI), Novaco Anger Inventory, Aggression Questionnaire were administered as pre-test. Since the post-test are not administered yet, the analysis of the study has not been completed. Expected result of the study is significant decreases in anger and aggression scales in treatment group. The results, limitations and strengths of the study are discussed in the light of the literature.
THE ROLE OF POSITIVE EMOTIONAL EATING IN RELATION TO EATING DISORDER SYMPTOMS

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ABSTRACT
The vast majority of scientific literature pertaining to emotional eating focuses on negative emotional eating. Numerous studies show that difficulties in regulating negative affect elicit binge eating. However, much less is known how eating in response to positive emotions relates to eating pathology. A recent meta-analysis (Cardi, Leppanen, & Treasure, 2015) indicated that healthy participants consumed significantly more food after the induction of positive mood while compared to neutral mood. Further, there was a trend to consume even more calories when participants were offered sweet and savoury food. Thus, it is plausible that even though positive emotions may elicit overeating, they do not necessarily mirror disordered eating behaviour, rather increased motivation and pleasure to eat. Current study aims to compare whether positive and negative emotional eating relate differently to disordered eating behaviour i.e binge eating, preoccupation with body weight.

In Study 1 the Positive-Negative Emotional Eating Scale (PNEES) was constructed and tested on 531 women, who in addition completed Eating Disorders Assessment Scale (EDAS; Akkermann, 2010) and the Estonian version of the Difficulties in Emotion Regulation Scale (DERS, Gratz & Roemer, 2004). The items constructed for the PNEES assessed the tendency to eat in response to various positive and negative emotions. In Study 2 (N = 60), experience sampling method was used to assess the construct validity of the scale. Palmtop computers were given to participants for a three-day study period that prompted them with questions regarding emotional experience and binge eating.

Exploratory factor analysis suggested that a two-factor model fits the data well, explaining 63% of total variance. Subscale Negative Emotional Eating (PNEES-N) strongly related to EDAS subscales, particularly preoccupation with body image and body weight ($r = 0.52$, $p < 0.001$) and binge eating ($r = 0.81$, $p < 0.001$), while subscale Positive Emotional Eating (PNEES-P) had a weaker relationship with mentioned subscales ($r = 0.26$ and $r = 0.38$, $p < 0.001$, respectively). Further, a regression-based mediation analysis was conducted, which showed that the effect of positive emotional eating on binge eating is partly mediated by negative emotional eating, although a small independent effect remains ($c' = 0.14$, $t = 4.16$, $p < 0.001$).

Next we investigated whether self-reported emotional eating predicts binge eating episodes in a naturalistic environment. PNEES-P significantly predicted binge eating episodes. Contrary to our hypothesis, PNEES-N alone did not predict binge eating episodes. However, the relationship between PNEES-N and binge eating became significant when the mean level of negative affect was included in the model.

Our results support the existence of a distinct positive emotional eating phenotype that has considerably weaker, but nevertheless independent association with binge eating but also with other eating disorder symptoms. Taken together, these results can help to draw attention to the role of positive emotions in maintaining binge eating. Furthermore, new assessment and intervention tools that in addition to negative emotional eating address positive emotional eating could be of potential additional help to people who binge eat.
A ROLE FOR LIFE MEANING IN PROTECTING AGAINST TRAUMA-RELATED COGNITION

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ABSTRACT
Cognitive models of post-traumatic stress disorder (PTSD) propose that symptoms result from the violation of meaning. Enhanced meaning may thus help protect against trauma-related psychopathology. Across three studies, we examine whether meaning is inversely related with intrusive trauma-related thoughts, a core symptom of PTSD.

Study 1 method: 105 undergraduate students completed measures of life meaning and general positive affect, wrote about their most traumatic experience, and then completed a rest period during which they sat quietly. After the rest period, participants reported how much they had been ruminating about the traumatic event they had written about. Results: Correlation analyses showed that life meaning was inversely related to rumination (r = -.24, p = .01), even when controlling for general positive affect (pr = -.25, p = .01).

Study 2 method: 141 undergraduate students completed measures of life meaning and positive affect at baseline before an upcoming major spring flood that was expected to cause city-wide damage. Participants returned to the lab after the flood crest and reported on intrusive thoughts about the flood. Results: Correlation analyses showed that life meaning was inversely related to flood-related intrusions (r = -.33, p < .01), even when controlling for baseline positive emotion (pr = -.32, p < .01).

Study 3 method: 72 undergraduate participants viewed a ‘trauma film’ depicting a violent assault and subsequently received a meaning intervention (vs. control). Participants reported on their state negative affect and then completed a rest period as in Study 1, after which rumination about the video was assessed. Results: The meaning intervention led to less film-related rumination during a rest period, F = 5.4, p = .02 and post-intervention negative emotion partially mediated the main effect.

The findings from these studies suggest that meaning may protect the individual from negative consequences of stressful events.
ABSTRACT
The treatment of choice for extreme obesity is bariatric surgery. Besides body weight it affects psychological variables of the patients to great extent. Among other things, body image, health status, physical and emotional well-being, functional ability, and social relations all improve considerably. Changes, however, are not always favourable. In this research, social and behavioural changes during the process of assessment and treatment of obesity using bariatric surgery will be tracked. In this presentation, the pre-surgical phase of the assessments will be presented.

At the moment, assessments are conducted on two occasions: two months before the operation and two months after it. The following questionnaires are used in this part of the research: (1) The Stages of Change Algorithm, (2) Motivation Scale, (3) Rosenberg Self-Esteem Scale, (4) Questionnaire of Risk Situations for Overeating, and (5) Symptom Check List 90 (SCL 90).

Data from about 80 patients have been collected and analysed before the surgical operation. The mean BMI of the whole group was 43.1 (SD = 4.8). In the questionnaires, in respective order, (1) patients were found to belong to the precontemplation (1 %), contemplation (13%), action (53 %), and maintenance (33 %) phases. (2) The mean of motivation in the Motivation Scale (by Straw et. al., 12 items) was 7.1 (SD = 2.7). (3) The group appeared to be divided in two equally large groups according to their self-esteem (low and high). (4) The most common and intensive risk situations for overeating were special occasions like Christmas, Easter etc., when craving food or something ‘good’, when under stress, and when tired. (5) In SCL 90, somatization and depression were the most striking variables.

The patient group preparing for bariatric surgery is well-advanced in their preparation for the operation. They also are quite motivated for it. However, half of these people have low self-esteem and somatization and depression are higher compare to people in general. Also, many other psychological problems occur among this group. In this presentation we describe the psychological profiles of the group, its problems and strengths.
STIMULUS FEAR RELEVANCE AND THE SPEED AND ROBUSTNESS OF VICARIOUS FEAR LEARNING IN CHILDHOOD

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ABSTRACT

Seligman (1971) explained the non-random distribution of fear in terms of evolutionary-based biological preparedness and typically a distinction between 'fear relevant' (prepared) and 'fear irrelevant' (unprepared) stimuli has been made. Associations between a fear-relevant stimulus (conditioned stimulus; CS) and a negative outcome (unconditioned stimulus; US) are believed to be less cognitive or rational than is the case for fear-irrelevant stimuli, and are argued to occur more readily, and be more robust (Mineka & Öhman, 2002; Seligman, 1970, 1971). Typically, laboratory evidence (see e.g., Öhman & Mineka, 2001; Óhman, Flykt, & Esteves, 2001; Mineka & Öhman, 2002) for these 'selective associations' is said to occur when learning for a stimulus shows: a) a larger conditioned fear response; b) faster acquisition (learning in fewer trials); and c) is more persistent, showing enhanced resistance to extinction.

It has been argued that vicarious learning is a form of CS-US associative learning (Askew & Field, 2007, 2008; Bandura, 1969; Mineka & Cook, 1986, 1993; Reynolds, Field, & Askew, 2015a) in which the model's response acts as the US and becomes associated with the animal or object CS. Mineka, Cook, and colleagues demonstrated in a series of seminal studies that laboratory-reared rhesus monkeys who were not initially afraid of snakes rapidly learnt fear of snakes from observing snake-fearful monkeys (e.g., Cook et al., 1985; Mineka & Cook, 1993; Mineka et al., 1984). This vicarious fear learning effect was found for fear-relevant stimuli such as toy snakes but not for fear-irrelevant stimuli such as flowers (Cook & Mineka, 1989; 1990). Using a paradigm in which toddlers saw their parents responding negatively to stimuli, Dubi et al. (2008) found no difference in learnt fear and avoidance for fear-relevant (rubber snake or spider) and fear-irrelevant (rubber flower or mushroom) stimuli. Similarly, Askew, Dunne, Özdi̇l, Reynolds, and Field (2013) found that the magnitude of vicariously learned fear responses was not affected by stimulus fear-relevance.

Evidence from vicarious learning in children then, has found no evidence of larger learned responses for stimuli of greater fear relevance. However, it is possible that vicarious learning for these stimuli is more rapid or robust, either of which would also be indicative of selective associations. Hygge and Öhman (1978) found that although adults' vicariously learnt fear responses were initially similar, they immediately extinguished for fear-irrelevant stimuli (mushrooms, berries, and flowers) but not for fear-relevant stimuli (snakes, spiders, and rats). Other evidence shows direct conditioning of fear in adults in a single CS-US pairing trial for fear-relevant but not fear-irrelevant stimuli (e.g., Öhman, Eriksson, & Olofsson, 1975). Thus, as well as the magnitude of fear learning, the speed and robustness of vicarious fear learning for stimuli of differing fear relevance should also be investigated in children.

Thus three experiments investigated the speed, magnitude, and robustness of children's (6-10 years; N = 290) vicariously learned fear responses for stimuli of differing fear relevance.

Experiment 1 compared the magnitude and speed of vicarious fear-learning for two types of stimuli of differing fear-relevance: novel (unknown to the child) marsupials (a quoll, quokka, and cuscus) and flowers (a red avens, willow gentian, and dotted loosestife). The number of stimulus-face pairings seen by children was varied (1, 10, or 30) to determine if learning would occur in less pairings for stimuli of higher fear relevance (marsupials). The main aim was to determine whether acquisition would be more rapid (i.e., in fewer trials) for stimuli of greater fear-relevance. Additional follow-up measures were conducted at 1 week to determine whether fear learning was more persistent for one type of CS than the other.

Experiment 2 investigated robustness of learning for the two stimuli in more detail, comparing robustness of learning following three extinction procedures over a 3 week period.

Experiment 3 investigated resistance to extinction and counter-conditioning following vicarious fear learning for three novel marsupials (a quokka, quoll and cuscus) and three snakes (a keelback, pattoni and boomslang) a well-established fear relevant stimulus.

Significant increases in fear-related beliefs and avoidance preferences were found for both marsupials and flowers but there was no indication that vicarious learning for marsupials was faster, greater, or more robust than for the fear irrelevant flowers. Similar vicarious learning was also found for marsupials and snakes, and only counter-conditioning, not extinction, was effective in reducing vicariously acquired fear beliefs, avoidance preferences and self-reported physiological responses. Overall, the findings supported previous research showing that vicarious fear learning leads to increases in children's fear beliefs and avoidance preferences (e.g., Askew & Field, 2007; Askew et al., 2008; 2014; Dunne & Askew, 2013; Reynolds et al., 2014). However, although marsupials were believed to be more fear-relevant than flowers no enhanced learning
was observed in terms of magnitude of learnt fear-related responses for marsupials. Likewise, Experiment 3 demonstrated similar levels of learning for marsupials compared to a classic fear-relevant stimulus, snakes. These results confirm Askew et al.’s (2013) finding that vicariously acquired increases in children’s fear beliefs and avoidance preferences are similar for a range of fear-relevant and fear-irrelevant stimuli including flowers, snakes, caterpillars and the marsupials used here. Two new findings are that higher fear relevance does not necessarily produce faster or more robust fear learning in children. These findings appear to be inconsistent with evidence from direct fear conditioning experiments with adults (Öhman & Mineka, 2001; but see McNally, in press), and vicarious learning studies with monkeys (Cook & Mineka, 1989, 1990) and adults (Hygge & Öhman, 1978), which have demonstrated superior learning for fear-relevant stimuli.

There was little difference between marsupials and flowers then in terms of magnitude, speed and robustness of learning. But this did not appear to be because both stimuli essentially acted like fear-irrelevant stimuli: Learning for the marsupials was no lower in magnitude than learning for snakes in a Experiment 3 (see also Askew et al., 2013), occurred in one-trial here, and was robust to extinction. Thus learning for both CSs appeared to be more like we would expect for fear-relevant stimuli. Askew et al. (2013) have suggested that the fear relevancy of stimuli might be bypassed during vicarious learning in young children. The current findings appear to support this in that CS fear-relevance was unimportant for the vicarious formation of CS-US associations.

There was a marked difference in the results obtained for extinction and those found for counter-conditioning in Experiment 3. Dunne and Askew (2013) also used a vicarious counterconditioning procedure in which previously fear-paired marsupials were seen again with happy faces: Following counterconditioning children’s fear-related responses returned to baseline levels again (see also Reynolds et al., in press). Inhibitory learning processes are argued to underpin extinction in which the original CS-US association competes with a CS no-US association (see e.g., Bouton, 1993, 2002). Rather than erasing the existing CS-US association from memory, extinction involves the learning of new, CS-no US, associations, which compete with previously learned CS-US associations. If counterconditioning is positive US learning and extinction is no-US learning it is not difficult to predict that the former may be a more potent means for reducing fear-related responses.
THE IMPORTANCE OF IDENTIFYING RESPONDERS AT THE “HALF-WAY” POINT IN EXPOSURE-BASED CBT FOR PEDIATRIC OCD.

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ABSTRACT
Objective: To identify responders and remitters, at the half-way point (week 7) to exposure-based CBT.
Method: 269 children and adolescents age 7 – 17, mean age 12.8, 51.3% female with a DSM-IV diagnosis of obsessive-compulsive disorder (OCD) were included. The Nordic long-term OCD treatment study’s design involved initial assignment of all participants to exposure-based CBT. All analyses were conducted using an intent-to-treat model in which all available data were included in the analysis. Primary outcome measure was the Children’s Yale-Brown Obsessive Compulsive Scale (CY-BOCS) total score at weeks 7 and 14. We identified responders (CY-BOCS£15) and remitters (CY-BOCS£10) at the half-way point.
Results: For the sample as a whole, mean CY-BOCS total score symptom reduction from baseline to week 7 (half-way point) was 28.5% (SD = 26.3), and the mean CY-BOCS score was 16.4 (SD = 7.1). At the half-way point, 38.3% of the participants were responders (95% CI 32.4%-44.5%, n = 95), and 13.7% were remitters (95% CI 10.0%-18.6%, n = 34)). CY-BOCS total score at post treatment for the responder group was 6.59 (95% CI 5.49-7.69), with a mean symptom reduction of 70.8%, and for the remitter group the CY-BOCS total was 3.76 (95% CI 1.76-5.75), with a mean symptom reduction of 83.7%.
Discussion: Response and remission after seven weeks, at the half-way point, of treatment were persistent. However, a substantial numbers of non-responders and non-remitters at the half-way point, experienced response and remission at post treatment.
Conclusions: Guidelines are needed to ensure that patients with OCD receive the therapy they need to achieve remission, while avoiding overutilization.
SPECIFIC PROFILE OF MINDREADING IN PATIENTS WITH AVOIDANT PERSONALITY DISORDER

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ABSTRACT
Several authors argue that the ability to reflect on one’s own states of mind and those of others is strongly implicated in various psychiatric disorders and particularly in the personality disorders (PDs). Furthermore, there is evidence that the ability to understand minds (metacognition or mindreading), is made up of a variety of constituent elements which can be selectively impaired in different disorders. This leads us to hypothesize that disorders of specific sub-functions of metacognition may affect the diverse clinical manifestations of personality pathologies. The purpose of this study is to compare the levels of metacognition observed in Avoidant Personality Disorder (AvPD) with those of other PDs and to investigate whether there is a specific metacognitive profile for AvPD.

Sixty-three patients with AvPD and 224 patients with other PD diagnoses were assessed using a semi-structured interview for the assessment of different components of mindreading, the Metacognitive Assessment Interview (MAI).

AvPD patients showed difficulties with two metacognitive functions: monitoring and decentration; even when the severity of psychopathology was controlled for.

These results support the hypothesis of specific profiles of metacognitive dysfunction in PDs and highlight a close link between impaired monitoring and decentration functions and the inhibited and withdrawn personality style typical of AvPD.
THE PAST AND PRESENT AS ALLIES TO IMPROVE WELL-BEING OF CANCER INPATIENTS: BENEFITS OF A BRIEF PSYCHOLOGICAL INTERVENTION THAT USES VIRTUAL REALITY AND REMINISCENCE TECHNIQUES

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ABSTRACT
Although remarkable achievements have been made in psycho-oncology field, the studies oriented to validate inpatients psychological interventions are still less. With the purpose of test new tools supported by technologies for the promotion of well-being during hospitalization period, a brief intervention based on Virtual Reality (VR) and reminiscence techniques is presented.

Total sample was composed of 36 adult cancer inpatients (X = 64.1, SD = 13.11). The most prevalent diagnoses were colon-rectum (25%) and lung cancer (19.4%). Participants were randomly assigned to 2 conditions: Intervention Group (IG = 21) and Treatment as Usual Group (TAU = 15). IG received a 4 session intervention, along 1 week. In first and third sessions participants reviewed meaningful moments of their lives using a multimedia platform. Second and fourth sessions were oriented to distraction and promotion of calmness/wellbeing through VR environments.

No significant differences were found between both groups at post treatment measurement (n = 18). However, several benefits were obtained post sessions: significant improvements were found in positive (p = .014-.035) and negative affect (p = .054), well-being (p = .014-.059) and calmness (p = .024). Besides, most participants reported a better mood after sessions (range 50-100%) and no one felt worse. Participants also reported an altered time perception, estimating a lower session duration (p = .007-.050).

The absence of differences between groups suggests the need of more powerful interventions in order to achieve greater and long lasting improvements. However, the short term benefits obtained also implies well-being increases that promote a more manageable hospitalization period, and therefore, a contribution to the quality of life of these patients.
INFORMATION ORDER AND DECOY EFFECTS IN CLINICAL PSYCHOLOGICAL DIAGNOSES

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ABSTRACT

Despite the diagnostic systems' wide application and long histories, there remain several sources of bias in diagnosing mental disorders according to their criteria. The aim of this study was to investigate whether pre-treatment reports and the presentational order of diagnosis-relevant information are associated with diagnostic biases.

One hundred and twenty psychotherapists participated in the present online study. The study employed a 2 (pre-treatment report: receiving a pre-treatment-report with an incongruent diagnosis to the case vignette vs. receiving no pre-treatment-report) x 2 (symptom presentation: core symptoms at the vignettes’ beginnings vs. core symptoms at the end of the case vignettes) between-subjects experimental design, with random assignment. Participants were asked to make diagnoses after reading three case vignettes describing patients with different disorder constellations. Additionally, participants rated their confidence in each diagnoses and their estimation of the severity of each diagnosis.

Results indicated that incongruent pre-treatment reports were not associated with diagnostic biases. Order of symptom descriptions was related to diagnostic accuracy, with a recency effect causing more correct diagnostic decisions in cases with diagnostic information presented last.

In conclusion, the results of this study indicate that given diagnoses of mental disorders can depend on the way symptoms are presented or reported.
ABSTRACT

School refusal is a common disorder belonging to anxiety disorder spectrum and defined by Ajuriaguerra (1974) like behavior “of children and adolescents who, for irrational reasons, refuse to go to school and resist with very sharp anxiety or panic when we try to force them. ”

A specific therapeutic program in day hospital was established within the department MPEA “Peyre-Plantade”, CHU Montpellier. This is based on the implementation of cognitive and behavioral therapy techniques, to gradually reintegrate school environment.

We evaluated the effectiveness of this program in a cohort of 9 patients treated between September 2014 and July 2015. In parallel with school reintegration period assessment, the overall functioning of patients was quantified using C-GAS and anxious symptoms through the FSSC-R, STAIC and RC-MAS scales. The scores were obtained at the beginning and end of hospitalization.

9 patients have returned to school partially after 17 (CI: 12-22) weeks of treatment on average. Overall functioning assessment with C-GAS scale shows a significant improvement from 53.7 (CI: 46.4 to 61.1) at the beginning of hospitalization to 85 (CI: 79.7 to 90.3) at discharge. The other scales showed a non-significant improvement of the overall functioning, and of anxiety level, with STAIC score decreasing from 32.75 (CI: 27.30 to 38.19) to 30.1 (CI: 28.5 to 31.7); FSSC-R decreasing from 156.12 (CI: 143.17 to 169.08) to 143.4 (CI: 126.4 to 160.43) and RC-MAS decreasing from 22 (CI: 18.08- 25.91) to 17.3 (CI: 13.7 to 20.9).

The therapeutic program for school refusal performed in a day hospital within departement MPEA “Peyre-Plantade” CHU of Montpellier is efficient and allows partial attendance to school during the year for a majority of patients. Greater power studies and further monitoring of patients are needed to better characterize the effectiveness of this support.
ABSTRACT
The aim of the present study was to examine whether implicit social anxiety associations would improve over the course of cognitive behaviour therapy (CBT) for social anxiety disorder (SAD), and whether these changes would predict change in social anxiety symptom reduction.

Clinical participants completed a 12 week course of a manualised CBT program, delivered in a group format. To assess implicit associations, participants completed the Implicit Association Test (IAT), as well as measures of social anxiety and depression, five times over the course of treatment (weeks 1, 3, 6, 9, and 12). Control participants were undergraduate students who received no diagnosis of SAD following a diagnostic interview. These individuals completed the IAT and other assessments every three weeks across a 12 week period.

Results will be analysed using multi-level modeling to account for the hierarchically structured data. We expect that social anxiety symptoms and automatic social anxiety associations will reduce over the course of CBT treatment, that automatic social anxiety symptoms and associations will be related, and that changes in these implicit associations will predict social anxiety symptom change. We also expect that individuals without a SAD diagnosis (i.e., controls) will demonstrate little change in implicit associations.

Results will be discussed in relation to the current empirical literature and to prominent cognitive models of SAD. Treatment implications will also be examined.
IS SELF-EFFICACY MEDIATING THE RELATIONSHIP BETWEEN THE COGNITIVE EMOTION REGULATION STRATEGIES AND DEPRESSION?

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ABSTRACT
The purpose of this study is examining the relationship between the cognitive emotion regulation strategies (CERS; Garnefski, Kraaij, & Spinhoven, 2001), self efficacy and depression and to test whether the self efficacy mediates the relationships between CERS and depression.

CERS, self-efficacy and depression levels of participants were measured with a self-administered questionnaire. Turkish sample of 274 participants were included in the study.

Results of the regression analysis indicated that an increase in the use of refocusing on planning was related to a decrease in depression scores; however, an increased use of self-blame and rumination as CERS were related to an increase in depression level. Moreover, self efficacy showed a strong negative correlation with the depression. Mediation analyses conducted to investigate the mediator role of self efficacy in relationships between the CERS and depression by using a bootstrap estimation approach. Results suggest that in response to threatening or stressful life situations, self efficacy mediated the relationships between the depression and the CERS, positive refocusing, putting into perspective, positive reappraisal, refocus on planning, catastrophizing, and self blame, whereas, it did not for the blaming others, rumination and acceptance.

Findings of the study suggest that CERS and self efficacy might have an influence on the occurrence and the severity of depression. Results of this study underlined the importance of the addressing the self efficacy and the increase in the use of adaptive CERS as a target for the psychological interventions to prevent the occurrence of depression.
STRUCTURE OF THE RUMINATIVE THOUGHTS SCALE: PSYCHOMETRIC EVIDENCE OF TRANSDIAGNOSTIC NATURE OF RUMINATING

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ABSTRACT
Rumination has been recently proposed to be a transdiagnostic process, but a few instruments are designed to measure this repetitive thinking tendency across different disorders. Previous research has shown that the Ruminative Thoughts Scale (RTS) is an instrument for measuring repetitive thinking style which is considered to be the unifying, potentially pathogenic, core of various psychopathological disorders. However, recent factor-analytic research did not support its proposed unidimensionality. Also, evidence for its transdiagnostic nature is still scarce. Therefore, the focus of this study is examination of the structure of RTS and predictive validity of its dimensions.

The study was conducted on a large Serbian sample (N = 838). A subsample was retested 6 months later providing information about symptoms of depression and anxiety. A confirmatory bi-factor modeling was used to reveal how much of the RTS item variance is due to a general rumination factor vs. potential group factors.

Results showed that a bi-factor model of the RTS (one general and four group factors) had a better fit than the second-order and one-factor models. The subscale scores were not prospective predictors of symptoms of depression and anxiety, over and above the contribution of the total score.

We concluded that the RTS is a valid transdiagnostic measure of repetitive thinking. Its items tap a common, homogenous dimension of repetitive thinking rather than different disorder-specific content about ruminating. Although there is some clustering of more homogenous items, subscales seem not to be representative of the dimensions specifically related to some disorders.
ABSTRACT
Over the last two decades, social capital has received increasing attention in the Australian and international literature. Despite the popularity of the construct, problems of definition (Sabatini, 2009), theoretical conceptualisation (Van Deth, 2003), and measurement (Lillbacka, 2006) continue to plague research in this area. Whilst much of the research points to the advantageous nature of social capital on mental health outcomes (Aldridge, Halpern, & Fitzpatrick, 2002), others have highlighted the complexities in assessing such relations due to the plurality of definitions, measurement scales, and methods used across different research studies (e.g., Almedom, 2005).

This investigation aimed to address this gap by examining the relations between social capital and the mental health of disadvantaged students utilising a new theoretically derived measure of social capital (Social Capital and Cohesion Index; SCCI) and the established Depression, Anxiety and Stress Scale (DASS-21; Lovibond & Lovibond, 1995), utilising a sample of 1371 young Australians living in disadvantaged communities.

The findings of this investigation revealed that building social capital at the family level was the most important factor for protecting against mental disorder, whereas social isolation within the schooling environment was the most powerful predictor of adolescent depression, anxiety, and stress.

Hence, the results of the present investigation imply that maintaining high levels of social capital within the family, and ensuring that students do not become socially isolated within the schooling context, contributes most positively to adolescent’s psychological well-being by buffering against the mental health issues most commonly associated with adolescence.
CHANGES IN EMOTION REGULATION AND MOOD DURING THE DIALECTICAL BEHAVIOR THERAPY (DBT) SKILLS TRAINING: PRELIMINARY RESULTS

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ABSTRACT
Persistent dysfunctions in emotion regulation contribute to mood and anxiety disorders, and are especially relevant in chronic depression, generalized anxiety and personality disorders. Dialectical behaviour therapy (DBT) is a treatment modality that was developed for borderline personality disorder, but has shown usefulness in a variety of difficult-to-treat mental disorders. DBT’s skills training component has shown efficacy of its own aiming at improvement in regulation of emotion and behaviour. Few studies have examined the role of emotion regulation in symptom change in DBT. This ongoing study aims to evaluate the changes in emotion regulation in conjunction with change of depression symptoms during DBT skills training.

Outpatients from the Psychiatry Clinic of Tartu University Hospital with recurrent depression, high comorbidity (personality disorders, eating disorders and substance abuse) and previous unstable treatment effect were randomized to 27 weeks of DBT skills training (n = 6) or treatment as usual (TAU, n = 5). Patients completed the Difficulties in Emotion Regulation Scale (DERS) and Emotional State Questionnaire-2 (EST-Q-2) before, during and after the treatment.

DBT group had greater decrease in depression symptoms and emotion regulation difficulties compared to TAU. In DBT group, decrease of depressive symptoms was significantly associated with changes in emotion regulation, especially in DERS total score, nonacceptance of negative emotions, lack of regulation strategies and emotional clarity. In TAU group, only the change in emotional clarity was associated with change in depressiveness.

More efficient emotion regulation can be a major mechanism of symptom change in DBT skills training.
ABSTRACT

Studies have suggested that subclinically anxious adults (Fox et al., 2001) and children (Morales et al., 2016) show delayed disengagement from threat. However, studies using clinically anxious adults have presented mixed results. Social phobia patients have revealed delayed disengagement (Amir et al., 2003), whereas generalized anxiety disorder patients have revealed faster disengagement (Yiend et al., 2015).

The present study aimed to investigate disengagement in clinically anxious children (7-13 years) using a modified Posner paradigm. Anxiety was diagnosed using the Anxiety Disorders Interview Schedule (ADIS) and the Revised Child Anxiety and Depression Scale (RCADS).

Results from 90 anxious and control children suggest that generalized anxiety disorder correlate with faster disengagement, whereas social phobia does not correlate with disengagement. However, social phobia was only the primary diagnosis of 7.5 % of the clinical sample.

The present study challenges the assumption that results from children can be generalized from subclinical to clinical samples.
ABSTRACT

Previous neuropsychological researches for Obsessive-compulsive Disorder (OCD) have been conducted extensively and there were implications of impairment of cognitive abilities including executive functions and working memories. However, the findings were inconsistent so far. We suspected that this inconsistency might be caused by the potential co-morbidity of Autism Spectrum Disorders (ASD) in OCD.

In this study, we compared the performances in multiple neuropsychological tests of three groups; OCD with ASD co-morbidity (OCD (ASD+)) (n = 13) and OCD with no ASD co-morbidity (OCD (ASD-)) (n = 22) and healthy controls (HCs) (n = 29), and aimed at finding cognitive remarks of OCD(ASD+).

Although the three groups did not differ significantly in most of the tests, OCD(ASD+) showed significant differences from OCD (ASD-) and HCs in reaction time in some tests such as the Trail Making Test-A and the Stroop test. Both OCD (ASD+) and OCD (ASD-) showed lower performance compared to HCs in some tests such as the Trail Making Test-B and the Maze in CogState.

The findings could not show any clear cognitive remarks of OCD (ASD+). Some results were similar between OCD (ASD+) and OCD (ASD-), however, there might be different factors that lowered their performance respectively. Further research should focus on emotion recognition, the relation between processing ability and working memories, and the effect of emotion regulation of OCD with ASD co-morbidity on their overall cognitive abilities.
HEALTHY UNIVERSITY STUDENTS’ DAY-TO-DAY PAIN VARIABILITY, DEPRESSION, AND PAIN-CATASTROPHISING: USING THE EXPERIENCE SAMPLING METHOD AND BAYESIAN LINER MODEL.

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ABSTRACT
Daily painful experiences and their variability correlate positively with pain catastrophising, and these exacerbate depressive symptoms in chronic pain patients. However, this relationship in a healthy population remains unclear. This implies the lack of the knowledge about the primary prevention of depression from the perspective of pain symptoms. The purpose of this study was to investigate the relationship between the daily pain intensity (and its variability) and depression and pain catastrophising in university students.

To collect the data, we adopted the Experience Sampling Method (ESM). In this ESM survey, 43 participants responded to inquiries about pain and depression once a day, for thirteen days, through their smart phone. On the 14th day, they responded to a post-questionnaire which included a pain catastrophising and depression scale. All participants provided written informed consent prior to the survey. The loss ratio in the ESM data was 19.7%. To covering partial missing data, we conducted the Bayesian liner regression. The individual index of pain variability was estimated as the parameter. The effects of partial missing data were indicated by the width of the posterior distribution of the parameters.

Findings revealed that daily pain intensity affected depression and pain catastrophising. On the other hand, pain variability correlated positively with pain catastrophising alone.

These results indicate that the day-to-day pain and its variability lead to the uncontrollability and unpredictability of pain in a healthy population. Additionally, we speculated that depression would worsen depending on such pain catastrophising.
APPLICABILITY OF METACOGNITIVE MODEL OF DEPRESSION AMONG CHINESE ADOLESCENTS

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ABSTRACT
Metacognitive model of depression proposed that metacognitive beliefs foster rumination and worsen mood in a vicious cycle, eventually causing depression (Wells and Matthews, 2001). The model has been tested on adults but little is known about its applicability in adolescents. Because adolescence is a critical time in which metacognition develops (Keating, 2004), understanding the influence of metacognitive beliefs on them would assist in initiating programs strengthening their mental resilience. This study aims at examining the association between metacognitive beliefs, rumination and depressive level among adolescents.

151 secondary school students (73M, 78F, Mean age = 13.2) were recruited from a local school. They were invited to complete a set of self-report questionnaires measuring their metacognitive beliefs, rumination, and depressive level in a cross-sectional design.

SEM was applied to test the validity of metacognitive model in the present sample. Results suggested a good fit with the data \( \chi^2 (2, N = 151) = 3.686, p > .01, \) CFI = .99, GFI = .99, and RMSEA = .08. Moreover, the bootstrapping method suggested that rumination having a significant direct effect (\( \beta = .24, SE = .06, p < .01 \)) and indirect effect via negative metacognitive beliefs (\( \beta = .18, SE = .04, p < .01 \)) on depressive symptoms.

Results provided preliminary support to metacognitive model among community youths. Metacognitive beliefs about rumination closely associate with rumination and depression. In addition, negative beliefs were found to be a partial mediator between rumination and depression. The findings draw implications to developing depression risk prevention program targeting metacognitive development in adolescents.
EFFECTIVENESS OF A FREELY AVAILABLE COMPUTERISED CBT PROGRAMME (MOODGYM) FOR DEPRESSION: META-ANALYSIS

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ABSTRACT
This meta-analysis investigates the effectiveness of a freely available computerised CBT (cCBT) programme (MoodGYM) for depression (primary outcome), anxiety and general psychological distress in adults.

We searched PsycINFO, CINAHL Plus with full text, MEDLINE, EMBASE, Social Science Citation Index, and references from identified papers. To assess MoodGYM’s effectiveness, we conducted random effects meta-analysis of identified randomised controlled trials (RCTs).

Comparisons from 11 studies demonstrated MoodGYM’s effectiveness for depression symptoms at post-intervention ($g = 0.36$, 95% CI: 0.17 - 0.55; $I^2 = 78$%) but adjusting for publication bias reduced the effect size to a non-significant level ($g = 0.17$, 95% CI: -0.01 - 0.38). Comparisons from six studies demonstrated MoodGYM’s effectiveness for anxiety symptoms ($g = 0.57$, 95% CI: 0.20 - 0.94; $I^2 = 85$%). Although comparisons from six studies did not yield significance for MoodGYM’s effectiveness for general psychological distress symptoms, the small effect size approached significance ($g = 0.34$, 95% CI: -0.04 - 0.68; $I^2 = 79$%). Both the type of setting and MoodGYM-developer authorship in RCTs had no meaningful influence on results; however, the results were confounded by the type of control deployed, level of clinician guidance, international region of trial, and adherence to MoodGYM.

The confounding influence of several variables, and presence of publication bias, means that the current meta-analysis only provides tentative and preliminary support for MoodGYM’s effectiveness. All studies had mostly female and young adult participants, thus the findings have limited generalisability beyond these populations. MoodGYM should not be provided as a front-line treatment; however, as the programme is freely accessible over the Internet, and may benefit a sizeable amount of its users, it is well-placed as an additional low-intensity treatment option.
CORRELATION BETWEEN MINDFULNESS AND SUBJECTIVE SLEEP PARAMETERS IN PATIENTS WITH SLEEP DISTURBANCES

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ABSTRACT
Mindfulness is supposed to be one of the proven protective factors against sleep disturbances. Mindfulness-based interventions are considered to reduce the pre-sleep hyperarousal which, according to the hyperarousal model, contributes to the emergence of insomnia. We examined the relationship between dispositional mindfulness and subjective sleep parameters in a population of patients with sleep disturbances.

N = 63 patients, who were in stationary care for clarification of sleep disturbances in a Sleep Medicine Centre were routinely surveyed at admission with the Pittsburgh Sleep Quality Index (PSQI), the Insomnia Severity Index (ISI), and the Beck Depression Inventory II (BDI-II). Mindfulness was assessed with the Mindful Attention Awareness Scale (MAAS).

Correlational analysis yielded a significant relationship between Mindfulness (MAAS) on the one hand and sleep disturbances (PSQI: r = -.307; ISI: r = -.389) as well as depressiveness (BDI-II: r = -.557) on the other hand.

The present study confirmed the relation between mindfulness and sleep quality as well as depressiveness. A greater dispositional mindfulness is associated with better subjective sleep quality and less depressive symptoms. Interventions which are developed to improve sleep quality should take into account the factor mindfulness. Future research should include objective sleep parameters and address the correlation between mindfulness and sleep parameters in subgroups (i.e. different types of sleep disorders).
A MULTI-INFORMANT EXAMINATION OF PARENTING BEHAVIOR AND MATERNAL SYMPTOMS IN CHILDHOOD ANXIETY

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ABSTRACT
Anxiety disorders run in families. Evidence suggests the important role of (a) parental psychopathology and (b) parenting behaviors in the development and maintenance of youth anxiety. The current study examined the association between maternal symptoms (anxiety and depression) and parenting behaviors on youth anxiety in a cross-sectional sample of youth who met diagnostic criteria for anxiety disorders. The moderating role of maternal symptoms on the association between parenting behaviors and youth anxiety symptoms was tested.

Participants were mothers and youth ages 6–17 (N = 88, 48.9% male, Mean age = 11.25 years) who met DSM-IV-TR criteria for a principal anxiety disorder. Youth diagnoses and symptoms were assessed using semi-structure diagnostic interviews and parent- and child self-reports. Parenting behaviors (i.e., parental involvement; autonomy granting) were assessed via youth report. Maternal symptoms (i.e., depressive and anxiety) were assessed using parent self-report. Generalized Estimating Equations (GEE) analyses examined multiple informants’ reports (parent and youth) of youth and maternal symptoms as well as parenting behaviors.

Results indicated that youth-perceived maternal autonomy granting was inversely associated with youth anxiety (based on mother and youth reports). Maternal self-reported anxiety and depressive symptoms significantly moderated this relationship: As mothers reported higher anxiety and depressive symptoms, the inverse association between parental autonomy granting and youth anxiety became weaker.

The interaction of parenting behaviors and parental psychopathology significantly influenced youth anxiety symptoms, which suggests important clinical implication to integrate parenting work in the treatment of youth anxiety disorders.
SOCIAL SUPPORT: PROTECTIVE AGAINST DEPRESSION ONLY UNDER MODERATE LEVELS OF STRESS

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ABSTRACT

Social support has been consistently related to mental health, yet specific pathways through which this relationship functions are not well known (Feeney & Collins, 2014). Recent investigations provided little support for the stress-buffering hypothesis (Cohen & Wills, 1985), according to which social support buffers the relationship between stressful life-events and development of depression; suggesting that social support (a) may actually increase psychological distress for some individuals (Bolger, 2014) and (b) cannot buffer the negative impact of stress on mental health and life quality (Panayiotou & Karekla, 2012). Based on literature, we hypothesized that social support would be negatively related to depression, self-esteem would mediate this relation and perceived stress would moderate the mediation model.

350 University students in Cyprus completed the following scales: Multidimensional Scale of Perceived Social Support, Center for Epidemiological Studies-Depression scale, Rosenberg Self-Esteem Scale, and Perceived Stress Scale-14, at two time-points. CFAs, SEMs, mediation and moderation analyses were conducted using AMOS 20.

Perceiving social support from family and friends was negatively related to depression. Family support was related to less depression, largely because of its positive impact on self-esteem (full mediation). Multi-group analyses showed that the above models applied to individuals with moderate perceived stress only. Social support was not protective against depression when having low or high perceived stress.

Findings are discussed in the context of stress-buffering hypothesis. Self-esteem seems important to understand the relation between support and depression, but perceived stress levels can completely dampen the effects of social support on mental health outcomes.
EFFECTS OF A PSYCHOLOGICAL INTERNET INTERVENTION IN THE TREATMENT OF MILD TO MODERATE DEPRESSIVE SYMPTOMS: SUBGROUP ANALYSES RESULTS OF THE EVIDENT STUDY, A RANDOMISED CONTROLLED TRIAL.

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ABSTRACT
MatthiasMild to moderate depressive symptoms are common but often remain unrecognized and treated inadequately. We hypothesised that an internet intervention in addition to usual care is superior to care as usual alone (CAU) in the treatment of mild to moderate depressive symptoms in adults and examined the influence of concomitant treatment on symptom severity change.

In this randomised controlled trial 1013 participants with a PHQ-9 (Patient-Health-Questionnaire) score between 5 and 14 were randomised to either CAU or a 12-week internet intervention (Deprexis) adjunctive to usual care. The primary outcome was self-rated depression severity (PHQ-9). The main analysis used linear mixed models. In a subgroup analysis we tested the influence of antidepressant medication and psychiatric/psychotherapeutic treatment on PHQ change between baseline and post assessment. The hypothesis of difference in treatment effects was tested on the group by concomitant treatment interaction.

Changes in PHQ-9 from baseline differed significantly between groups (t825 = 6.12, p < .001) with a between-group effect size of $d = 0.39$ [95%CI 0.13, 0.64] in favour of the intervention. We observed a significant group by concomitant treatment interaction (antidepressant medication: t820 = -2.01, p = .045/ psychiatric/psychotherapeutic treatment: t820 = -2.19, p = .029). Participants receiving concomitant treatment had a smaller difference in decrease in PHQ-score between intervention and CAU group (-1.05 [95% CI -2.08, -0.23]).

The internet intervention examined in this trial was superior to CAU alone in reducing mild to moderate depressive symptoms. Particularly it is most effective among those participants that do not already receive treatment through other means.
MEDIATING ROLE OF METACOGNITION IN THE RELATIONSHIP BETWEEN CHILDHOOD TRAUMA AND PSYCHOLOGICAL SYMPTOMS

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ABSTRACT
Decades of research have shown that childhood trauma experiences of abuse and neglect increase the risk of developing various psychological disorders. However, the casual mechanisms between childhood trauma and psychological problems have not been adequately studied. At this point, metacognition which is defined as any knowledge or cognitive processes involved in the appraisal, control, and monitoring of thinking (Wells, 2000) could provide further insight while explaining these associations. The present study aimed to examine the relationships between childhood trauma, metacognition and psychological symptoms including anxiety, depression and negative affect. It was hypothesized that childhood trauma has an impact on psychological symptoms in adulthood and metacognition would serve as a mediator in this relationship.

Short form of the Childhood Trauma Questionnaire (CTQ-SF), Metacognitions Questionnaire-30 (MCQ-30), Beck Depression Inventory (BDI), State-Trait Anxiety Inventory (STAI), Positive-Negative Affect Scale (PANAS) were administered to 473 college students (210 men and 263 women with mean age±SD of 21.44 ± 2.14).

The preliminary results indicated that early emotional abuse positively and significantly correlated with all metacognitive factors. In addition, the results of multiple mediation analyses with bootstrapping method demonstrated that the relationship between all types of childhood traumatic experiences (emotional, physical, sexual abuse and physical, emotional neglect) and all types of psychological problems (depression, anxiety, and negative affect) was significantly mediated by at least one metacognitive variable.

Findings are consistent with the hypothesis that metacognition is a proximal variable between childhood trauma and psychological conditions. Besides, these findings may indicate that aversive childhood experiences might be functioning as a vulnerability factor for the development of dysfunctional metacognitions.
THE RELATIONSHIP BETWEEN EXTERNAL DIFFICULTIES, ANGER AND MINDFULNESS AMONG ADOLESCENTS

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ABSTRACT
External difficulties and anger at school is recognized as a global phenomenon that strongly affects students and their environment (Charlesworth, 2008). It was find that adolescents in Baltic countries reported higher rates of bullying and victimization compared with 40 different countries (Craig and et al., 2009). Zaborskis and Vareikiene (2015) had found that high prevalence rate of bullying among adolescents encourages to take actions for immediate targeted bullying prevention in Lithuanian schools. Studies confirm the benefits of mindfulness among adults (Huppert, Johnsonb, 2010). However there are not much mindfulness research for adolescents, especially in Lithuania. Therefore the purpose of the study was to find the relationship between external difficulties, anger and mindfulness among adolescents.

The sample consisted of 673 adolescents (353 girls and 320 boys), age range 13 to 17, (average age was 14 years, SD = 0.9) from Lithuania. Buss and Perry (1992) Aggression questionnaire; the trait mindful attention awareness scale adapted for adolescents were used for the study. Bullying was measured by the questions like: How often have you been bullied by other students during the last month? How often have you bullied someone during the last month?

Results showed significant negative relationship between physical aggression, verbal aggression, anger, frequencies of bullying and mindfulness. The high scores of physical aggression, verbal aggression, anger and bullying related to less scores of mindfulness among adolescents.

The prevention programs of external difficulties and anger should involve mindfulness teaching.
ANXIOUS CHILDREN’S USE OF COGNITIVE AVOIDANCE STRATEGIES
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ABSTRACT
Recent cognitive theories of anxiety have switched their attention toward how a person thinks, as opposed to what a person thinks. Particular attention has been paid to the role of worry and repetitive negative thinking, which are key characteristics of anxious symptomatology. They hypothesize that repetitive thinking patterns arise as a result of a person’s counterproductive regulation of these thoughts. The theories suggest that strategies based on cognitive avoidance are pivotal for understanding the maintenance of anxiety. Cognitive avoidance refers to a person’s attempts to remove unwanted thoughts from consciousness, and has been associated with anxiety in adults. However, knowledge about the role of cognitive avoidance in children is very scarce.

The aim of the present study was to assess anxious children’s use of cognitive avoidance strategies and to examine their associations with anxious symptomatology. We hypothesized that higher levels of cognitive avoidance would be associated with higher levels of anxiety.

The Cognitive Avoidance Questionnaire, originally developed for adults, was adapted for use with children. The questionnaire assesses five different strategies. These include thought suppression, thought substitution, distraction, avoidance of threatening stimuli, and transforming images into thoughts. More than 100 clinically anxious children, who were entering a university clinic for treatment, filled in questionnaires about their anxiety levels and their cognitive and physical avoidance strategies.

Means and standard deviations for the newly developed CAQ-C will be presented, along with associations between anxious symptomatology, cognitive avoidance, and physical avoidance.

Clinical implications as well as implications for future research will be discussed.
ABSTRACT

Kazuo This multicentre randomized controlled trial aimed to examine the effectiveness of cognitive behavioural therapy for insomnia (CBT-I) in the tapering of hypnotics and improvement of insomnia symptoms in Japanese patients. A total of 51 primary insomnia patients (mean age 59.90 ± 14.96 years, 60.8% women) were randomly assigned to the TAU (sleep hygiene) or CBT-I group. There were 4 study periods: pre-intervention (2 weeks), intervention (10 weeks), post-intervention (2 weeks), and follow-up (4 weeks). During the intervention period, the CBT-I group received 5 CBT-I sessions in addition to sleep hygiene education. The Japanese version of the Insomnia Severity Index (ISI-J) was used to evaluate effectiveness of CBT-I at three time points (pre, post, and follow-up). Hypnotics were converted to flunitrazepam-equivalent doses. For statistical analysis, a mixed model ANOVA and a mixed-effects model repeated measures analysis were performed.

Among the subjects who completed the intervention (n = 39), a main effect of time (p < .001) and group × time interaction (p < .05) were significant for the effectiveness of insomnia symptoms. Additionally, the mean ISI-J score of the CBT-I group was significantly lower than that of the TAU group at post-intervention and follow-up (p < .001, for both). The results for all 51 patients, including the dropouts, were similar (i.e. group × time interaction were significant, p < .001).

The effectiveness of CBT-I for primary insomnia among the Japanese population was confirmed. The effect of CBT-I towards tapering of hypnotics will also be discussed at the conference.
ABSTRACT
According to DSM-5, there is comorbidity between borderline personality disorder (BPD) and depressive disorders. It has been suggested that early maladaptive schemas play an important role in the occurrence of both of the symptoms. BPD and depressive disorders appear to be relatively prevalent in nonclinical populations (Mash & Barkley, 1996; Zimmerman & Coryell, 1989). Thus, the present study examined what kinds of schemas affect these symptoms in a nonclinical populations.
Undergraduate students (N = 175) completed Beck depression inventory second edition (BDI-II), structured clinical interview for DSM-IV axis II personality disorders (SCID- II), and Young schema questionnaire.
Multiple regression analysis with stepwise method showed that social isolation (β = .38), entitlement (β = .29), and abandonment (β = .17) schemas influenced on BPD traits. It is Result also showed that defectiveness/shame (β = .30), subjugation (β = .19), and unrelenting standards (β = .18) schemas influenced on depressive symptoms/disorders traits.
BPD is characterized by social isolation, entitlement, and abandonment schemas. People with BPD traits may fear exclusion from others and experiencing unstable relationships. It seems that schemas about unstable relationships will lead to overreliance on others. On the other hand, depressive disorders is characterized by defectiveness/shame, subjugation, and unrelenting standards schemas. People with depressive disorders may lose confidence in themselves due to having overly the strict standards. Thus, people with BPD traits might show more maladaptive behavior toward others, whereas people with depressive symptoms exhibit maladaptive behavior toward themselves.
Anxiety symptoms are common among children and adolescents with developmental disorders. Cognitive Behavior Therapy (CBT) has been recognized as an effective treatment for anxiety in this population (Sze & Wood, 2007). However almost none of support to treat psychological adaptation has been provided in Japanese education in special needs. In this research, we provided "FUN Friends" which is shown the effect on reduction of anxiety and depression among students at universal classroom settings including students with special needs and/or identified problems.

Classroom teachers implemented the program with 8 students in 3 - 6th grades. The students had single or multiple problems including ASD, ADHD, and ID, and one of them had a long period of school non-attendance. One teacher worked as a facilitator and the other worked as a helper. Students completed a series of questionnaires at pre-, during, and post-program period. However, analysis of the post-period data is currently on going. The study used the Spence Children's Anxiety Scale (SCAS; Spence, 1997) and the Strength and Difficulties Questionnaire (SDQ; Goodman, 1997).

Preliminary results indicated positive changes such as reduced scores on the SCAS. The changes on the SDQ scores were mixed; for example, two students showed adaptive change, however one student didn't. The teachers had challenges including difficulty to make understand abstract concept such as differences between cognition and emotion.

We'll show results including post-scores in the poster presentation and discuss the efficacy of the program with students in special needs.
ABSTRACT
The risk of death by suicide in individuals with OCD is largely unknown. Previous studies have been small and methodologically flawed. We analyzed data from the Swedish national registers in order to estimate risk of suicide in OCD and identify risk and protective factors associated with suicidal behavior in this group.

We used a matched case-cohort design to estimate the risk of deaths by suicide and attempted suicide in individuals diagnosed with OCD, compared to matched general population controls (1:10). Cox regression models were used to study predictors of suicidal behavior.

We identified 36,788 OCD patients in the Swedish National Patient Registry between 1969 and 2013. Of these, 545 had died by suicide and 4,297 had attempted suicide. In unadjusted models, individuals with OCD had an increased risk of both death by suicide (OR = 9.83 [95% CI, 8.72 - 11.08]) and attempting suicide (OR = 5.45 [95% CI, 5.24 - 5.67]), compared with matched controls. After adjusting for psychiatric comorbidities, the risk was reduced but remained substantial for both death by suicide and attempted suicide. Within the OCD cohort, a previous suicide attempt was the strongest predictor of death by suicide. Having a comorbid personality or substance use disorder also increased the risk of suicide. Being a woman, higher parental education, and having a comorbid anxiety disorder were protective factors.

Patients with OCD are at substantial risk of suicide. This risk should be explored and carefully monitored. Our results have important implications for the development of preventive and intervention strategies in this group.
INTERNET-DELIVERED COGNITIVE BEHAVIOR THERAPY FOR CHILDREN WITH ANXIETY DISORDERS IN A CLINICAL SETTING - A STUDY PROTOCOL

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ABSTRACT
Research has shown that internet-delivered cognitive behavioral therapy (ICBT) is probably at least as efficacious as face-to-face CBT for adults with anxiety disorders. The development of ICBT for children is lagging behind considerably. ICBT appears to be effective for various anxiety disorders for children as shown in previous trials conducted by our research group. The main aim of this study is to evaluate the effectiveness of the previously tested ICBT-treatment in a clinical setting.

This study will inform us about the efficacy of ICBT in a clinical setting. It may also further our understanding of implementation of ICBT in regular health care.

In this ongoing randomized controlled trial (RCT), therapist-guided ICBT is being tested as part of the regular health care in the child and adolescent psychiatry in Stockholm Count Council. One hundred and thirty children (8-12 years) with anxiety disorders are currently being recruited. If participants are still in need of treatment at three-month follow-up they are offered traditional (face-to-face) CBT treatment.

The poster will present the study design of this RCT as well as baseline demographic data from participants recruited so far.

In the long run we believe that ICBT could have the potential to increase the availability of treatments of anxiety disorders in children, within regular health care. Moreover, Internet-delivered interventions could potentially supply effective treatment at a lower cost.
ABSTRACT

Neurocognitive deficits are good predictors of daily functioning in psychotic disorders (Penadés et al; 2010). Impaired executive functions are the most widely observed, mainly the flexible thinking; and are associated with prefrontal dysfunction (Minzenberg et al; 2009). Our aim is to analyze if there are cognitive predictors of flexibility.

We examined the neuropsychological performance of 43 psychotic outpatients (30 men with mean age of 31.44± 8.8; mean illness duration: 6.39±7.7 and mean episodes: 2.23±1.13) with Trail Making Test (TMT-B): to assess flexibility; Symbol Digit Modalities Test (SMDT) to assess speed processing; and Digit-span of Wechsler Adult Intelligence Scale (WAIS-III) to assess passive attention (forward) and working memory (backward). Pearson correlation coefficient was used to study the association between variables, and regression analyses to predict the influence on dependent variable.

Most of them had a worst performance than the average for their age and educational level in all the variables evaluated. Negative correlations were found between time performance in TMT-B and forward (r = -0.466; p < 0.006) and backward (r = -0.508; p < 0.003) digit-span. As well, negative correlations were found between time performance in TMT-B and performance in SMDT (r = -0.473; p < 0.005). Regression analyses suggested that backward digit-span (p < 0.006) and SMDT performance (p < 0.015) predicted the TMT-B performance in psychotic subjects.

Working memory and processing speed influence in poor performance on flexibility in psychotic patients. Consider these variables when the flexible thinking is explored could afford to adapt testing to these limitations and improve their performance; as well as their learning of cognitive strategies.
Non-attendance at initial appointments is an important problem in our outpatient settings, compromising the quality of care. It decreases the efficiency of resources, delaying attending patients' treatment.

The aim of this study was to compare the characteristics of patients attending or not their first appointment with clinical psychology in an adult outpatient mental health center located in a deprived area of Barcelona.

Retrospective study. The sample was made up from all patients who had a first appointment with clinical psychology during 2014. Sociodemographic and clinical data (sex, age, reason for consultation, origin of derivation, priority, history of mental health problems) were described and compared. Non-parametric tests were used to compare both groups in the study variables.

A total of 127 patients were included. The 31.5% (40) did not attend their first appointment. Age, sex, consultation reason, derivation origin, priority and psychiatric history were not significantly different among attenders and non-attenders.

We couldn’t find any clinical or demographical difference among attenders and not attenders. However, developing mechanisms that can reduce the incidence of first non-attended appointments is critically important. In our case, 85% of the patients are sent by primary care physicians. Thus, providing guidelines for family doctors for assessing and facilitating patients’ motivation for psychological treatment might improve attendance. According to our data, these interventions should be undergone with different patients’ profiles.
THE DEVELOPMENT OF STRESS MANAGEMENT PROGRAM FOR PREGNANT WOMEN IN JAPAN

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ABSTRACT
It has become clear that 10-20% of women were infected with post-partum depression, and many mothers rearing infants felt strong stress. Moreover, pregnant women having problems with mental health were considered to increase. In this study, in order to develop stress management program, the mental health of pregnant women in Japan was studied, and the relationship between depression and other factors was examined.

The Scales used were Edinburgh Postnatal Depression Scale (EPDS), General Self-Efficacy Scale (GSES), Stress Coping Scale (SCS), and Help-seeking Preference Scale (HSPS). The participants were 49 pregnant women (m = 31.82 years old, sd = 4.28), and 78% were primiparas, and 60% were not employed.

The result of EPDS suggested that 18% of participants were suspected of depression. The result of t-test showed “avoidance”, “concerning to help-seeking” and “concerning to achievement” were higher, and “social support seeking” was lower in the participants who felt more depression (avoidance: t = -2.7, p < .01; social support seeking: t = 2.38, p < .02; concerning to help-seeking: t = -2.24, p < .03; concerning to achievement: t = -2.93, p < .01).

It became clear from this study that depressive pregnant women took coping behaviors which increased stress. These results indicated that the program consisted of following contents: (1) thinking the cognition which affect depression, and the way to acquire more appropriate coping, (2) teaching the importance of social support to reduce depression mood, (3) practicing the breathing techniques for relaxation.
ARE ILLUSORY BELIEFS AND MORPHING FEAR REALLY ASSOCIATED WITH OBSESSIVE COMPULSIVE SYMPTOMS IN A TURKISH ANALOGUE SAMPLE?

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ABSTRACT
Magical thinking is considered to have an etiological role in Obsessive Compulsive Disorder (OCD), while morphing fear as a representation of mental contamination and transformation obsessions, is found significant in patients with OCD, although both concepts could be observed in nonclinical samples to some extent. To assess these OCD relevant correlates, two comprehensive instruments which are called as the Illusory Beliefs Inventory and the Morphing Fear Questionnaire were designed and their roles have been supported mainly in Western cultures; still, they have not been adapted into the Turkish yet. Thus, the main aim of this study is to investigate the roles of magical beliefs and fear of transformation by adapting the Illusory Beliefs Inventory (IBI) and Morphing Fear Questionnaire (MFQ) in Turkish.

Following translation-back translation method and ethical approval, the Turkish version versions of the IBI and MFQ as well as the measures on demographic information, thought-action, obsessional beliefs were administered to 464 undergraduate students.

Confirmatory factor analysis supported satisfactory one-factor structure of the MFQ. Moreover, analysis for a 3-factor model of the IBI pointed to a good model of fit. Moreover, internal consistency values of the IBI and MFQ are satisfactory. The correlation analyses also showed that the IBI and MFQ have significant and positive correlations with OCD relevant constructs.

The results of the current study indicated that both of the Turkish IBI and MFQ are reliable and valid instruments in Turkey. Nevertheless, future studies should examine these construct and instruments with clinical populations. Further implications is discussed.
A LONGITUDINAL STUDY OF COPING STRATEGIES IN WOMEN WITH VULVOVAGINAL PAIN

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ABSTRACT
Recurring vulvovaginal pain is common, affecting between 8-30 % of women in reproductive age. In addition to evident negative effects regarding sexual function and -satisfaction, vulvovaginal pain also has an impact on sufferers overall quality of life. Despite these extensive consequences little is known about how women with vulvovaginal pain actually cope with pain-triggering sexual activities. Knowledge about coping strategies in this area would give important clinical implications in both creating and targeting effective treatment interventions.

The study aims to explore if the use of coping strategies in relation to pain-triggering sexual activities are stable over time, or if different strategies are used dependent of pain level or situation. A further aim is to explore the relationship between coping and a spectrum of psychosexual aspects over time.

The study consists of a student sample of women between 18-35 years old with recurring vulvovaginal pain who responded to a questionnaire at three separate time points (Base line: N = 289; 6 months: N = 153; 12 months: N = 126). Based on the CHAMP Sexual Pain Coping Scale (CSPCS), which measures avoidance- and endurance coping, cluster analysis was performed to group participants into distinct subgroups of individuals who reported similar coping strategies. The same procedure was performed at each assessment point to explore whether the individuals moved between the subgroups. Lastly the subgroups were compared in regards to several psychosexual factors.

The results will be discussed at the presentation when analyses are completed.
WHAT IS THE ACTUAL STATUS OF PSYCHOTHERAPY TRAINING IN EUROPE?

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ABSTRACT
Currently, there is sufficient evidence that many psychotherapeutic interventions are effective and should play a primary role in both psychiatric assessments and psychiatric treatments. Moreover, psychotherapy training allows psychiatric trainees to develop essential skills such as empathic understanding, alliance building and communication. The European Federation of Psychiatric Trainees (EFPT), an independent organization representing over 20 000 psychiatric trainees, and the European Union of Medical Specialists (UEMS) promote the importance of psychotherapy training, which should be a mandatory part of the curriculum with 120 hours of theoretical training and 100 hours of regular supervision (50 hours individual).

The objective of this study was to find out if and to what extent the established framework is being implemented in practice. From 2013 to 2015, the EFPT has conducted an online survey among psychiatric trainees from 23 European countries. In total, 574 trainees were surveyed.

The mean age of the participants was 32 years (sd : 5,34). 70% were female. 84% of respondents were trainees, while the others completed their training. 92% of respondents considered psychotherapy being important in their professional identity, and 90% would have liked to practise psychotherapy after their training. There was a broad range of interest in the psychoanalytic, CBT and systemic methods. Attendance to psychotherapy lectures was compulsory for 70% of respondents, and supervised psychotherapy was compulsory for only 4 % of them.

96% of participants would have liked to be trained in psychotherapy if training components were provided for free. However, lectures were paid by state only in 40% of cases and by the trainees themselves in 40% of cases. 20% did not have access at all.

Concerning supervision, 50% of them did not have any supervision at all.

Only 52 % were going through a training in psychotherapy at the time of the survey, 33% of them on their own initiative (and most of them on their own expense). 41 % received personal psychotherapy. 50 % of trainees would be motivated to give at least 5% of their salary for psychotherapy training.

Psychotherapy training is very important for psychiatry trainees. Despite recommendations and motivation of trainees, training conditions are not adequate in many countries. Although pertaining to a small scale, collaborative educational activities and e-learning resources could have a potential to help covering the gap. EFPT strongly supports initiatives concerning psychotherapy training and think that wider availability of good quality e-learning resources could be a step to bridge this gap. A few remarkable examples of education activities would be the Neuroscience and Psychotherapy Meeting of The European College of European Neuropsychopharmacology, the “Psychotherapy To Go School” and “ABCs of Psychotherapy” courses of European Psychiatry Association and UEMS. Perspectives from patients who receive psychotherapy could complement the views of trainees, pointing specific qualities to be improved.
AN INVESTIGATION OF THE MECHANISM BEHIND THE EFFECT OF MINDFULNESS ON ANXIETY

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ABSTRACT
Although mindfulness and mindfulness-based approaches to therapy have been shown to have alleviative effects on symptoms of anxiety, the mechanisms behind these effects are unclear. In order to optimize treatment approaches for anxiety disorders, it is important to shed light on these mechanisms. The aim of the study was to investigate whether the need for closure partially accounts for the relationship between mindfulness and symptoms of anxiety.

The sample consisted of 140 students from mid-western public university in the United States. Participants completed self-report questionnaires assessing the need for closure (Need for Closure Scale), trait mindfulness (Five Facet Mindfulness Questionnaire), and various symptoms of anxiety (neuroticism, worry, obsessive compulsive symptoms, panic symptoms, and social interaction anxiety).

Results revealed that the need for predictability subscale of the Need for Closure Scale partially mediated the relationship between trait mindfulness and all measures of anxiety symptoms.

The results suggest that increased levels of mindfulness could decrease the need for predictability, and thereby symptoms of anxiety, through focusing attention on the present moment and by leading to acceptance of a degree of uncertainty regarding events in the future. Future research should replicate and substantiate these results.
ABSTRACT
Program STOP4–7 is a multimodal early intervention program for children (4–7 years) with disruptive and aggressive behavior. The program includes social skills training for a child, parent management training, and classroom management training for the teacher. The aim of the present pilot study was to examine how helpful the intervention program STOP4-7 is when applied to Latvian families.

23 children, their parents and teacher were involved. Measures Parenting Stress Index-4/ Short Form (PSI-4/SF, Abidin, 2011), Ghent Parental Behavior Scale (GPBS, van Leeuwen & Vermulst, 2004), Child Behavior Checklist (CBCL, Achenbach & Rescorla, 2000) will be assessed before and after the treatment.

Results show that the child’s aggressive behavior (t(22) = 2.74, p < 0.05), rule violations (t(22) = 3.12, p < 0.05) and attention problems (t(22) = 3.10, p < 0.01) decrease immediately after the treatment. We found significant changes in Parental distress (t(22) = 3.13, p < 0.01), Positive parenting (t(22) = -2.18, p < 0.05) Inconsistent discipline (t(22) = 3.75, p < 0.001) and Harsh punishment (t(22) = 6.62, p < 0.001) indicators.

Present pilot study show that the multimodal early intervention program STOP4–7 is helpful in reducing aggressive behavior problems in young children, in the short run.
BULLYING BEHAVIOR AND ASSOCIATIONS WITH INTERNALIZING PSYCHOPATHOLOGY IN BULLIES AND VICTIMS

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ABSTRACT
The Bullying have been recognized as an important problem for the childrens because of their association with adjustment problems. The aim of this study was to explore the differences between bullies and victims on internalizing psychopathology (depression and anxiety).

The sample was composed by 55 childrens (45.5 % males), the age range between 9 and 10 years (M = 9.16; SD = .37). To identified the victims and the bullies the Bull-S test was used, and to asses the depression and anxiety symptoms the Positive and Negative Affect Schedule, the Childhood Anxiety Sensitivity Index and the Revised Child Anxiety and Depression Scale were used.

The results have shown a correlation between being a victim of bullying and have symptoms of anxiety. More specifically, we found positive and significant relationship between the symptoms of panic disorder and becoming a victim of school bullying.

Implications for practice and future research are discussed.
ICT FOR PROFESSIONAL ACTORS WITH PERFORMANCE ANXIETY

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ABSTRACT
Little knowledge exists about artists' Performance anxiety (PA), how it is best understood and treated and to this day there are no treatment studies of professional actors with PA. Treatment studies of musicians however suggest that CBT might be effective for PA but it has not yet been studied in professional actors.

The current study describes the course of Individual Cognitive Therapy (ICT) in five actors. The aim of the study was to explore whether ICT is an effective treatment for actors with PA.

The study was designed to be a A-B Single Case Experimental Design (SCED) and included three baseline assessments (A-phase) followed by weekly assessments of treatment sessions (B-phase). A battery of additional measures was also administered before treatment, after treatment and at one-month follow-up. These measures were analyzed with parametrical statistics.

Four out of five actors show a marked decline of self-rated PA. Looking at the reduction of PA in terms of Percentage of non-overlapping data, the treatment showed high effect for three of the actors, moderate effect for one and no effect for one. The repeated measures ANOVA indicated a significant reduction in PA, negative thoughts and safety behaviors with large effect sizes (ES) according Öst's criteria for within-group ES. There was however, no significant change in general social anxiety and avoidance.

These cases demonstrate that ICT appears to be a promising treatment for PA in actors, which effectively diminishes negative social thoughts and safety behaviors. The participants' high ratings of general social anxiety and avoidance suggest that actors with PA also suffer from social anxiety in situations off-stage as well. Participants' static levels of self-rated general social anxiety and avoidance indicate that the treatment of actors with PA must include other types of social situations. Hence, clinicians must be open to broadening the scope of treatment when working with actors with PA.
INTEGRATED COGNITIVE BEHAVIORAL THERAPY TARGETING ALCOHOL USE DISORDER AND DEPRESSION, IN A HOMELESS POPULATION - AN ONGOING OPEN PILOT STUDY

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ABSTRACT
Homeless patients are struggling with high levels of psychological distress, anxiety, depression and substance/alcohol use disorder - factors that play an important role in maintaining homelessness, poor health and early death. It is recommended that all mental health programs for homeless individuals should have an integrated approach that accommodates and meets the need of co-occurring mental health and substance use disorders, in collaboration with social services. The research is however currently sparse in this area.

Integrated cognitive behavioral therapy. Behavioral activation. Psychoeducation. Sobriety Sampling

This is not a data presentation, but preliminary data might be presented. The presentation entails a definition of the homeless population in Sweden, common health issues and a brief presentation of an ongoing Karolinska Institutet pilot study of integrated CBT (targeting depression and alcohol use disorder) at Pelarbacken - a specialized primary health care center for homeless patients in Stockholm.
COMPARISON OF EARLY MALADAPTIVE SCHEMAS AND METACOGNITION IN STUDENTS WITH SOCIAL PHOBIA AND NORMAL STUDENTS

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ABSTRACT
The purpose of the present study was to Comparison of early maladaptive schemas and Metacognition in students with social phobia and normal students.

In this cross sectional study(Fram After the Fact), 60 with social phobia and 60 normal students have been chosen in Tehran City. Collecting information tool was the short form of the Young Schema Questionnaire and Metacognitive beliefs Inventory and social phobia scale. After collecting information, data were analyzed using SPSS 22 and multivariate analysis of variance and t-test.

Our findings indicated that there was a significant difference between early maladaptive schemas and Metacognitive beliefs in students with social phobia and normal students(P = < 0/001). the results of showed that relationship between early maladaptive schemas and Metacognition were posiive and significant(P≤0/01).

This study showed that the early maladaptive schemas and Metacognitive beliefs are inefficient on the students with social phobia. With the identification early maladaptive schemas before getting an social phobia disorder and Measurement of the schemas, can be done an appropriate intervention strategies to reduce the schemas and Metacognitive beliefs.
PICTORIAL REPRESENTATION OF EARLY MALADAPTIVE SCHEMAS AND MODES - FOR YOUNG AND OLD

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ABSTRACT
In Schema Therapy (ST), the psychoeducation of modes and schemas plays an important role. When working with Children and Adolescents (CA), we encounter patients who are still in the natural process of emotional and cognitive development, so the capacity to understand theoretical models is limited. Similarly, adults who are suffering from severe mental health disorders or emotional crisis might also be, to a certain extent, cognitively and/or emotionally “blocked” and therefore overwhelmed by abstract models consisting of the commonly-used circles, squares, ellipses and other geometrical figures.

In ST-CA we have had good results visualizing the mode-model with small man-like figures that are positioned inside a bigger figure to represent the whole person. Additionally, we add red wedges onto the figure’s skin to signify the patient’s schemas; comparable with “wounds”.

Now, when a difficult situation or stimulus hits the patient’s painful wound, first the small figure of the Vulnerable Child mode is activated. After this activation other figures (modes) come, one after another, into play and at the end of the dynamic mode process a specific mode for the patient’s symptom (dysfunctional coping mode) comes into fore and dictates the patient’s behaviour.

It is easy to learn how to create such a mode-sketch, and is usually highly-accepted by patients of all ages, since it is in its nature pictorial, interactive, incorporates the emotional needs, and allows the integration of positive modes as well (e.g. resources, and strengths). Finally, schema collusions and mode clashes between two persons (e.g. child vs. parent) are easily depicted.

In summary, pictorial representation offers an easy way to explain the schema and mode model in an effective and comprehensible manner.
DO DEPRESSED AND ANXIOUS DIFFER FROM OTHERS ON DEALING WITH THE MOMENT AND ITS EMOTIONAL OUTCOMES?

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ABSTRACT
This study aimed to assess possible influence of depressive symptomatology level and anxiety level on the psychological inflexibility, distress tolerance, thought suppression and stress coping approaches (i.e. self-confident, optimistic, seeking social support, hopeless, and submitted approach).

Our sample consisted of 330 university students (as 262 females and 68 males) between the ages of 17 and 46 (M = 20.78, SD = 2.50). The instruments used in our research were the Turkish versions of the following: The White Bear Suppression Inventory (WBSI), The Acceptance and Action Questionnaire-II (AAQ-II), Distress Tolerance Scale (DS), The Ways of Coping Scale (WOCS), Beck Depression Inventory (BDI), and State-Trait Anxiety Inventory (STAI) (only Trait Form -TAI- was used).

Our findings showed that the groups assessed by BDI as non-depressed and depressed; and the groups assessed by TAI as low anxiety and high anxiety differed from each other. The analyses showed that compared to depressed group, non-depressed group scored significantly lower on AAQ-II, WBSI, and hopeless and submitted approach subscales of WOCS; while scoring higher on DTS, and on self-confident, optimistic, and seeking social support approach subscales of WOCS. Similarly, compared to high anxiety group, low anxiety group scored significantly lower on AAQ-II, WBSI, and on hopeless, and submitted approach subscales of WOCS, while scoring higher on DTS, and on self-confident, and optimistic approach subscales of WOCS.

Results will be discussed within the light of the literature.
USE OF MUSLIM RELIGIOUS IMAGERY IN COGNITIVE THERAPY. IMAGERY RESCRIPTING OF PTSD NIGHTMARES FOLLOWING VIOLENT TRAUMA.

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ABSTRACT
Nonhelpful appraisals are basic for the development and maintenance of PTSD according to the cognitive theory of Ehlers and Clark (2000). Strategies that modify appraisals through imagery rescripting reduce symptoms and improve quality of life: A new narrative is developed based on the original event but with a more valued ending based on revised appraisal of the “hotspot” of the event. The person is then encouraged to reenact this revised story in their imagination. This strategy is also helpful for persons with complex PTSD (Artnz et al 2013). The focus of rescripting varies. While some focus on past trauma, others focus on present intrusions. The proposal for ICD 11 maintains nightmare as a core symptom of PTSD (Maercker et al 2013). Reducing the frequency and intensity of nightmares improves both quality of sleep and daytime functioning (Davis 2009). A study by Harb et al (2012) used imagery rescripting in reducing nightmares in veterans. Resolving or addressing the nightmare theme in the revised script predicted a greater improvement in overall sleep disturbance. The detailed list of themes being used in the revisions does however not include any reference to religious imagery.

Working with traumatized persons coming to Norway from abroad has made me appreciate how much religion means to many persons with a Muslim background.

This presentation will illustrate how incorporating figures and beliefs from Muslim religious imagery has been helpful for these persons in dealing with very scary nightmares from violent traumatic experiences. Three cases will illustrate the process of finding the appropriate imagery and rescripting the nightmare.

An ex-soldier was repeatedly disturbed by nightmare where his best friend, killed in action by his side, called him with a message interpreted as he deserved to die, not his friend. Discussion of Muslim concept of life hereafter, divided in good and bad worlds, helped the ex-soldier to reinterpret the message of self-blame and condemnation as assertion of self-worth. Following successful rescripting the deceased friend reappeared as helper in resolving other nightmares. An uncle was unable to save the life of a small child when his family was attacked by a man. In recurring nightmares, he was unsuccessful in killing the murderer – an act that would have saved the child. This reinforced strong feelings of guilt and revenge. By introducing the Muslim concept of the Angel of death, he was helped to let Allah be responsible for restoring justice, reducing feelings of self-blame and need for revenge. A refugee with a traumatic background experienced armed robbery after coming to a safe country. Fear of not being able to protect her family became apparent in recurring nightmares of being attacked by a camel. Introducing the Angel of Death not only scared off the camel and stopped the nightmare. It strengthened feelings of self-worth by being protected by divine intervention.

Using Muslim religious imagery in nightmare rescripting not only efficiently stopped the nightmares. The positive effect spread into other nightmares and improved the persons’ daily functioning.
NEXT TO KIN: RELATION AND STRUCTURE OF DYSPHORIC AND ANXIETY SYMPTOMS IN VULNERABLE INDIVIDUALS

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ABSTRACT
The network analysis approach to psychopathology has been growing in popularity in recent years and has provided some interesting results concerning the symptom interconnectedness of affective disorders. Literature suggests that network analyses have been conducted predominantly on clinical samples. The aim of this study is to investigate the relation and structure of dysphoric and anxiety symptoms within 2 nonclinical samples of individuals who display high levels of cognitive vulnerability to depression and anxiety disorders, respectively. The goal, further, is to contrast these structures with the structures obtained from clinical samples portrayed in previous studies.

In our first study, 1424 undergraduates (Mage = 19.69, SD = 1.23) filled the following self-report questionnaires: the Anxiety Sensitivity Index-3 (ASI), the Retrospective Measures of Behavioral Inhibition questionnaire (RMBI), the Intolerance of Uncertainty Scale (IUS), and the Anxiety subscale of the Depression, Anxiety and Stress scale (DASS-21). In study 2, 317 participants (Mage = 24, SD = 7.54) filled the following self-report questionnaires: a DSM-V check – list for major depression disorder, the Ruminative Thinking Style Questionnaire (RTS), the Leiden Index of Depression Sensitivity-Revised (LEIDS-R), and the Acceptance and Action questionnaire (AAQ II). We estimated the centrality of symptoms in both samples. An association network, a concentration and relative importance networks were analyzed.

In study 1, respiration and heart rate formed the most central link in all three networks, and are connected to other physical symptoms. Also, fear, social evaluation, and panic were connected to the abovementioned via tremors. Study 2 revealed the lack of interest and uselessness to be the most central symptoms in all three networks, that is, the symptoms with most connections.

Results of this study are congruent to the findings obtained from clinical samples in the sense of similar network structures and prominent, central symptoms such as loss of interest, uselessness in the depression network and respiration and heart rate, anxiety wise. This could imply that vulnerable individuals from the general population share similar symptom dynamics with the clinical population. On a theoretical level, the results could contribute to a deeper understanding what constitutes vulnerability to a disorder which could have substantial practical implications in the context of prevention and treatment. Also, if the nonclinical and clinical samples share network similarities it would, prospectively, be interesting to elucidate which factors tip over the system from one state to another, in this case, from vulnerability to a full-blown episode.
NOVEL TREATMENT OF FEAR OF FLYING USING A LARGE VIRTUAL REALITY SYSTEM – CASE STUDIES

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ABSTRACT
Fear of flying (FoF) is a common phobia, estimated at 7-40% of the western population. Individuals who suffer from FoF may also experience driving impediments, claustrophobia, panic attacks and other co-morbidities, often leading to flight avoidance. FoF is preferably treated with CBT, often combined with other psychological treatments, when exposure therapy is the most promising. Taking into consideration that treating individuals inside an actual aircraft and flying, i.e. in vivo exposure are the most effective yet the most costly, the exposure using virtual reality (VR) is desirable. Moreover, VR exposure therapy (VRET) enables to gradually lead the individual into a motivating and challenging environment.

Using a large motion-based VR system, we developed virtual scenery of the interior of an aircraft and a window view to the outside world, conveying relevant auditory stimuli and platform movements simultaneously. We here report about three male cases 26, 50 and 51y who suffer from FoF and who bore 12, 16 and 4 yrs of flight avoidance, respectively. During their first visit with a therapist, each patient went through a clinical interview, and was provided with safety aspects of flights, cognitive restructuring, breathing and relaxation techniques as well as anxiety-coping skills confronting their core fear. Next came three consecutive sessions (once a week), which included CBT and VR exposure therapy (VRET) with the presence and guidance of the therapist. Anxiety levels were assessed in real-time using the subjective units of distress (SUDs) scale during the exposure.

All three subjects expressed satisfaction regarding the procedure and did not skip or avoid any of its stages. Patient’s 1 initial anxiety levels decreased across VRETs (VRET1 = 2, VRET2 = 1 and VRET3 = 0 SUDs) as well as his maximum anxiety (4.5, 4 and 3 SUDs), although by VRET3 this patient was exposed to a high level of simulated turbulence, fire and smoke, and a siren. We contacted him 1m and 21m from the end of treatment, when he expressed his willingness to board a plane, which at 7m he actually did. Patient 2 showed relatively high and consistent initial anxiety levels (7, 7 and 8 SUDs) and maximum anxiety (10, 8.5 and 9).

We contacted this subject 1m and 21m from the end of treatment and he informed us that he has flown four times, twice within the first month after treatment, 9m and 18m after treatment.

Patient 3 showed decreasing initial anxiety levels (4, 1.5 and 0 SUDs) as well as decreasing maximum anxiety (6, 3.5 and 2). We contacted this patient 1m and 18m after treatment and he informed us that he had not flown since an appropriate opportunity to do so did not come up.

Discussion: The first two patients showed spontaneous decrease in anxiety levels due to acclimatization to the stimuli. Patient 3 admitted to not being fully submerged into the virtual scene, and therefore showed lower anxiety and smaller improvement.

Conclusion: The current case reports suggest VRET sessions may have a meaningful impact on anxiety levels, yet additional research seems warranted.
THE INFLUENCE OF YOGA ON (CHRONIC) DEPRESSION AND POTENTIAL COGNITIVE MEDIATORS.

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ABSTRACT

Yoga is increasingly used by individuals as a means of treating depression. Given its combination of exercise and meditative practices, yoga may be well-suited to treat mood disorders. Although initial studies have shown promising results for yoga interventions, there are gaps in the knowledge base, including whether (a) yoga outperforms active control groups, (b) may benefit chronic forms of mood disorder, and (c) the mechanisms through which yoga works.

The present studies examine whether a yoga intervention reduces symptoms of depression and whether these benefits may be partially mediated by cognitive mechanisms.

Study 1 method: 65 undergraduate students were recruited from pre-screening responses indicating current depressed affect. Participants were assigned to a 30-minute mindful yoga intervention (with 8 days of 15 minutes home practice) or a relaxation exercise with the same dose. Post-intervention and 2 months follow up measures of depression (Major Depression Inventory [MDI] and the Depression, Anxiety and Stress Scales [DASS]) and rumination (Ruminative Response Scale) were assessed.

Study 2 method: A pilot study on the effects of a 9-week manualized mindful yoga intervention in a group of 12 patients with chronic mood disorder (> 2 years). At baseline, post-treatment and four month follow up symptoms of depression, anxiety and stress (Depression, Anxiety and Stress Scale) were assessed as well as potential mediators of worrying (Penn State Worry Questionnaire), rumination (Ruminative Response Scale), and fear of negative emotion (Affect Control Scale).

Study 1 results: At post-intervention, there were no significant differences between conditions on the depression or mediation variables. At follow up, compared to the relaxation group, the mindful yoga group reported greater reduction in depressive affect, on both the MDI (F = 4.31, p = .042; medium effect size) and the DASS (F = 6.12, p = .016; medium effect size). Regression analyses indicated no mediation effect for the rumination variable.

Study 2 results: Compared to baseline, the DASS score showed significant reductions both at post-intervention (t = 3.28, p = .010; large effect size) and at the 4-month follow up (t = 4.55, p = .004; large effect size). Regarding potential mediators, acceptance of negative emotions increased significantly from baseline to post-intervention, (t = 2.32, p = 0.046; medium-large effect size), worrying showed a trend toward decreasing, (t = 2.12, p = 0.063; medium effect size), while rumination did not, (t = -0.27, p = 0.792). Correlations between changes in the DASS score and potential mediators were .02, p = .967 (rumination), .30, p = .513 (worry), and .651, p = .113 (acceptance of negative emotion).

A mindful yoga intervention was able to reduce depression in a group of depressed patients post-intervention as well as in a group of undergraduates at follow up (but not immediately post-intervention). The results indicate the need to further examine worry and acceptance of negative emotions are potential mediators.

The studies indicate the potential benefit of mindful yoga as an intervention for mood disorders and suggest cognitive mediators through which the benefits of yoga may act.
ABSTRACT

Lately disgust was attested a more prominent role as a developmental and maintenance factor in emotional explanation models of contamination-based compulsive-obsessive disorder (C-OCD). Therefore changing levels of disgust experience should be a prior task in cognitive-behavioral therapy. However, disgust seems to be more intrusive and less accessible to cognitive and behavioral interventions than fear. In C-OCD, disgust seems to be even worse accessible for therapeutic change. The aim of the study is to examine new approaches to diminish levels of disgust experience in C-OCD.

In a pre-study with 35 healthy participants, an approach derived from trauma therapy was successfully tested to decrease levels of disgust experience. The technique imagery reappraisal has the goal to individually change the intrusive image to a non-stressful image. This technique was auditory instructed and tested in comparison to auditory instructed cognitive reappraisal and a control condition (counting). The ongoing experiment investigates a sample consisting of 30 participants diagnosed with C-OCD.

The results of the pre-study are promising by showing that imagery reappraisal is equally effective in decreasing levels of disgust compared to cognitive reappraisal. Both techniques were significant more effective than the control condition (counting). In the C-OCD sample we expect that the imagery reappraisal condition will be significantly even more effective in decreasing disgust than the cognitive reappraisal and the control condition.

If imagery reappraisal reduces levels of disgust significantly better than cognitive reappraisal in the C-OCD sample, imagery reappraisal could be a useful therapeutic technique to help patients by dealing with this irrational distressing emotion.
ABSTRACT
The present study aims to investigate possible protective factors of mental health.
As part of the “Bochum Optimism and Mental Health (BOOM) Studies” we investigated variables like depression, anxiety, stress (DASS-21), life satisfaction (SWLS), “Big Five” (BFI-10), narcissism (NPI-13), and social media-use in a German student sample (N = 959) (descriptive statistics, correlations, regression analyses, structure equation models).
Depression, anxiety and stress correlate significantly with the other investigated variables (negative: e.g., narcissism; positive: e.g., neuroticism). Neuroticism, narcissism, self-esteem, social support, life satisfaction, happiness and social platforms-use predict 49.7% of the variance of negative mental health (depression, anxiety, stress), $F(11,947) = 85.047$, $p = .000$. In a significant structure equation model with negative mental health as outcome and the other variables as predictors, we found three latent factors: 1. factor: neuroticism, narcissism, self-esteem; 2. factor: happiness, life satisfaction; 3. factor: social support, social platforms-use ($\text{Chi}^2 = 76.718$, $\text{df} = 11$, $p = .000$; $\text{CFI} = .972$, $\text{RMSEA} = .079$, $\text{SRMR} = .0364$).
Present results shed light on variables which influence depression, anxiety and stress partly protecting mental health. They are categorized into three groups: 1. Personality traits like the “Big Five” and narcissism. 2. Happiness and life satisfaction depending on individual life experiences. 3. Social support and social media-use belonging to environmental impact variables. Future prevention programs should focus on such variables, e.g., increasing self-esteem. Interestingly, social platforms-use also belongs to possible protective variables. Considering that platforms like Facebook have over one billion users, these results should be investigated in detail.
WORK-RELATED CHRONIC LOW-BACK PAIN AND DISABILITY: PSYCHOLOGICAL RISK AND VULNERABILITY FACTORS

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ABSTRACT
The management of psychological (especially emotional) factors related to chronic low-back pain is at its beginning due to a lack of theoretical understanding of the mechanisms implied. Our research aim to study the impact of the variables linked to professional status and duration of the chronicity on those factors. We focus on psychological risk factors well-known as increasing a negative experience of pain but also on vulnerability factors that moderate the impact of risk factors on the trigger and increasing of pain.

This study was performed in a structure which aims at reducing impact of work-related chronic low-back pain with 256 patients. We used 12 validated scales to assess:
- Pain: intensity of pain, functional outcomes and coping
- Risk factors: depression, anxiety, catastrophism, fear-avoidance beliefs
- Vulnerability factors: emotional regulation, somatosensory amplification, rumination.

Results of variance and post-hoc analysis show that patients in sick leave have significantly higher scores of different psychological risk and vulnerability factors, that is to say an increase in psychological distress, due to a greater disability than patients who are still in work. « Long-term disability » group’s means are slightly higher than those of « still in work » group but that is not significant. Moreover, our results show that means for « lack of emotional identification or clarity » of difficulties in emotion regulation are significantly higher in patients with pain for less than a year and the mean.

Our results are consistent with the different models developed to account for the phenomenon of chronicity, particularly through the development of deconditioning syndrome. Moreover, some vulnerability factors also differ significantly depending on the level of disability. In conclusion, current research should aim to identify these factors with important clinical implication for potentiating the effectiveness of interventions.
BIASES IN ATTENTION AND INTERPRETATION IN ADOLESCENTS WITH VARYING LEVELS OF ANXIETY AND DEPRESSION

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ABSTRACT
Cognitive theories of anxiety and depression emphasise the importance of cognitive processes in the onset and maintenance of anxiety and depression disorders. There are indeed numerous studies that support the existence of biases in attention and interpretation in adolescent anxiety and depression. However, there are far fewer studies that address multiple biases simultaneously. This study investigated multiple cognitive biases in adolescence simultaneously, to investigate whether adolescents varying in their levels of anxiety and depression display an attention bias and an interpretation bias, and whether these biases are able to predict unique variance in self-reported levels of anxiety and depression.

A total of 681 adolescents filled in the SCARED-41 and the CDI, and they performed a Dot Probe Task (DPT), and an Emotional Visual Search Task (EVST) to assess attention bias, and a Recognition Task (RECT-T) to assess interpretation bias.

As expected, attention and interpretation biases related to anxiety were found. Mixed results were found with regard to depression: evidence was found for an interpretation bias, and for an attention bias as measured with the EVST but not with the DPT. Furthermore, attention and interpretation predicted unique variance in self-reported anxiety as well as in self-reported depression.

These results indicate that attention and interpretation biases are unique processes in anxiety and depression. Furthermore, these findings also suggest that anxiety and depression are based on similar underlying cognitive mechanisms. These results could be used to further conceptualise theoretical models of adolescent anxiety and depression and to inform interventions targeting cognitive biases.
THE EFFICACY OF A GROUP REBT/CBT INTERVENTION FOR YOUNG FOOTBALL PLAYERS WITH SPORT ANXIETY PERFORMANCE

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ABSTRACT

Sport anxiety is very common in junior football players. This condition has a negative impact on their quality of life and sport performance. Rational emotive therapy had been previously tested with different sports populations and was associated with positive outcomes. The aim of the present study was to investigate the efficacy of a group REBT/CBT intervention for junior football players with sport anxiety.

Junior football players were recruited from a Romanian first league team. They voluntarily accepted to participate to the study. Youths with high scores on Sport Anxiety Scale were randomly allocated to either the intervention group or to wait list. The intervention was based on a rational emotive behavioral therapy program, group-based, delivered over six sessions. Assessments were conducted at two time points, at baseline and post-treatment.

Compared to the control group, results indicated significant improvements in sport anxiety symptomatology in the intervention group.

Junior football players experience sport anxiety, which can lead to negative outcomes in terms of sport performance. Group REBT/CBT interventions for junior football players with sport anxiety are a promising intervention. Future studies should investigate the efficacy of different modalities to deliver such interventions (e.g., Internet-delivered, delivered by parents or coach).
FLASH-FORWARDS AND SUICIDAL IDEATION: A PROSPECTIVE INVESTIGATION OF MENTAL IMAGERY, ENTRAPMENT AND DEFEAT

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ABSTRACT
Suicidal risk assessment focuses on suicidal ideation in verbal forms and seldom explores the presence of cognitions in the form of mental images. Previous studies have found that suicidal individuals report specific vivid imagery depicting suicidal acts or aftermaths of death (suicidal flash-forwards). Little is known about the psychological functions of these suicidal flash-forwards. One possible function is to provide psychological escape from perceived sense of entrapment and defeat arising from current stressors. This was not explored previously.

82 suicidal participants defined by a priori cutoff scores in the Beck Scale for Suicidal Ideation and 80 non-psychiatric controls were recruited from a representative sample of people in Hong Kong. Both groups received questionnaires assessing the presence of suicidal flash-forwards, sense of entrapment and defeat at baseline. The two groups were followed prospectively for 7 weeks and then re-administered the same batch of questionnaires.

Suicidal flash-forwards were only present in the suicidal group. Those suicidal participants with flashforwards were more suicidal than those without flash-forwards. Furthermore, resolution of suicidal ideation over time was associated with fewer suicidal flash-forwards and reduced entrapment perceptions. The interaction of suicidal flash-forward and entrapment predicted suicidal ideation.

Suicidal flash-forward appears to be associated with suicidal ideation and may represent a novel target in suicidal management.
MISCLASSIFICATION OF SELF-INJURIOUS THOUGHTS AND BEHAVIORS

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ABSTRACT
Inconsistent nomenclature and classification of suicidal behavior has plagued the field of suicidology for a long time. Recently, the United States Centers for Disease Control (CDC) advocated for the usage of a specific classification system. Aim of the current study was to determine the extent of misdiagnosed acts of self-directed violence – controlling for the level of expertise in psychology/psychotherapy. Additionally, the effect of gender and diagnosis on misclassifications was assessed.

426 participants (laypersons, psychology students, psychotherapists-in-training, licensed psychotherapists) were presented with an array of case vignettes describing different acts of self-injurious behavior (e.g., non-suicidal self-injury, suicide attempt, suicide ideation) and were asked to make a classification. Gender and given diagnosis were varied systematically in two vignettes.

Overall 51.6% of the cases were misclassified. The level of expertise was almost unrelated to classification correctness. Yet, psychotherapists were more confident about their judgments. Female gender of the character described in the vignette and an ascribed diagnosis of Borderline Personality Disorder were associated with higher misclassification rates.

The results highlight the importance of more methodological and diagnostic training of psychologists regarding suicidal issues.
EXAMINING THE META-COGNITIVE MODEL OF RUMINATION: A LONGITUDINAL STUDY OF A COLLEGE STUDENT

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ABSTRACT
The meta-cognitive model of rumination represents the mechanisms underlying the persistence and deterioration of rumination. However, insufficient longitudinal data exists in support of this model. This study thus examines the revised meta-cognitive model of rumination, in which a positive meta-belief about rumination induces causal analytic rumination, while a negative meta-belief induces uncontrolled rumination. Participants (N = 115) completed four questionnaires twice, six months apart (time 1 and time 2): BDI-II (which measures depressive symptoms), PBRS (positive meta-belief about rumination), NBRS (negative meta-belief about rumination), and LARSS (causal analytic, understanding, and uncontrollability of rumination). Cross-lagged effect modeling for meta-cognitive model of rumination was carried out. Results showed that positive meta-belief about rumination at time 1 predicted worsened causal analytic rumination at time 2. Results also revealed that negative meta-belief about rumination at time 1 predicted worsened uncontrollability of rumination and a reduction in positive meta-belief about rumination at time 2. For depressive symptoms, negative meta-belief about rumination predicted worsened depressive symptoms although uncontrollability of rumination did not predict any depressive symptoms. Consistent with our revised model, positive meta-belief strengthened analytic rumination and negative meta-belief strengthened uncontrolled rumination. Results also revealed that negative meta-belief reduced positive meta-belief, indicating that people ruminate even if they lose the benefits of rumination. Negative meta-belief of rumination may important role for depressive symptoms.
ABSTRACT

Insomnia is a relevant public health problem affecting 10% of the population. Hypnotics are the common treatment. More adequate treatment options such as cognitive behavioral therapies for insomnia (CBT-I) are sparse and resource-demanding. We investigate the effectiveness of two internet-based interventions against insomnia, namely a multicomponent CBT-I program and the single module “sleep restriction”. Many clinicians claim that sleep restriction is the most efficient intervention against insomnia and scientific evidence supports this claim. However, few studies have systematically investigated the effectiveness of single CBT-I modules in treating insomnia.

Insomniacs are randomized either to the multicomponent CBT-I program, to sleep restriction or to the waiting-list control group. The CBT-I program consists of an introductory module and the basic CBT-I modules including sleep restriction. Both 8-week interventions involve minimal therapist support via e-mail.

All participants undergo testing before and after the 8-week intervention and at a 6-month follow-up to assess stability of treatment effects. Waiting-list participants receive care as usual and thereafter can choose which intervention they prefer to perform. We hypothesize that sleep restriction is as effective as the multicomponent intervention and that both interventions improve sleep efficiency and reduce insomnia complaints to a higher degree than care as usual.

The study for that purpose will start in April 2016. Therefore, first key results of this study will be presented and discussed in detail within the scope of the conference.

CBT-I is the first-line care strategy for insomnia disorder. Internet-based interventions against insomnia react to the current imbalance between treatment supply and demand. Easy accessibility, high individual liberty and lower costs favor the online approach. These factors emphasize the significance of the present randomized trial. First key results of this study will be presented and discussed at the conference.
ABSTRACT

Although effective communication between cancer patients and their doctors improves health outcomes, the cancer patients often hesitate to speak with their doctors. A previous study attributed such hesitation to two factors: conflict in deciding which information to discuss with their doctors (Conflict in gathering information) and a feeling of having lost faith in their doctors (Loss of role expectations in doctor) (Ogawa et al., 2015). The aim of this study was to examine the two-factor model of the Cancer Patients’ Hesitation Scale (CPHS) as well as its reliability and validity.

The participants were 103 cancer patients who had either attended a periodic meeting or received a newsletter published by patient advocacy groups in Japan. Participants were asked to recall the conversation(s) they had during their consultation with their primary doctor, in which they had decided upon their first cancer treatment. They then completed questionnaires, including the CPHS and the questionnaire regarding their trust in their doctors (TD).

Confirmatory factor analysis tested the two-factor model of the CPHS, and confirmed the goodness of fit the model (GFI = .905, AGFI = .796 RMSEA = .128). Chronbach’s alpha for the CPHS was .83. Pearson’s correlation coefficients between the CPHS and TD were calculated to examine the discriminant validity of the CPHS, and a strong negative correlation was found (r = -.54).

The results suggest that the CPHS is a valid and reliable scale to measure the degree of hesitation of cancer patients to speak with their doctors.
Affective forecasting (AF) refers to predictions about emotional reactions to future events. When people make predictions, they bring to mind a simulation that is often influenced by personal and contextual factors that could lead to error. One of these errors is the impact bias (Wilson & Gilbert, 2005), which is characterized by the overestimation of the intensity and duration of emotional reactions. This error occurs in part because individuals are usually involved in situations that generate a complex mix of emotions difficult to identify (Wilson & Gilbert, 2003). Despite this, most studies on AF have focused on assessing one specific emotion associated with the event. For that reason, we aim to explore if there are differences between AF of positive (happiness, gratitude, surprise, pride) and negative emotions (sadness, anxiety, anger, shame) facing a social situation, the Brazil WorldCup of soccer.

Participants (n = 812) from Spain, Brazil, Argentina, and others were recruited. Self-organizing maps (SOM; Kohonen, 1982), a type of mathematical cluster analysis, were applied to classify emotional data. Results showed that after losing the WorldCup, people overestimate sadness and underestimate all positive emotions. SOM graphs were also illustrative of the similarities and differences between some of the emotional responses (e.g. pride and gratitude representations were almost identical, and there were differences between all “negative” emotions).

This study highlights the richness and particularities of emotional experiences, and therefore the relevance and need of assessing a variety of emotions reactions instead of overly simplify its measure to “happy-unhappy” or “general mood” scales.
WHICH COGNITIONS ARE CRITICAL FOR COMPULSIVE BUYING?

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ABSTRACT
According to the CBT Model about Compulsive Buying (CB), which is a problem about purchasing with a lack of control, some cognitions may function as antecedent and maintenance factor. The aim of this study was to investigate these cognitions in a community sample by adapting the Turkish version of the Buying Cognitions Inventory (BCI; Kyrios et al., 2004).

An instrument set including the Turkish BCI and measures on compulsive buying symptoms, hoarding, personality characteristics and self-esteem were administered to 287 adults.

The results of the confirmatory and explanatory factor analyses supported construct validity of the Turkish BCI by confirming its 4-factor structure, while internal consistency and test-retest values of the BCI were found satisfactory. Three subscales of the BCI (i.e., compensation, uniqueness/loss of opportunity, reasons to buy) were significantly correlated with compulsive buying, hoarding tendency, neuroticism and self-esteem, while low and high scorers in the CB symptoms differed significantly in these domains. On the other hand, the only exception which had no significant relations with other measures is the control subscale of the BCI.

Generally speaking, the current findings may be viewed as evidences for supporting psychometric features of the Turkish BCI. On the other hand, the reason for nonsignificant results about control dimension of the BCI might be critical function of loss of control perception in distinguishing normal/abnormal buying experiences, as well as presence of a few number of items assessing this factor in the inventory (i.e., only 3 items). Further research is needed to examine these explanations.
KNOWLEDGE ACQUISITION AND EFFECTS OF TAILORED AND ACT-INFLUENCED INTERNET-BASED CBT FOR EATING DISORDERS: A RANDOMIZED CONTROLLED TRIAL

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ABSTRACT
As psychoeducation is axiomatically viewed as a central part of any psychological CBT treatment, and internet-based treatments in particular, it would be of interest to clarify whether, and if so, to what extent psychoeducation affects the outcome of internet-based treatment of eating disorders. This is one of the first trials to investigate the effects of ACT-influenced internet-based CBT for eating disordered psychopathology and to the authors’ knowledge there is no previous study that has evaluated the role of knowledge acquisition on outcome.

The sample (N = 92) included 89 females (97%) and 3 men. The mean age was 29 and BMI averaged 25. Forty-five participants (49%) had received previous psychological treatment. Participants had on average struggled with eating difficulties for an average of 13 years. Included participants were randomized into one of two groups: treatment group or control group. The treatment group received treatment immediately, while the control group received treatment after the treatment group completed the treatment. The treatment group participants received a manualized CBT and ACT-influenced internet-based treatment for eating disorders developed by the authors.

The results showed that participants receiving the intervention improved significantly in eating disordered symptoms and body dissatisfaction, compared with no treatment. Effect sizes were small to moderate (d = 0.35-0.64). A substantial part of participants, 36.6% in the treatment group reached clinically significant improvement. Knowledge increased in the treatment group compared with the control group, but the results showed that there was no significant correlations between the knowledge acquisition and outcomes. However, participants’ experience that the knowledge they received helped to change the perception of their problems correlated significantly with improved outcomes. There was also a significant correlation between reduced eating disorder symptoms and a believe in that what they had learned during the treatment would help them in the longer term in life.

In sum, the results provide preliminary support for ACT influenced CBT in an internet setting for patients with eating disorders. Future studies need to investigate whether psychoeducation might lead to a shift in perception of experienced problems, which in turn might be associated with improvements.
ADAPTATION OF THE SOCIOCULTURAL ATTITUDES TOWARDS APPEARANCE QUESTIONNAIRE-3 FOR PEERS AND FAMILY

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ABSTRACT

The literature on body image suggests that the sociocultural environment contributes to the development and maintenance of body dissatisfaction encouraging standards like achieving thinness (Thompson & Heinberg, 1999). Three main sources of sociocultural influences have been identified: family, peers and the media (e.g., Stice 1994; 1998; Thompson et al., 1999). The Sociocultural Attitudes Towards Appearance Questionnaire-3 (SATAQ-3, Thompson et al., 2004) was developed for evaluating media pressure. The objective was to validate and adapt the SATAQ-3 to peer and family pressures (SATAQ-Pressures).

The sample was composed of 563 women (average age = 20.98 ± 2.03). Participants were asked to respond to several self-report inventories: Body Shape Questionnaire (BSQ), Eating Disorder Examination Questionnaire (EDE-Q; subscales: restraint, eating concern, shape concern, weight concern), SATAQ-Pressures (subscales: peer pressure, pressure knowledge, family pressure).

An exploratory factor analysis was carried out and highlighted three factors explaining 65% of the total variance (42.8 % explained by family pressure, 13.32 % by knowledge pressure, 8.9 % by peer pressure). Internal consistency coefficients were good (α = .89 for family, .92 for knowledge, .91 for peer). As expected, positive correlations were observed between the three subscales SATAQ3 - Pressure and body dissatisfaction (r from .37 to .47). In addition, the three subscales of the SATAQ –Pressure were positively correlated with each subscale of the EDE-Q (r from .24 to .42).

The SATAQ -3 Pressures demonstrates good psychometric properties and may be an effective measure to evaluate the pressure from the entourage.
A SILENT PATHWAY TO DEPRESSION: SOCIAL ANXIETY AND EMOTION REGULATION AS PREDICTORS OF DEPRESSIVE SYMPTOMS

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ABSTRACT
Social anxiety is the most common comorbid disorder in patients with major depressive disorder, almost always preceding it and aggravating its presentation and course. A possible mechanism to explain this relationship may well be the use of specific maladaptive emotion regulation strategies, common to depression and social anxiety.

This study aimed to explore, in an adolescent sample if depression could be predicted by social anxiety and if emotion regulation strategies would mediate this relationship.

The sample included 527 adolescents from the general population (59.2% were girls; Mage = 13.8; SD = 7.57). Self-report scales measuring depression, social anxiety and cognitive emotion regulation were filled up.

Depression and social anxiety showed significant, positive and moderate correlations with all cognitive emotion regulation strategies (self-blame, catastrophizing and rumination), exception made for the correlation with other-blame, which was very low. The final mediation model explained 39% of depressive symptomatology, with social anxiety having both a direct and an indirect effect. The only significant mediation variable that accounted for this indirect effect was self-blame.

The results clearly point to the role of social anxiety in adolescents’ depressive symptoms either directly or indirectly, through self-blame. These results call attention to the importance of discriminating social anxious and depressive symptomatology offering specific preventive or therapeutic approaches for both conditions or including different components in these approaches to address both depression and social anxiety. Furthermore, effective intervention should also target specific cognitive emotion strategies.
THE CORRELATION BETWEEN THE PERSONALITY TRAITS AND COPING STRATEGIES AND THE INTERNET ADDICTION IN UNIVERSITY STUDENTS

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ABSTRACT

Although internet has dominated our daily life for the last two decades, excessive internet use has been an important problem especially in the younger generation. The aim of this study is to investigate the correlation between the internet addiction and the personality traits and coping strategies.

128 university students studying in Istanbul participated in this study. The participants were given Internet Addiction Scale (IAS), Coping Strategy Indicator (CSI), Big Five Inventory (BFI), and a socio-demographical form.

In the Big Five Inventory, there was negative correlation between openness to experience, extraversion subscale and the global score of the Big Five Inventory and IAS (.375, .335, .303 respectively). There was no correlation in agreeableness, neuroticism and conscientiousness. There was also significant negative correlation between IAS global score and CSI's Problem Solving, Seeking Social Support subscales and global score (.329, .224, .288 respectively). No correlation was found between IAS and avoidance.

In literature, internet addiction is mainly correlated with high neuroticism scores. From this point of view our study findings may be contradictory. However not being extraverted and open to experience may be coherent with low ability in problem solving and in seeking social support as in our study. Our findings are discussed in accordance with the current literature.
EATING DISORDER IN BARIATRIC SAMPLE: ARE WE EVALUATING THE ALL SPECTRUM?

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ABSTRACT
Eating disorders leading to obesity are still misunderstood, especially in bariatric patients for whom Binge Eating Disorder (BED) frequency varies from 1.4% to 49% (De Zwaan et al., 2003). Even if BED has been included in DSM-5 and the frequency and duration criteria have been revised, divergent results in various studies suggest that we are still unable to clearly identify and measure the full spectrum of eating disorders in bariatric patients (Parker & Brennan, 2015).

180 obese patients requesting bariatric surgery (women = 78%, age = 38.33±11.88, BMI = 42.96±5.22) in Arras General Hospital (France) complete QEWP-r, TFEQ, Hamilton Anxiety-Depression Scale, Body Shape Questionnaire, Rosenberg Self-Esteem Scale, Beck Hopelessness Scale and a questionnaire developed to measure several features of eating behavior (e.g., emotional eating, snacking, loss of control, feelings about weight).

While only 3% of the sample fulfill the diagnosis for BED, 56% of the sample report snacking at least once a week and 48% report emotional eating at least once a week (of these, 50% report loss of control during this emotional eating and 77% feel ashamed about this behavior). 94% of the sample report feeling bad when thinking about their weight. Correlations between emotional eating, snacking and the psychopathological measures were also found.

Bariatric patients seem to present diverse types of disordered eating creating unusual relationships to food and having different psychological impact. These findings confirm previous studies underlining the need to carefully evaluate bariatric patients preoperatively and postoperatively, guiding them to partake in more adaptive behaviors.
EVALUATION OF METACOGNITIVE TRAINING FOR BORDERLINE PERSONALITY DISORDER (B-MKT)

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ABSTRACT
The B-MKT is cognitive-behaviourally oriented group training, developed by Steffen Moritz et al. from Hamburg University. The programme consists of 8 modules that address the most common dysfunctional thinking styles in borderline patients (BPD), with the goal to raise their awareness of dysfunctional thinking patterns and reduction of cognitive distortions. 38 outpatients with BPD were included (four groups with up to 10 participants). The participants filled out the following questionnaires before the beginning, at the end and two months after the conclusion of B-MKT: Symptom check list (SLC-90), Cognitive distortion scale (CDS), Multidimensional coping inventory (COPE), Borderline evaluation of severity over time (BEST) and Questionnaire about patients' satisfaction with the B-MKT.

The preliminary results show a decrease in the global severity index (SLC-90), especially in the depression and anxiety, decrease in the severity of the borderline symptoms (BEST), use of less negative and more positive behaviours (BEST), lower use of cognitive distortions (CDS) and the use of more problem-focused coping strategies (COPE). The effects were less significant after two months. Despite significant drop-out, patients reported that they found the B-MKT interesting, understandable and useful.

The preliminary results confirm the usefulness of the programme for the reduction of cognitive distortions and for learning more useful coping strategies. However, some effect diminished after two months, which suggests the need for a more constant therapy (boost sessions). For further evaluation bigger sample and the control group of patients with the treatment as usual is needed.
ADVERSE EFFECTS OF MINDFULNESS-BASED INTERVENTIONS: A THEMATIC ANALYSIS OF TEACHER PERSPECTIVES

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ABSTRACT

The benefits of Mindfulness-based Interventions (MBIs) have been widely documented, yet there has been little investigation into any potential adverse effects, contributing to a popular assumption that these interventions are universally beneficial. Unpublished reports as well as studies from the broader areas of meditation and psychotherapy would suggest otherwise. While Mindfulness instructors carry an important role in perceiving and identifying potential adverse effects, no published study to date has examined how the this subject matter is understood and perceived by those who teach.

The present study aimed to explore how Mindfulness teachers perceive and conceptualise the notion of adverse effects of Mindfulness-based interventions. Semi-structured interviews were conducted with eight qualified Mindfulness instructors practicing in the South London and Maudsley NHS Trust.

Thematic analysis of the interview data found that instructors considered there to be potential for harm in Mindfulness-based Interventions and felt it was necessary to actively prevent such harm from taking place. However, the analysis also revealed a general reluctance in the instructors to speak of this potential for harm in terms of adverse effects.

This contradiction points to a cultural clash between Buddhist thought and western medical practice which lies at the heart of Mindfulness-based interventions. The study reveals that the lack of reported negative effects in MBIs could be attributed to conflicting cultural perspectives rather than an absence of such events. This carries important scientific and clinical implications. The nearly unanimous view that MBIs are potent and subject to risk points to the need for further investigation and dialogue in this area, while the apparent reluctance to speak of adverse effects in those terms indicates a need to establish a more culturally sensitive framework and terminology from which such a dialogue can productively take form.
SUICIDAL THOUGHTS AS A SELF-HEALING STRATEGY AMONG TRAUMA SURVIVORS. DIFFERENT ROLE OF TEMPERAMENT AND EARLY MALADAPTIVE SCHEMAS AMONG MEN AND WOMEN.

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ABSTRACT
Surviving trauma may increase a suicidal risk. It is not clear whether suicidal ideation is related to posttraumatic stress disorder symptoms (PTSD) or other comorbid psychological conditions. At the same time, thinking of suicide can be viewed as a cognitive affect-regulation strategy. The aim of presented analyses was to determine a role of temperament and different early maladaptive schemas in explaining self-healing via suicidal thoughts among men and women who survived trauma.

Male (n = 262) and female (n = 342) motor vehicle accidents and flood survivors participated in this study. Temperamental traits, early maladaptive schemas and suicidal thoughts (as one of possible cognitive affect-regulation strategies) were assessed with self-measuring instruments.

Emotional reactivity as well as “social isolation” and “defectiveness/shame” schemas were the strongest predictors of using suicidal thoughts as an affect-regulation strategy. This result was robust even when controlling for PTSD symptoms severity. However, taking into account gender differences, temperamental vulnerability and “defectiveness” schema were crucial among men, whereas “social isolation” schema was the most important predictor in female sample.

These findings support the hypothesis that individual factors explain suicidal ideation among trauma survivors over and above PTSD severity. Moreover, it suggests that gender differences (probably due to different socialization patterns) should be taken into account when assessing suicidal risk. Possible explanations and therapeutic implications will be discussed.
ABSTRACT
Cognitive models of obsessive-compulsive disorder (OCD) assign a central role to dysfunctional beliefs. Although the identification of dysfunctional beliefs has contributed to a better understanding of OCD phenomena, their relationships with OCD-related disorders are still unclear. In this study, we aim to compare obsessive beliefs both in OCD and skin picking disorder (SPD) which is defined as an OCD-related disorder in DSM-5.

Obsessive Beliefs Questionnaire (OBQ) was applied to 52 (48.1%) patients diagnosed as OCD and 53 (49.1%) patients diagnosed as SPD in a psychiatry outpatient clinic in Nevşehir, Turkey.

Scores of OBQ threat overestimation and responsibility domain were significantly higher in OCD group than SPD group (p = 0.048). There were no significant differences in two groups concerning importance and control of intrusive thoughts domain, perfectionism and need for certainty domain and OBQ-total score.

To our knowledge, there is no study comparing OCD and SPD patients according to obsessive beliefs. In our trial we found significant difference in OBQ threat overestimation and responsibility domain between OCD and SPD patient groups.
UNDERSTANDING DEVELOPMENTAL NORMS IN REASONING BIASES ACROSS ADOLESCENCE: FINDINGS FROM CROSS-SECTIONAL AND LONGITUDINAL DATA

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ABSTRACT
Although there are clear associations between biases and psychopathology in young people (Schwartz & Maric, 2014) and they form a focus for cognitive-behavioural treatment, hitherto little is known about the developmental patterns these biases follow across adolescence. This makes it harder for therapists to integrate knowledge of developmental norms into their formulations and treatments.

Seven reasoning biases (threat interpretation, negative attributions, overgeneralising, personalising, selective abstraction, mind reading and underestimation of ability to cope) were explored in a community sample (N = 540) cross-sectionally between early (10-13 years) and late adolescents (14-17 years) using self-report questionnaires. An index of psychopathology was also added into the analysis as a covariate so that developmental patterns not akin to changes in psychopathology could be reported. A subsequent two-wave longitudinal analysis explored the same biases over a 12-month period in a subset of the cross-sectional sample (n = 149) who were aged 11 to 13 years at Time 1.

Both cross-sectional and longitudinal analyses revealed a significant increase (all ps < .01) in threat, negative attributions and overgeneralising during early adolescence even when change in psychopathology was controlled for.

The current findings indicate that adolescence might be a key developmental period for changes in biased thinking patterns, and understanding the trajectories of these processes in a non-clinical population is arguably a pre-requisite for further comprehending their association with psychopathology. Understanding developmental norms associated with biases may aid therapists during their formulation and treatment procedures by forming a normative model to compare the clinical population with.
ABSTRACT

Emotion regulation (ER) deficits have been discussed as an important risk factor for bulimia nervosa. Consistently, prior research shows that bulimic patients suffer from more ER deficits than healthy controls. However, so far, it has never been examined in an experimental design whether bulimic individuals are also less effective in regulating sad affect than healthy controls. Moreover, it is not clear if the extent of habitual emotion regulation abilities influences the efficacy of these strategies when compared to a waiting condition.

We induced sadness at four points in time in 24 participants meeting criteria for bulimia nervosa and 24 matched healthy controls. After each sadness induction, participants were instructed to either utilize reappraisal, mindfulness or self-compassion to regulate their sadness, or to wait. Self-ratings of sadness were assessed before and after each mood induction and regulation phase. Habitual ER abilities were assessed prior to the experiment.

Findings suggest that bulimic individuals might suffer from deficits in utilizing adaptive ER strategies such as mindfulness spontaneously but might benefit from mindfulness if they are instructed how to utilize it. Hence, purposefully teaching bulimic patients mindfulness-skills might help them cope with negative affect and thus bulimic symptoms.
EFFECTS OF PAIN ON MEMORY FOR FUTURE INTENTIONS. A CONTROLLED EXPERIMENT.

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ABSTRACT
It is known that (chronic) pain impairs cognitive functioning. Amongst other things, pain patients report forgetfulness and prospective memory (PM) impairment, namely trouble remembering to perform intentions in the future. Besides subjective reports, however, a causal link between pain and PM impairment has not been shown. We investigated experimentally whether PM is impaired when pain is present, and whether this potential impairment is greater when pain is perceived as threatening.

Healthy volunteers performed an ongoing task, during which they categorized words and received somatic stimuli delivered on the skin of the right ankle. Somatic stimuli were either painful electrocutaneous stimuli combined with threat-of-pain instructions, or painful electrocutaneous stimuli combined with safety instructions, or non-painful vibrotactile stimuli (between-subjects). Upon the presentation of words starting with W or T (PM cues), participants had to press a response key and answer questions about pictures that would then appear on the computer screen. PM was measured as the percentage of times this additional intention was performed.

Results showed no group differences. PM performance was similar, irrespective of whether stimuli were painful or non-painful. For participants receiving painful stimuli, it did not matter whether they had received threat or safety instructions.

Our study shows that PM at retrieval is not impaired in the presence of pain. This is in line with a previous experiment of ours. The results are discussed in terms of design limitations and alternative hypotheses on PM impairments in people with (chronic) pain (e.g., sleep deprivation, medication use).
ABSTRACT
Schema therapy has become popular during the last twenty years among scientists and practitioners, reliable maladaptive schema and schema modes measurements have recently been developed, but previously have not been available in the Latvian language. The Young Schema Questionnaire – Short Form, 3rd Edition (YSQ-S3; Young, 2014) and the Schema Mode Inventory 1.1 (SMI; Young et al., 2014) are self-report measures which assess early maladaptive schemas and schema modes. The reliability and validity of the YSQ-S3 and the SMI has been shown for English, Greek, German and Danish translations, but the psychometric properties of the Latvian versions have not yet been examined. The aim of the present pilot study was to investigate the internal consistency of the Latvian versions of the YSQ-S3 and the SMI in a nonclinical sample.

The questionnaires were initially translated into Latvian by several translators independently, with consensus and back-translation. The sample consisted of 71 females ranging from 20 to 55 years (M = 33.9 SD = 7.9), who completed the questionnaires online.

Preliminary results indicate for the YSQ-S3 scales Cronbach’s alpha levels ranging from α = .72 to .92; for the SMI scales α ranging from α = .70 to .94 (with one exception); and total scores α = .97 and .90 for the YSQ-S3 and the SMI, respectively.

Initial findings indicate that the Latvian versions of the YSQ-S3 and the SMI demonstrate acceptable to good reliability and warrant its future use for assessment of maladaptive schemas and schema modes in research and psychotherapy practice.

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SCREENING FOR DEPRESSION IN SLOVENIAN PATIENTS WITH CORONARY HEART DISEASE

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ABSTRACT
Coronary heart disease (CHD) is the most common reason for death in Eastern world and depression is mental disorder with highest prevalence. Research results suggest that there is a high (up to 20 %) comorbidity between depression and cardiovascular disease. The aim of our research is to assess different aspects of psychosocial functioning in Slovenian patients with CHD. In this study particularly, we focused on assessing depression.

Our goal is to gather 350 participants with suspected CHD undergoing elective coronary angiography (CA) at General hospital Celje, Slovenia. We will assess depression in patients using Cardiac depression scale – CDS and Centre for Epidemiologic Studies Depression Scale - CES-D. We developed Slovene translation of CDS for the purpose of this study. Participants will fulfil CDS twice – before and after procedure.

Preliminary results (n = 97) suggest that there is a relatively high prevalence (26.8 % using CDS and 18.8 % using CES-D) of depression among Slovenian patients with CHD before PCI procedure. Correlation between both measures of depression is positive and statistically significant (r = 0.432, p < 0.01). We also found positive and significant correlation between both (pre-post) measures on CDS (r = 0.683, p < 0.01). Internal consistency of Slovene translation of CDS is good (Cronbach's alpha > 0.8).

Research results suggest that CDS might be a good and reliable screening tool for depression in Slovenian cardiac patients. We further discuss our findings in terms of treatment interventions (e.g. CBT) of depression in our patients with CHD.
EFFECT OF ANXIETY SENSITIVITY (AS) ON ANXIETY OF ADULT ATOPIC DERMATITIS (AD) PATIENTS AFTER TREATMENT: COMPARISON BETWEEN DERMATOLOGICAL AND PSYCHOLOGICAL TREATMENT

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ABSTRACT
It is possible that AS is a CBT interference factor for panic disorder and the effect of autogenic training (Furukawa et al., 2007; Gallagher et al., 2013). The purpose of this study was to investigate whether a factor of AS interferes with the effect of an anxiety reduction program for adult AD patients using path analysis.

The participants were 27 adult AD patients (therapy group: mean age = 26.75; SD = 7.05: control group: mean age = 30.07; SD = 7.95). The control group received dermatological treatment, and the therapy group participated in an anxiety reduction program (1. psychological education about anxiety, 2. distraction, and 3. relaxation) in addition to the dermatological treatment.

In this study, the aim was to build a model in which pre-treatment AS increased state anxiety (SA) after treatment, and after-treatment SA enhanced “anxiety to itch” and trait anxiety (TA) after treatment. The result of the multiple-group procedure indicated that the model procedure was a good fit ($\chi^2 = .73, df = 4, p = .95, GFI = .986, AGFI = .930, CFI = 1.000, RMSEA = .000$). Each path was only significant in the therapy group. The influence of the pre-treatment AS on the post-treatment SA was .59 ($p = .006$). SA after treatment had an influence on “anxiety to itch” (.48, p = .044) and TA (.51, p = .029) after treatment.

The present study showed that AS in adult AD patients may interfere with the effect of psychological intervention. In the future, it is necessary to examine the effect of the program including intervention in high AS for adult AD patients.
SHAME-PRONENESS AS A SIGNIFICANT PREDICTOR OF SOCIAL ANXIETY SYMPTOMS ABOVE AND BEYOND CLASSICAL COGNITIVE CONSTRUCTS

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ABSTRACT
A growing body of investigations indicates that shame-proneness is associated with social anxiety symptoms. Cognitive models of social anxiety and empirical studies assume that this association can be explained by the presence of distorted thinking patterns such as irrational beliefs, which are important features of both shame and social anxiety. This study explored the question of whether shame-proneness is a construct that deserves further scrutiny in relation to social anxiety or whether its relation with social anxiety symptoms can be explained through negative global self-evaluation.

One hundred and twenty nine undergraduates completed measures of social anxiety, shame-proneness and irrational beliefs in exchange for extra credit. Participants took part in a larger research project. All measures were administered online prior to the participation to the experimental phase of the research project.

Results show the shame-proneness explains a unique and significant portion of the variance in social anxiety symptoms above the variance explained by negative global self-evaluation \( R^2 = .11, \ F (1, 126) = 20.38, p < .01 \) and by irrational beliefs in general \( R^2 = .15, \ F(1, 126) = 20.13, p < .01 \).

These findings suggest that shame-proneness deserves further scrutiny in relation to social anxiety, as it explains a unique portion of variance in social anxiety symptoms, above and beyond that explained by irrational beliefs. These results have clinical implications, suggesting that psychological interventions for social anxiety should directly target shame.
IS OVERESTIMATION OF NEGATIVE EMOTIONS A PROBLEM?

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ABSTRACT
Research in the field of affective forecasting has shown that individuals systematically overestimate the intensity of future emotions, especially in the case of negative emotions. Although many detrimental consequences of forecasting inaccuracy have been suggested, few studies actually analyzed these alleged negative outcomes. The present study aims to investigate the role of affective forecasting accuracy in task persistence, engagement and performance, using a cognitive performance task with failure feedback.

104 participants (Mage = 20.27, SD = 2.20) were divided in underestimators of predicted negative emotions (i.e. annoyance, sadness, concern, disappointment, anger, depression, anxiety, shame), accurate estimators and overestimators of these emotions. We computed differences in means between these three groups for each of the outcomes. Results showed no influence of forecasting accuracy on task persistence or engagement. We obtained a significant difference in terms of performance between underestimators of annoyance, who had lower performance measured in fewer correct answers (M = 2.45, SD = 1.44) than accurate estimators of annoyance (M = 3.47, SD = 1.28), p = .019. This casts a different light on inaccuracy of affective forecasts, indicating that overpredicting the intensity of future negative emotions might not have the deleterious effects on persistence, engagement and performance that have been previously suggested.
PRIMARY PREVENTION OF CHILDHOOD OBESITY AT SWEDISH
CHILD HEALTH CENTERS: FIVE-YEAR FOLLOW-UP OF THE
PRIMROSE TRIAL

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ABSTRACT
Childhood obesity is an urgent public health concern, which calls for attention to preventive interventions. There is a need for more long-term and high-quality studies on primary prevention programs targeting parents of preschool children. The aim of the current study was to evaluate the effect at follow-up, of a parental support program based on Motivational Interviewing and CBT, promoting healthy eating and physical activity habits in children.

A cluster-randomized controlled trial was carried out in eight Swedish counties. Participating families (n = 1369) enrolled when the child was nine months old. The intervention consisted of nine sessions during a time frame of approximately 39 months and was delivered by nurses at Swedish child health care centers. The control group received care as usual. The current study investigates the potential follow-up effect of the intervention on children's anthropometric measures, when the children had reached five years of age. The outcome at four years has been previously reported, showing no significant effect.

The previous lack of intervention effect on BMI and prevalence of overweight remained at five-year follow-up, and we found neither any effects in specific subgroup analyses nor any moderating factors. (Preliminary data, more data will be obtained before the time of the conference!)

Primary prevention at child health care centers, targeting parents of preschool children did not result in intervention effects on anthropometric measures at five-year follow-up. Possible explanations to the results and implications for future research are discussed.
ABSTRACT
Chronic depression (CD) is a specific subtype of major depressive disorder that is associated with high rates of treatment resistance. However, the psychopathology of CD compared to non-chronic forms of depression has been barely characterized.

CD often has an early onset and is associated with early childhood trauma that is thought to contribute to lasting deficits in social functioning. Referring to Piaget's concept of "preoperational thinking", CD patients typically demonstrate impaired social empathy, egocentricity and a reduced affective control under stress.

There is clinical evidence that lack of empathy is a state symptom, which becomes evident only in specific situations, rather than a persistent feature of CD. In order to test this hypothesis, cognitive reactivity was investigated in response to mood induction by presenting unpleasant pictures and sad music in patients with CD.

Results demonstrated a reduced level of mood in CD, but no change in cognitive reactivity. Based on our hypothesis that a disturbance in cognitive reactivity and empathy in CD becomes only evident under a specific, individualized trauma-related mood induction, a second study was conducted, which focused on cognitive reactivity and empathy in response to an individualized mood induction. Preliminary results of this ongoing study indicate differences in psychopathology of CD compared to episodic depression with a lack of empathy after trauma-related mood induction in CD.

These findings suggest specific features in the psychopathology of CD that may be of high clinical relevance in treatment of CD, such as the Cognitive Behavioral Analysis System of Psychotherapy (CBASP).
INTERNET-BASED PSYCHOEDUCATIONAL INTERVENTION FOR YOUTHS WITH HIGH-FUNCTIONING ASD

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ABSTRACT
The objective of the present open pilot study is to evaluate feasibility, treatment credibility and satisfaction, as well as preliminary efficacy of an internet-based psychoeducational intervention for youths with autism spectrum disorder, ASD (without intellectual disability, i.e. high-functioning ASD), in an outpatient clinical context.

The internet-based psychoeducational intervention, consisting of eight ASD themed modules, was developed in cooperation with youths with ASD in a pre-study phase. The internet-based delivery was chosen to utilize the interactive pedagogical potential of the Swedish national platform for internet-delivered treatment. The intervention includes weekly contact with an experienced clinician via a message-function. The youths (16 – 25 years of age; n = 30) completed self-rating scales (at pre- and post-intervention) measuring treatment satisfaction, knowledge about ASD, mental well-being, as well as acceptance of their diagnosis and satisfaction with life.

Treatment feasibility was good in the clinical context: 80% of the participants completed all modules in the program. Treatment credibility was good and increased from pre- to post-treatment. Participants’ knowledge about ASD increased significantly from pre- to post-treatment, without causing harm for the participants’ well-being. Three-month follow-up will be completed during the summer 2016.

Internet-delivered psychoeducation is a promising, new treatment method for youths with ASD. In the future, we hope to increase treatment availability for individuals not taking part of traditional health care interventions. We are currently planning a randomized controlled trial to further investigate the potential benefits of the intervention.
PSYCHOLOGICAL ADJUSTMENT OF INSTITUTIONALIZED CHILDREN: PARENTS MATTER

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ABSTRACT
Negative effects of institutionalization on children’s wellbeing have been well documented. Allover the world, especially in developed countries, many children in orphanage have parents and it is not clear how this situation affects the psychological adjustment of institutionalized children. This study aims at investigating specifically whether institutionalization impacts negatively children’s psychological adjustment defined in terms of externalizing behavior and self-esteem and whether having or not living parents have additional influence.

Using Coopersmith Self-Esteem Inventory and Child Behavior Checklist, data were collected in Rwanda from 6 registered orphanages. Ninety-five institutionalized and 82 not institutionalized children aged 9 to 16 participated to the study. In each group we included children whose parents are alive and children without parents. Two two-way analyses of covariance were performed on global self-esteem and externalizing behavior problems while controlling for age and gender.

As expected, we found significantly more externalizing problems and lower self-esteem in institutionalized children. Unexpectedly, having living parents was an aggravating factor in institutionalized children for externalizing behavior while it didn't help boost their self-esteem.

This study adds evidence to existing documented effects of institutionalization by highlighting the importance of having or not living parents for the psychological adjustment of institutionalized children. This should be taken into account in order to develop and improve supportive specific interventions for children and considered when making the decision of placing or not a child with parents in an institution.
A CLUSTER ANALYSIS APPROACH TO RELATIONSHIPS BETWEEN COGNITIVE COPING, SELF ESTEEM, DEPRESSION AND ANXIETY

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ABSTRACT
This study investigated the relationships between the cognitive coping strategies, self esteem and emotional problems as depression and anxiety. Cluster analysis was conducted to separate 204 participants into three relevant groups on the basis of responses of the participants to the nine subscales of Cognitive Emotion Regulation Questionnaire. Moreover, differences between the subgroups of individuals grouped by the cluster analysis in depression, anxiety and self esteem were examined.

Firstly, a hierarchical then a non hierarchical cluster analysis conducted for the cognitive coping strategies. Differences in self-esteem, anxiety and depression between the clusters were analyzed with the MANOVA. Lastly, ANOVA with Tukey’s HSD post hoc test was conducted.

Three cluster groups were identified according to responses of the participants for the nine subscales of Cognitive Emotion Regulation Questionnaire. Results showed that participants in the first Cluster had elevated self esteem and reported lower levels of anxiety and depression. Moreover, comparing the participants in the first Cluster, participants in the second Cluster had lower level of self esteem and reported higher levels of anxiety and depression. Participants in the third Cluster had the lowest level of self esteem and the highest level of depression and anxiety scores.

Results of the study provided information about understanding the differences between the individuals in terms of the use of different cognitive coping strategies after experiencing threatening or stressful life events. Results of the study were discussed for the intervention implications for the different clusters.
BEHAVIOURAL PROBLEMS, SOCIAL ISOLATION AND DEPRESSIVE SYMPTOMS: THE MODERATION EFFECT OF GENDER

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ABSTRACT
In adolescence, behavioral problems and social isolation arise, usually associated with the experience of negative feelings. Additionally, during this stage of development depressive symptoms can also develop, usually associated with a higher prevalence in girls. Parents can be very important in order to identify several aspects of internalizing/externalizing problems in childhood and adolescence, because they can be privileged observers of the children in diverse situations and during successive phases of their development. Studies that include also parents as evaluation sources of children problems can be a useful alternative to the exclusive use of self-report by the children.

The main purpose of this research is to obtain a deeper understanding of the relationships between behavioral problems, social isolation and depression in adolescence, analyzing the influence of gender. The study includes two sources for information regarding social and psychological adjustment: parents and adolescents.

The sample consists of 1208 adolescents between 12 and 16 years old and their parents, who filled a socio-demographic questionnaire and the Portuguese versions of CBCL and CDI, assessing respectively externalizing and internalizing problems and depressive symptoms.

Results show that social problems, aggression and opposition were related to social isolation and depression. More isolated adolescents reported greater number symptoms of depression. The interaction effect between externalizing problems and gender was also analysed.

The findings increase our knowledge of the interplay between externalizing, internalizing problems and gender, and can optimize interventions to prevent and treat the co morbidity between internalizing and externalizing problems.
USING ROBOTIC AGENTS FOR PROMOTING ADAPTIVE EMOTION REGULATION: PRELIMINARY FINDING FROM TWO EXPERIMENTAL STUDIES

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ABSTRACT
Robotic agents have been proposed as cost-effective alternatives for delivering psychological interventions. However, there is little research investigating if robots could be used for the management of emotional problems. In two pilot experimental studies we investigated if 1) a robotic agent would be effective in delivering an emotion regulation instruction targeted at social anxiety and 2) if a robotic agent could deliver a cognitive restructuring technique aimed at reducing anxiety associated with a life event.

In experiment 1 participants (N = 37) were randomly assigned to three conditions: a control condition with no interaction with the robot, a feedback condition where the robot provided suggestions for improving performance, and a feedback and emotion regulation condition where the robot provided both practical suggestions as well as an emotion regulation instruction. In experiment 2 participants (N = 32) were asked to recall a real life event in which they felt anxiety. The robot either provided emotional support or performed a cognitive restructuring procedure following a set of pre-defined questions and answers.

Results for experiment 1 showed that the robot conditions did not reduce the level of anxiety experienced by the participants in the public speaking task. However, in experiment 2, the participants going through the cognitive restructuring procedure reported lower levels of irrational beliefs and higher levels of therapeutic alliance in relation to the robot.

Implication for the future use of robots as agents for promoting adaptive emotion regulation in the vulnerable and general population are discussed in terms of strategies and technological limitations.
PSYCHOMETRIC PROPERTIES OF THE PERSIAN VERSION OF THE VANCOUVER OBSESSIONAL - COMPULSIVE INVENTORY (VOCI) IN A NON-CLINICAL SAMPLE

ABSTRACT
The Vancouver Obsessional- Compulsive Inventory (VOCI) is a self-report inventory developed to assess a wide range of obsessive-compulsive symptoms.

The aim of this study was to investigate psychometric properties of the Persian version of the VOCI in non-clinical samples. A questionnaire package including the VOCI, BDI-II, BAI, MOCI, OCI-R, and PSWQ was administered to volunteer undergraduate students (n = 233, 139 females, 94 males) from two Iran universities (Tehran University of Medical Sciences and Allameh Tabatabaei University). All the assessments were repeated in the same sample after 2 weeks. Psychometric analyses were run to assess reliability and validity of the Persian version of the VOCI.

We converged a exploratory factor analysis to test the factor structure. The VOCI-Persian had good internal consistency, test-retest reliability, convergent and divergent validity. The present study showed that the factor structure of the questionnaire consisted of five main factors VOCI Contamination, Checking, Obsessions, Hoarding and perfectionism/Indecisiveness.

Further studies are needed to develop psychometric tools with stronger diagnostic performance for OCD assessment.
ABSTRACT

Logotherapy and existential analysis is a meaning-centered approach, which can be integrated with cognitive behavioral therapy. Its personality theory has a unique potential to increase the efficacy and effectiveness of the therapeutical process.

In the daily work of every clinician questions of meaning in life often come to the attention. The loss of meaning in life often brings maximum suffering, enhancing or frightening thus questions of death, loneliness and freedom. It is no accident Frankl introduces the concept of noogenic neurosis, caused by the existential vacuum, or loss of meaning in life.

The possible ways of integration are:
- integration of a human-kind concept and will to meaning concept
- integration of logo therapeutical techniques in a treatment plan
  Socratic Dialogue
  Deferencection
  Paradoxical Intention
  Meaning-centered intervention

An example of clinical cases which present existential struggle.

On many levels logo therapy shows a high level of compatibility with cognitive-behaviors therapy. The existential component of logo therapy can be absolutely powerful for the treatment plan.
ABSTRACT

The objective of the project in collaboration with FOD Volksgezondheid, Veiligheid van de Voedselketen en Leefmilieu is counteracting the overconsumption of antidepressants by developing a training tool that helps general practitioners to:

- Make the distinction between depression and complaints with a depressed mood such as sadness, grief, burnout (e-learning)
- Promote the care in both cases and where possible stimulate the non-medical approach (how to)

The aim of the study was to investigate the view of the general practitioners regarding quality improvement and depression (medical and psychotherapeutic approach). By means of an online interview, which is based on the Depression Attitude Questionnaire (Botega, Mann, Blizard & Wilkinson, 1992), the following elements: barriers related to quality improvement by general practitioners, attitudes towards the prescription of antidepressants and psychotherapy, differential diagnostics and the use of e-learning, were questioned in the target population. Thirty-one general practitioners from different regions (Limburg, Flemish Brabant, Antwerp, West Flanders) participated in this study.

Seventy-seven per cent of the general practitioners reported that they would use an e-learning with regard to differential diagnostics between depression and complaints with a depressed mood. The most important barriers for the use of e-learning are time constraints (46%), length of the e-learning program (27%), login codes (13%), ease of use and not being applicable to the practice (both 7%). Furthermore, they reported that the accreditation which is not in line with the number of hours they invest in the e-learning program is also a major barrier. Moreover, the modules have to answer to the following aspects: types of psychotherapy, a risk assessment with regard to the severity of the symptoms and the suicide risk, skills concerning facing with refusal of the patient and case studies.

The first results show that there is a need for tools to better perform the differential diagnostics between a clinical depression and complaints with a depressed mood. We have chosen to include the abovementioned elements in the modules of the e-learning program.
ABSTRACT
The aim of the study was to evaluate the psychometric properties of the Turkish version of the Behavioral Activation for Depression Scale–Short Form (BAD-SF). The Behavioral Activation for Depression Scale–Short Form (BADS-SF) was developed to measure when and how clients become activated over the course of behavioral activation treatment (Manos, Kanter & Luo, 2011). This instrument was designed to assess behavioral activation for depression, behavioral activation is a key concept for depression.

The participants were 332 students of Okan University. The test-retest stage was conducted with 53 participants over a 2-week period. Confirmatory Factor Analysis (CFA) supported a two-factor model with nine items.

This two-factor analyses have identified two subscales of the short form, which are Activation (AC) and Avoidance (AV). The range of scores is 0 to 54, with high scores representing higher activation. Internal consistency was high (.86) and test-retest reliability was good (.74). Higher BAD-SF scores were associated with higher levels of depression supporting the concurrent and convergent validity.

This study provides further evidence of the improvement shown by the 9-item version of the BAD-SF in terms of psychometric properties compared with the previous versions. Our results suggest that the Turkish version of the BAD-SF is a reliable and valid measure of behavioral activation.
DEVELOPING ADDITIONS TO DBT FOR ADOLESCENTS WITH EMOTIONAL INSTABILITY AND AUTISM SPECTRUM DISORDER.

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ABSTRACT
Adolescents with traits of emotional instability and comorbid autism spectrum disorder (ASD) have been noted to benefit less from treatment with dialectical behaviour therapy (DBT). At the DBT clinic at Stockholm Child and Adolescent Psychiatry a project with method development has resulted in additions to standard DBT, which are now carried out at the DBT clinic. The method development was based on a literature study and interviews with clinicians and researchers. The components added to standard DBT consist of (1) a meeting with the family and the whole professional network preceding treatment to coordinate interventions, (2) introductory multi-family group with the purpose of preparing patients to DBT skills training group, find routines for parents to be a good support for generalization of the treatment and also to raise awareness of difficulties according to ASD, (3) an extra weekly individual session with focus on targets specific to ASD, on deepening the understanding of DBT skills, on practical training and also on generalization, and (4) specific pedagogical tools and adjusted therapeutic behaviours.

The aim of this clinical evaluation is to examine if there is a decrease in deliberate self-harm, suicide attempts, emergency treatment and hospitalisation, as well as examining how patients, parents and therapists experience the treatment including the additions. Registration of frequency of problem behaviours is done weekly. Valuations regarding the patients’ change in symptoms and increase in use of skills is conducted pre-treatment, post introductory group, post treatment and at six months follow-up. The experience of the treatment is examined through interviews after introductory group and post treatment. The interviews are analysed according to thematic analysis. There are eight adolescents in the project, 14-17 years old.

At the presentation the background to and contents of the additional treatment will be accounted for, as well as results and discussion of the qualitative interviews conducted during the treatment. At the time of writing the results are not yet complete.
ABSTRACT
Cognitive Behavioral Therapy (CBT) is widely used treatment for depression. Most research has demonstrated the effectiveness of CBT for depression (Cuijpers et al. 2014). CBT can be also implemented in group format. Cognitive Behavioural Group Therapy (CBGT) has some advantages such as efficiency, efficacy, and cost-effectiveness (NICE, 2009). Moreover, working with a structured therapy program has a lot of benefits (Dobson & Shaw, 1988). Studies have shown that manualized therapies are frequently used and effective in the treatment of depression (Gökdağ & Sütcü, 2016). However, there is no structured treatment program in this respect in Turkey. Consequently, the aim of this study is to prepare a manualized CBGT intervention program for depression and evaluate the effectiveness of the program.

Participants have recruited from Ege University Student Psychological Counseling Services. They were assessed by clinical psychologists to evaluate the depressive symptoms. The inclusion criteria of the research were presence of depressive symptoms and willingness to participate group format cognitive behavioral therapy. After the evaluation, 25 undergraduate students (14 female) had met the inclusion criteria and were assigned one of the five groups considering their time schedule. However 19 participants completed the therapy program and pre and post-test evaluations.

In this study, Beck Depression Inventory (BDI), Beck Anxiety Inventory (BAI), Beck Hopelessness Scale (BHS) were used to evaluate the effectiveness of treatment program. In order to reduce depressive symptoms, an 11-session CBGT program has been developed by researchers. This program comprises 11 group sessions, each of which approximately 2 hour duration with components of the sessions based on the CBT techniques and homework. There are 4 to 6 participants per group, led by two therapists. In the first session, therapists first aim to introduce CBT and its approach for depressive symptoms. Sessions 2-3 mainly covers behavioral components of CBT, including activity scheduling and relaxation. Sessions 4-8 focuses on cognitive techniques, namely explanations about nature of automatic thoughts, exercises on notifications of cognitive distortions and finally cognitive restructuring. Sessions 9-10 are about problem solving techniques. The final session is on review of whole therapy sessions and giving personal and program based feedbacks to participants about relapse prevention, given by therapist as well as group members.

Paired Samples t test results showed that significant improvement was observed on all measures. BDI pre-treatment (M = 23.05, SD = 6.6) was significantly more than post-treatment (M = 9.47, SD = 6.9), t (18) = 7.37 p < .001, d = 1.69. BAI pre-treatment (M = 20.65, SD = 10.9) was significantly more than post-treatment (M = 12.88, SD = 9.3), t (16) = 3.05 p < .01, d = .74. Finally, BHS pre-treatment (M = 11.35, SD = 2.9) was significantly more than post-treatment (M = 6.12, SD = 4.5), t (16) = 4.62 p < .001, d = 1.12.

Our results suggest that CBGT of 11 weekly sessions reduces depressive symptoms which are consistent with literature findings. Although this study has some significant outcomes, there are some limitations such as absence of compare groups and small sample size. In conclusion, our findings support that CBGT is effective for reducing depressive symptoms.
MEDIATORS IN PSYCHOTHERAPY FOR SOCIAL ANXIETY DISORDER IN ROUTINE CLINICAL PRACTICE: A COMPARISON BETWEEN MANUALIZED COGNITIVE THERAPY AND INDIVIDUALIZED COGNITIVE-BEHAVIORAL TREATMENT-AS-USUAL

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ABSTRACT
The Clark-Wells approach disorder achieved the highest effect sizes in comparison to other treatments of social anxiety disorder. However, little is known about the effectiveness of CBT treatments in routine clinical practice. A recent analysis showed no differences in symptom severity between manualized cognitive therapy (mCT; Clark-Wells) and individualized cognitive behavioral treatment as usual (CBTAU) in routine practice. The aim of this study was to analyze whether changes in motivation, therapeutic alliance, negative self-beliefs, fear of performance failure and fear of negative evaluation mediate clinical improvements differently in mCT and CBTAU.

Forty-eight private practitioners were randomized and either received training in manualized CT for SAD or no such training. 162 patients with SAD (N = 85 for mCT; N = 77 for CBTAU) were treated under naturalistic conditions. Social anxiety symptoms were assessed using the Liebowitz Social Anxiety Scale (LSAS), while mediators were measured with the Helping Alliance Questionnaire (HAQ), the Treatment Questionnaire for General and Differential Individual Psychotherapy for Patients (STEPP), and the Social Cognitions questionnaire (SCQ).

A multilevel moderated mediation analysis was conducted. There were no significant between-treatment differences regarding motivation, negative self-beliefs, fear of performance failure and fear of negative evaluation. However, the confidence interval test of indirect effect revealed that therapeutic alliance was a significant mediator in CBTAU, ab = -0.29, 95% CI [-0.50,-0.04], but not in mCT, ab = -0.04, 95% CI [-0.27, 0.21].

The findings could suggest that therapists from the individualized CBTAU group shifted their focus in therapy more on alliance and its subsequent effects on symptom reduction than therapists from mCT. The implications for the use of treatment manuals in routine practice will be critically discussed.
ABSTRACT

Taken as the basis by Acceptance and Commitment Therapy (ACT), Relational Frame Theory (RFT) analyzes the interaction between language and thought (Hayes, Strosahl and Wilson, 2012). According to RFT, cognitive change changes the structure and organization of language; and, this relation occurs in a dual way. The structure of language is not independent from the flexibility or rigidity of the way of thinking (Dahl et al., 2013). Each word carries the emotional, cognitive and memory related characteristics of the context in which they are learned and then used. Words or relational frames are associated with some contexts, and later; they turn into triggers that activate emotional and cognitive network of those contexts (Blackledge and Drake, 2002). According to RFT, words transfer emotional and cognitive characteristics of the past experiences, where they were used, to the new experiences (Dahl, Stewart, Martell and Kaplan, 2013).

This study aims to adapt the Stroop test in accordance with RFT. Stroop test is a test, which was developed to inhibit the undesired stimulus and to measure the resistance skills of distractors (Siegrist, 1995). Later, to analyze its abilities to inhibit emotional stimuli, different versions, as being emotional Stroop tests, were adapted (Strauss et al., 2005). In this study, it is acted in accordance with the hypothesis that the capacity of loanwords (e.g. in a second language or low frequency used words) to transfer emotional and cognitive characteristics of the past experiences is less. In this adaptation study, it is aimed to measure the distractor effects of loanwords – which are thought to have less effect on triggering and transferring emotional and cognitive relations – via Stroop-RFT Version.

In RFT version of Stroop test, it is aimed to measure the effect of language change on interference period by using neutral words, anxiety words, and foreign language versions of same anxiety words. It is aimed to measure whether the ability of inhibiting the semantic content of words undergo a change in the first and second languages or not. With this aim, interference periods of the words, used as anxiety stimuli in the first and second language, were compared. Hypothesis of the study conducted in accordance with RFT concept is that alienation and abduction of words from experience, and the morphological changes in words will shorten the period. Words will lose their powers as auditory and semantic stimuli. RFT form of Stroop test w

Explanatory factor analyses is continuing questionnaire study. Pilot Study completed the Stroop- Relational Frame Theory Version Questionnaire.
EFFECTIVENESS OF PSYCHOEDUCATIONAL GROUP TRAINING ON QUALITY OF LIFE AND RECURRENCE OF PATIENTS WITH BIPOLAR DISORDER

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ABSTRACT
Bipolar disorder (BD) is a common disabling psychiatric disorder with frequent recurrence. Besides pharmacotherapy, psychoeducation could be helpful in reducing symptoms as well as recurrence of this disorder, leading to improvement of patients’ quality of life. This study aimed at investigating the effectiveness of a culturally adjusted structured program for training Iranian BD patients.

In a six months course (spring and summer 2014), 24 BD patients, visiting the outpatient clinic of Ibn-Sina Hospital in Mashhad and experiencing euthymic phase, were allocated in two groups of intervention and control. The intervention group received 8 sessions of psychoeducation in four weeks. Patients in the control group received the usual treatment. The patients were evaluated with Hamilton Depression Rating Scale, Young Mania Rating Scale, and Short Form 36, before the intervention and four weeks later, and the results were compared using independent t-test. The patients were re-examined after six months in terms of recurrence, hospitalization, treatment adherence, and visiting psychiatrist, and compared with patients in the control groups.

There was a significant difference in the intervention group in terms of improvement in quality of life before and after treatment ($p < 0.003$). Also, the difference was significant between the two groups in terms of the number of recurrence ($p < 0.001$) and hospitalization ($p < 0.000$), in 6 months.

In addition to pharmacotherapy, psychoeducation of patients with BD can improve the quality of life and decrease the risk of disease recurrence in BD patients.
PRELIMINARY DATA OF THE PROGRAM “PREVENTION OF DEPRESSION IN OFFSPRING OF DEPRESSED PARENTS: THE PRODO STUDY”

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ABSTRACT
Depression is one of the most common psychiatric illnesses worldwide, but is nevertheless preventable. One of the biggest risk factors for depression is having a parent who has suffered from depression. A family-cognitive-behavioural-therapy (CBT) group-based prevention program “Raising Healthy Children” has shown promising findings in reducing the prevalence of depression in children of depressed parents. The PRODO study seeks to replicate these findings in Germany. Eligible families are those in which one parent is (or has been) depressed and the participating child is aged between 8 and 17 years, and has no psychiatric history. Recruitment for the study is ongoing. Here we present descriptive data from the fifty eight families who have been randomised to receive the 12-session intervention or no intervention. We also report associations between parental depression severity and child outcomes at baseline. Preliminary 6-month - follow-up data on group differences in child (depressive symptoms, cognitive style, knowledge of depression) and parenting outcomes will be reported for the 20 families who have completed the intervention. We will also present data about the general acceptability of the program of 20 families who completed the intervention.

We expect children in the intervention condition to show fewer psychopathological symptoms, and be less likely to meet diagnostic criteria for a depressive episode, at follow-up. Moreover, preliminary data of the feedback point out that the general acceptability of the program is high.

There is little formal support available for this high-risk population. This study provides an important step in the development of more effective depression prevention, which is exigently required.
PERSONALITY CHARACTERISTICS IN A SAMPLE OF ARGENTINEAN OUTPATIENTS

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ABSTRACT
The Five-Factor Model (FFM) of personality functioning, as assessed by the Costa and McCrae NEO Personality Inventory-Revised (NEO-PI-R), is of great clinical utility in case conceptualization, diagnosis and treatment planning in clinical psychology. It helps in assessing personality disorders, in identifying problems in living associated with markedly elevated or low scores, and in revealing patients’ strengths.

Contributing to the study of CBT dissemination to countries of different cultural traditions, it is interesting to explore whether the differences between the personality traits of outpatients and people from the community detected in Argentina mirrored the differences found in highly developed countries.

A community sample (N = 369), recruited through a snowball procedure, and a clinical sample (N = 282), constituted by 14 successive outpatients of 20 different clinical psychologists, completed NEO-PI-R inventory in Paraná, a middle-sized Argentinean city. NEO-PI-R assesses five broad domains called Neuroticism (N) versus Emotional Stability; Extraversion (E) versus Introversion; Openness (O) versus Closeness to Experience; Agreeableness (A) versus Antagonism and Conscientiousness (C) versus Disinhibition. Each of these domains was differentiated by Costa & McCrae into six underlying facets.

Six repeated-measures MANOVAs were performed to compare both samples across factors and across the six facets of each factor, with gender as covariate.

Both samples’ profiles across factors differed significantly. Outpatients scored higher in Neuroticism (partial η² = 8%) due to differences in all the facets (Anxiety, Depression, Angry Hostility, Self-Consciousness, and Vulnerability), except Impulsiveness. They reported slightly lower Extraversion (lower Activity, Excitement Seeking, and Positive Emotions, η² 2%) and Conscientiousness (lower Competence, Achievement Strivings, and Self-Discipline, η² 2%). Openness and Agreeableness were similar in both groups.

The tendency to experience negative affects -especially feeling demoralized and unable to cope with distress- was the main difference between outpatients and the community sample. However, they did not differ markedly in their interpersonal characteristics, their capacity for original, creative thinking or their diligence and impulse control. These findings will be analyzed from a cross-cultural perspective.

That NEO-PI-R results were similar in Argentinean and American outpatients, with the sole exception of Agreeableness, might suggest the feasibility of extrapolating cognitive-behavioral strategies, created for first-world people, to patients belonging to a Catholic Latin American country.
PROMOTING ADHERENCE WITH MOTIVATIONAL SMS

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ABSTRACT

Low adherence to homework assignments is a common problem in Cognitive Behavioral Therapy. Previous studies have shown that adherence may be improved by using reminders and by incorporating treatment goals and life values. Whether this can be done through automatic SMS services is unknown. The aim of this project is to investigate whether adherence to assignments can be affected by automatic motivational SMS to participants between sessions.

First, a single subject design study was conducted with seven participants receiving relaxation training who received daily SMS reminders about their treatment goals. Second, a randomized controlled study was conducted with 80 participants receiving mindfulness training who received tailored SMS reminders regarding treatment goals and life values. The main outcome variable in both studies was completed assignments.

In the first study, participants completed significantly more assignments the days they received SMS reminders. In the second study, participants who received tailored reminders completed significantly more assignments than participants in the control group.

The studies completed so far has shown that motivational, tailored SMS reminders may be a feasible technique to improve adherence to assignments in Cognitive Behavioral Therapy. Automatic reminders are easy to design and have a low cost. However, the effect sizes were small and some participants found the SMS reminders aversive. Further studies are needed to improve the effects and elucidate how to best implement SMS reminders in clinical practice.
EXPOSURE-BASED THERAPY FOR FIBROMYALGIA – A RANDOMISED CONTROLLED TRIAL.

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ABSTRACT
Fibromyalgia (FM) is a generalized pain syndrome affecting 2-6% of the population and associated with great suffering for the individual and large societal costs. In 2012 we conducted a pilot study (N = 41) investigating feasibility and acceptability of an exposure-based treatment for FM via internet. Results showed pre- to post-treatment within-group effect sizes in the moderate to large range (Cohen's d = 0.62-1.56) on primary and secondary outcomes, all maintained at 6-months follow-up. Attrition rates were low (98% completers) and health economical analyses revealed significant societal cost reductions. Aim of the present study was to further investigate these results in a randomized controlled trial (RCT).

An RCT with participants with a FM diagnosis (N = 140) was conducted. Participants received an Internet-delivered treatment based on systematic exposure to FM symptoms and FM-related situations, along with mindfulness and acceptance strategies included to facilitate exposure.

The randomized controlled trial finishes in April and results will be available and presented at the congress.

To our knowledge, this is the first time exposure-based treatment of this kind is tested for FM. The findings from the randomized controlled trial will be highly important as they will show if the treatment remains effective when potential confounders are controlled for. Exposure-based treatment has the potential to increase treatment accessibility and alleviate suffering for the many individuals affected by FM.
HOW TO INCREASE LIFE SATISFACTION?

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ABSTRACT
Life satisfaction has a significant meaning for mental health. Which factors increase and help to maintain life satisfaction? Does a rising life satisfaction decrease depression, anxiety and stress?

As part of “Bochum Optimism and Mental Health (BOOM) Studies” we measured and analyzed life satisfaction (SWLS), resilience (RS-11), social support (F-SozU K-14), subjective happiness (SHS), the “Big Five” (BFI-10), self-esteem (1-Item Questionnaire) and depression, anxiety and stress (DASS-21) in a German student sample (N = 813; descriptive analyses, correlations, regression analyses, structural equation model).

We found significant associations between the measured variables. Neuroticism, openness for experience, self-esteem, social support, resilience and happiness are significant predictors of life satisfaction. They explain 56.2% of its variance (F(16,661) = 57.829, p = .000). We constructed a significant structural equation model with good fit indices including two latent factors (Chi2 = 36.5, df = 8, p = .000; CFI = .985, RMSEA = .066, SRMR = .0301). One factor combined the personality traits neuroticism, openness and self-esteem. The second factor combined the variables social support, resilience and happiness. Life satisfaction correlated significantly negatively with depression, anxiety and stress (r = -.543, p < .001) and predicted 29.5% variance of these variables (F(1,811) = 339.958, p = .000).

Life satisfaction protects mental health. Traits like openness, self-esteem and subjective happiness enhance individual life satisfaction. Intervention programs should focus on the increase of such factors to enhance life satisfaction and this way to prevent depression, anxiety and stress.
INTERNET-BASED SELF-HELP FOR ADJUSTMENT-DISORDER: A PILOT STUDY

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ABSTRACT
Adjustment Disorders (AD) represent a healthcare paradox. While being one of the most common mental disorders worldwide, they have been severely underresearched and a significant number of affected people remain untreated. However, recent classificatory changes of the AD diagnosis allow for novel treatment approaches. Of those e-mental healthcare promises to be especially potent. The aim of this pilot study was to develop an unguided internet-based intervention for AD and to test its feasibility and usability.

The content of the self-help-program is based on a bibliotherapeutic CBT self-help manual for AD and it's development was guided by current web-standards in terms of functionality, security, and design. In an analog sample 68 individuals were asked to evaluate the intervention after a usage period of four weeks. Outcome measures included qualitative feedback and user behaviour to assess feasibility, as well as the System Usability Scale (SUS) and AttrakDiff2 questionnaire to measure usability.

Usage data and qualitative feedback revealed successful implementation of the web-intervention. It was found to be easy to use and overall user satisfaction was high. The usability was rated high, with a mean SUS score of 80.4 (±15.7)/100, which is considered very good. In addition, the AttrakDiff2 indicate high perceived attractiveness and hedonic qualities.

Results support the feasibility and usability of an unguided internet-based intervention for AD. Its unique potential may help to address the critical shortage of evidence-based treatment options in a scaleable and resource-effective way.
ABSTRACT
Early maladaptive schemas (EMS), which are cognitive and behavioral patterns of viewing oneself and the world that result in substantial distress, are gradually being documented as important vulnerabilities for substance abuse. The aim of this study is to identify the maladaptive schemas and coping strategies among drug patients. 30 opiate addicts, hospitalized at Psychiatric Hospital of the Cross, Lebanon, completed these questionnaires: Young Schema Questionnaire, Avoidance Attitudes, Compensation Attitudes, SCID-II and DSM Mini for substance abuse. Results revealed a hyperactivation of three maladapted schemas: inadequate self-control, lack of affection and lose the control. Abuse of opiate corresponded to compensation when early maladaptive schemas were activated. The approach of Young, “Schema Therapy” offers the opportunity for clinicians to conceptualize and treat EMS responsible for some clinical disorders and personality.
CHANGES IN THE EARLY MALADAPTIVE SCHEMA OF SOCIAL ANXIETY DISORDER THROUGH COGNITIVE BEHAVIORAL THERAPY

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ABSTRACT
Early maladaptive schemas (EMSs) is a schema which holds the pervasive themes which regards to the oneself and one's relating to others and social anxiety patients also holds a theme regarding oneself and one's relating to others in the means of self-attention.

The participants were 20 Japanese male and a female. Using the Clark’s model of CBT. The CBT involved psycho education and case formulation, cognitive restricting, exposure and response prevention (ERP), and behavioral experiments. The scale of Leibowitz Social Anxiety Scale (L-SAS: Leibowitz, HoibergSeiner & Hope, 1999) and Young Schema Questionaries' were constructed. Also the healthy participant were constructed the measurements.

In our study, there were differences in the Schemas between the healthy and the control. The schema of social isolation schema and emotional inhibition schema was significantly high, though there showed no differences in the self-sacrifice schema in the SAD.

Schema of the SAD in our study showed the differences and standing schema for SAD. Still we might need to study further for the Japanese in foreign to see if SAD tendency might differ.
FALSE RECALL IN SOCIAL ANXIETY

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ABSTRACT
Cognitive theorists hypothesize that socially anxious individuals are prone to negative memory biases. This has begun to be supported in recent research, but mediators of these effects have yet to be explored. One possibility is that changes in memory are due to incorporating of new information into the event memory during retrieval. A first step to explore this possibility is to determine whether social anxiety predicts incorrectly “remembering” items that were not presented as part of feedback and perceiving these items as having been negative.

Building on previous research, the current study examined whether social anxiety affected false memories for performance feedback on a speech task. Undergraduates (N = 138) engaged in an unexpected public speaking task and received either positive or neutral feedback on their performance. Participants rated their memory of the actual and dummy feedback items following a distractor task and again one week later.

Results revealed that in the neutral condition, social anxiety was not significantly related to Time 2 False Valence, β = -.07, p = .40, whereas in the positive condition social anxiety significantly predicted the valence of commission errors, β = -.26, p < .05.

Thus, in the positive feedback condition, higher levels of social anxiety were associated with perceiving falsely remembered items as having been more negative at Time 2. This may suggest that the negative self-views of individuals with social anxiety colour any new information inserted into the event memory. Treatment implications and other potential variables related to the effect are discussed.
A COMPARISON OF PSYCHOLOGICAL RISK FACTORS FOR NON-SUICIDAL SELF-INJURY

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ABSTRACT
Non-suicidal self-injury (NSSI) is the act of causing deliberate and direct harm to one’s own body tissue when there is an absence of a suicidal intent (Nock, 2009). NSSI is a prevalent condition that threatens especially young population worldwide (Sutherland et al., 2014) and it is also reported frequently by Turkish high school students (Somer et al., 2015) and young adults (Tuna & Bozo, 2012). The purpose of the present study was to explore the contribution of various psychological risk factors to NSSI in a sample of Turkish university students.

Three-hundred and ninety-one undergraduate students (243 female, 146 male, 2 other; Mage = 21.76, SD = 3.13) were administered measures of NSSI, emotion dysregulation, self-criticism, self-compassion, thought suppression and positive/negative affect.

Point-biserial correlation coefficients were calculated between NSSI and other study variables. Associations were significant for emotion dysregulation (rpb = .38), self-compassion (rpb = .37), self-criticism (rpb = .33), negative affect (rpb = .33) and thought suppression (rpb = .27). Positive affect, on the other hand, did not have a significant correlation with NSSI. When these risk factors were simultaneously entered into logistic regression analysis, self-compassion and emotion dysregulation maintained significant associations with the presence of NSSI.

Results suggested that among other psychological risk factors, self-compassion and difficulties in emotion regulation are especially important contributors to NSSI. Possible implications for prevention of NSSI and development of interventions will be discussed.
NEGATIVE EMOTIONS INFLUENCE ATTENTION AND MEMORY BIAS FOR FOOD AND BODY STIMULI

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ABSTRACT
According to Williamson’s model (2004) negative emotions, interacting with the self-schema, increase the probability of cognitive biases for body image. In this study we aimed to evaluate the influence of negative emotions (shame, guilt and disgust) on attentional and memory bias both for food and body stimuli divided by valence (ie positive: lean bodies and low-calorie foods, negative: fat bodies and high calorie foods and finally neutral: crockery and nails and hair) as Shafran (2007).

Seventy-fives university students (mean age 24.16, SD: 3.33) and fourteen girls with eating disorder (mean age: 19.85; ds: 3.18) took part to the experiment. The students heard one of the stories inducing negative emotions (according to the emotional group); all participants (students and patients) made a pictorial dot-probe and a memory task.
Analyses on bias facilitation showed a significant effect for the stimulus (food, body) x emotion (shame, guilt, disgust) interaction (F (5,85) = 2.44, p = .041; ηp2 = .128) then negative emotions can lead to a different pattern of bias facilitation and avoidance. Furthermore, there is a different pattern in the memory for stimuli food, body, and animals we found significant stimuli X emotion effect on memory (F (5,82) = 19.64, p = .005; η² = .182); and stimuli X valence interaction (F (5,82) = 2.77, p = .023; ηp2 = .145).

In conclusion we can say that emotions play a pivotal role in the genesis of bias and lead to a better memory for positive stimuli relevant.
ABSTRACT
Studies indicate that internalization of media body ideals along with perceptive pressure from media induce body
dissatisfaction, which can lead to eating disorders (ED). Stice and Bearman (2001) show that the perceptive pressure
to be thin predicts internalization, which is itself a predictor of body dissatisfaction (the most potent predictor of ED).
Moreover, ruminations about the body, particularly brooding, are involved in body dissatisfaction and eating disorders.
The objective was to explore the impact of ruminations on internalization of media body ideal, perceptive pressure, and
body dissatisfaction in women aged 18 to 30. Stice and Bearman’s model (2001) was used for replication (in a French
population); ruminations were added to the model.
The sample was composed of 153 women (average age = 21.54 ± 2.73). The participants were asked to respond several
self-report inventories: the Ruminative Response Scale-Eating Disorders, the Body Shape Questionnaire, the Eating
Attitudes Test-26, and the Sociocultural Attitudes Towards Appearance Scale.
Significant correlations were found between all variables thus establishing relationships between them. Stice and Bearman’s
model appears to apply to French women and integrate ruminations as a second mediating variable.
The results appear particularly pertinent to the development of prevention strategies for body dissatisfaction (and
subsequent ED). Indeed, it would be possible to introduce cognitive-behavioral therapeutic strategies to reduce ruminations
(functional analysis, psychoeducation, self-observation, reframing) in prevention programs aimed at reducing the
internalization of unrealistic beauty standards presented by the media and thus highlighting the impact on body image
disorders and ED in women.
ABSTRACT
Retrieving personal memories may cause emotional reactions and thus a need for emotion regulation. Past research indicates that involuntary memories have a greater effect on mood than voluntary counterparts. However, different dimensions of the emotional response (i.e., intensity and regulation) upon retrieval of both involuntary and voluntary personal memories have not been thoroughly examined. We examined individuals' emotional intensity and regulation of everyday involuntary and voluntary memories during dysphoria and non-depression.

Twenty dysphoric individuals and 23 non-depressed individuals completed a structured memory diary where the intensity of fear, sadness, happiness, and anger, as well as the employment of emotion regulation strategies (brooding, memory suppression, emotional suppression, and reflection) was recorded upon the retrieval of everyday autobiographical memories.

Brooding, memory suppression, and emotional suppression were significantly higher for involuntary than voluntary memories of all individuals. Dysphoric individuals experienced more intense negative emotions for memories in both retrieval modes. Similarly, they showed a heightened employment of emotion regulation strategies in response to both involuntary and voluntary memories. The between-group differences were not accounted for by the individuals' mood preceding memory retrieval or the valence of the remembered events.

The results suggest an important effect of retrieval mode in the emotion regulation of personal memories, in which greater resources are employed to regulate involuntary memories. However, the effect of depressive symptoms on memory retrieval was similar for involuntary and voluntary memories. The implications for understanding involuntary memories in psychopathology will be presented.
THE CHANGE IN COGNITIVE DISTORTIONS IN PSYCHOLOGY GRADUATE AND POST-GRADUATE STUDENTS AFTER HAVING CBT TRAINING

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ABSTRACT
Very few studies have assessed the cognitive distortions about cognitive behavioral therapy (CBT) and the change in the cognitive distortions itself while having CBT training. The aim of this study is to compare the cognitive distortions and beliefs that the graduate and postgraduate psychology students have before and after the 14 week long CBT training.

12 graduate and 49 post-graduate students have taken automatic thoughts questionnaire (ATQ), cognitive distortions scale (CDS) and personality and belief questionnaire (PBQ) on the first and the last (14 th) week of the CBT training.

According to PBQ, there was difference in avoidant personality and obsessive-compulsive personality dimensions between the participants (t = 2.542, p < .05, t = 2.021, p < .05 respectively). No difference was found between the pre- and post-training in other dimensions of PBQ. In CDS, there was decrease in “minimizing the positive” and “mindreading” distortions in the interpersonal domain (t = 4.658, p < .001, t = 2.274, p < .05 respectively) whereas there was decrease in “mindreading”, “minimizing the positive” and “catastrophizing” scores in the personal achievement domain (t = 2.448, p < .05, t = 2.161, p < .05, t = 2.975, p < .01 respectively). No difference was found between the graduate and post-graduate students.

Having 42 hours of CBT training for 14 weeks may have an effect on the distortions of the psychology students. The difference in the avoidant personality may be related to the decrease in the “mindreading”, a cognitive distortion which is common in social phobia and avoidant personality disorder. More research needs to be conducted with more participants including other levels of psychotherapy education (e.g. including the supervision).
APPEARANCE RELATED-COMMENTS AND BODY DISSATISFACTION AMONG WOMEN WITH EATING DISORDERS OR WHO USE WEIGHT-CONTROL STRATEGIES

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ABSTRACT
Sociocultural models (Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999) posit that three mains sources of influences (family, peers, and media) promote a thin ideal. Frequency and impact of negative comments from parents and peers have been found to be associated with body dissatisfaction (Herbozo & Thompson, 2006). The objective of this study is to determine if women with eating disorders or engaged in weight-control strategies (frequent weighing) demonstrate links with appearance feedback.

The sample consists of 292 young women (mean age 21.83 ± 2.43) with a mean BMI of 22.12 ± 3.80. They completed the Verbal Commentary On Physical Appearance Scale (Herbozo & Thompson, 2006) and the Questionnaire for Eating Disorders Diagnosis (Mintz et al., 1997)

Women with eating disorder and women who weigh themselves frequently demonstrated higher scores of negative comments frequency as well as the perceived impact of negative comments.

Women manifesting eating disorder and women who weigh themselves frequently reported more negative comments from parents or peers, and experienced it more negatively than others. Frequency and sensibility of negative feedback could constitute potential risk factors of eating disorder or partake in weight-control strategies. Prevention programs need to develop alternative strategies to cope with negative appearance feedback.
A BRIEF SCHOOL-BASED COGNITIVE-BEHAVIORAL INTERVENTION FOR JAPANESE ADOLESCENTS WITH SEVERE POSTTRAUMATIC STRESS

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ABSTRACT
This pilot study investigated the effect of a brief school-based cognitive-behavioral intervention program for Japanese adolescents exposed to the Great East Japan Earthquake in 2011.

A total of 501 students who experienced the Great East Japan Earthquake were screened using the Impact of Event Scale-Revised (IES-R; Weiss, 2004) at a senior school in the Tohoku region. Based on the screening, 22 adolescents (15 females, 7 males; M age = 15.36 years, SD = 0.49) with severe PTS symptoms were selected to receive an intervention at the time of the study in March, 2014. They completed a four-step intervention program based on cognitive-behavioral therapy. The symptom status was assessed at three time points (pre-intervention, post-intervention, and 4-month follow-up) using the Japanese version of the Impact of Event Scale-Revised and Center for Epidemiologic Studies Depression Scale. The results showed significant improvement in PTS symptoms except hyperarousal at post-intervention, and the effects were maintained throughout the 4-month follow-up period. However, the improvement in depressive symptoms was not maintained during the 4-month follow up period.

These findings indicate that school-based cognitive-behavioral intervention programs can be recommended for Japanese adolescents with PTS symptoms regardless of cross-cultural differences. Our findings are encouraging because they indicate the effectiveness of a school-based CBT intervention program for adolescents with severe PTS symptoms in non-Western settings. Future research should examine the efficacy of this program more systematically to provide relevant data to continue developing an evidence-based intervention for adolescents in post-disaster circumstances.
COPING SKILLS AND MINDFULNESS AS MECHANISMS OF CHANGE FOR CLIENTS WITH BORDERLINE PERSONALITY DISORDER IN A 20-WEEK DIALECTICAL BEHAVIOR THERAPY SKILLS TRAINING GROUP

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ABSTRACT
This study evaluated whether the increase in Dialectical Behavior Therapy coping skills uptake and becoming more mindful, mediated the degree of improvements in clinical outcomes and whether any observed mediation effects were moderated by receiving DBT-ST treatment.

Randomized controlled trial in which 84 chronically self-harming outpatients with Borderline Personality Disorder (BPD) were assigned to either a stand-alone 20-week Dialectical Behavior Therapy skills training (DBT-ST) treatment or a wait-list control condition. Changes in non-suicidal self-injury (NSSI) behavior, anger control, dysfunctional emotion regulation, distress tolerance and impulsivity were analyzed using a hierarchical linear modelling approach, with DBT coping skills use and mindfulness as mediators of change. Participants in both conditions completed a 3-month post-treatment follow-up assessment.

Contrary to what was hypothesized, DBT coping skills use did not significantly mediate clinical outcomes. Nonetheless, as hypothesized becoming more mindful mediated beneficial changes in anger control, emotional regulation, and distress tolerance, as well as reductions of NSSI behaviors and decreased impulsivity, as an effect of time spent in the DBT-ST treatment condition. Moreover, increases in mindfulness indicated improvements in the ability of BPD clients to regulate their emotions and tolerate distress regardless of time in treatment. Finally, the degree of response in anger control and emotional regulation was greater for clients who were in the DBT-ST condition.

This study suggests that improvements in clinical outcomes and changes in BPD symptomatology are mediated by becoming more mindful and that the degree of clinical improvement derived from this mediation is moderated by being in a DBT-ST intervention.
DEVELOPMENT OF A CBT PROGRAM FOR CHILDREN WITH DEVELOPMENTAL DISORDERS AND ANXIETY IMPLEMENTED BY PROFESSIONALS IN CHILDCARE: STUDY PROTOCOL FOR A RANDOMIZED CONTROLLED TRIAL.

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ABSTRACT
Anxiety symptoms are common among children and adolescents with developmental disorders. Cognitive Behavior Therapy (CBT) has been recognized as an effective treatment for anxiety in this population (Sze & Wood, 2007). However, in Japan there are few facilities that can regularly provide CBT to this population. Day-care services for children with disabilities (DCCD) can be a useful facility to provide CBT to them, since DCCD is widely utilized in current Japanese society to support children with developmental problems. We can expect that CBT programs can be provided continuously, flexibly, and effectively in DCCD where users visit daily, mostly after school. In order to develop a CBT program, we investigated professional qualifications. In the majority of DCCD there were few professionals with qualifications of psychology and/or special needs education, but with childcare qualifications. Thus we should develop program which can be implemented by professionals in childcare or personnel with

The study is a randomized, and waitlist controlled trial. As of April 2016, 25 DCCDs have been recruited and randomized. The program will involve 10 x 20 minute sessions. We will develop modified CBT programs, based on results of pilot-trial for children with special needs and pilot research for supporters at DCCDs. The first assessments are scheduled in September 2016, and then the program will start in the intervention group. This study will identify elements of efficacious CBT programs for children with developmental problems and anxiety which can be provided by professionals in childcare.
A COMPARISON OF BEHAVIORAL ACTIVATION AND INHIBITION TENDENCIES, AND DEPRESSION IN CHILDREN AFFECTED BY THE GREAT EAST JAPAN EARTHQUAKE WITH THOSE FROM OTHER REGIONS

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ABSTRACT
It has been suggested that psychological support is necessary for children affected by the Great East Japan Earthquake. However, the psychological factors useful for the prevention or reduction of psychological problems have not been examined. Behavioral activation and inhibition tendencies were reported to be related with depression in children. Therefore, this study aimed to compare behavioral activation and inhibition tendencies, and depression in children affected by the Great East Japan Earthquake with those from other regions.

Subjects were 588 children affected by the Great East Japan Earthquake (”Afflicted Group.” from third grade to sixth grade; 307 boys and 281 girls) and 684 children from other regions of Japan (”Other Group,” from third grade to sixth grade; 324 boys and 360 girls). The Japanese versions of the BIS-BAS scale for children and the DSRS for children were administered. The results of an ANOVA (group x sex) revealed that the Afflicted Group’s BIS score was higher and BAS score was lower than that of the Other Group (both ps < .01). In addition, the Afflicted Group’s depression score was higher than that of the Other Group (p < .05). The results of a multiple regression analysis revealed that, for depression, the Afflicted Group’s beta for the BIS was .35 and that for BAS was .33.

Thus, there were significant differences in the BIS, BAS, and depression scores of the Afflicted Group and Other Group. The BIS and BAS may treat as the instrumental variable when we serve the intervention for prevention or reduction for the Great East Japan Earthquake.
THE RELATIONSHIP BETWEEN RUMINATION AND EXECUTIVE FUNCTIONS: A META-ANALYSIS

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ABSTRACT
The relation between rumination and executive functions has been a subject of debate over the past years. This meta-analysis focused on this relationship and aimed: (1) to provide an estimate of the overall and specific effect sizes of the relations between rumination and executive functions (EFs): working memory, shifting and inhibition and (2) to test possible moderators of the effects.
From a total number of 1123 considered abstracts, 65 articles (71 studies) met our inclusion criteria. The r coefficient for all outcome measures was calculated.
Overall effect size revealed no relationship between rumination and EFs (r = 0.09, p = 0.001). Also, there was no relationship between rumination and working memory (r = 0.06, p = 0.12). Small effect sizes for the associations between rumination and shifting (r = 0.17, p = 0.001) and rumination and inhibition (r = 0.11, p = 0.012) were found. Sample type (i.e., established through a diagnostic interview, through a cut-off on a self-report scale) and size were significant moderators of the rumination – inhibition relation.
Rumination is thus associated with some domains of executive functioning (i.e., inhibition, shifting) but the magnitude of this relation is relatively small. Theoretical implications and future directions for research will be discussed.
GROUP-THERAPY SUPPORTED INTERNET-BASED CBT FOR ADOLESCENTS WITH SOCIAL ANXIETY DISORDER – FEASIBILITY AND EFFICACY

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ABSTRACT
Social anxiety disorder (SAD) is a psychiatric disorder affecting 5-10% of children and adolescents. Cognitive behavioral therapy (CBT) is considered the first line of treatment for SAD and group-based CBT has been shown to be an effective treatment for youths. However, the accessibility to traditional CBT is limited and Internet-based CBT (ICBT) has been suggested as a cost-effective alternative to face-to-face CBT with increased availability as one advantage. In this trial we tested ICBT as the main treatment format, in combination with group-CBT sessions, when treating adolescents with SAD.

The main objective of the trial was to evaluate a treatment protocol for adolescents with SAD. The study was an open trial that tested the feasibility, acceptability and efficacy of 12 weeks of group-therapy supported ICBT (GICBT). The protocol consisted of 9 Internet-sessions and 3 group-based sessions (CBT) at the clinic. Participants (N = 30, age = 13-17 years) were recruited through a newspaper ad and through referrals from child- and adolescent mental health services and primary care clinics. Inclusion criteria were: a primary diagnosis of SAD, an age between 13 and 17 years, the ability to read and write Swedish and access to a computer. The clinical interview MINI-KID was performed at baseline and at post-treatment. The outcome measures were clinician rated symptom severity (CGI) as well as self-rated levels of anxiety symptoms, functional impairment and quality of life.

The results presented in this poster are pre-to-post data.
LINKS BETWEEN WEIGHT LOSS EXPECTATIONS, SELF-ESTEEM AND BODY DISSATISFACTION IN PATIENTS SEEKING BARIATRIC SURGERY

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ABSTRACT
Obesity is a major public health problematic, which leads to several psychological comorbidities, such as body dissatisfaction and self-esteem issues. Numerous studies (Linné et al., 2002, Dalle Grave et al., 2005) show that there is a gap between patient's weight loss expectations (WLE) and the results expected by the literature, especially in patients seeking bariatric surgery (BS). The aim of this study is to investigate if there is a link between body dissatisfaction, self-esteem and WLE in obese patients seeking BS.

180 participants (age = 38.4±11.89, BMI = 42.9±5.22) seeking BS at Arras General Hospital complete the Body Shape Questionnaire (BSQ; Cooper et al., 1987), the Rosenberg self-esteem scale (Rosenberg, 1965), and the second part of the Goals and Relative Weight Questionnaire (Foster et al., 1997) in which patients report different weight loss goals ranging from “dream weight” to “disappointed weight”.

We found a positive correlation (p < .01) between BSQ score and all weight loss goals except for “acceptable weight”. We also found that self-esteem level is correlated negatively (p < .05) with dream WLE, happy WLE and disappointed WLE.

Discussion: We can conclude that the more patients seeking BS suffer from body dissatisfaction and low self-esteem, the more they will report high WLE. These unrealistic expectations could lead patients to be disappointed after surgery and could increase the risk of post-operative psychopathologies and suicidal ideations (Mitchell et al., 2013). Patients WLE are a key point in the psychological care before and after BS.
EXPLORING THE TRANSDIAGNOSTIC STATUS OF REASONING BIASES IN ADOLESCENTS

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ABSTRACT
Reasoning biases have been found to be transdiagnostic in adults (Harvey, Watkins, Mansell & Shafran, 2004) and research with adolescents have demonstrated that certain biases are associated with both anxiety and depression in young people (e.g. Epkins, 1996; Weems et al., 2001). However, hitherto the child and adolescent literature on reasoning biases has taken more of a disorder specificity approach. Few studies have explored the potential relationship between biases and other forms of psychopathology in adolescence outside of anxiety and depression.

The current study examined whether seven reasoning biases (threat interpretation, negative attributions, overgeneralising, personalising, selective abstraction, mind reading and underestimation of ability to cope), measured using self-report questionnaires, are transdiagnostic in adolescents. Cluster analysis was used to classify a community sample (N = 470) into quasi-diagnostic groups based on self-reported symptoms of depression, anxiety-related difficulties, OCD, eating disorder, hyperactivity and conduct difficulties.

The resulting five clusters were characterised by comorbid difficulties, mild anxiety, eating disorder symptoms, behavioural difficulties and a cluster without any difficulties (used as a comparison group). Further analyses show: threat was significantly higher in the behavioural, mild anxiety and eating disorder groups compared with the comparison group; negative attributions were significantly higher in the behavioural and eating disorder groups compared with the comparison group; and the five remaining biases were significantly higher in the mild anxiety and eating disorder groups compared with the comparison group.

Reasoning biases might be transdiagnostic in adolescents, therefore these negative thinking patterns might be suitable targets for transdiagnostic cognitive-behavioural interventions.
EXPERIMENTAL VERIFICATION OF FRUSTRATION INTOLERANCE IN THE TASK “MISSION IMPOSSIBLE”

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ABSTRACT
Over the past decade investigators have paid more attention to Frustration Intolerance (FI), one of distinguishing characteristics of REBT theory. Harrington has constructed a multidimensional measure Frustration Discomfort Scale (FDS) with four factor structure: emotional intolerance, entitlement, discomfort intolerance and achievement.

The aim of the research was to: (1) determine whether the individual dimensions FDS predict specific affective states (2) verify whether FDS dimensions predict these conditions just after experimentally induced frustration, and (3) examine predictive power of FI above the trait anxiety, a level of psychological (in) flexibility and general irrational / rational beliefs in predicting specific affective states. The final sample consisted of 86 Serbian students. Students were randomly divided into two groups. One group was solving mathematical and logical tasks, and the other group was solving similar but unsolvable tasks (“mission impossible”).

The experimental manipulation was successful. The results showed that in the multiple regression analyzes where FDS was used as a predictor before the experimental manipulation, models appeared to be insignificant. The analyzes that applied FDS as a simultaneous measure confirmed the previous research: entitlement represented a unique predictor of hostility, and emotional intolerance was a predictor of a negative affect and sadness.

Our findings have confirmed that irrational beliefs are activated via experimentally induced frustration. Also, FDS can be used as a predictor of specific affective states, only if irrational beliefs are activated. Therefore, it would be useful to examine the validity of FDS in clinical sample and psychotherapy setting.
TREATMENT OF ANOREXIA NERVOSA USING COGNITIVE BEHAVIOR THERAPY FOR EATING DISORDERS: CHANGES IN BMI.

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ABSTRACT
The aim of this study was to examine changes in BMI from pre- to post treatment, in outpatient treatment of anorexia nervosa (AN) with enhanced Cognitive Behavior Treatment for Eating Disorders (CBT-E).

This is a prospective, longitudinal treatment study conducted in 2009-2014. The study included 60 patients with AN aged 16-56 (M = 22.62), and BMI 12.41-17.5 (M = 15.61). The participants were referred to Section for eating disorders, Haukeland University hospital for treatment of their eating disorder. Cognitive Behavior Treatment for Eating Disorders was delivered according to Fairburns CBT-E treatment manual (2008) protocol for underweight patients. The outcome measure was BMI.

During treatment, the mean BMI increased 3.83 units (SD = 1.81, t(29) = 11.60, p < .001, 95% CI [3.16, 4.51]), with a large effect size (d = 2.86) in the group who completed treatment. The goal weight of BMI ≥ 19, was obtained by 19 of the 31 who completed treatment. Thirty-one patients (51.6%) completed treatment, 23 (38.33%) dropped out, and 6 (10%) was still in treatment. Treatment duration for the 31completers was on average 49 weeks (SD = 20.23, range 20-89). Those who dropped out, attended treatment for 26 weeks on average (SD = 19.34, range = 4-85.14).

The results indicate that CBT-E could be a useful treatment approach for AN, but further randomized studies comparing CBT-E-treatment to other treatments are needed, and measures of eating disorder psychopathology is also needed as outcome parameter.
EARLY MALADAPTIVE SCHEMAS REPRESENTATION IN PATIENTS AND HEALTHY ADULTS

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ABSTRACT
Early Maladaptive Schemas (EMS) as dysfunctional broad pervasive themes regarding oneself and one’s relationships are widely represented in patients and in healthier population. A study was carried out to examine the severity of EMS in adults seeking psychological help vs control group. The study was performed with financial support of The Russian Foundation for Humanitarian Research - project No.15-06-10825 (“Early maladaptive schemas and subjective childhood experiences in connection with coping behavior of adults”).

EMS were tested by the Russian version of YSQ-S3” (Kasyanik & Romanova). The study included 842 people. Group 1 – 546 people (249 men and 297 women of 18 - 60 years) who didn’t have psychological counseling experience and Group 2 - 296 people - patients of a psychological center (83 men and 213 women of 18-56 years).

It was established that EMS that are more represented in both groups are: “Unrelenting standards” and “Approval seeking”. In men of group 1 schemas of “Unrelenting standards” (p = 0.035), and “Approval seeking”(p = 0.022) have higher scores than in women. In women of group 2, EMS of “Abandonment” has higher scores than in men (p = 0.022), and EMS of “Social isolation” is less evident (p = 0.011). It was defined that in clients of psychological center 11 of 18 EMS (p < 0.01) have higher scores than those of respondents not seeking psychological help.

Reasons of such differences are discussed in the frame of schema-focused approach in therapy.
BIASED INTERPRETATION OF AMBIGUOUS HOMOGRAPHHS RELATED TO SOMATIC/HEALTH THREAT IN AN EXPERIMENTAL INCIDENTAL-LEARNING PARADIGM

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ABSTRACT
This study sought to confirm and extend previous work concerning biased interpretation of ambiguous information in the context of pain. Previous experiments found that individuals with pain-related concerns have the tendency to interpret ambiguous information in a pain-related or threatening manner. This interpretation bias could underlie vulnerability to chronic pain. Despite substantial progress in understanding pain- and threat-related interpretation bias, little is known about its specificity and dynamics.

In this study, students with either low or high levels of pain catastrophizing performed a computerized interpretation-bias task based on incidental learning. Words appeared at screen center for 500 or 750 milliseconds, each word followed by one of two response-targets. During the learning phase, stimuli were unambiguous health/somatic-threat words or non-threat words; word type predicted target type. During the test phase, stimuli also included ambiguous homographs having meanings related to somatic/health threat as well as other meanings. Ambiguous words were equally often followed by each target. Interpretation bias to threat is reflected in faster responses following ambiguous threat/non-threat words to targets predicted by unambiguous threat words than to the other targets.

Our data support interpretation bias to somatic/health threat. Contrary to predictions, this bias did not depend on pain catastrophizing and was observed with 500-ms, but not 750-ms word duration. To explain this result, we reflect on theoretical and methodological explanations.

Our data underscore the importance of processing time in evaluating pain- and threat-related interpretation bias and call for further research adopting rigorous methodology to delineate the specific nature of this bias.
COGNITIVE BEHAVIORAL GROUP THERAPY FOR ANOREXIA NERVOSA

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ABSTRACT
Self-esteem is a key feature in the treatment of eating disorders. Research shows that patients with eating disorders present low self-esteem scores along with high scores in depression and anxiety scales. Anorexia nervosa is an eating disorder that frequently requires inward hospital treatment lasting 6 to 12 months. Current treatment involves individual psychotherapy as well as family therapy. Our eating disorders unit proposes both individual and group therapy. CBT group therapy is only applied to bulimia nervosa cases.

This poster presents the CBT group therapy program for anorexic patients. It comprises 8 weekly sessions and 2 update sessions at 1 and 3 months. Each session lasts 1h30 and has a specific theme, for instance: a) roots of self-esteem; b) self-esteem and emotions and c) self-esteem and body image.

So far the first group is finishing the update sessions and a second one will start soon. All participants (n = 6) are female young women with a mean age of 17 years and with a mean body mass index of 15. The preliminary results for self-esteem scores improvement are very encouraging (Rosenberg, self-esteem scale, 1965). We are also encouraged by the lower scores of depression and anxiety (Beck Depression Inventory, 1996, Beck Anxiety Inventory, 1999). That said difficulties in some cognitive and executive functions are an area of concern for further study.
HOW TO DISSEMINATE PSYCHOLOGICAL TREATMENTS: DESIGN AND RATIONALE OF A BRIEF BEHAVIORAL ACTIVATION ONLINE PROGRAM FOR DEPRESSION

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ABSTRACT
The dominant model of providing psychosocial treatment remains one-to-one therapy (Kazdin, 2015). However, it is unlikely that it can be capable of meet the needs of individuals with mental disorders (Fairburn & Patel, 2014). Online self-applied treatments appear as a promising tool for optimization and dissemination of psychological treatments. Nevertheless, its completion rates and adherence are modest. For this reason, it is necessary to optimize internet programs with ecological momentary evaluations and interventions. The aim of this work is to present the design and implementation of a brief behavioral activation (BA) online program for depression with mobile support. Usually, in BA, both patients and therapists have an active role in the recovery. Therefore, web implementation requires a complex system of tracking home assignments and patterns of activity.

The treatment proposed is composed by four modules: Be active, Meaningful activities, Your social network, and Maintaining an active lifestyle. Moreover, patients use an Activity Diary and Goals Diary that provides feedback and help them to see the relationship between mood and the type of activities performed. A mobile app will gather daily environmental and personal data (mood-stress-activity levels) and will send motivational messages.

It is expected that these elements could help improve adherence and supplement the role of the therapist. Besides, the brevity of this intervention could increase its flexibility and capability of implementation in different health settings.

We believe future research should integrate online and mobile technology to create dynamic and tailored psychological interventions to improve dissemination of health treatments.
CAN NEGATIVE COGNITIONS AFTER SOCIAL STRESS BE CHANGED IN CHILDREN WITH SOCIAL ANXIETY DISORDER? – EFFECTS OF A COGNITIVE BEHAVIORAL GROUP INTERVENTION

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ABSTRACT
Cognitive models of social anxiety disorder (e.g., Clark and Well's, 1995) describe distorted cognitions and a cognitive bias to social-evaluative situations as crucial for the maintenance of the disorder. Cognitive behavioral therapy (CBT) aims to change these cognitions of social anxiety, e.g. by cognitive restructuring. However, the specific effects of CBT on cognitive symptoms during and in the aftermath of social stress have yet to be identified.

In two centers 46 children (age 9 to 13) with the diagnosis of a social anxiety disorder participated in the Trier Social Stress Test for Children (TSST-C, Buske-Kirschbaum et al., 1997), which requests the children to tell a story and calculate a difficult subtraction in front of two unknown observers. The TSST-C was repeated after either a 12-week-group CBT (n = 24) or a wait-list control procedure (n = 22). Beside the assessment of cognitive variables during the stress task, post-event rumination was assessed during the week after the task.

Children who had received treatment showed an increased frequency of positive cognitions during and in the aftermath of the TSST when compared to children in the waiting group. Additionally, treatment effects could be found on negative rumination after the event.

Our findings indicate a positive influence of CBT group therapy on dysfunctional cognitive processes in childhood social anxiety disorder. Further results as well as implications and limitations of the findings will be discussed.
Is Exposure with Affect Labelling Associated with Reduced Fear in Adolescents Who Fear Public Speaking?: A Case Series

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ABSTRACT
Exposure has been demonstrated to be the most critical ingredient in cognitive behavioural therapy (CBT) for the treatment of anxiety disorders. Although exposure-based treatments are highly effective, research with adults suggests that approximately 40-50% of patients fail to benefit, and 19-60% experience a return of the target fear post treatment completion. Consequently, research has focused on ways that exposure can be optimised, including the use of strategies such as affect labelling. Although affect labelling appears to enhance exposure in adults, it has yet to be explored in children and young people, and as such, its applicability remains unclear.

Adolescents with public speaking anxiety (aged 13-14 years) delivered a series of speeches over three sessions (one week apart), in front of a pre-recorded classroom audience. Participants were instructed to label their emotional state before, and during, every speech. Physiological arousal, self-reported distress and behavioural approach / avoidance will be measured before and after exposure.

Descriptions of self-report measures of anxiety, subjective unit of distress scales, physiological measures of arousal and observer ratings of anxiety will be presented for each case, at each time point.

The findings will be considered in relation to their implications for how to maximise the benefit of exposure in the context of elevated public speaking anxiety amongst adolescents.
PSYCHOEDUCATIONAL GROUPS FOR ADULTS WITH ADHD AND THEIR SIGNIFICANT OTHERS (PEGASUS): A PRAGMATIC MULTICENTER AND RANDOMIZED CONTROLLED TRIAL

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ABSTRACT
This study examined the feasibility, efficacy, and effectiveness of an 8-session psychoeducative group intervention, PEGASUS, for adults with ADHD and their significant others.

The participants were randomized to PEGASUS (n = 97) or waiting list/treatment as usual (n = 82) at five outpatient psychiatric clinics. Self-report scale responses were collected pre- and post-intervention.

Treatment satisfaction was good and over 90% of the participants completed the program. Knowledge about ADHD, including treatment and support options, as well as global life satisfaction, increased during PEGASUS participation in both individuals with ADHD and significant others, while they remained unchanged in the waiting-list/TAU group from pre- to post-intervention. Psychological well-being increased in significant others who also reported improvement in the quality of the relationship with their affected relative after completion of the intervention.

Adults with ADHD and their significant others benefit from psychoeducation in an outpatient psychiatric setting.
ATTENTIONAL BIAS IN BODY PERCEPTION: AN ERP STUDY

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ABSTRACT

Attentional biases are thought to play an important role in body perception and in body related stigmatization. In this study event-related brain potentials were used to assess attentional processes while viewing schematic body pictures. In the first block, 24 healthy participants viewed drawings of under-, medium-, and overweight male or female bodies, presented in a rapid continuous picture stream (1s each). In order to compare perceptual from more cognitive processes, drawings were overlaid with either congruent or incongruent body-related adjectives (thin or fat) in a second block. Results from the first 15 participants revealed an early posterior negativity over visual processing areas (EPN, 160-280 ms) especially pronounced for male obese bodies relative to medium-weight shapes in the first block. Later stimulus processing in the second block was characterized by pronounced late positive potentials (LPP, 400-700 ms) for incongruent compared to congruent drawing-adjective combinations regardless of body size (i.e., under- or overweight). These findings suggest an early implicit processing bias specific for obese body drawings; however, evaluative processing stages (LPP) do not differentiate under- or overweight body shapes.
DEPRESSION SYMPTOMS, RUMINATION AND SPATIAL WORKING MEMORY UPDATING IN A NON-ClinICAL SAMPLE

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ABSTRACT
Despite the broad use of the modern evidence-based psycho and pharma therapies, the rate of depression is still increasing in Europe. Therefore, it is important to examine more fully associated risk factors. The working memory updating function is crucial for such daily life activities as adapting to new situations. Brooding, an aspect of rumination, has been shown to predict and prolong depression symptoms. However, the association between brooding and spatial working memory updating needs to be investigated. The purpose of this study was to understand the associations between depression, rumination, and working memory updating in a non-clinical sample.

The study participants were students (N = 125; 98 women, 27 men), ages 18 to 30 years (M = 21.09, SD = 2.38). They completed the Latvian version of the computerized spatial working memory updating task (EXAMINER), Depression scale of the Trauma Symptom Inventory (TSI), and Ruminative Response scale (RRS).

The results show that working memory updating scores negatively predict brooding, while brooding predicts depression in a positive direction, with gender and age being controlled for. The associations may also be considered in reverse: people with more severe depression symptoms are more prone to brooding, and brooding may make working memory updating less precise.

The clinical implications of these results indicate that addressing aspects of working memory and rumination will enhance a deeper understanding of the processes which may be associated with depression, and this will help to improve rehabilitation by using more precise methods in each individual case.

Key words: brooding, depression, working memory updating
COGNITIVE BEHAVIORAL THERAPY FOR PREVENTING PSYCHOSIS: THE POP PROJECT

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ABSTRACT
The Prevention of Psychosis (POP) project focuses on early detection and treatment of individuals at high risk for developing psychosis. The hypothesis is that the number of individuals converting to psychosis will decrease due to this early intervention.

This is a regional multicenter study. Since March 2012, Ultra High Risk (UHR) or prodromal patients from two Norwegian treatment centers are recruited through information campaigns and assessed by low-threshold detection teams. Participants are offered Cognitive Behavioral Therapy (CBT), family therapy and Omega-III fatty acids. Symptoms are monitored every month the first 6 months, then every 3 months up to 2 year follow-up. All included patients are offered to participate in an F-MRI sub-study. CBT offered in the study is based on protocol by French and Morrison (2004) and is provided by novice CBT therapists. The maximum number of sessions is usually around 24-30 and the average around 12. Extra sessions are provided on a need-based principle.

Until now, 189 individuals were referred and screened, 92 were eligible and 66 were included. Out of the 66 patients included, 6 transitioned to psychosis (9 %).

Evidence has been accumulating that it may be possible to achieve prevention in psychotic disorders. Unfortunately, in our study not many patients have been provided CBT. The preliminary results are still inconclusive, further results will be presented at the conference.
DISGUST EMOTION AND OBSESSIVE-COMPULSIVE
SYMPTOMS IN AN IRANIAN CLINICAL SAMPLE

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ABSTRACT
A growing body of research has revealed robust associations between disgust and obsessive compulsive disorder (OCD) symptoms.

The present study aimed to understand if particular disgust domains are more closely associated with OC symptoms subscales, especially contamination and washing. A sample of 60 OCD patients from an outpatient Iranian psychiatric clinic completed self-report questionnaires including the Disgust Scale-Revised (DS-R), the Obsessive-Compulsive Inventory-Revised (OCI-R) and the Padua inventory-Washington State University revision (PIWSUR).

The results indicated correlations between the total, core and contamination subscales of the DS-R together with the OCI-R total score as well as with the PI-WSUR total score. However, no correlation was found between these inventories and the DS-R animal reminder subscale. The DS-R total score also correlated with the washing and checking subscales of the OCI-R and with the contamination obsessions and washing and checking compulsions of the PI-WSUR. The relationship between disgust and demographic characteristics showed that the DS-R total, core and contamination scores were significantly higher for women and married subjects, and that the animal reminder subscale score was significantly higher for women than men.

Although symptoms presentation, risk factors, and outcomes may vary cross-culturally, very little is known about disgust emotion as an OCD symptom in Iranian and eastern cultures. Additional work is needed to better understand these symptoms in other eastern cultures.
AN E-LEARNING PROGRAM FOR PANIC, ANXIETY OR STRESS AT SCHOOL

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ABSTRACT
The prevalence of a panic disorder in the student population is 2 to 3%. The anxiety can be attributed to academic performances and the pressure to succeed. Previous research has shown that cognitive behavioural therapy (CBT) is one of the most effective therapies for the treatment of anxiety symptoms, however, only a small percentage of students with anxiety symptoms seek help. Consequently, in recent years, there is more emphasis on the use of digital tools to treat people with mental disorders.

The aim of the present study was to develop an e-learning program to reduce panic, anxiety and stress symptoms related to academic performances in students. Twenty-two students from Belgium and the Netherlands participated in this study. Before and after the use of the e-learning program, participants had to fill out four questionnaires with regard to panic, anxiety and stress symptoms, more specifically Agoraphobic Cognitions Questionnaire (Chambless, Caputo, Bright & Gallagher, 1984), Body Sensations Questionnaire (Chambless, Caputo, Bright & Gallagher, 1984), Acceptance and Action Questionnaire II (Jacobs, Kleen, De Groot & A-Tjak, 2008) and Vragenlijst Studie- en Examenvaardigheden (Depreeuw, Eelen & Stroobants, 1996). The e-learning program was spread over a period of three weeks, whereby every week two modules were made available.

There is found a trend towards significance of the effect of social consequences due to anxiety after the use of the e-learning program (t(11) = 1.83, p = 0.09), this means that the students were less concerned about the social consequences of their anxiety after they used the e-learning program. Furthermore, the results showed a significant effect of experiential avoidance (t(11) = 2.17, p = 0.05), the students showed less experiential avoidance of their anxious thoughts, emotions and bodily sensations after the use of the e-learning program. Moreover, the participants reported that they will take more free time for themselves. There was also an increased awareness with regard to the reported thoughts and sensations.

The first results show that the e-learning program is effective in the reduction of worries with regard to the social consequences of the anxiety. Furthermore, the e-learning program appears to be effective in the reduction of experiential avoidance and the participants become more aware of their anxious thoughts and sensations. Further research is needed to further investigate the effectiveness of the e-learning program.
INTRA-FAMILIAL CHILD SEXUAL ABUSE: A CASE STUDY OF
THE LIFELINE METHOD IN NARRATIVE EXPOSURE THERAPY

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ABSTRACT
Child sexual abuse is widely acknowledged as a global public health problem causing serious human suffering for children
and their families. According to a Finnish survey, 2-8 percent of girls and 1-5 percent of boys have experienced sexual
abuse. Research data indicates, that children abused by a family member often delay the disclosure. Abused children often
have feelings of guilt and shame and they worry about the consequences to the family. It is generally known that a severe
traumatic experience such as childhood sexual abuse is associated with an increased health risk. Child sexual abuse can
have strong negative effects on a child's normal development and untreated it can have a permanent impact for lifetime.
The aim was to study the Lifeline method in Narrative Exposure Therapy (NET, cognitive-behavioral psychotherapy-based,
manualized short-term intervention) with a 19 years old adolescent who had been sexually abused by her father in her
childhood. She came for therapy after having gone through three years of crime investigations and court procedures.
Research Questions:
- What did the adolescent, produced to her trauma narrative after lifeline method question “What happened next”?
- Does the review of the childhood abuse change the adolescent’s thoughts and feelings of responsibility, guilt and shame?

This case study concentrated on the use of the Lifeline method by reviewing childhood sexual abuse in Narrative Exposure
Therapy (11 times/940min). All therapy sessions were recorded. All the recordings handling the childhood sexual abuse
were transcribed and analyzed. Changes in adolescent’s thoughts and feelings were measured by responsibility pie chart
and her reasoning about the chart. The measurement was carried out in the beginning (4th session) and at the end of the
therapy (11th session).

The case study indicates that the use of Lifeline method and repeated going through the detailed life narrative, using “what
happened next?” question, helped the adolescent to open and disclose new painful memories and intensive feelings. This
indicates decreased avoidance. Psychoeducation helped the adolescent to take a new perspective in her life history and
helped to correct dysfunctional thoughts and beliefs. Feelings of being partly responsible for the sexual abuse changed
which reduced her feelings of shame, guilt and self-blame.

When evaluating the results of the case study, it should be taken into account that the therapist had supported the
adolescent through the three years criminal procedure. The trustful relation between the therapist and the adolescent had
evolved during that time. However, without the Lifeline method the adolescent would not necessarily have disclosed detailed
incidents related to the childhood sexual abuse. It is also possible that the thoughts and feelings of guilt, self-blame and
shame caused by the abuse would have been left undisclosed.
BRIDGING THE GAPS: INTERCONNECTEDNESS OF DYSPHORIC AND ANXIETY SYMPTOMS AND COGNITIVE FACTORS OF VULNERABILITY

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ABSTRACT
In the last decade, the symptom based approach has yielded some important insights into the internal dynamics of psychopathological phenomena. The most popular method of exploring the relation between symptoms in the last several years is network analysis. Using this method, researchers have pointed out specific patterns of symptom interconnectedness of affective disorders. Having in mind the fact that previous research demonstrated that different symptoms bear different importance, have different factors of vulnerability and risk, and different outcomes, the aim of this study is to incorporate the cognitive factors of vulnerability into the network structures of dysphoric and anxiety symptoms for the purpose of elucidating the relationship between the former and the latter.

In our first study, 1424 undergraduates (Mage = 19.69, SD = 1.23) filled the following self-report questionnaires in two waves, vulnerability measures at wave 1: the Anxiety Sensitivity Index-3 (ASI), the Retrospective Measures of Behavioral Inhibition questionnaire (RMBI), the Intolerance of Uncertainty Scale (IUS), and the symptom measure at wave 2: the Anxiety subscale of the Depression, Anxiety and Stress scale (DASS-21). In study 2, 317 participants (Mage = 24, SD = 7.54) filled the following self-report questionnaires: a DSM-V check – list for major depression disorder, the Ruminative Thinking Style Questionnaire (RTS), the Leiden Index of Depression Sensitivity- Revised (LEIDS-R), and the Acceptance and Action questionnaire (AAQ II). We estimated the centrality of symptoms in both samples. An association network, a concentration and relative importance networks were analyzed.

In study 1, vulnerability measures, the intolerance of uncertainty and anxiety sensitivity, appeared to be central to all networks, connecting the negative affect and cognitive symptoms (i.e. social evaluation and fear). Respiration and heart rate, formed another central link connected to other physical symptoms. However, the relationship between the central clusters of symptoms and vulnerability measures was negligible. Study 2 revealed the lack of interest and uselessness to be the most central symptoms in all three networks. Moreover, these two symptoms seem to bridge cognitive, affective and physical symptoms with vulnerability measures, primarily cognitive reactivity.

Results of this study are similar to previous findings which included clinical samples regarding the centrality, i.e., the high relevance of loss of interest, uselessness and lack of energy in the dysphoric network. Furthermore, results suggest that all cognitive factors of vulnerability are important parts of the networks they are delegated in, connected to specific symptom, as well as each other, albeit that connections are stronger within the dysphoric network study. This insight could be useful in the context of treatment, where it is to be expected that the decrease in harmful cognitions and psychological inflexibility would lead to the mitigation of related symptoms. Future research should explore the possibility of incorporating other disorder-relevant factors such as stressful life events and biological markers, both in the context of nonclinical and clinical samples.
ABSTRACT

Some mental health problems presented by some asylum seekers and refugees can be related to two syndromes: the “Ulysses’ Syndrome” (J. Achotegui) and the “Social Exclusion Syndrome” (J. Maisondieu). The former is the result of multiple and chronic stresses, the latter are the result of poverty and social marginalisation. These individuals seem to be reluctant to psychotherapy discourse and methods and to not consider their problems as resulting in mental disorders or sickness. Rather they consider their lives as failure due to external obstacles among them the hardness of their living conditions in their country of origin and in their current host country. We assume that on a psychological level their reactions are rooted in the contradiction between their actual living conditions and their sense of self-coherence.

We choose this transdiagnostic stance to identify, explore and work out collaboratively the consequences of these pathogenic factors and contexts and their relations with the mental functioning of the patients. We may then identify strategies and adaptive mechanisms to their new environment and to past and current pathogenic events and life conditions. Their psychic suffering is fed by feelings of threat, shame, mourning and frustration. We also assume that these strong feelings put into action mechanisms and strategies to adjust to unsatisfied needs both in the present and current situation and in their past life and in the environment of their country of origin.

Our therapeutic strategies are built upon a model drawn from other models (specifically constructivism and A. Adler Individual Psychology). We propose to patients a conceptualisation and working modalities taking into account biographical past and present issues in order to bring to the foreground their sense of self-coherence. Our model of intervention involves three steps. A phenomenological and collaborative conceptualisation based on anamnesis and early memories recollection. A collaborative functional analysis of behaviours, emotions, thoughts and consequences. A collaborative functional reformulation and a therapeutic plan.

The results of this approach are a better compliance to therapy and less drop outs, a better orientation to an internal perspective, a better collaborative attitude of the patients, a better adjustment to their living conditions, less use of general medicine services and reduction of somatic complaints and discomfort and of psychiatric symptoms.

We would like to discuss the relevance of a model based on phenomenology, constructivism and cognitive-behavioural technics. We assume refugees present mental health problems with specific characteristics and have specific representation and understanding these problems. It thus becomes necessary to adapt our therapeutic models.
IMAGINE THE BRIGHT SIDE OF LIFE: A RANDOMIZED CONTROLLED TRIAL OF TWO TYPES OF INTERPRETATION BIAS MODIFICATION PROCEDURE TARGETING ADOLESCENT ANXIETY AND DEPRESSION

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ABSTRACT
Adolescence is a period of heightened vulnerability for the development of anxiety and depression, which are characterized by negative interpretation biases. Cognitive bias modification of interpretations (CBM-I) reduces such biases and might improve emotional functioning. However, previous research has provided mixed results and the traditional scenario training is experienced as relatively boring. A picture-based type of training, previously successfully employed in adults, has a stronger emphasis on mental imagery and might be more engaging.

The current study investigated short- and long-term effects (up to 6 months) and users’ experience of two types of CBM-I procedure. Adolescents with heightened symptoms of anxiety or depression (N = 119, aged 12-18) were randomized to eight online sessions of standard text-based scenario training, picture-word imagery training, or a neutral control training. Interpretation bias was assessed pre- and post-training with two tasks, and questionnaires on symptoms and emotional resilience were also administered at follow-up.

Scenario training marginally reduced negative interpretation bias on a closely matched assessment task, while no such effects were found for the picture-word or control group. A decrease in anxiety and depressive symptoms (the primary outcomes), and improvements in emotional resilience were observed irrespective of condition. Subjective evaluations were ambivalent and some implementation issues regarding the imagery component were identified.

As both scenario and picture-word interpretation training had no added value compared to the control group on emotional outcomes, our results question the feasibility of these CBM-I paradigms as implemented in the current study as an adolescent mental health intervention.
DIFFERENTIAL IMPACT OF PERFORMANCE AND INTERACTION RELATED TYPES OF SOCIAL ANXIETY SYMPTOMS ON DIFFERENT QUALITY OF LIFE DOMAINS

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ABSTRACT
Social anxiety disorder (SAD) is a common disorder associated with impaired quality of life (QoL), that indexes anxious distress and avoidance related to social situations. The DSM-5 features a specifier to delineate those with only performance-related social anxiety, yet little is known whether performance- and interaction-related anxieties have a differential impact on total QoL and on different QoL domains.

To investigate this, we pooled screening data from eight intervention studies for SAD (n = 2017). Total sample mean age was 35.28 (SD = 12.26) and 69% were female. SAD symptoms were measured using the self-rated Liebowitz Social Anxiety Scale with items classified as measuring either performance or interaction anxiety. QoL, both total and across four domains, was measured using the Quality of Life Inventory. Data was analyzed using multiple regression models featuring the two anxiety scores as predictors, and by simulating the Performance-only specifier through 2×2 median-split subgrouping and standard ANOVAs.

Both interaction and performance anxieties were independently associated with lower QoL in general and across domains. Interaction anxiety had a larger negative impact on Personal Growth- and Achievement-related QoL than performance anxiety. The High-Performance/Low-Interaction-group rated higher Achievement-related QoL compared to the Low-Performance/High-Interaction-group (p = .012), yet groups were matched on total QoL and on other domains. Other group differences were in the expected direction.

QoL impairments in SAD is primarily driven by number of feared social situations, and only secondarily by types of fear social situations, with interaction anxiety having a larger, negative impact on some QoL domains.
EFECTIVENESS OF GROUP COGNITIVE BEHAVIORAL THERAPY FOR OBSESSIVE-COMPULSIVE PERSONALITY DISORDER AND PROFILE OF PATIENT WHO RESPONSE

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ABSTRACT
Obsessive-compulsive personality disorder (OCPD) is a disorder with estimated prevalence ranging from 2.1% to 7.9%. There are only few studies that have evaluated the Group Cognitive- Behavioral Therapy (G-CBT) effectiveness and there are a fewer data about the profile of patients who respond. The aim of the present study is to investigate the profile of patient who respond to G-CBT and the effectiveness of it.

Participants were 121 adult out-patients (52% male) with an average age of 43 years (sd = 8.6) who met DSM-IV-TR criteria for OCPD. G-CBT consisted of up to 12 members and 10 sessions of 60 minutes. Everybody was evaluated pre and post treatment with Multidimensional Perfectionism Scale (MPS) and several questionnaires about depression, anxiety, anger, self-esteem and assertiveness.

Statistical analysis was performed using the Statistical Package of Social Sciences (SPSS).

We found statistically significant difference (p < 0.05) between all pre-post measures. Furthermore, a significant (p < 0.05) higher score pre-treatment in dimension “Inflexibly high standards” of MPS, was a predictor of improvement versus a lower score.

Our preliminary results demonstrate that G-CBT is an effectiveness therapy for improve depressive, anxiety, anger, self-esteem, assertiveness and perfectionism in OCPD. Moreover the results suggest that patients with a high score in “Inflexibly high standards” of MPS would improve versus patients with a lower score.

Considering this results, might be important to implement G-CBT for OCPD in public mental health services and analyze the profile of patients to optimize resources and adjust the treatment plan.
SELF-RELATED BELIEFS IN THE TREATMENT OF SOCIAL ANXIETY DISORDER

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ABSTRACT
The importance of self-related beliefs in prominent models of social anxiety disorder (SAD) has generated interest in the construct's influence on social anxiety reduction in treatment. The present paper sought to examine whether self-related beliefs and social anxiety would reduce across the course of treatment and whether this change in beliefs would predict change in social anxiety scores.

Clinical Participants were 77 individuals with SAD participating in a 12 week group cognitive behavioural therapy program. Control participants were 44 undergraduate students without a SAD diagnosis. Both participant groups completed self-report questionnaires six times over the course of the 12 week period.

Using multilevel modelling, self-related beliefs and social anxiety scores were found to reduce over the course of treatment for the clinical participants only. Each of the individual subscales (i.e., high standard beliefs, conditional beliefs, and unconditional beliefs) of the self-belief questionnaire also reduced across treatment. Decreases in social anxiety over time was associated with decreases in self-belief total scores, controlling for depression symptoms, though the effect size was small.

Results are discussed in relation to the current empirical literature and to prominent cognitive models of SAD. Treatment implications are also examined.
A SINGLE CASE EXPERIMENTAL DESIGN OF VIRTUAL REALITY TECHNOLOGY IN THE TREATMENT OF EMETOPHOBIA

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ABSTRACT
The use of virtual words enables systematic exposure to feared stimuli which unlike exposure in vivo or imaginal exposure enables the patient and therapist to control the quality, intensity, duration and frequency of exposure. CBT for emetophobia based on ERP techniques has some limitations, specifically in creating the opportunity to be exposed to the experience of being sick. We have worked with a digital company to create a 3D video of vomiting, which when worn with 3D goggles recreates an audio-visual experience and the participant watching the video appears to be vomiting into a toilet.

Using a single case experimental design, the effect of exposure to the video on several vomit specific beliefs was evaluated. The participant was a 19 year old female with a five year history of emetophobia and the intervention took place over one experimental session, with the video being shown 10 times.

Following the experimental session with the video there was a marked drop in the strength of a range of vomit specific beliefs, which has been maintained. She reported that the experience of ‘vomiting’ in a safe way (i.e. with control and in a clinic with therapist support) gave her opportunity to rescript her aversive vomiting memories and replace them with a more positive experience of vomiting.

This has implications for the treatment of emetophobia, and also for the wider treatment of anxiety disorders whereby the feared outcome or stimulus is difficult to recreate/access. Further research can now examine how this can be generalised.
CLINICAL CHARACTERISTICS AND TREATMENT OUTCOME OF PEDIATRIC OBSESSIVE-COMPULSIVE DISORDER WITH COMORBID AUTISM SPECTRUM DISORDER

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ABSTRACT
Cognitive Behavioral Therapy (CBT) is known as a first-line treatment for pediatric Obsessive-Compulsive Disorder (OCD). On the other hand, substantial percentages of treatment-resistant cases seem to be related to comorbid Autism Spectrum Disorder (ASD). In this study, we investigated the clinical characteristics and CBT outcome and their relationships of pediatric OCD with comorbid ASD to propose a more effective CBT program for this population.

OCD patients aged 10~16, IQ score above 80, total score of Children's Yale-Brown Obsessive-Compulsive Scale (CY-BOCS) higher than 16 were recruited from outpatients’ unit of Chiba University Hospital. Clinical characteristics (contents of OC symptoms, insights towards them, mechanism of maintaining symptoms, etc.) and CBT outcome were compared between patients with and without comorbid ASD.

To date, 18 children have entered this study, 6 of whom (33%) were diagnosed as ASD by experienced psychiatrists. Among 8 patients who completed our CBT sessions so far, CY-BOCS scores were reduced 24.8% in patients with comorbid diagnosis of ASD, but 45.7% in patients without it. The ratio of patients whose main treatment procedure was exposure & response prevention was quite different between the groups.

The results showed that CBT outcome of pediatric OCD was influenced by the existence of comorbid ASD, which might be related to differences in main treatment procedures due to the mechanism of maintaining symptoms. Future studies with larger numbers of subjects and using golden standard for assessment of ASD should be promising.
IS VIRTUAL REALITY TREATMENT FOR SPIDER PHOBIA NON-INFERIOR TO TRADITIONAL ONE-SESSION TREATMENT? THE RESULTS OF A RANDOMIZED-CONTROLLED TRIAL

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ABSTRACT
This is the first large randomized-controlled trial to evaluate whether commercially available VR hardware and software can be used for exposure therapy. The aim of this study is to compare gold-standard One Session Treatment (OST) for reduction of spider phobia symptoms and avoidance behaviour using in vivo spiders and a human therapist, to a newly developed single-session gamified Virtual Reality Exposure Therapy (VRET) application with modern, consumer-available VR hardware, virtual spiders, and a virtual therapist.

Subjects (N = 100) with spider phobia, diagnosed, and meeting inclusion criteria were recruited from the general population and randomized to 2 treatment arms. In 1-week intervals, pre-measurement, 3-hr treatment and post-measurement were completed with an in-vivo behavioral approach test (BAT) serving as the primary outcome measure for both groups. This study was powered to detect a non-inferiority margin of a 2-point between-group difference on the BAT, with a standard deviation of 4 (at 80% power).

98 patients commenced treatment and 97 patients completed post-measurement. Per protocol analysis indicated VR was not non-inferior to OST. Repeated-measures ANOVA identified a significant main effect of time (p < .001) and time x group effect (p < .05). Both OST and VR participants experienced large BAT within-group effect sizes (d = 2.28 and d = 1.45, respectively).

OST is the superior treatment option for spider phobia. VRET is an effective alternative if OST cannot be provided, as pure self-help, as the initial intervention in a stepped-care model, or as a possible post-OST booster. Future studies will benefit from evaluating effectiveness of VRET when conducted at home.
TEMPERAMENTAL BASE OF DYSFUNCTIONAL COGNITIONS TYPICAL FOR PERSONALITY DISORDERS AMONG DIFFERENT TRAUMA POPULATIONS

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ABSTRACT
The aim of the study was to verify the relationship between core beliefs typical for different personality disorders and temperamental traits (according to Regulative Theory of Temperament - RTT) among trauma populations. RTT includes six temperamental traits: briskness, perseverance, emotional reactivity, activity, sensory sensitivity and endurance, recently expanded by a one more: rhythmicity. Temperamental traits constitute a temperamental risk factor for different somatic diseases and anxiety disorders and a moderator of CBT effects.

The study was done on three different trauma populations: motor vehicle accident survivors - MVA (301 people), flood victims (303 people) and fire-fighters (300 people). 30.6% of MVA, 32.7% of flood victims and 6.7% of fire-fighters met the clinical criteria of PTSD according to PTSD Diagnostic Scale PDS-5 designed by Edna Foa et al. Core beliefs of personality disorders were measured by Personality Belief Questionnaire designed by Aaron Beck and Judith Beck. Temperamental traits were measured by the modified version of FCB-TI(R) developed by Maria Cyniak-Cieciura, Bogdan Zawadzki and Jan Strelau.

Significant correlations between perseverance, emotional reactivity, endurance and all personality disorders were found. Briskness was related to all disorders apart from obsessive-compulsive disorder. Activity, rhythmicity and sensory sensitivity was related only to some of the disorders' beliefs.

Personality disorders' dysfunctional cognitions proved to be related to high emotional sensitivity and persistence as well as low emotional and physical endurance, speed and tempo of reactions. These results emphasise the importance of emotional regulation processes in the treatment of personality disorders.
REQUESTING INFORMATION: NEED FOR INFORMATION VS. NEED FOR REASSURANCE IN INDIVIDUALS WITH OBSESSIVE-COMPULSIVE SYMPTOMS

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ABSTRACT
Previous studies have shown inconsistent findings concerning information seeking in obsessive-compulsive (OC) individuals. Whether information seeking is motivated by a need for information or for reassurance is still unknown. Motivations can be disentangle using a novel mouse-tracking paradigm in which both motivations are operationalized using the mouse cursor location. Seeking information close to the location of the response button is interpreted as more reassurance seeking. We hypothesized that: individuals high in OC symptoms would requests more information overall, these individuals would particularly seek more reassurance via requesting such information close to the decision button, and that there would be an interaction with decision difficulty.

30 participants high and 30 participants low on OC symptoms participated in a tone discrimination task. Participants indicated their decisions by using two buttons placed on top corners of the screen. Tones difference varied across trials. Tones were replayed multiple times upon request.

Results indicate that groups did not significantly differ in replay requests or cursor location upon requests overall. However, a significant interaction of group and discrimination difficulty on button location was found. When discrimination was easier, high OC participants requested tone replays closer to the buttons compared to low OC participants.

These results help elucidate previous inconsistencies in the literature on information seeking in OC individuals. It appears that requesting information prior to decision-making mimics other known reassurance seeking behaviors in OCD and is present even in non-threatening decisions.
A STUDY OF THE PATIENTS WITH DEPRESSION AND ANXIETY DISORDERS ALONG WITH ROMANTIC RELATIONSHIP PROBLEMS BASED ON YOUNG-SCHEMA THEORY

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ABSTRACT
The central disturbance of cognitive functions is characteristic of diseases of depression and anxiety, which also affects emotional and behavioral disturbances. In these psychological disorders those schemas or schema-constellations are the most characteristic of the individual that help the individual to interpret emotions. Our aim was to examine how patients with depression and anxiety distort the working of their romantic relationships, and whether these relationships can play a role in the development of depression and anxiety disorders, and relapse as a stress factor.

In the study we have examined 38 patients with depression and anxiety (mean age 51), their partners (mean age 52) and 84 healthy couples (mean age 48) (n = 244). The period of time of romantic relationships of the two groups are homogeneous (p = 0.2). The Beck Depression and Anxiety Inventory, the Hamilton Depression and Anxiety Scale were performed as screening questionnaires, furthermore the Contentment Questionnaire and the Young Schema Questionnaire as research tools.

Based on our results we suggest that the severity of the depression and anxiety of the patients relate to early maladaptive schemas. The patients have significantly more maladaptive schemas than their healthy partners and the healthy control couples (p < 0.001). The emotional, sexual, intellectual and leisure contentment of the individuals with early maladaptive schemas in a relationship are influenced by how long they are together with their partners.

Based on our study results the recognition of the schema-constellation in the relationship may help the effectiveness of the therapy.
EMOTION REGULATION OF MEMORIES CENTRAL TO OUR IDENTITY: THE RELATIONSHIP WITH CONCURRENT AND PROSPECTIVE PSYCHOLOGICAL SYMPTOMS

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ABSTRACT

Employing trait-like maladaptive emotion regulation strategies is related to the severity and maintenance of depressive symptoms. However, whether emotion regulation specific to an event highly central for an individual's identity is predictive of depressive symptoms has not been empirically examined.

Non-clinical participants (N = 216) identified low and high-centrality events and reported the extent to which they employed a selection of emotion regulation strategies when remembering each event. Dispositional emotion regulation, depressive symptoms, and posttraumatic stress symptoms were also assessed. Psychological symptoms were re-assessed seven weeks later.

Greater expressive suppression of high-centrality events predicted higher concurrent depressive symptoms beyond event valence. Greater brooding over high-centrality events predicted both concurrent and prospective depressive and posttraumatic stress symptoms beyond event valence and dispositional emotion regulation. Memory suppression and reflection upon central events were not related to psychological symptoms. None of the emotion regulation strategies employed for low-centrality events were related to psychological symptoms.

The results document the role of maladaptive emotion regulation strategies in relation to events that are central to an individual's identity, regardless of event valence. The findings suggest an important interplay between event centrality and emotion regulation strategies that previous research has overlooked and that may have implications for understanding emotion regulation in psychological disorders.
ABSTRACT
Emotion dysregulation is considered as one of the primary factors that initiate and maintain non-suicidal self-injury (NSSI; Gratz, 2003). Even though there is a wide range of behaviors that may serve as a function of emotion regulation; it is not yet clear why some individuals with high emotion dysregulation adopt NSSI to regulate emotions whereas some do not. The purpose of the present study was to explore factors that differentiate self-injurers and non-injurers when they are matched on their levels of emotion dysregulation.

One hundred and sixty-three undergraduate students (90 female, 72 male, 1 agender; Mage = 21.75, SD = 2.69) were administered measures of NSSI, emotion dysregulation (ED), self-criticism, self-compassion, thought suppression and positive/negative affect. Participants were categorized into four groups: 1) Self-injurers, high ED (n = 50); 2) Non-injurers, high ED (n = 37); 3) Self-injurers, low ED (n = 26), and 4) Non-injurers, low ED (n = 50). A one-way multivariate analysis of variance on positive and negative affect, and three one-way analyses of variance were conducted with the above mentioned measures.

Results suggested that low ED groups scored significantly lower on self-criticism, thought suppression and negative affect; and higher on self-compassion and positive affect as compared to high ED groups. Moreover, self-injurers did not differ from non-injurers on the study variables when their ED scores were matched.

Findings highlighted the critical role of emotion dysregulation. The relevant literature and possible implications will be discussed.
ABSTRACT
Increasing evidence suggests that when a memory is reactivated through retrieval, it becomes temporarily vulnerable to environmental or pharmacological manipulation, which can consequently update, eliminate or strengthen the memory. Physical exercise has recently been evidenced to modulate the maintenance of fear memories in animals following memory reactivation. This study investigated whether acute exercise can modulate the maintenance of emotional memories following memory reactivation.
Fifty-four undergraduate students watched a trauma film depicting the aftermath of a highway car crash (Time1). Two days later (Time 2) one group engaged in 20 minutes of incremental cycling following a memory reactivation induction (Reactivation/Exercise), whilst the second group engaged in 20 minutes of mild cycling (Reactivation/ No Exercise) following memory reactivation. A third group engaged in 20 minutes of incremental cycling but was not asked to reactivate their memory for the trauma film (No Reactivation/Exercise). Saliva samples were collected to index salivary cortisol at baseline and 20min post activity. Participants completed memory questionnaires relating to declarative and intrusive memory recall 2 days later.
Results indicated that those in the reactivation/exercise group remembered more central details of the trauma film relative to the other two groups. Increased cortisol predicted better total memory recall in the reactivation/exercise group, but not in the other conditions. The reactivation/exercise group however did not experience more intrusive memories compared to the other 2 groups.
These findings suggest that exercise enhances memory only when the memory trace is reactivated shortly before, and is consistent with recent evidence of exercise induced fear reconsolidation in animals.
LEARNING FROM PATIENTS WHO ARE DISSATISFIED WITH INTERNET-DELIVERED COGNITIVE BEHAVIOUR THERAPY: CONTENT ANALYSIS OF THERAPIST AND CLIENT EMAIL EXCHANGES

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ABSTRACT
Research has shown that clients, who receive Internet-delivered cognitive behaviour therapy (ICBT), typically are very satisfied with this form of treatment. Despite high treatment satisfaction, it is, still the case that some patients drop-out of ICBT programs, report dissatisfaction with ICBT and experience poor treatment outcomes. The intent of this qualitative study was to explore the experiences of clients who reported ICBT treatment dissatisfaction post-treatment. With this knowledge, therapists may be in a better position to make modifications to ICBT to meet the needs of these clients and improve the implementation of ICBT in clinical practice.

In this study, a thematic content analysis was conducted on messages between therapists and their clients (n = 13) who reported being “very dissatisfied” or “dissatisfied” following an 8 week transdiagnostic ICBT course for depression and anxiety.

Themes that emerged from the client emails included external factors that impacted the client’s ability to progress through treatment, program format (e.g., program length) and course redundancy for clients who were familiar with the course content. Themes from therapist emails identified that therapists continually tried to keep these clients engaged through the use of encouragement and extra email support.

The results suggest that future research should attempt to identify individuals who are dissatisfied with treatment early in the treatment process and systematically evaluate different approaches for working with patients who are dissatisfied with ICBT (e.g., working with patients on problem solving, increasing therapeutic contact, modifying treatment length or content).
ABSTRACT

It has recently been proposed (Layard and Clark 2014) that mental health services should provide effective and time-limited treatments to patients with depression. Cognitive Behavioral Analysis System of Psychotherapy (CBASP) is a promising method in the treatment of chronic depression. It takes at most 20 sessions, it is standardized and therapists can be trained quickly. We implemented 20-week group-CBASP in community mental health care system and aim to compare its effectiveness to treatment as usual (TAU).

A total of 62 patients suffering from chronic depression were randomized to receive CBASP (N = 35) or TAU (N = 27) for 20 weeks in psychiatric outpatient clinics. Inclusion criteria were 18-65 years of age, moderate/severe major depression with duration of a minimum of two years OR moderate/severe major depression with duration of a minimum of two years, only partially remitted during the time period OR "double depression". Exclusion criteria were psychotic disorder, bipolar disorder and current substance abuse (excluding nicotine). The main outcome measure is change in Montgomery-Åsberg Depression Scale. Secondary outcomes include e.g. biomarkers determined from venous blood samples and neurophysiological parameters measured by electro-encephalography. The data was gathered at pre- and post intervention stages (i.e., at baseline and at five months). We have now successfully completed the implementation and patient recruitment.

Altogether 43 participants completed the study period (N = 28 in CBASP, N = 15 in TAU). Hence, drop out rates were 20% and 44%, respectively.

A 20-week group-CBASP is easily applicable to community mental health care. Low drop-out rate indicates that patients are motivated to CBASP.
BODY CHECKING IN ADOLESCENTS WITH ANOREXIA AND BULIMIA NERVOSA: VALIDATION OF A GERMAN-LANGUAGE VERSION OF THE BODY CHECKING QUESTIONNAIRE (BCQ)

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ABSTRACT

It is assumed that body-related checking behavior fosters the development and maintenance of eating disorders. Among the few questionnaires used to measure body-related checking behavior, the Body Checking Questionnaire (BCQ, Reas et al., 2001) is the most widely employed. Despite the typical onset of eating disorders in mid-teenage years, to date, validation studies are only available for adult populations. The aim of this study was to test the psychometric properties of the German-language version of the BCQ in adolescents with eating disorders.

The present study assessed a total of N = 129 female adolescents aged 14 to 18 years. Participants underwent a structured clinical interview which diagnosed n = 57 participants with Anorexia Nervosa and n = 24 with Bulimia Nervosa. N = 48 of the participants were healthy female adolescents. The participants answered the BCQ and additional questionnaires on body image disturbances and eating disorders.

Results of a confirmatory factor analysis support the subdivision of the BCQ into a general factor and the subfactors “overall appearance”, “specific body parts” and “idiosyncratic checking” generated by the English version of the BCQ. The BCQ has proven to show high internal consistencies (α ≥ .81). It differentiates adolescents with eating disorders from control adolescents. High correlation coefficients of the BCQ with body image questionnaires point to a good convergent validity.

The German BCQ is shown to be a reliable and valid instrument for measuring body-related checking behavior among adolescents. It can be recommended as a useful clinical tool in research and practice.
RELATIONSHIPS AMONG ANXIETY SENSITIVITY, TRAIT ANXIETY AND ANXIETY SYMPTOMS IN A COMMUNITY SAMPLE OF CHILDREN FROM 8 TO 12

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ABSTRACT
Anxiety complaints are relatively common among children and anxiety disorders are among the most common mental health problems in youths. Anxiety sensitivity and high trait anxiety have been postulated to affect vulnerability for anxiety disorders, but little is known regarding the link between these two personality traits and anxiety symptoms. The aims of this cross-sectional study were to assess the relationship between anxiety sensitivity, trait anxiety, and four dimensions of anxiety (separation anxiety, social anxiety, phobic fears and symptoms of panics) in children aged 8-12 years, and to examine whether these factors correlate with behavioral and emotional difficulties evaluated by their parents.

100 primary school children, aged 8-12 years completed the French version of the Children Anxiety Sensitivity Inventory (CASI), the Spielberger Trait Anxiety Inventory for Children (STAI-C), and the Revised Children's Anxiety and Depression Scale (RCADS). Their parents completed the Child Behavior Checklist (CBCL) and scores for anxiety/depression, somatic complaints, and attention problem scales were established. Correlations and multiple regression analyses were used to examine the association between anxiety sensitivity, trait anxiety, CBCL scores, and the four anxiety subscale score from the RCADS.

Exploratory analyses highlighted strong correlations between anxiety sensitivity scores and the different dimensions of the RCADS (all p-values < .001): children reporting high anxiety sensitivity levels were more prone to experience panic symptoms but also separation anxiety, social anxiety and phobic fears. Anxiety sensitivity predicted also predicted depressive symptoms on the RCADS. On the opposite, STAI-C scores were not correlated to the CASI nor to the RCADS scores. Finally, the CBCL anxiety score was only predicted by the CASI (p = .019), suggesting a strong relation between anxiety sensitivity and anxious behaviours.

Our data suggest that high levels of anxiety sensitivity are associated with more somatic complaints and anxiety symptoms in healthy children, and may mediate the occurrence of externalized anxious behaviors reported by their relatives. These results will be discussed in the framework of current models of children anxiety.
PREDICTORS OF NICOTINE DEPENDENCE AMONG TURKISH SMOKERS

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ABSTRACT

Tobacco epidemic as addressed by the World Health Organization (WHO) is among the biggest public health problem in the world, causing the death of approximately 6 million people in a year (2015). Among those deaths, direct tobacco use kills more than 5 million people whereas being exposed to second-hand smoke kills more than 600,000 non-smokers. Despite the fact that the harmful effects of tobacco use have been increasingly well reported by health care professionals and organizations and those effects have been known by many smokers, smoking behavior is still taking place as a serious issue to promote health. Since this issue is particularly peaked in many developing countries like Turkey (Çan, Çakirbay, Topbaş, Karkucak, & Çapkin, 2007), this study aimed to assess the predictors of Turkish smokers’ nicotine dependence.

The study was conducted with 93 men and 89 women Turkish smokers (N = 182). They were reached via internet and they filled the shared link of questionnaire sets, including “Demographic Information Form”, “Fagerström Nicotine Dependence Scale (FNDS)”, “Decisional Balance Scale (DBS)”, “Positive and Negative Affect Schedule (PANAS)”, “Self-Efficacy Questionnaire”. Participants’ ages ranged from 18 to 63. Most of the participants were university graduate (47.8 %), followed by high school graduate (30.8 %), and postgraduate (19.8 %). Their economic status differentiated as high (29.1 %), middle (57.2 %), and low (13.7 %). Moreover, according to the birth order, 103 of the participants were firstborn (56.4 %).

The results indicated that pros of smoking and cons of smoking significantly and positively predicted nicotine dependence level of Turkish smokers. Moreover, self-efficacy significantly and negatively predicted nicotine dependence level of Turkish smokers.

These preliminary findings suggest that addressing self-efficacy and decision making process in individuals with nicotine dependence may be a potential target for smoking cessation programs and clinics.
COMBINATION OF CBT AND SCHEMA THERAPY IN ANOREXIA NERVOSA: A CASE STUDY

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ABSTRACT
The connection between Early Maladaptive Schemas, as described by Young (1994), and Eating Disorders is becoming more and more evident through recent research (Dingemans, Spinhoven & van Furth, 2006; van Hanswijck de Jonge, Waller, Fiennes, Rashid, Lacey 2003; Waller, Meyer & Ohanian, 2001), with implications to the kind of therapy necessary for the treatment of eating disorders.

The case concerns a female, 22 years old, who presented symptoms of Anorexia Nervosa (BMI: 16,7), Agoraphobia (stayed inside her house for the last year) and obsessive-compulsive behaviors (mainly regarding food and appearance, but also regarding germs). EMSs were evaluated through YSQ-S3, before and after a combination of CBT-E and Schema Therapy. Initially, therapy was CBT-E, including self regulation and psychoeducation, which presented important therapeutic results (mainly in obsessive-compulsive and eating behaviors, resulting to increased BMI). Nevertheless, cognitions regarding food and self were too rigid and therapeutic results were not stable, presenting relapses. As a result, Schema Therapy was used, using cognitive and experiential techniques (Case Conceptualization and Mode Work with imagery exercises and two-chair techniques).

EMSs' scores were significantly lower, symptoms diminished and therapeutic results were stabilized and generalized. Specific EMSs seem to be linked to AN in this case (mostly Mistrust/Abuse, Defectiveness, Dependence, Enmeshment, Subjugation, Emotional Inhibition) which makes Schema Therapy essential for the treatment of AN.
EFFECTS OF BRIEF MINDFULNESS TRAINING ON SELF-REPORTED INTEROCEPTIVE AWARENESS, THE ABILITY TO DECENTER, AND THEIR ROLE IN THE REDUCTION OF DEPRESSIVE SYMPTOMS

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ABSTRACT
Mindfulness-based interventions for the prevention and treatment of depression are predicated on the idea that interoceptive awareness represents a crucial foundation for the cultivation of adaptive ways of responding to negative thoughts and mood states such as the ability to decenter. The current study used a multi-dimensional self-report assessment of interoceptive awareness, including regulatory and belief-related aspects of the construct, in order to characterize deficits in interoceptive awareness in depression, investigate whether a brief mindfulness training could reduce these deficits, and to test whether the training unfolds its beneficial effects through the above described pathway.

Currently depressed patients (n = 67) were compared to healthy controls (n = 25), and then randomly allocated to receive either a brief training in mindfulness (per-protocol sample of n = 32) or an active control training (per-protocol sample of n = 28).

Patients showed significant deficits across a range of regulatory and belief-related aspects of interoceptive awareness, mindfulness training significantly increased regulatory and belief-related aspects of interoceptive awareness, and reductions in depressive symptoms were mediated through a serial pathway in which training-related increases in aspects of interoceptive awareness were positively associated with the ability to decenter, which in turn was associated with reduced symptoms of depression.

These results support the role of interoceptive awareness in facilitating adaptive responses to negative mood.
HOW DO DIFFERENT DOSES OF BEHAVIORAL INTERVENTIONS AFFECT STRONG MEMORIES DURING RECONSOLIDATION?

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ABSTRACT

Retrieval of consolidated memories returns these memories to a labile state, and requires another process of stabilization called reconsolidation. During reconsolidation, the memory can be, weakened by use of behavioral manipulations that focus on post-reactivation interference (i.e., new learning). Previous studies showed that stronger manipulations result in larger memory impairments. Others showed that strong memories are relatively resistant to being impaired. Given the potential clinical application of such a procedure in psychological treatments, the aim of this study was to test whether strong memories can be weakened by behavioral manipulations with different strengths. We expected that applying a strong manipulation after reactivation, compared to a weak manipulation, alters strong memories more.

A standard three-day reconsolidation paradigm was used to test this. On day 1, participants (N = 144) in six groups acquired a relatively strong memory by viewing and recalling a series of pictures three times. One week later, on day 8, these pictures were reactivated in three groups and were not reactivated in the other three groups. One of each of these three groups viewed and recalled new pictures once (resulting in weak interference), three times (resulting in strong interference), or not at all. This way, we controlled for effects of new learning or reactivation. On day 9, all groups performed a recognition test in which they indicated for each picture out of a series whether or not they had seen it on day 1.

Data collection has finished recently and the data will be presented and discussed.
EVALUATION OF COLD FACE MASK PROCEDURE DURING CBT OF OCD PATIENTS WITH SIGNIFICANT DISGUST

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ABSTRACT

Disgust is a negative emotion that can play important role in development and maintenance of obsessive-compulsive disorder (OCD) but usually is not addressed in treatment protocols. The present study used a naturalistic case series design to evaluate the effect of a simple autonomic maneuver on OCD symptoms.

Ten patients suffering from severe OCD and reporting clinically significant disgust applied a cold face mask during behavioral experiments while recording their heart rate with a portable device and using visual analogue scales to report on their symptoms.

A large proportion of patients had absence of heart rate increase during their exposure. The cold face procedure affected the sympathetic-vagal tonus and reduced the heart rate in participants with significant heart rate increase during exposure but increased the heart rate in participants with heart rate deceleration. The effect of reducing the heart rate was positively associated with the rate of habituation of anxiety and disgust during exposure but not the rate of habituation of strength of obsessions and compulsions.

Our findings show that the cold face procedure can affect the sympathetic-vagal balance in patients during behavioral experiments. In patients with heart rate acceleration, this effect may be helpful in facilitating engagement in experiments during the early stage of therapy. In patients with heart rate deceleration during exposure, this effect was associated with slower habituation of anxiety and disgust and other therapeutic approaches need to be considered.
THE EFFICACY OF EHEALTH INTERVENTIONS FOR WEIGHT LOSS IN OVERWEIGHT AND OBESE PEOPLE. A SYSTEMATIC REVIEW – PRELIMINARY DATA.

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ABSTRACT
Although previous systematic reviews aimed to investigate the impact of technology based (eHealth) interventions on weight loss, they have certain limitations. Most of these reviews had a limited scope, focused on a sub-type of eHealth interventions and/or are mainly qualitative in nature. To date, only one review evaluated the effectiveness of weight loss interventions using all types of information technologies. However, this review combined overweight, obese, and healthy weight samples. Thus, it is still unclear what the efficacy of eHealth interventions is for people with excessive body weight. Therefore, the present systematic review aimed to assess the efficacy of eHealth interventions for weight loss in overweight and obese people.

A systematic search of the literature was conducted in Psychinfo, PubMed, Scopus, Web of Science, and ProQuest Dissertations & Theses databases, through 11/01/2016. The reference lists of relevant systematic reviews were also scanned. Two investigators independently coded data on study characteristics and study outcomes. Seventy-one articles met the inclusion criteria for this review. Forty-three studies had two study arms, 25 had three, and 3 had four. Fifty-two studies had a web component, 15 a mobile, 2 a computerized, and 2 both mobile and web components. Many interventions combined eHealth & non-eHealth components, making it difficult to discern the effect of each component. An insufficient number of studies compared eHealth to traditional (e.g., face-to-face) interventions and few studies assessed cognitive outcomes or changes in mechanism variables. Moreover, few interventions applied techniques from validated traditional interventions. Other limitations and possible implications are discussed.
TRANSDIAGNOSTIC SELF-HELP COGNITIVE BEHAVIORAL THERAPY FOR INSOMNIA ON DEPRESSIVE SYMPTOMS: A SYSTEMATIC REVIEW AND META-ANALYSIS

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ABSTRACT
Sleep disturbances commonly occur in patients with depression. To date, insomnia is considered not only a symptom of but also a risk factor of depression. This study aimed to review current literature, examine the efficacy of transdiagnostic self-help cognitive behavioral therapy for insomnia (CBT-I) on depressive symptoms, and to explore possible factors that might contribute to the effectiveness of the treatment.

A systematic review was performed up to March 2016 on studies published in 6 major electronic databases. Two researchers were responsible for study identification, data extraction, and methodological quality evaluation according to the Cochrane criteria.

A total of 2,510 potentially relevant citations were identified, and 19 randomized controlled trials that compared self-help CBT-I vs. waiting-list, routine care, or no treatment, therapist-administered CBT-I, group CBT-I and placebo were included. Random effects models showed significant reduction in self-report depressive symptoms in the self-help CBT-I group when compared to the waiting-list control group (Hedges’g = 0.61).

Transdiagnostic CBT-I appears to be efficacious in treating depressive symptoms. Based on the results of the systematic review, we have designed a transdiagnostic CBT-I smartphone application “proACT-S” to evaluate the preliminary effectiveness and feasibility in Chinese population.
THE ROLE OF SPORT IN PSYCHIATRIC REHABILITATION: A PRELIMINARY STUDY

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ABSTRACT
Recent studies, about the epidemiology of mortality in psychiatric patients, show an increase of deaths (National Institute of Health, 2014). Given these data, recent scientific literature, suggests to develop psycho-social projects, in order to reduce the incidence of the risk factors (Ba, 2014). Sport is an important aspect about the prevention of the psychiatric disorders’ effects, because it increases the level of psycho-physical wellbeing. Football is a type of unexplored sport in the psychiatric context (Carbutti and Caramia, 2010). Therefore the present study examines the effects of football in the clinical environment.

In a sample of seven psychiatric patients (mean age = 36 yr; SD = 6.27) Psychological Well-Being Scale (PWB; Ryff, 1995) and Symptom Checklist-90-R (SCL-90-R; Derogatis, 2000) were administered. In the first phase (T0) the patients followed a football training in an institutionalized framework. In the second phase (T1) the training was performed in a not-institutionalized context with healthy subjects. Pared Samples T-Test was performed to verify the mean differences of psychological variables between the two phases. Pearson's correlation coefficient was applied to assess test-retest reliability among the psychological variables between T0 and T1.

T-Test shows an improvement in two PWB's factors: “Personal Growth” and “Positive Relationships with Others”, which increases when patients follow football training with normal subjects. The results confirm a good test-retest reliability.

The preliminary study is an element of novelty, because it underlines the importance of not-institutionalized contexts in psychiatric rehabilitation, thanks to social contacts and positive feedbacks for the patients.
THE ROLE OF ATTACHMENT IN THE DEVELOPMENT OF POST-TRAUMATIC STRESS DISORDER (PTSD) AFTER CHILDBIRTH: A COMPARISON OF WOMEN IN SAUDI AND THE UK

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ABSTRACT
Studies have shown that about 2.8% of women have experienced PTSD after childbirth (Ayers & Pickering, 2001). Some studies have indicated that mother-baby bonding is often imbued with a feeling of rejection towards the baby to have avoidant or anxious (Ayers, Eagle, & Waring, 2007). While, the women’s attachment style in predicting and preventing the PTSD after childbirth is yet to be complexly investigated.

This study examined the proportion of PTSD in a sample of Saudi women after childbirth and compared it with a British sample then evaluated the results in relation to the mothers’ attachment style and her baby bonding.

- Participants: Consisted of 532 (408 Saudi and 124 British) women who gave birth for the first time in the last year.
- Procedure: The UK sample was recruited online. The Saudi sample was recruited online and from hospitals.
- Materials: PTSD Symptom

The data have shown that the Saudi sample (N = 408) had exhibited more PTSD symptoms after childbirth (14.7%) than the British sample (N = 124) (14.5%). Women with PTSD after childbirth reported to be more anxious of being rejected when needing support so they avoided to be depended on others. Also, the mother bonding with their babies was negatively affected especially in enjoyment during interaction, tolerance of the infant and absence of hostile feelings towards the baby. Finally, anxiety has proved to be a good predictor of PTSD after childbirth.
EMOTION REGULATION INDIVIDUAL THERAPY ADMINISTERED FACE-TO-FACE FOR ADOLESCENTS WITH NONSUICIDAL SELF-INJURY DISORDER – AN OPEN PILOT STUDY.

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ABSTRACT
Non-suicidal self-injury disorder (NSSID) is a common and serious health problem. To date, established treatments specific to NSSI are scarce. As a first step to evaluate feasibility, acceptability and the potential efficacy of a novel treatment for adolescents with NSSID, we conducted an open pilot trial of emotion regulation individual therapy for adolescents (ERITA): a behavioral 12-week acceptance-based treatment, aiming at directly targeting NSSI through increasing emotion regulation.

Seventeen adolescents (age 13-17) with NSSID were enrolled in a study adopting a within-subject study design with pre-, post and 6-month follow-up assessment. Effect sizes were calculated using within-group Cohens's d.

NSSI-frequency decreased significantly with a moderate effect size from baseline to post-treatment (d = 0.68; 95% CI [0.24–1.11]) and was further improved with a large effect size from baseline to follow-up (d = 1.59; 95% CI [0.75–2.44]). Furthermore, other destructive behaviors as well as difficulties with emotion regulation improved significantly with moderate effect sizes from baseline to post-treatment (d = 0.74; 95% CI [0.08–1.41] and d = 0.59; 95% CI [0.17–1.01], respectively), and were further improved from baseline to follow-up with large effect sizes (d = 0.82; 95% CI [0.06–1.59] and d = 1.27; 95% CI [0.48–2.06], respectively). Treatment adherence was high; only two out of 17 (88%) adolescents withdrew from treatment and the average sessions attended were 10.3 (SD: 3.37).

Results indicate acceptability, feasibility, and potential efficacy for this ERITA treatment in adolescents with NSSID, and support further evaluation of this intervention.
EFFECT OF SAFETY BEHAVIORS ON FEAR REDUCTION AMONG UNDERGRADUATES WITH SPECIFIC PHOBIA SYMPTOMS DURING EXPOSURE THERAPY

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ABSTRACT
Exposure therapy is traditionally recommended to eliminate safety behaviors. However, several investigations have found that exposure with or without safety behaviors are both equally effective. The effects of safety behaviors might depend on (1) degree of attention bias and (2) degree of fear experienced at the moment the behavior started. This study compares the therapeutic effects of safety behavior utilization (1) with or without attention being directed toward the feared stimuli, and (2) before or after the peak of fear during exposure to a perceived threat.

Participants are 24 undergraduate students (54.2% male; 45.8% female) with a fear of cockroaches at present (Note: This study is not complete and is ongoing.). The average age is 24.58 years (SD = 5.90; range 19–50). Participants are randomly assigned to one of four conditions in a 2 (attention bias: looking at or looking away from cockroaches) × 2 (start timing of safety behavior: safety behavior utilization before or after the peak of fear resulting from exposure) factorial design and participated in an exposure trial. Assessments are conducted at pretreatment, during the exposure trial, at posttreatment, and at a 1-month follow-up. The main outcome measure was the scores on the Subjective Units of Distress Scale regarding the fear of cockroaches. A series of 2 (attention bias) × 2 (start timing of safety behavior) × 3 (measurement period) mixed analyses of variance will be conducted. This study was approved by the Research Ethics Committee of Waseda University.
ABSTRACT
Cognitive behavioral therapy (CBT) is an effective treatment for obsessive-compulsive disorder but access to CBT is limited. Internet-delivered CBT (ICBT) is a new line of treatment which has the advantage of being more accessible and requiring less therapist time than face to face CBT.
Participants (n = 120) will be randomized to 14 weeks of self-guided ICBT, therapist-guided ICBT or face to face CBT. The primary outcome measure is the Yale-Brown Obsessive Compulsive Scale (YBOCS) administered by blinded assessors. Secondary measures include measures of depression (MADRS-S), global functioning (GAF), clinical global improvement (CGI-I), and quality of life (EQ5D). Participants will be assessed at pre-treatment, post-treatment, 3-month follow-up and 12-month follow-up.
ICBT has been found to be efficacious in several previous randomized clinical trials.
If ICBT could be delivered without any therapist involvement, even more patients could receive help at a minimal cost. No studies have yet compared the efficacy and cost-effectiveness of self-guided vs. therapist-guided ICBT vs. face to face CBT in the same clinical trial. Furthermore, previous studies on ICBT have all used self-referred participants and it is therefore unclear if the results are valid in a regular clinical setting.
IMPLEMENTING DIALECTICAL BEHAVIOR THERAPY (DBT) IN FINNISH ADOLESCENT PSYCHIATRIC SERVICES: A NATURALISTIC COMPARISON STUDY ACROSS TWO AREAS

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ABSTRACT
Helsinki University Hospital (HUCH) is the largest central hospital in Finland with a catchment area of 1.2 million people. In 2015 the adolescent psychiatric services of neighbouring Hyvinkää Area (HA; 5 municipalities) were subordinated under HUCH services, already serving 6 municipalities in Capital Area (CA). Before this both areas had independently, following different procedures, implemented DBT to their services: CA the multifamily DBT-A program for adolescents, HA the traditional DBT program. We aimed to evaluate implementation results between the Capital area (DBT-A) and Hyvinkää area (DBT) in terms of patient intake characteristics, treatment length and structure, and additional service use during treatment.

The HUCH service register was used in comparing clinical characteristics of patients in the two programs and their additional service use during 2015 and first trimester of 2016.

Primary intake diagnoses differed between areas. The percentage of adolescents with mood disorder/personality disorder/personality disorder symptoms was 79.7% in CA and 61.5% in HA (p < 0.0001). The difference was greater with regard to those with either personality disorder/personality disorder symptoms: 53.4% vs. 8.2% (p < 0.0001). Treatment composition was 14.7 individual/family sessions and 15.6 skills groups in CA, and 8.4 and 10.2 in HA, respectively. Concurrent use of additional psychiatric services differed between areas.

The different implementation policies lead to marked differences in patient intake and program structure between areas. Differences in additional service use during DBT indicates that there is a need for further study regarding the feasibility and outcome of different forms of DBT among adolescents.
THE EFFECTIVENESS AND PATIENTS’ EXPERIENCE OF IMAGERY RESCRIPTING FOR EARLY TRAUMATIC MEMORY IN A FULL COGNITIVE BEHAVIORAL THERAPY PROGRAM FOR SOCIAL ANXIETY DISORDER

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ABSTRACT
Negative self-images of patients with social anxiety disorder (SAD) play an important role as a maintaining factor for the disorder, and they are often linked to earlier memories of socially traumatic events. In this study, we examined the effectiveness and participants’ experience of this technique as an adjunct to cognitive behavioral therapy (CBT) for SAD. Participants with SAD (n = 25) received an imagery rescripting session in sixteen CBT sessions. Participants conducted the Japanese Short Fear of Negative Evaluation Scale (SFNE), and rated vividness and distress of negative images and memory prior and subsequent to the imagery rescripting session. Finally, participants completed a questionnaire about their experience of imagery rescripting session.

Participants’ SFNE scores, vividness and distress in image ratings, distress in memory ratings, and negative beliefs concerning images and memories improved significantly following the imagery rescripting session. Eighty-eight percent of the participants answered that imagery rescripting sessions were impressive in a questionnaire concerning their experience of imagery rescripting session. The examples of reasons why the sessions were impressive for them were “experiencing emotion,” “having a new experience of the negative memory in detail,” and “realizing the influence of the forgotten memory on self-image”. Participants with higher Liebowitz Social Anxiety Scale felt that imagery rescripting sessions were more impressive.

Despite several limitations of this study (small sample, no control group and used only self-report measures), imagery rescripting for early traumatic memory may be an effective adjunct to CBT sessions for SAD.
EMOTION REGULATION IN CHILDREN WITH SOCIAL ANXIETY DISORDER AFTER INTENSE SOCIAL STRESS: EFFECTS OF A COGNITIVE BEHAVIORAL GROUP INTERVENTION

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ABSTRACT
Psychopathology is thought to be strongly related to maladaptive emotion regulation (ER). In social anxiety disorder, maladaptive ER supports strategies of avoidance and withdrawal among others. Cognitive behavioral therapy (CBT) aims to change cognitions of social anxiety and behavioral components such as avoidance, e.g. by focusing on positive aspects of social situations and entering social situations. However, clear support of effects of CBT on ER in an anxiety-provoking situation has yet to be established.

In two centers 46 children (age 9 to 13) with the diagnosis of a social anxiety disorder participated in the Trier Social Stress Test for Children (TSST-C, Buske-Kirschbaum et al., 1997) which requests the children to tell a story and calculate a difficult subtraction in front of two unknown observers. The TSST-C was repeated after either a 12-week-group CBT (n = 24) or a waiting control procedure (n = 22). Next to assessment of the emotional course during the stress task, ER was assessed after the task.

Children of both groups experienced similar levels of anxiety during both TSST. However, children who had received treatment reported an increased use of reappraisal the aftermath of the TSST when compared to children in the waiting group.

Our findings indicate a positive influence of CBT group therapy on adaptive ER strategies such as reappraisal as a possible first step towards reducing anxiety during social stress. Further results as well as implications and limitations of the findings will be discussed.
MEASURING COGNITIVE REACTIVITY WITH THE LEIDS QUESTIONNAIRE: FACTOR ANALYSIS OF THE ICELANDIC TRANSLATION

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ABSTRACT

Cognitive Reactivity (CR) is the extent to which an individual experiences a negative shift in cognitive content and processes during a sad mood and has been proposed to be an important vulnerability factor for the development of recurrent depression. Although frequently studied in the laboratory by measuring changes in dysfunctional attitudes following induction of negative mood, the Leiden Index of Depression Sensitivity (LEIDS) and its revised form (LEIDS-R) have become popular questionnaires to measure this construct outside the laboratory. However, psychometric properties of the LEIDS are not well known. Only one study focusing on its factor structure has been published to date, and indicated that four factors may characterize the original version of the LEIDS. Further, we know of no published reports on the hypothesized six factors characterizing the 34 item LEIDS-R. The aim of the present study was to explore the factor structure of an Icelandic translation of the LEIDS-R.

The questionnaire was administered to a sample of 401 students at the University of Iceland, together with other measures. Exploratory factor analyses (EFA) were conducted using Principal Axis Factoring with Oblique rotation of the extracted factors. Analyses were both performed using all of the 34 items, but also using a subsample of the items after removing items that possibly confound the measure of cognitive reactivity with symptoms of major depression (e.g. thoughts of harm and dying) or are at odds with the definition of cognitive reactivity (e.g. possible benefits of being down).

Preliminary results are available. EFA of the 34 items did not reveal the hypothesized six factors although the internal consistency of the often reported total score of the scale was good (alpha = 0.90). Instead, both three (depressive rumination, acceptance/coping, hopelessness/suicidality) and four factor solutions (depressive rumination, acceptance/coping, hopelessness/suicidality, aggression) seemed to represent the factor structure better, and possessed adequate reliability (alpha > 0.70 in all cases). Finally, EFA of the reduced item pool revealed three factors (avoidance/rumination, aggression, perfectionism) that all possessed adequate internal consistency (alpha > 0.70).

Although the results are preliminary and replication in an independent sample will be needed, they show that the factor structure of the LEIDS-R may not be adequately represented by six factors that have been hypothesized in the literature but never directly tested. The results indicate that the structure of the LEIDS-R may be better represented by three or four factors that partly overlap with the content of the hypothesized six factor structure.
A RETROSPECTIVE STUDY ON EATING DISORDERS PATIENTS WITH AND WITHOUT PRIOR TREATMENT

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ABSTRACT
Some studies show that in patients with Eating Disorders (ED) is observed the presence of previous treatments that tend to be related with greater difficulties in a cognitive-behavioral treatment (CBT). The aim of this study is to evaluate during the assessment the clinical and psychometric differences between ED patients with and without prior therapies.

This retrospective study was conducted in a specialized treatment center for EDs that offers a CBT treatment integrated to Psycho-Nutritional Rehabilitation (PNR). The sample was composed of 485 patients: Anorexia Nervosa (24.3%), Bulimia Nervosa (35.5%), Binge Eating Disorder (25.8%) and Eating Disorder Not Otherwise Specified (14.4%) (DSM IV-R). The sample was divided in two groups: patients with and without previous treatments (PrevT/noPrevT).

The results show statistically significant differences between PrevT and noPrevT on psychopathological aspects: the PrevT group present higher age at the request of treatment, longer duration of the illness, more psychiatric comorbidities, higher weight in childhood and adolescence and higher number of weekly binge episodes.

The PrevT group is characterized by critical aspects which may represent crucial elements to create personalized and individual treatments. It might be interesting to enhance knowledge about this features in order to improve and personalize treatment for long term ED patients.
ABSTRACT

Although there are evidence-based psychotherapeutic interventions for treating children and adolescents mental health problems, the prevalence of these problems is constantly growing. The use of therapeutic video games has emerged as a method for developing children's and adolescents' access to evidence based psychotherapeutic interventions. REThink game is developed based on Rational Emotive Behavior Therapy (REBT), which focuses on helping children and adolescents change their unhelpful patterns of thinking and unhealthy behaviors.

This study aims to describe the development stages of the first video game design to promote emotional resilience in children and adolescents. In this paper, the main guidelines for designing the REThink game are presented. We described the development process of the REThink game, the psychological content of the game and its structure. REThink was developed in several steps, starting with the analysis of existing research on therapeutic video games and ending with the analysis of the game’s psychological content and the feasibility of its implementation.

The game development process involved six steps, including its psychological content analysis. The REThink game is divided into seven levels, each level having a different purpose, starting with the development of emotional cognitive and behavioral identification process, up to building relaxation and happiness skills.

REThink game can be a valuable therapeutic tool, considering its attractive content, and accordance with evidence-based, REBT principles. REThink video game is an original approach used to overcome the limitations of traditional delivery methods of evidence-based psychological interventions/ prevention programs for children and adolescents, being the first therapeutic video game developed to promote psychological resilience in children and adolescents.
DISTRESS INTOLERANCE AS A TRANSDIAGNOSTIC DIMENSION: A COMPARISON BETWEEN GENERAL ANXIETY DISORDER AND OBSESSIVE COMPULSIVE DISORDER

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ABSTRACT
Distress tolerance is defined as the capacity to tolerate negative emotional states. In literature, the relationship between distress tolerance and different anxiety disorders is investigated but there isn’t any comparison of obsessive compulsive disorder (OCD) and generalized anxiety disorder (GAD) in accordance with distress tolerance. In this study, OCD and GAD are compared in accordance with their distress tolerance level and emotional schemas.

30 OCD patients and 30 GAD patients who had outpatient treatment in Istanbul University Cerrahpaşa Medical Faculty Education and Research Hospital Psychiatry Outpatient Clinic, were included to this study. The Turkish version of Distress Tolerance Scale (DTS) was applied to two diagnosis groups to compare the level of distress tolerance. For comparing emotional schemas, the Turkish form of Leahy Emotional Schemas Scale (LESS) was used.

According to the results, the mean of OCD group is meaningfully higher than the mean of GAD group in two items of the Tolerance subscale in DTS and in one item of Expression subscale in LESS. The other items and subscales of these two scales do not differ meaningfully in accordance with OCD and GAD groups.

The result of this study that there is no statistically significant difference in distress tolerance levels of OCD and GAD groups, supports the trans-diagnostic models in literature that claim there are common features in anxiety disorders and distress tolerance is one of these common features.
ABSTRACT
It is established that a significant minority of people living with skin conditions experience distress and yet there remains a gap in the provision of psychological interventions. This poster will report on the findings from several studies that have developed and piloted CBT self-help for a range of skin conditions. The techniques included in the interventions range from those aimed at the management of social anxiety; dealing with reactions of other people; and behavioural activation. The interventions were developed with input from experts by experience.
A variety of methods appropriate for the early development of self-help intervention have been used. Some studies have used qualitative methods, such as the think-aloud technique and semi-structured interviewing to gain in-depth feedback on the intervention. Others have used pilot randomised control trial methodology, and others have examined trial feasibility.
The findings from the studies indicate that the interventions are considered to be acceptable by people living with skin conditions and have the potential to reduce psychological distress. Feedback indicates that the interventions need to include greater focus of managing the actual reactions of the others. High attrition was encountered in some studies, which has identified issues that will need to be addressed when conducting randomised controlled trials.
These studies represent an important initial step towards developing a suite of self-help interventions for people living with psychosocial distress associated with skin conditions and scars. The current versions of the self-help are available on a patient facing website maintained by The British Association of Dermatologists http://skinsupport.org.uk.
PROLONGED EXPOSURE, PAROXETINE AND THE COMBINATION IN THE TREATMENT OF PTSD - THE “TRAKT” STUDY RESULTS ON EFFICACY AND EFFECTIVENESS

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ABSTRACT
Direct comparisons of the efficacy of trauma-focused psychotherapies and SSRIs have not been well studied yet. This is the first randomized clinical trial comparing the efficacy of prolonged exposure (PE), paroxetine (Ph) and their combination (Comb) in a sample of adults diagnosed with PTSD following motor vehicle accidents (MVA).

A total of 228 people were randomly assigned to a twelve-week treatment of PE (N = 114), Ph (N = 57) or Comb (N = 57). The ITT analyses showed that the remission rate of PTSD was significantly greater after PE (65.5%) compared with Ph (43.3%), whereas Comb (51.2%) did not differ from either. The differences in dropout rates were not significant between treatments (18.4% - PE; 12.2% - F; 22.8% - Comb), while the differences in numbers of refusers were significant (3.5% PE < 31.6%Comb < 47.4% Ph; p < .01). The changes in self-rated PTSD were significant for each treatment and without significant differences between treatments. At a 12 month follow-up treatment results were maintained

In this, largest to date study comparing PE, paroxetine and combination treatment in PTSD PE was more effective than Ph in achieving remission of PTSD. The additive effect of Comb over any monotherapy was not shown.
CLIENT PERSONALITY TRAITS AS PREDICTORS OF WORKING ALLIANCE AND OUTCOME

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ABSTRACT
Abundant research emphasizes that clients and therapists build the therapeutic relationship together, with the client in a central role as active co-constructor contributing to the relationship in unique ways depending on his/her personality traits and interpersonal skills. This study investigated client personality traits and change of personality traits during therapy as predictors of alliance and psychotherapy outcome in cognitive behavioral (CBT) and psychodynamic (PDT) short-term therapy, at a training clinic in Sweden.

The data used in this study were provided from the project Outcome and Prediction of Outcome in Psychotherapy Training programs, a naturalistic outcome study of clients at an outpatient training clinic at Umeå University, Sweden. Data were collected between 2012 and 2015. The sample consisted of 143 clients with moderate symptoms. The traits were measured by the Health-Relevant Personality Inventory (HP5i), a health related five factor instrument, pre- and posttherapy. Psychological symptoms were measured by the Clinical Outcomes in Routine Evaluation Outcome Measure (CORE-OM) and working alliance with the Working Alliance Inventory (WAI). Hierarchical regression analyses were used for the result.

The result showed that Antagonism, Impulsivity, Hedonic capacity, and Negative affectivity improved significantly during therapy, but not Alexithymia. Pre therapy personality traits did not predict clients’ perceived working alliance (WAI) or therapeutic outcome (CORE-OM), but a large proportion of the variance were explained by change in traits. The change in Hedonic capacity and Negative affectivity explained ten percent in working alliance and about 20 percent in post-therapy symptoms when controlling for pre-therapy interpersonal problems and symptoms.

The results suggest that therapeutic foci on hedonism (extraversion) and negative affectivity (neuroticism) could be important for the working alliance and symptom reduction in therapy. Future research should utilize whether change in clients’ negative affectivity or hedonic capacity mediates the relationship between the working alliance and the outcome in training and in other contexts.
SELF-DEFINING MEMORIES AND FUTURE PROJECTIONS AS A MEANS TO FACILITATE REFLECTION ON LIFE VALUES IN DEPRESSED ADULTS: A PRELIMINARY STUDY

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ABSTRACT

In the Brief Behavioral Activation Treatment for Depression, depressed patients are lead to a reflection on their personal values per life domains (e.g., family relationships, employment). The aim of this reflection is to tailor behavioral assignments through valued activities. This reflection is usually difficult for depressed patients. The current study hypothesized that exercises on autobiographical memories might act as a means to facilitate the reflection on personal values. In this perspective, self-defining memories (SDMs) and self-defining future projections (SDFPs) appear to be particularly relevant. SDMs and SDFPs concern reflections on the past and on the potential future central goals, values and conflicts of one’s life. SDMs and SDFPs are vivid and well-rehearsed autobiographical memories related to a meaning-making (i.e., a learned lesson about oneself, others or the world). The emotional valence of SDMs and SDFPs can either be positive, neutral or negative. Further, SDMs and SDFPs can consist in either specific events or categorical ones. Due to the relevance of these memories for the self, it is to be expected that recalling SDMs and imagine SDFPs will help individuals to have a clearer view of their personal values which in turn might facilitate the selection of valued activities. Further, it is hypothesized that these exercises might decrease depression and disturbances of psychological processes (i.e., rumination, self-concept clarity, environmental satisfaction). Therefore, this study aims were two-fold. First, it aimed at assessing the feasibility for depressed patients to recall SDMs and to imagine SDFPs per life domains. Second, it aimed at assessing the impact of these exercises on depression and psychological processes. Nineteen depressed patients and 17 paired healthy controls (25-60 years) were recruited (data collection is still ongoing). This study comprises four meetings. During the first and the last meetings, participants completed self-reported assessments of depression and psychological processes. During the third and fourth meetings, participants were asked either to recall SDMs or to imagine SDFPs per life domains. SDMs and SDFPs were rated on specificity, meaning-making and emotional. The impact of these exercises was assessed on depression and psychological processes. Preliminary results indicate that depressed patients are as able as healthy controls to recall SDMs and imagine SDFPs per life domains. Depressed patients recall less SDMs and SDFPs with meaning-making than healthy controls. Depressed patients report less SDMs and less SDFPs related to employment and less SDMs related to hobbies than healthy controls. Preliminary results show a decrease of depression in depressed patients only. Even though depressed patients are as able as the healthy controls to recall SDMs and to imagine SDFPs, preliminary results highlight significant differences between depressed patients and healthy controls on SDMs and SDFPs. Preliminary results indicate that SDMs and SDFPs positively impact depression in depressed patients. Experimental and clinical implications of these findings will be discussed during the conference.
WHAT IS THE PATIENTS UNDERSTANDING OF WHY THEY DEVELOPED OCD? A QUALITATIVE STUDY

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ABSTRACT
The reasons why some people develop OCD while others don’t, have not been clearly identified. Overall, psycho-education on causes of OCD is almost exclusively focused on genetics and neurobiology in the well-established CBT manuals. There is minimal emphasis placed on client’s preexisting etiological beliefs in the OCD treatment manuals. A greater understanding on client’s reason-giving for OCD may help us improve existing or to develop novel treatments for OCD. This is the first study exploring client’s theories about why they developed their OCD symptoms.

Patients (n = 62) who received ERP group therapy between 2003-2009 (Håland et al, 2010) were asked to participate in the “The long-term OCD project”. A total of 40 patients agreed to participate in the quantitative study and from this sample, 15 were recruited to 3 focus groups, each with 5 informants. The interviews were transcribed, and analysed according to Giorgis phenomenological method as modified by Malterud into systematic textcondensation.

Preliminary analysis gives four main findings:
1) OCD as a result of helplessness in unmanageable situations
2) OCD as a result of vulnerability and heritage
3) OCD as a coping strategy
4) The significance of having a theory of why OCD symptoms developed.

The results may form a foundation for developing a questionnaire of reasons for acquiring OCD. An implication could also be to include a greater focus on perceived reasons for OCD in the existing manuals and explore the usefulness
ABSTRACT
During the last decade, a number of studies have suggested that metacognitions may play a central role in the mechanisms of addictive behavior. According to the metacognitive model of smoking dependency, negative and positive metacognitions become activated during and following a smoking episode, and thereby triggering negative emotional states that force a smoker to use more and more (Nikčević & Spada, 2010; NikcevicCaselli, Wells, Spada, 2014). The aim of the present study is to test a model in which negative and positive metacognitions about smoking mediate the relationships between smoking dependency and depression-anxiety symptomatology in a Turkish sample. A total of 500 adult smokers completed the following questionnaires via web-survey: Hospital Anxiety and Depression Scale (HADS), Fagerström Test of Nicotine Dependency (FTND) and Metacognitions about Smoking Questionnaire (MSQ). The preliminary results of the path analysis with observed variables using AMOS indicated that metacognitive factors about smoking have mediator roles between negative affect and smoking dependency. Outcomes of the current study suggested the idea that metacognitive components of smoking dependency may facilitate our understanding about what lies behind the smoking phenomena. In addition to this, our study supported the validity of the basic components of the metacognitive model of smoking dependency in a Turkish sample.
ABSTRACT

Therapeutic summer camps have repeatedly shown short and long-term effects in treating attention-deficit / hyperactivity disorder (ADHD) and related disorders (Pelham & Hoza, 1996; Gerber von Müller et al., 2009; Hantson et al., 2012; Schmidt et al., 2012; Yamashita et al. 2010). Multiple psychosocial interventions (i.e., child-based therapy, parent training and school-centered interventions) are applied to treat disorder specific symptoms and behavior problems which typically are associated with impairments in family and school functioning as well as in peer interactions. The 3-week Summer Therapy Camp (STC; Babocsai, 2015) for 7- to 13-year-old children with ADHD and externalizing disorders distinguishes from existing programs in its conceptual approach, treatment method and implementation. Participating children receive behavior modification (focused on reinforcement) and CBT while engaging in school and recreational activities in a summer camp setting. A social skills program and parent training are integrative parts of the STC.

A total of 40 families from the Rhein-Neckar region in Germany participated in the STCs in 2014 and 2015. Parents filled out the CBCL / 4 – 18 (Arbeitsgruppe Deutsche Child Behavior Checklist, 1998) as well as the DISYPS-II for ADHD and Conduct Disorders (Döpfner et al., 2008) while children completed measures of selective attention, impulsivity, working memory and emotion regulation to assess treatment outcomes before and after the STC.

Pre-post comparisons of the data from the parent questionnaires demonstrated statistically significant improvements in overall functioning as well as in key domains of impairment such as social behavior, attention and impulsivity. Further, statistically significant gains in selective attention, working memory and emotion regulation were found in the pre-post comparisons of the data from child testing.

The findings provide evidence for the effectiveness of the STC as an intensive therapy program for children ages 7 – 13 with ADHD and related disorders. Implications for clinical practice will be discussed.
THE ROLE OF SOCIAL THOUGHTS AND BELIEFS BETWEEN PERCEIVED PARENTING STYLES AND SOCIAL APPEARANCE ANXIETY

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ABSTRACT
Social anxiety which is characterized by the fear of negative evaluation (Winton et al., 1995) and withdrawal from social interactions (Prisbell, 1991), is a serious social problem influencing both daily life and academic activities among university students. For this reason, recent studies have focused on discovering the underlying reasons of social anxiety. Furthermore, social appearance anxiety is a concept referring to social anxiety because of overall appearance, including body shape and fear of negative evaluation by others. This study aims to investigate the mediating role of social thoughts and beliefs between perceived parenting styles and social appearance anxiety to understand the underlying cognitive mechanisms of social anxiety. Considering the primary importance of parental attitudes on individual’s social thoughts and beliefs, it was hypothesized that social thoughts and beliefs as dysfunctional cognitive processes has mediating role between perceived parental attitudes and social appearance anxiety.

Participants of the study consisted of 310 randomly chosen university students, aged between 19 and 23, from different departments of Middle East Technical University, Ege University and Istanbul Arel University in Turkey. Demographic Information Form, Parental Bonding Instrument, Social Thoughts and Beliefs Scale and Social Appearance Anxiety Scale were administered to the participants.

Literature suggests that the factors such as authoritarian or overprotective parenting styles and cognitive thinking errors are important for understanding the onset, intervention, and treatment of social anxiety disorders. Results of the current study showed that authoritarian, overprotective and unemotional parenting styles were found to be highly correlated with thoughts of social comparison and thoughts of social ineptness in social situations. Young adults with high social appearance anxiety also viewed their parents as neglectful, hard to be emotional and inconsistent with their behaviors. Social thoughts and beliefs were found to fully mediate the relationship between perceived parenting styles and social appearance anxiety.

Stepwise Regression Analysis was conducted as a preliminary study and Structural Equation Modelling was used in the analysis of data. Findings, limitations and strengths of the study were discussed in terms of literature.

Keywords: perceived parenting styles, social appearance anxiety, social anxiety, social thoughts and beliefs, dysfunctional cognitive process