



EABCT'17

47th CONGRESS OF THE EUROPEAN
ASSOCIATION FOR BEHAVIOURAL
AND COGNITIVE THERAPIES

13-16 SEPTEMBER 2017
LJUBLJANA / SLOVENIA

Bridging dissemination with good practice

Abstract Book



EABCT 17

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Dear colleagues, friends and distinguished members of the EABCT family;

It is a great pleasure and honor to welcome you to the 47th Annual Congress of the European Association for Behavioral and Cognitive Therapies (EABCT'17).

When we started this journey, our destination to host you was Istanbul. Living in a world of uncertainty, here we are in Ljubljana. However, we all know that it is not the destination but the journey that counts and the only meaningful journey is the one within.

I have no doubt that the charm of Ljubljana on top of the high quality scientific programme will make the difference between an ordinary congress and a truly memorable experience. We are grateful for the generous positive feedback we received following the past international CBT Congress organized by the Turkish Association of Cognitive and Behavioral Therapies (TACBT). This makes the present congress even more challenging for us in order to excel the success of the previous ones.

The congress' scientific and organizing committee has worked very hard to present you a programme with first class presenters. On behalf of the TACBT, I would like to express my gratitude to all of our esteemed colleagues who have kindly accepted to contribute generously despite the challenge of relocation of the congress venue.

The theme of the congress is chosen as "bridging dissemination with good practice". This theme is chosen on the idea that dissemination of CBT is highly important but "dissemination of good practice" is a vital requirement to maintain its prestigious, therapeutic and preventive status. We hope that the programme will provide delegates an excellent opportunity for professional development, networking and exchange of ideas. Believing in the motto that learning never exhausts the mind; our programme includes 16 pre-congress workshops, 39 in-congress workshops (some of these workshops will be free of charge), 30 keynote and plenaries, 12 masterclass sessions, 4 skill classes, 5 clinical roundtables, 1 debate, 39 symposiums, 16 open paper and 3 poster sessions.

I hope that this congress will also give you opportunity to see your old friends and make new ones through the friendly atmosphere of EABCT Community.

We hope that you will enjoy your time in Ljubljana as there is plenty to see and we also hope you will join us for the reception and gala dinner.

Please do not hesitate to ask for any assistance as we will be at your disposal to make your stay as enjoyable and as comfortable as possible.

Cordial Regards

On behalf of the TACBT,

Mehmet Sungur

President of the 47th Annual Congress of the EABCT

Professor of Psychiatry, Psychiatry Dept of Marmara University Hospital, Istanbul

President of the Turkish Association of Cognitive and Behaviour Therapies (TACBT)

Former President of European Association of Behaviour and Cognitive Therapy (EABCT)

President of the International Association for Cognitive Psychotherapy (IACP)

Executive Board Member of the European Federation of Sexology (EFS)

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KEYNOTES



WEDNESDAY, 13 SEPTEMBER 2017

OPENING KEYNOTE

DISSEMINATING GOOD PRACTICE: LESSONS LEARNED FROM THE PAST AND CHALLENGES FOR THE FUTURE

Mehmet Z. Sungur, Marmara University

Disseminating Good Practice of CBT: Lessons learned and future Challenges Efforts and contributions of many scientist practitioners have evolved CBT to become the most efficacious therapeutic approach with the strongest current evidence in treatment of a wide variety of clinical disorders. However it can be predicted that there are quite a number of future challenges and alarms waiting to be discussed and tackled. One of the major alarms is about the lack of preciseness in defining CBT. The term CBT is losing its specificity. CBT is now recognized not only as a specific form of therapy but also as an umbrella term that includes many different empirically supported approaches including those defined as "third wave". This brings clarity issues that needs to be discussed further. Coherence issues arise due to different processes and principles used in different schools of CBT and lack of a sound comprehensive theory that would bridge the gaps within the CBT family. As clarity and coherence reduce, judging competence becomes more challenging. Methods to assess competence becomes an emerging alarm. As dissemination of CBT increases questions arise about its quality. CBT is now more available and accessible but it becomes a challenge to decide whether CBT is really implemented as intended. Adherence and competence are core variables of treatment integrity and the quality of these variables may change according to the way CBT is delivered. Internet based treatments have no doubt been a major advancement but improving access may sometimes necessitate changing format. However a new alarm arise whether it is really CBT when the format changes. Other challenges arise about whether efficacy obtained in randomized controlled studies remain effective during dissemination to routine clinical practice. Questions remain to be answered about the main paradigms for efficacious training practices and supervision. This presentation will try to address these challenges and alarms about dissemination and conclude that dissemination is a necessary construct but bridging dissemination with good and ethical practice is essential for CBT to preserve its prestigious status.

FRIDAY, 15 SEPTEMBER 2017

KEYNOTE 10

TREATING POSTTRAUMATIC STRESS DISORDER EFFECTIVELY AND EFFICIENTLY: A COGNITIVE APPROACH

Anke Ehlers, the University of Oxford

After traumatic events such as assault, severe accidents, natural disaster or bombings, many people develop distressing symptoms such as intrusive reexperiencing of the event, hyperarousal, and emotional numbing. While many people recover from these symptoms on their own, a significant proportion develops chronic posttraumatic stress disorder (PTSD). Ehlers and Clark (2000) suggested that chronic PTSD develops if trauma survivors process the traumatic event in a way that poses a serious current threat. The perceived threat has two sources: First, people with chronic PTSD show excessively negative appraisals of the trauma and/or its sequelae. Second, the nature of the trauma memory leads to easy cue-driven trauma memories that lack the awareness of the self in the past. Furthermore, the patients' appraisals motivate a series of dysfunctional behaviours and cognitive strategies that are intended to reduce the sense of current threat, but maintain the disorder.

The model led to the development of cognitive therapy for PTSD (CT-PTSD). The presentation will review some of the research that informed the development of this treatment approach. Seven randomised controlled trials showed that the treatment is highly acceptable, and more effective than wait list, self-help or an equally credible psychological treatment. Three effectiveness studies found large treatment effect sizes by trained clinicians in a community setting and a routine NHS clinic. 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. Mediation analyses and latent growth curve analyses of changes over time showed that changes in appraisals and memory qualities drive symptom change.

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 help with making effective treatments more widely available. A recent trial showed that the number of therapy sessions required to treat PTSD effectively CT-PTSD could be nearly halved by self-study modules that patients completed between sessions. The modules will be made available at <https://www.psy.ox.ac.uk/research/oxford-centre-for-anxiety-disorders-and-trauma>. A pilot study found that internet-delivered CT-PTSD may offer further improvement in the efficiency of treatment without loss of efficacy.

SATURDAY, 16 SEPTEMBER 2017

KEYNOTE 17

COULD SLEEP DEPRIVATION BE USED TO TURBOCHARGE BEHAVIOURAL ACTIVATION FOR THE RAPID TREATMENT OF DEPRESSION?

David Veale, King's College

The treatment of depression has much room for improvement. Pharmacotherapy is excited by the rapid treatment of depression by the use of intravenous ketamine or derivatives. How can we develop effective behavioural and environmental alternatives? One option is "triple chronotherapy". It consists of total sleep deprivation for one night, followed by a phase advance of sleep over 4 days and bright light therapy every morning. This appears to be a turbocharged form of behavioural activation and to act by resetting dysregulated circadian rhythms. Two RCTs suggest that about 50% of inpatients respond within a few days. I will discuss a protocol for a study that is evaluating triple chronotherapy in the community. I will also discuss other behavioural interventions such as the use of amber glasses for treating mania or a phase delay of sleep.

Professor David Veale is a Consultant Psychiatrist at the South London and Maudsley Trust and the Priory Hospital North London. He is a past President and Visiting Professor in Cognitive Behaviour Therapies at the Institute of Psychiatry, Psychology and Neuroscience, King's College London. He is an Honorary Fellow of the BABCP, a Fellow of the British Psychological Society and Fellow of the Royal College of Psychiatrists.

FRIDAY, 15 SEPTEMBER 2017

KEYNOTE 12

THE THERAPEUTIC RELATIONSHIP IN COGNITIVE BEHAVIOR THERAPY

Judith Beck, the University of Pennsylvania

Key learning objectives:

Participants will be able to

1. Prevent problems in the therapeutic relationship, including potential counter-transference issues;
2. Conceptualize alliance problems according to the cognitive model;
3. Use the conceptualization to resolve therapeutic ruptures;
4. Use the therapeutic alliance to help patients improve relationships outside of therapy

Brief Description:

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

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THURSDAY, 14 SEPTEMBER 2017

KEYNOTE 7

THE TRAINING AND DISSEMINATION OF CBT FOR DEPRESSION: PAST FAILURES AND LESSONS LEARNED

Keith S. Dobson, University of Calgary

The core model of CBT for depression has not changed dramatically for some time, despite the promotion of training of CBT in many countries, and the development of novel strategies for dissemination such as stepped care, internet and app-based treatments. This keynote address highlights some of the more recent strategies that have been employed to broadly disseminate CBT for depression, and the evidence base that surrounds these strategies. Examples of more and less effective methods for training and dissemination will be discussed, and a model for optimal training and dissemination for cases of depression will be presented. Implications of the training model for international dissemination, as well as a research agenda to investigate the model, will be discussed.

THURSDAY, 14 SEPTEMBER 2017

KEYNOTE 4

DIPLOMACY MEETS SCIENCE: A COGNITIVE INSIGHT ON CONFLICT TRANSFORMATION AND BIOSECURITYRELATED POLICY-MAKING NEGOTIATING BEHAVIOR

Mauro Galluccio, EANAM

The new context in international relations is undeniably characterized by uncertainty and ambiguity. Changes in the strategic political landscape have brought to the overcoming of the traditional conflict management approach towards a more comprehensive and coherent conflict transformation approach through sustainable negotiation processes. This approach tries to facilitate the inhibition of the potential violence, as well as, the shift of the conflict from the military to the political level. Conflict and crisis are typically driven by threats to fulfill basic needs. These needs are not only material (food safety, physical safety and physically well-being), but also include psychological needs such as identity, security, resilience, and a sense of justice. Balancing these needs poses a major challenge to the resilience of policy-making processes. The most common approach to addressing international crisis and conflicts is that of negotiation, an interpersonal and interactive process that seems universal at a generic level. Studies and research on consciousness and self-reflection in humans shed light on the importance of better understanding human thinking, emotional processes, and mind structures that shape meaning, and influence decision-making processes, to develop tailored strategies to prevent and transform conflicts for crisis resolution. We need a sufficiently articulated description of a step-by-step strategy, which would concern not only the training of the operators on the field, but also the development/strengthening of the cognitive-emotional resources and abilities of politicians and governors, and of various actors, leading to peace patterns in a non-utopian way. In the Horizon 2020 program of the European Union there are plenty of opportunities to be founded for serious and sustainable consortiums: let's discuss and brainstorm together how to negotiate consortium partnerships and reap opportunities to be part of European Union international projects.

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KEYNOTE 5

INFIDELITY AND ITS CONSEQUENCES: IS IT POSSIBLE TO REBUILD TRUST FOLLOWING THE AFFAIR?

Mehmet Z. Sungur, Marmara University

Many things in life catch our eyes, but only a few of them catch our hearts and souls such as infidelity. Only a few things in life may be as painful as encountering infidelity. Infidelity is the violation of the standards and expectations of the relationship that emerges as the consequence of an emotional or physical relationship with another person(s).

Being unfaithful is a choice people make and deception comes as the consequence following infidelity. Most of the spouses perceive infidelity as a major threat to the continuation of the relationship and report that their marriage would be over if they ever face infidelity. However, in real life a considerable amount of couples continue their marriage despite the affair. Can these couples rebuilt trust and intimacy following the trauma of the infidelity?

THURSDAY, 14 SEPTEMBER 2017

KEYNOTE 2

DOING THE BEST WE CAN: PRINCIPLES AND PRACTICE OF BRINGING BETTER PSYCHOLOGICAL HELP TO THOSE WHO NEED IT MOST

Paul Salkovskis, University of Bath

Cognitive-behavioural approaches to health problems continue to evolve according to both evidence based and empirically grounded principles. As CBT is more widely adopted in diverse health care settings, older models of psychotherapy delivery have become increasingly difficult to sustain. To complicate matters further, CBT has widened tremendously in terms of both theory and applications in ways which services, practitioners and service users can find confusing. The key principles and core values which unite diverse approaches to CBT and allow its flexible application are considered in the context of a rapidly changing healthcare landscape. It is proposed that what is needed is a complex blend of public health and prevention, clinical art, clinical science and treatment delivery matched to needs, resources and values. CBT professionals also need to develop and implement better ways of empowering those that they seek to help.

THURSDAY, 14 SEPTEMBER 2017

KEYNOTE 9

DISPARAGED EMOTIONS: JEALOUSY, ENVY, BOREDOM, AMBIVALENCE

Robert Leahy, American Institute for Cognitive Therapy

We often think that the main goal in life is to experience pleasant and happy emotions and that we need to avoid any emotions that we find unpleasant. As a result, we may avoid situations that elicit these emotions, ruminate about why we feel the way we feel, feel embarrassed that we have these feelings, and try to convince ourselves that there is some way to get rid of unwanted emotions. Similar to unwanted intrusive thoughts, unpleasant emotions come back, leading to further efforts to rid ourselves of these feelings. The Emotional Schema Model that I advance rejects the idea of good and bad emotions, lower and higher self, or the possibility of a complete life without unpleasant emotions. I argue that all emotions evolved because they were adaptive in important situations and that disparaging or eliminating emotions results in self-defeating behavior. I describe both the biological and the social constructivist models of emotions, recognizing that at different times in history and in different cultures people had different theories and evaluations of emotions. Both emotional perfectionism and existential perfectionism interfere with the capability of integrating emotions into a complete life. Of particular focus in this presentation is the role of jealousy and ambivalence, problematic emotion theories and responses and possibly helpful strategies about how to cope with these inevitable and sometimes difficult experiences. Finally, I describe strategies for deepening meaning without avoiding the unpleasant emotions often associated with finding meaning.

SATURDAY, 16 SEPTEMBER 2017

KEYNOTE 15

TARGETING EMOTIONS IN CLINICAL PRACTICE

Stefan Hofmann, Boston University

Emotions are critical aspects of mental health. Although conventional psychological treatments, such as cognitive-behavioral therapy (CBT), are generally effective interventions for many psychological problems, many people still suffer from residual emotional distress, such as anxiety, depression, impulse control, or anger problems. Moreover, contemporary treatments that have focused primarily on negative affect rarely leads to lasting improvements in positive affect, quality of life, and happiness. Recent scientific evidence and theoretical models of emotions can enrich the therapeutic strategies when treating emotional disorders. These strategies range from adaptive and flexible intrapersonal and interpersonal emotion regulation strategies to various mindfulness-based practices, including loving kindness meditation. Although compatible with CBT, the strategies are transdiagnostic and transtheoretical in nature.

PLENARIES



FRIDAY, 15 SEPTEMBER 2017

PLENARY 6

ASCERTAINING GOOD PRACTICE: THE EMPIRICAL STATUS OF METACOGNITIVE THEORY AND THERAPY OF DEPRESSION

Costas Papageorgiou, Priory Hospital Altrincham

CBT for depression is one of the most effective interventions for this common and disabling problem. However, a significant proportion of individuals treated with CBT do not fully recover or they relapse and experience recurrences of depression. Therefore, given the nature, prevalence, and consequences of depression, it is important to maximise therapeutic effectiveness. To achieve this, interventions should target core psychological processes implicated in the onset, maintenance, and recurrence of depression. One such process is persistent, recyclic, negative thinking, in the form of rumination (Papageorgiou & Wells, 2004). Knowledge of the mechanisms associated with the initiation and perpetuation of rumination in depression can assist us in enhancing further our understanding of depression, and importantly, maximising the effectiveness of current psychological interventions. Papageorgiou and Wells (2003, 2004) tested a clinical metacognitive model of rumination and depression. In this model, positive metacognitive beliefs about rumination motivate individuals to engage in sustained rumination. Once rumination is activated, individuals may appraise this process as both uncontrollable and harmful and likely to lead to negative interpersonal and social consequences. The activation of negative metacognitive beliefs about rumination contributes to the experience of depression. This model has contributed to the development of metacognitive therapy for rumination and depression (Wells, 2009; Wells & Papageorgiou, 2004). In this keynote presentation, cross-sectional and prospective studies supporting the role of metacognition in depressive rumination will be presented together with treatment data attesting to the effectiveness of metacognitive therapy for rumination and depression in both individual and group formats.

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PLENARY 10

FOR WHOM DOES CBT FOR DEPRESSION WORK?: PREVENTION, PREDICTION, AND RELAPSE

Edward Craighead, Emory University

This address will first describe CBT-based prevention of depression programs from several countries, and describe those for whom the preventive interventions work. The second focus of the presentation will be the Emory PReDICT program, which identified biomarkers that differentiated remitters receiving CBT from remitters receiving antidepressants for major depression. Low scores on the biomarker scores predicted who remitted to CBT but failed treatment with antidepressants; conversely, high scores on the same biomarkers differentiated individuals who remitted with antidepressant treatment but failed CBT, even when CBT was independently rated as competently delivered. Hypothesized mechanisms of the differential change will be discussed. Finally, data will be presented regarding predictors of relapse within two years of remission to CBT and antidepressants. Both the clinical and research implications of the studies will be presented.

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PLENARY 13

PUTTING CULTURAL ISSUES INTO THE PERSPECTIVE DURING GOOD PRACTISE OF CBT

Farooq Naeem, Queens University

Cognitive Behaviour Therapy (CBT) has a strong evidence base and is recommended by the national guidelines in most developed nations. However, it has been suggested that CBT is underpinned by specific cultural values and for it to be effective for clients from diverse backgrounds it should be culturally adapted. Therapists working with ethnic minority clients in the US have developed guidelines for adaptation of therapy. Most of these guidelines are based on theoretical grounds or personal experiences. These guidelines were not the direct outcome of research to address cultural issues. Recently our international group have used various methods to adapt CBT for clients from various backgrounds including African, Carribeans, Chinese, Bangladeshi, Middle Eastern, Pakistanis and Chinese. We have conducted more than 20 RCTs In this area. This talk will focus on lessons learnt from these studies. As such this talk will be of interest to not only researchers but also the clinicians who work with clients from these backgrounds both in countries of their origin and for those living in the West.

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PLENARY 4

GOOD PRACTICES IN THE TREATMENT OF BDD

Fügen Neziroğlu, Bio-Behavioral Institute

Body Dysmorphic Disorder (BDD) is defined as a preoccupation with a perceived or imagined defect in one's physical appearance. Although awareness of the disorder continues to grow larger, BDD is often misdiagnosed and under recognized in clinical practice. However, there are specific evidence based strategies that have been developed for the treatment of BDD. In short, assessment and treatment strategies include attentional training; imagery rescripting; ceasing ruminating; habit reversal; and exposure and response prevention (ERP). Individuals can be taught to modify the attentional biases, and to stop cognitive processes such as ruminating, self-attacking, and comparing. One hope with attentional training may be to increase the degree of attention away from self-referent information towards tasks or towards the environment. Additionally, imagery rescripting strategy is to develop a different relationship with the image so that it is no longer regarded as truth but just a "picture in one's mind" that was constructed over time. ERP involves exposing patients to situations frequently avoided or feared while preventing the person from engaging in compulsive behaviors that artificially reduce the anxiety. Understanding the role of overvalued ideation, disgust, shame, self-consciousness, and feelings of anxiety and depression helps to target treatment strategies to specific emotions and cognitions. Overall, these treatment strategies may aid in reduction of symptoms and abnormal perceptions.

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PLENARY 8

CONTRIBUTION OF EMDR ON REDUCING TRAUMATIC STRESS. STANDARDS OF GOOD AND ETHICAL PRACTICE

Isabel Fernandez, Psychotraumatology Research Center

EMDR has demonstrated effectiveness in treating chronic PTSD and old trauma memories that can underlie most mental disorders. The goal of EMDR treatment is to address past, present and future issues related to traumatic events in order to reprocess them. Once these issues are desensitized and reprocessed, usually post-traumatic symptoms show significant remission. Furthermore, clients report behavioral change and post-traumatic growth

A promising field of EMDR is the application with population exposed to early neglect and interpersonal trauma.

EMDR therapy can be effective not only with "A" criteria trauma, but also for "early relational traumas" according to scientific research and several randomized studies. According to both Internal Working Model and Adaptive Information Processing model, negative beliefs, emotions and sensations related to the chronic stress linked to experiences of domestic violence, physical, sexual or psychological abuse, rejection and neglect, may be dysfunctionally stored in memory networks and can contribute to mental disorders. During the presentation results of research on changes after EMDR treatment from a neurophysiological, clinical and clients subjective reports will be shown.

During the seminar, the application of EMDR in acute phase of trauma and in mass disasters will be presented. Working to reduce the consequences of traumatic stress needs to be a routine intervention, in order to prevent emotional and mental disorders. A good and ethical practice needs to involve the application of effective psychological interventions, specially in the acute phase of trauma. An important clinical work needs to be done also in the field of interpersonal trauma, early neglect and adverse childhood experiences.

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PLENARY 9

COMMON AND SPECIFIC FACTORS IN CBT: THEORY AND RESEARCH FROM STUDIES IN THE TREATMENT OF ANXIETY

Jonathan Huppert, The Hebrew University

The common vs. specific factors debate has been around for almost 90 years. Most advocates of CBT have suggested that common factors are necessary, but not sufficient. Others have argued that the Dodo Bird is alive and well, and that all treatments that are credible or bona fide yield similar results. In the current talk, I will review data from clinical trials of CBT for panic disorder, social anxiety disorder, and OCD in which common factors such as the therapist effects, working alliance, expectancy, and motivation have been examined along with specific factors such as changes in negative cognitions, attentional bias, interpretation bias, or emotion regulation (reappraisal, suppression). Overall, results suggest a more nuanced picture than either school typically advocates, such that the role of the common factors has an impact as do specific techniques and mechanisms, partially depending on the disorder in question and potentially the difficulty of the case at hand. Advances in the field will come from careful, honest, and critical examination of the data, openness to data from other perspectives (for potential for integration), and with continued attempts to improve interventions as well as scaling them up via internet based and other low-intensity interventions.

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PLENARY 7

TOWARDS A SCIENCE INFORMED PRACTICE OF THERAPEUTIC INTERACTION IN CBT

Nikolaos Kazantzis, Monash University

Summary:

Although Cognitive Behavioral Therapy (CBT) has demonstrated efficacy for a range of psychiatric disorders, there is still considerable room for improvement. Recent findings from diverse research areas in clinical psychology, such as treatment mechanisms, clinician competence, patient attributes, and process research suggest new ways to further improve existing treatment.

These novel strategies include:

- Using client attributes as moderators of process-outcome relations;
- Augmenting therapy with improvement protocols to enhance the flexible tailoring of interventions;
- Enhancing CBT interventions using collaborative empiricism and Socratic dialogue.

These approaches provide a window to the future of CBT that combines treatment outcome and process research to personalize clinical implementation. In this plenary session, we will hear more about the process correlates of CBT for depression. Research studies in our laboratory have revealed that reduction in depression symptoms following CBT can be accurately predicted by strategies to more effectively incorporate empiricism and adopt Socratic dialogue during techniques.

About the Presenter:

Nikolaos Kazantzis, Ph.D., is Associate Professor in the School of Psychological Sciences at the Institute for Cognitive and Clinical Neurosciences at Monash University (Australia) where he directs the clinical psychology training program and cognitive behavior therapy research unit. He has an active funded research program studying various aspects of treatment process with a particular emphasis on depression and cognitive behavioral therapy. He has won many prestigious and professional awards, including the Beck Scholar Award from Dr. Aaron T. Beck and Dr. Judith S. Beck for Excellence in Contributions to Cognitive Therapy. He is fellow of the Australian Psychological Society, and is a current Board member of the International Association of Cognitive Psychotherapy (IACP), and is the IACP delegate for Australia. He is currently Associate Editor for British Journal of Clinical Psychology, Cognitive Therapy and Research, International Journal of Cognitive Therapy, and has published over 100 peer-reviewed publications and 6 books, including "The Therapeutic Relationship in Cognitive Behavior Therapy" (Guilford Press) and "Using Homework Assignments in Cognitive Behavior Therapy" (Routledge). A/Professor Kazantzis has developed CBT training programs for over 6,000 professionals, and has presented workshops in 20 countries (for more information, visit: <http://www.med.monash.edu.au/psych/cbtru/>).

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PLENARY 3

DEATH ANXIETY, EXISTENTIAL ISSUES AND ABNORMAL BEHAVIOUR.

Rachel Menzies, University of Sydney

The dread of death has featured in art, literature and dominated cultural practices and rituals for as long as humans have recorded their history. For example, death as a reaper, watching and stalking the terrified living, has appeared in poetry, songs, plays and paintings across many cultures for centuries. Although death anxiety can be associated with the development of productive coping strategies (e.g., seeking achievement, extending the self through family and relationships), it may also drive crippling fear and maladaptive coping mechanisms. As such, it has been argued that the dread of death is a transdiagnostic construct with the potential to underpin a range of mental health problems including panic disorder, illness anxiety disorder, agoraphobia, OCD, the specific phobias, separation anxiety disorder and depression. This presentation will explore the role of the dread of death in psychopathology, and approaches to its treatment.

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PLENARY 11

INNOVATIONS IN THE TREATMENT OF OBSESSIVE-COMPULSIVE DISORDER (OCD).

Ross Menzies, University of Sydney

Advances in our understanding of the nature and treatment of OCD will be explored in detail. The journey from mechanistic, habituation-based accounts of treatment to flexible, innovative, appraisal-based models will be explored. The role of inflated perceived responsibility, threat appraisal, intolerance to uncertainty and the need for control will be examined. Though Exposure and Ritual Prevention (ERP), in combination with cognitive therapy, remains the most popular approach to treatment, outcomes will be shown to be less than ideal. An overview of the Danger Ideation Reduction Therapy (DIRT) program will be given and possible directions for future treatment innovations will be offered. In particular, the potential importance of origin events, death issues, and emotion-based reasoning will be discussed.

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PLENARY 12

INCREASING HUMAN WELL BEING: DISSEMINATION OF CBT IDEA IN EVERY DAY LIFE

Tammie Ronen, Tel-Aviv University

The study of well being is directed to ordinary human strengths and virtues.

It is the subjective level that valued subjective experiences, contentment, satisfaction, hope and optimism, flow and happiness (Joseph & Linly, 2006).

Three major assumptions guided our application of positive psychology principles in CBT in general and in every day's life in particular:

1. The long range goals of most human beings are to feel good and to be satisfied.
2. Failures to materialize these goals are result of lack of skills or knowledge
3. The goal of therapy is not to "cure" clients from their pathologies, but to train them in skills that would enable them to achieve psychological well being.

Furthermore, previous research has shown that self-control as a personal resource and social relationship as an environmental resource are the major source of happiness and well beings for most human beings.

The lecture described the basic theoretical model, research outcomes and way for application

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PLENARY 5

EXISTENTIAL ISSUES IN CBT: CURRENT STATE AND FUTURE PERSPECTIVES

Thomas Heidenreich, Esslingen University

Cognitive-behavioral and existential approaches can be traced back to differing epistemological traditions: while CBT is mainly rooted in a critical rationalist framework, existential philosophical approaches can be traced back to phenomenological and hermeneutic traditions. In the past, tensions between (cognitive) behavior therapy and existential approaches were frequent, but often based on misperceptions on both sides. In this plenary address, I will briefly describe the history of CBT and existential therapies (e.g. Karl Jaspers, Irvin Yalom) on the background of their respective philosophical orientations. Important existential issues such as death and dying, meaning, suffering and freedom will be introduced and discussed with relation to CBT. Approaches that include existential issues in CBT treatment such as Cognitive-Existential Group Therapy will be introduced. After a summary of the current state of existential issues in CBT, perspectives for future developments will be discussed.

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PLENARY 2

UTILIZING SPACES: TRANSDIAGNOSTIC COGNITIVE THERAPY

Ulrich Stangier, Goethe University

For nearly all mental disorders, highly specialized treatment manuals are available. Whereas the efficacy of these treatments is well documented, there is a lack of transference into practice. Some of the barriers met by practitioners include difficulties to be trained in a large variety of approaches, and the need to adjust these treatments to comorbid disorders. A possible solution to these problems has been suggested by Barlow, introducing disorder-independent programs of CBT interventions. Besides, also third wave therapies such as MBCT and ACT are considered to be transdiagnostic, and some components of these therapies have also been included in Barlow's concept. As a basic definition, transdiagnostic treatments apply the same underlying treatment principles across disorders without tailoring the protocol to specific diagnoses, but in the transdiagnostic case formulation, individualized functional links between the components, "thoughts, behaviors, physiology, and emotions" are established (McEvoy et al., 2009).

However, with respect to recent developments of cognitive therapy, there seems to be a need for updating transdiagnostic approaches. The essential proposition is that cognitive processes, including attention, images, memories and awareness are important factors in the development and therapeutic change of all mental disorders. However, these processes are frequently neglected in unified schemas of transdiagnostic case conceptualization. Furthermore, one of the core interventions in Barlow's concept is exposure, which is conventionally explained by habituation and extinction. However, contemporary theories emphasize the reorganization of cognitive and emotional processing as the key mechanism, which might be better conceptualized in experiential-based interventions such as behavioral experiments or behavioral activation.

The present talk attempts to fill this gap, by presenting a unified protocol for modern approaches of cognitive therapy that fit better to the current status of therapy research and might improve dissemination of emerging empirically supported treatments into clinical training.

PRE-CONGRESS WORKSHOPS



WEDNESDAY, 13 SEPTEMBER 2017

PRE-CONGRESS WORKSHOP 1

COGNITIVE THERAPY FOR CONTAMINATION-RELATED OCD: FOCUS ON MENTAL CONTAMINATION

Adam S. Radomsky, Concordia University

Obsessive-compulsive disorder (OCD) is a heterogeneous disorder; common symptoms include washing and checking behaviour, as well as primary obsessions (i.e., repugnant, unwanted, intrusive thoughts, images and impulses). There has been a surge in recent research on each of these forms of OCD, with publications often solidly grounded in a variety of cognitively-based models. Although these models differ to some extent in their explanation of obsessional and compulsive phenomena, they share a number of important features that are consistent with broad cognitive principles. These have enabled a new, primarily cognitive conceptualization of contamination-based OCD, the assessment and treatment of which will be the main focus of this workshop. We will begin with a review of the theoretical and empirical work conducted on the psychopathology and treatment of contamination-related manifestations of OCD. The workshop will continue with practical instruction on the cognitive-behavioural assessment and treatment of contamination-related OCD, with emphasis on strategies and interventions for mental contamination (contamination-based symptoms that occur in the absence of direct contact with a physical contaminant). Attendees will learn about cognitive case formulation, the importance of ongoing assessment, and specific therapeutic interventions, all following from cognitive-behavioural models of OCD. Although OCD remains a serious and often debilitating disorder, our ability to substantially improve the lives of those suffering from the problem has dramatically increased in recent years. This workshop will capitalize on these recent improvements through the emphasis of new cognitive and behavioural treatment strategies for this challenging disorder.

WEDNESDAY, 13 SEPTEMBER 2017

PRE-CONGRESS WORKSHOP 2

CORE PRINCIPLES AND TECHNIQUES FOR GOOD PRACTISE OF METACOGNITIVE THERAPY

Adrian Wells, University of Manchester

Metacognitive Therapy is a highly effective evidence-based treatment for anxiety and depressive disorders. This full day workshop will introduce the core theoretical principles of metacognitive therapy and the main techniques of change that form the backbone of this approach. There are fundamental skills that therapists must acquire in order to become effective MCT therapists. These skills consist of understanding the differences between object and metacognitive modes, the ability to dynamically shift between them, the skilled use of a meta-level discourse, and a repertoire of meta-level change techniques. Therapists must also understand the differences between MCT and CBT in order to avoid conceptual drift and mixing of models that can often lead to integrated use of techniques that are incompatible. The workshop will use a variety of teaching methods including didactic presentation, video and role-play demonstrations, and experiential exercises.

Workshop participants will learn:

1. The core theoretical and conceptual principles underpinning MCT
2. How MCT differs from other approaches
3. How to initiate and sustain a meta-level discourse with clients
4. How to identify and modify the cognitive attentional syndrome
5. How to identify and modify maladaptive metacognitive beliefs
6. The correct rationale and use of specific techniques: e.g. attention training and detached mindfulness.

The core treatment manual for this workshop is:

Wells, A. (2009). *Metacognitive Therapy for Anxiety and Depression*. New York: Guilford Press.

Website Resources:

www.mct-institute.com

WEDNESDAY, 13 SEPTEMBER 2017

PRE-CONGRESS WORKSHOP 7

COGNITIVE THERAPY FOR POSTTRAUMATIC STRESS DISORDER

Anke Ehlers, the University of Oxford

Aim of the workshop

The workshop will give an overview and illustrate the core treatment procedures used in Cognitive Therapy for PTSD.

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, 2013; 2014, 2017; Gillespie et al., 2002; Smith et al., 2007; Meiser-Stedman et al., 2017). It has three goals. First, the idiosyncratic personal meanings are identified and changed. Therapeutic techniques include an individualised case formulation on the basis of the model, identification of hot spots during the trauma and associated meanings, socratic questioning, behavioural experiments and reclaiming your life assignments. 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.

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References

Ehlers, A., & Clark, D.M. (2000). A cognitive model of posttraumatic stress disorder. *Behaviour Research and Therapy*, 38, 319-345.

Ehlers, A., Hackmann, A., Grey, N, Wild, J., Liness, S., Albert, I., Deale, A., Stott, R., & Clark, D. M. (2014). A randomized controlled trial of 7-day intensive and standard weekly cognitive therapy for PTSD and emotion-focused supportive therapy. *American Journal of Psychiatry*, 171, 294-304.

Ehlers, A. & Wild, J. (2015). Cognitive Therapy for PTSD: Updating memories and meanings of trauma. In U. Schnyder and M. Cloitre (Eds.), *Evidence based treatments for trauma-related psychological disorders* (pp. 161-187). Cham, Switzerland: Springer.

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, UK. 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.

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PRE-CONGRESS WORKSHOP 12

SCHEMA THERAPY FOR BORDERLINE PERSONALITY DISORDER

Arnoud Arntz, University of Amsterdam

Schema Therapy is one of the most effective treatments for borderline personality disorder with a very high treatment retention which indicates high acceptability for patients. For many clinicians schema therapy for borderline personality disorder is a welcome addition to their therapeutic repertoire, given the high prevalence of borderline personality disorder and the difficulties that often arise in attempts to treat these patients. In this workshop an introduction into schema therapy for borderline personality disorder will be offered. The workshop includes a theoretical introduction into schema therapy, the schema mode conceptualization of borderline personality disorder, and the specific way the therapeutic relationship is used (including the concept of limited reparenting). Participants will learn how to make schema mode conceptualizations of their own patients, in collaboration with their patients, that will guide their treatment. Next, participants will be offered explanations and life or video examples of the most important techniques per mode. The most important will be practiced in pairs whilst supervision is offered.

WEDNESDAY, 13 SEPTEMBER 2017

PRE-CONGRESS WORKSHOP 10

PREVENTING SUICIDE: USING CBT TO HELP CLIENTS CHOOSE TO LIVE

Cory Newman, Perelman School of Medicine at the University of Pennsylvania

This presentation focuses on helping therapists to utilize best practices in cognitive-behavioral therapy to safely, effectively manage and treat suicidal clients. Emphasis will be given to the therapeutic relationship with suicidal clients, as well as: (1) understanding the maladaptive thinking processes characteristic of suicidal clients, (2) assessing the level of risk at relevant points in time, (3) conceptualizing the suicidal behaviors of clients, (4) composing anti-suicide safety plans, and (5) devising an array of interventions in order to reduce the clients' sense of helplessness and hopelessness, and to increase their self-efficacy, sense of purpose, and capacity for positive feelings. Interventions will be linked to research on the cognitive characteristics of suicidal clients, including hopelessness, morbid perfectionism, dichotomous thinking, and poor autobiographical recall. A demonstration video will illustrate the above methods.

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PRE-CONGRESS WORKSHOP 11

METACOGNITIVE THERAPY FOR DEPRESSION IN INDIVIDUAL AND GROUP FORMATS

Costas Papageorgiou, Priory Hospital Altrincham

Growing empirical evidence supports the implementation of metacognitive therapy (MCT) for rumination and depression in both individual (Wells et al., 2009, 2012) and group (Dammen, Papageorgiou & Wells, 2014; Papageorgiou & Wells, 2015) formats to maximise therapeutic effectiveness, prevent depressive relapse or recurrence, and address fundamental limitations of current treatments. MCT for depression aims to remove the metacognitive causes of rumination, which is a core process implicated in the maintenance and perpetuation of depression. The overall objective of this skills-based clinical workshop is to outline the components of individual MCT for depression (Wells, 2009; Wells & Papageorgiou, 2004) and highlight effective practical adaptations for its delivery in group formats. The following areas will be covered: overview of depressive rumination; the clinical metacognitive model of rumination and depression; assessment/measurement of rumination and associated constructs; case conceptualisation and socialisation; facilitating abandonment of rumination; enhancing flexible control over cognition using attention training and detached mindfulness; modifying negative and positive metacognitive beliefs; decatastrophising emotion; developing new plans for processing and relapse prevention. A combination of lecture, discussion, experiential, role-plays, and case presentations will be used to facilitate this workshop.

Key learning objectives:

- (1) To gain up-to-date knowledge of the phenomenology of rumination and its relationship with depression
- (2) To understand the principal features of the metacognitive model and therapy of rumination and depression
- (3) To become familiar with the specific metacognitive treatment strategies and techniques for depression
- (4) To gain insight into effective adaptations of MCT for depression for its implementation in group formats

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PRE-CONGRESS WORKSHOP 16

CBT FOR DISSOCIATION AND HALLUCINATION IN PSYCHOSIS

Douglas Turkington, Newcastle University

Those clients with severe psychotic disorders (schizophrenia, schizoaffective disorder) which respond least well to antipsychotic medication are those with a history of childhood trauma. This traumatic vulnerability is much more powerful as a predisposing factor for adult psychosis than is genetic predisposition. Usually such clients have ongoing trauma throughout adolescence such as bullying at school and also domestic violence. It is one of these subsequent traumas which triggers the psychosis. The psychosis itself is dominated by hallucinations which are formulation congruent along with somatic and visual hallucinations which are thematically linked to the underlying traumas. A process of therapy is described and case examples given in order that the audience will be able to identify this CBT responsive group and know which techniques to apply to lead to impressive symptomatic and functional recovery.

Objectives:- to appreciate how to identify traumatic psychosis as a very large subgroup of schizophrenia and schizoaffective disorders.

To appreciate the opportunities and challenges of working with this group.

Learning Points:- Learn the classic presenting symptoms of traumatic psychosis.

Learn how to work with dissociation

Learn how to work with auditory and visual hallucinations.

Learn how to work with trauma within psychosis.

Teaching modalities:- lecture, role plays and DVD clips.

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PRE-CONGRESS WORKSHOP 9

THE WILLPOWER WORKSHOP: INNOVATIVE CBT APPLIED TO ADDICTION

Frank Ryan, Imperial College London

The workshop defines willpower as motivated cognitive control. This is a flexible cognitive resource that can be facilitated, diverted or depleted. Willpower is essential to foster the effortful therapeutic change needed to overcome addiction. This makes cognitive control the primary therapeutic target in CBT for addiction. Participants will learn:

1. The core components of willpower are motivation, working memory and attentional control. In the workshop, therapeutic interventions that directly or indirectly boost cognitive control will be described and demonstrated.
2. Sustaining willpower involves a conflict between automatic "impulsive" and controlled "reflective" processes. This cognitive-motivational conflict is emblematic of addiction, where ambivalence is often ascribed to the help-seeker. In the clinical arena, both controlled and automatic cognitive processes need to be harnessed in pursuit of therapeutic gain. Willpower depletion is best viewed as a temporary loss of cognitive control, where automatic processes evade "top-down" inhibition.
3. How to apply motivational interventions that boost commitment to change; strategies that promote self-regulation such as goal maintenance and working memory training. Maintaining a valued goal in working memory, for example, promotes attentional engagement with recovery associated stimuli and reduces distraction.
4. Sustaining willpower requires compassion, acceptance in the face of setbacks and engaging the support of others. The therapist and client need to evaluate the prevailing psychosocial and environmental domains so that the individual is "nudged" towards recovery rather than excessive exposure to evocative cues that elicit craving and the need to recruit willpower.

The specific content is based on a seven-step approach which utilises CBT strategies, combined with an emphasis on cognitive or neural fitness:

- Willpower is a shared and hence limited resource that requires careful stewardship. Prioritising and clearly specifying goals e.g. "I will not drink alcohol today; I will not have even one puff of a cigarette" enables willpower to be focused rather than overwhelmed. Goal maintenance and goal shielding foster cognitive control.
- Overcoming the habits that define addiction 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 fitness.
- Compassion and optimism foster willpower; emotional negativity depletes it. CBT strategies can be used to enhance emotion regulation and thereby help sustain willpower.
- Willpower is usually challenged in ways that can be anticipated, allowing for coping strategies to be rehearsed. Recognising cues that trigger urges or craving enables the person to rehearse specific implementation strategies e.g. "If I'm offered a cigarette I will say "No thanks, I've quit". Rehearsed behaviour requires less willpower to enact.

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- Reinforcing effort in advance of outcome is crucial, as the rewards delivered by willed effort are often delayed. Contingent intermediate rewards need to be identified and celebrated. Recruiting support from friends, family and affiliates can promote willpower.
- Setbacks are common, if not inevitable, when overcoming compulsive habits such as addiction. These lapses or relapses need to be viewed as opportunities for learning through a functional analysis of the antecedents, behaviour and consequences. Both therapist and client should interpret these as a specific and temporary loss of cognitive control rather than a sign of more global failures of motivation or willpower.

The workshop should be relevant to practitioners who encounter clients presenting with addictive disorders and co-existing mental health problems.

Ryan, F. (2013). *Cognitive Therapy for Addiction: Motivation and Change*. John Wiley & Sons.

Ryan, F (2014) *Willpower For Dummies*. John Wiley & Sons.

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PRE-CONGRESS WORKSHOP 8

EXPERIENCING STRENGTHS-BASED CBT FROM THE INSIDE OUT: A SELF-PRACTICE/SELF-REFLECTION WORKSHOP FOR THERAPISTS

James Bennett-Levy, University of Sydney

CBT is a creative, collaborative, compassionate therapy. Contemporary versions of CBT, such as that represented in *Experiencing CBT from the Inside Out: A self-practices/self-reflection Workbook for Therapists* (Bennett-Levy et al., 2015) assert the primacy of experiential techniques (e.g. imagery, behavioural experiments) in creating change, and may include strengths-based and body-oriented interventions, use of metaphor, and even music. As A.T Beck has remarked: "CBT is theoretically coherent, but methodologically permissive."

In this workshop, participants will be introduced to the Old and New Ways of Being Model featured in *Experiencing CBT from the Inside Out*. They will have the opportunity to experience for themselves the power of CBT, and start to create new ways of being.

The purpose of the workshop is twofold: firstly, to enhance participants' CBT skills through self-practice and self-reflection; and secondly we anticipate that some therapists may experience personal, as well as professional benefits - for instance, greater self-awareness and/or enhanced self-care through focusing on a personal or professional issue which has been of mild to moderate (but NB not major) concern.

Learning Objectives:

1. By the end of the workshop, participants will:
2. Have experienced for themselves a contemporary approach to CBT, including the Ways of Being model
3. Have new understandings about the value of CBT
4. Have refined their CBT skills, adding a dimension grounded in personal practice
5. Have gained increased confidence in the use of diverse CBT skills
6. Had the opportunity to use CBT to make personal as well as professional changes (e.g. enhanced self-care, resolving a personal or professional issue)

Key Reference:

Bennett-Levy, J., Thwaites, R., Haarhoff, B., & Perry, H. (2015). *Experiencing CBT from the inside out: A self-practice/self-reflection workbook for therapists*. New York: Guilford.

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PRE-CONGRESS WORKSHOP 3

A COGNITIVE BEHAVIORAL APPROACH TO WEIGHT LOSS AND MAINTENANCE

Judith Beck, the University of Pennsylvania

Key learning objectives:

Participants will be able to

1. Describe how the cognitive model applies to weight loss;
2. List techniques to deal with hunger, craving and emotional eating;
3. Use strategies to motivate the reluctant or inconsistent client

Brief Description:

Most individuals 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; consistently using good eating habits; managing hunger, cravings, and the desire to eat for emotional reasons; solving eating-related problems; staying on track and getting back on track immediately when they make a mistake; and continually motivating themselves through their lifetime.

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PRE-CONGRESS WORKSHOP 15

COGNITIVE BEHAVIORAL THERAPY FOR DEPRESSION: USING CASE CONCEPTUALIZATION TO GUIDE TREATMENT

Keith S. Dobson, University of Calgary

Cognitive behavioral therapy (CBT) for depression is one of the empirically validated treatments for depression, and so is widely promoted for clinical use. At the same time, CBT includes a wide range of specific techniques and methods, and so is complex to learn and apply with consistency and a high level of skill. The selection of optimal techniques, both in terms of their clinical impact and their efficiency, should be guided by the evolving case conceptualization of each client. In this workshop, a comprehensive framework for depression based on risk and resiliency factors, will be presented, and the implications of this framework for CBT case conceptualization will be detailed. The practical implications of this framework for the selection of treatment methods will then be developed with the participants, and selected examples of high value techniques will be discussed. The workshop will include a combination of presentation, case material and videos.

Key learning objectives

- Describe risk and resilience factors for depression
- Develop case conceptualization for cases of clinical depression
- Learn how to select optimal treatment techniques based on case conceptualization
- Implement high value techniques with patients who struggle with depression

Training modalities

- Didactic and video presentation
- Interactive exercises with participants to learn workshop content

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PRE-CONGRESS WORKSHOP 13

HOARDING: A QUESTION OF VALUE

Paul Salkovskis, University of Bath

Hoarding has become a focus of considerable interest recently particularly with it having been categorised as a distinct disorder in DSM 5. Apart from the intense and pervasive misery associated with the problem, it is now also clear that hoarding has important personal and public health consequences.

In this workshop we describe how hoarding, defined as the acquisition and retention of possessions in ways which mean that significant amounts of living space are not able to be used, is a "final common pathway" behavioural consequence of several psychological problems. The different cognitive-behavioural pathways leading to excessive accumulation are described along with cross cutting issues such as interpersonal and financial matters. These pathways include but are very definitely not confined to factors associated with OCD.

It is thus suggested that, rather than merely being a subtype of OCD, hoarding can result from and be maintained by a range of inter-related psychological processes which tend to converge on the issue of perceived value to the self.

The workshop will describe how to assess those who hoard with regard to their social and physical context, the problems of engagement in treatment and treatment itself both in psychological and practical terms. The way cognitive, behavioural and interpersonal factors are integrated will be described. Strategies for assessment, engagement, cognitive change and routes to behavioural change will all be presented. The importance of working "in vivo" is emphasised and strategies of doing this outlined.

The importance of risk assessment and maintenance of gains will also be considered.

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PRE-CONGRESS WORKSHOP 4

CBT WITH YOUNG PATIENTS AND FAMILIES: USEFUL MEASURES AND METHODS

Robert Friedberg, Palo Alto University

CBT is an empirically sound and widely applicable treatment approach for a variety of childhood disorders. CBT can be delivered individually, in groups, and with families. Further, the treatment paradigm is suitable to multiple inpatient and outpatient settings. Not surprisingly, this robust and flexible treatment modality includes a large family of intervention methods and measures to assess progress. Accordingly, this workshop offers attendees opportunities to learn both traditional and innovative treatment procedures as well as how to craft treat-to-target metrics evaluating clinical outcomes. Measurement-based care (MBC) is fundamental to evidence-based treatments. MBC commonly includes a combination of symptom inventories, functional impairment indices, and satisfaction rating scales. This workshop provides attendees with specific recommendations for cost-efficient symptom, functional improvement, and satisfaction metrics. Further, the workshop presents a modular approach to CBT with youth including many techniques contained in psychoeducational, target monitoring, behavioral tasks, cognitive restructuring, and experiment/exposure modules. Role-plays, experiential exercises, and handouts augment the material providing participants with ready-to-use clinical strategies.

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PRE-CONGRESS WORKSHOP 5

THE THERAPEUTIC RELATIONSHIP IN CBT: MANAGEMENT OF TRANSFERENCE-COUNTERTRANSFERENCE ISSUES

Robert Leahy, American Institute for Cognitive Therapy

CBT provides a therapeutic model that emphasizes agenda-setting, problem-solving, self-help, use of rational and behavioral interventions, and emphasis on the current situation. However, the patient's view of therapy may be affected by a range of schemas, coping strategies and assumptions about change that may conflict with the CBT model. For example, patients may have difficulty with trust, believe that catharsis of emotion is essential, view biological determinism as fatalistic, or have validation demands that are unattainable. The transference relationship consists of all personal and interpersonal processes that occur in the relationship between the patient and therapist. These processes include personal schemas about the self (inadequate, special, helpless), interpersonal schemas about others (superior, judgmental, nurturing), intrapsychic processes (repression, denial), interpersonal strategies (provoking, stonewalling, clinging), and past and present history of relationships that affect how the current therapeutic relationship is experienced.

Correspondingly, "counter-transference" refers to the therapist's past and present experiences, schemas and coping strategies that are activated in the therapeutic relationship. For example, therapists may find certain "problems" in therapy activate problematic thoughts, emotions and responses that may be counter-therapeutic.

In this workshop we will review some common transference issues about abandonment, helplessness, and demanding standards and how the therapist can address these issues. In addition, we will review beliefs about emotion and emotion regulation that patients and therapists bring to therapy and examine how "emotional schema mismatch" may be activated. Participants in the workshop are encouraged to consider their own "roadblocks", problematic beliefs and responses and apply the interventions described. We will see how case conceptualization can begin with examining the patient's past "failures" and "disillusionment", current roadblocks and resistance and how therapists can identify their own personal and emotional schemas that may interfere with effective treatment.

We will see how an enriched case conceptualization can assist in anticipating roadblocks, broaden concepts of change, develop more flexible strategies, and reduce the stress that the therapist experiences. We will discuss how the therapist can identify these therapy interfering behaviors and roles, help clients understand that therapy is a dilemma that balances validation with change, and re-orient the focus to positive goals. The client's assumptions about perfect "mirroring", the history of invalidation, and the implications of failure in invalidation will be examined. In addition, a model of empowerment and resilience that focuses on future behavior, goals, personal accountability, pride in overcoming obstacles, constructive discomfort, and valued action can help mitigate the resentments and past-focus of those stuck in the Victim Role. Throughout the workshop we will use a wide variety of therapeutic approaches, including cognitive, meta-cognitive, emotional schema, mindfulness, DBT and acceptance approaches.

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Participants will learn:

1. How to identify the patient's personal, interpersonal and emotional schemas that arise in the therapeutic relationship
2. How the therapist's own schemas are activated and affect treatment
3. How to develop a case conceptualization of the patient's transference experience
4. How to address the patient's therapy interfering behaviors so as to enhance treatment
5. How to modify the therapist's problematic beliefs about themselves

Recommended Reading:

Leahy, R. L. (2001). *Overcoming resistance in cognitive therapy*. New York: Guilford.

Leahy, R. L. (2007). Schematic mismatch in the therapeutic relationship: A social-cognitive model. In P. Gilbert & R. L. Leahy (Eds.), *The therapeutic relationship in the cognitive behavioral psychotherapies* (pp. 229-254). New York: Routledge.

Leahy, R.L. (2015) *Emotional Schema Therapy: A Practitioner's Guide*. Guilford: New York.

Leahy, R.L. (2016). Treating emotional schemas. In John Livesley, G. Dimmagio, and J. Clarkin (Eds.) *Integrated Treatment for Personality Disorders*. Guilford: New York

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PRE-CONGRESS WORKSHOP 14

TREATING ANXIETY DISORDERS

Stefan Hofmann, Boston University

Anxiety disorders are one of the most common mental problems in the population and in clinical settings. Traditional cognitive-behavioral techniques have only shown moderate effects. More recent research has led to a greater understanding about the maintaining factors of these disorders. Based on this knowledge, novel treatments target emotion regulation skills, which promise to be associated with considerably greater treatment efficacy than earlier formulations. This workshop discusses general strategies for treating anxiety disorders and will also discuss specific techniques to target the most common form, social anxiety disorder. Participants of this workshop will become familiar with the theoretical basis of this intervention and learn the specific therapeutic techniques that are necessary to carry out effective treatment of these pervasive and debilitating disorders.

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PRE-CONGRESS WORKSHOP 6

ACCEPTANCE AND COMMITMENT THERAPY

Steven Hayes, University of Nevada

Acceptance and Commitment Therapy (ACT) is a process-focused and evidence-based approach to psychotherapy that rethinks even our most basic assumptions of mental well-being. In this one day introductory workshop, Dr. Hayes will provide a comprehensive overview of the psychological flexibility model on which ACT is based, and how they contribute to psychopathology and how therapists can use them to formulate cases and develop powerful, individualized treatment interventions. Participants in this workshop will (1) learn the six core processes of change that together comprise the psychological flexibility model, (2) learn useful clinical methods that can move these processes, and (3) leave knowing how they can begin to use these processes and methods to augment and empower their own clinical practices. Case demonstrations will give participants a `moment-by-moment` sense of ACT in action.

Objectives

Participants will be able to

Describe the dangers of experiential avoidance and why it is linked to human language and cognition

Describe the six psychological flexibility processes

Show at least one method for increasing each of the flexibility process

To describe how the psychological flexibility model alters our view of traditional CBT methods

IN-CONGRESS WORKSHOPS



THURSDAY, 14 SEPTEMBER 2017

IN-CONGRESS WORKSHOP 8

METACOGNITIVE THERAPY FOR GENERALIZED ANXIETY AND WORRY

Adrian Wells, University of Manchester

Metacognitive Therapy is a highly effective, NICE recommended evidence-based treatment for generalized anxiety disorder and chronic worry. In this workshop participants will learn the metacognitive model of GAD. Conceptualising pathological worry as the result of dysfunctional metacognitions of control. Participants will experience how the model is used to generate case formulations and how it leads to a specific structure of treatment. They will be guided through methods to socialise their clients and will learn a range of metacognitive change techniques that modify unhelpful metacognitions. The workshop will use a variety of teaching methods including didactic presentation, video and role-play demonstrations, and experiential exercises.

Workshop participants will learn:

1. The metacognitive model of GAD
2. How to use the model to develop a case conceptualisation
3. Ways of socialising and engaging their clients
4. How to modify uncontrollability metacognitions
5. How to modify danger metacognitions
6. How to modify positive meta-beliefs and reduce relapse

The core treatment manual for this workshop is:

Wells, A. (2009). *Metacognitive Therapy for Anxiety and Depression*. New York: Guilford Press.

Website Resources:

www.mct-institute.com

SATURDAY, 16 SEPTEMBER 2017

IN-CONGRESS WORKSHOP 35

IMPROVING GOOD PRACTICE BY ENHANCING MEMORY FOR TREATMENT

Allison Harvey, University of California, Berkeley

Patients accurately recall only about one third of the recommendations made during a CBT session (Chambers, 1991; Lee & Harvey, 2015). Following other types of counseling, 60% of the patients did not remember the recommendations and 25% remembered recommendations that were not made (Bober, Hoke, Duda, & Tung, 2007). Recall is particularly poor for health behavior change advice (Flocke & Stange, 2004). Perhaps not surprisingly, poor memory for the content of treatment is associated with poorer adherence (Jansen et al., 2008) and poor adherence is associated with poorer outcome (Simpson et al., 2011). Also, there is evidence that poor memory for the content of a treatment is associated with poorer outcome (Lee & Harvey, 2015).

The Memory Support Intervention, derived from basic science in cognitive psychology and education and tested in research studies (Harvey et al., 2016), will be taught to participants in this workshop. The Memory Support Intervention is comprised of eight powerful memory promoting strategies. These strategies are proactively, strategically and intensively integrated into treatment-as-usual to support encoding. The Memory Support Intervention is designed to be applicable across disorders ('transdiagnostic') and across treatments ('pantreatment'). Applications within and between sessions and to interventions delivered via the internet will be considered. We will also discuss additional novel pathways to improving memory, such as improving sleep and the differential provision of services to children and older adults (memory and learning processes change across the lifespan).

Bober, S. L., Hoke, L. A., Duda, R. B., & Tung, N. M. (2007). Recommendation recall and satisfaction after attending breast/ovarian cancer risk counseling. *Journal of Genetic Counseling*, 16, 755-762.

Chambers, M. J. (1991). Patient recall of recommendations in the behavioural treatment of insomnia. *Sleep Research*, 20, 222.

Flocke, S. A., & Stange, K. C. (2004). Direct observation and patient recall of health behavior advice. *Preventive Medicine*, 38, 343-349.

Harvey, A. G., Lee, J., Smith, R. L., Gumport, N. B., Hollon, S. D., Rabe-Hesketh, S., et al. (2016). Improving outcome for mental disorders by enhancing memory for treatment. *Behaviour research and therapy*, 81, 35-46.

Jansen, J., Butow, P. N., van Weert, J. C., van Dulmen, S., Devine, R. J., Heeren, T. J., et al. (2008). Does age really matter? Recall of information presented to newly referred patients with cancer. *Journal of Clinical Oncology*, 26, 5450-5457.

Lee, J., & Harvey, A. G. (2015). Memory for therapy in bipolar disorder and comorbid insomnia. *Journal of Consulting and Clinical Psychology*, 83, 92-102.

Simpson, H. B., Maher, M. J., Wang, Y., Bao, Y., Foa, E. B., & Franklin, M. (2011). Patient adherence predicts outcome from cognitive behavioral therapy in obsessive-compulsive disorder. *Journal of Consulting and Clinical Psychology*, 79(2), 247.

FRIDAY, 15 SEPTEMBER 2017

IN-CONGRESS WORKSHOP 23

FOUNDATIONS AND BASIC PRINCIPLES FOR EFFECTIVE PRACTICE OF DIALECTICAL BEHAVIOUR THERAPY

Amy Gaglia, Society of DBT

This three hour workshop is designed to be an overview of Dialectical Behaviour Therapy (DBT). Change-based technology (behaviour therapy) with acceptance-based principles (validation) are introduced with dialectical strategies (those that provide the balance of acceptance and change). The frame of DBT is highlighted and the modes and functions of comprehensive DBT are defined. Topics include: the diagnosis and biosocial theory of borderline personality disorder; DBT treatment targets and structure of treatment for multi-problem, high-risk clients, including the modes and functions of comprehensive DBT programmes. This training is intended for mental health professionals who wish to acquaint themselves with the DBT treatment.

Workshop Objectives

- Describe the dialectical biosocial theory of Borderline Personality Disorder (BPD) used to guide treatment planning.
- Identify DBT treatment targets and how to structure treatment for multi-problem individuals at high risk for life-threatening behaviours.
- Explain the core strategies used in DBT, including problem solving, validation, and dialectical strategies.

THURSDAY, 14 SEPTEMBER 2017

IN-CONGRESS WORKSHOP 11

UPDATING TRAUMA MEMORIES WITH COGNITIVE THERAPY FOR PTSD

Anke Ehlers, the University of Oxford

Aim of the workshop

This brief workshop will concentrate on two core procedures used in cognitive therapy for PTSD: (1) Updating Trauma Memories, and (2) Discrimination of Triggers.

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, 2017; Gillespie et al., 2002; Smith et al., 2007; Meiser-Stedman et al., 2017). It has three goals. First, the idiosyncratic personal meanings are identified and changed. Therapeutic techniques include an individualised case formulation on the basis of the model, identification of hot spots during the trauma and associated meanings, socratic questioning, behavioural experiments and reclaiming your life assignments. 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 ways of updating trauma memories (integrating changed meanings into trauma memories),
- Identify triggers of reexperiencing symptoms and apply "Then" versus "Now" discrimination.
- Training modalities

The workshop will give case examples to illustrate the two treatment procedures. These will be illustrated with clinical material and videotapes.

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References

Ehlers, A., & Clark, D.M. (2000). A cognitive model of posttraumatic stress disorder. *Behaviour Research and Therapy*, 38, 319-345.

Ehlers, A., Hackmann, A., Grey, N, Wild, J., Liness, S., Albert, I., Deale, A., Stott, R., & Clark, D. M. (2014). A randomized controlled trial of 7-day intensive and standard weekly cognitive therapy for PTSD and emotion-focused supportive therapy. *American Journal of Psychiatry*, 171, 294-304.

Ehlers, A. & Wild, J. (2015). Cognitive Therapy for PTSD: Updating memories and meanings of trauma. In U. Schnyder and M. Cloitre (Eds.), *Evidence based treatments for trauma-related psychological disorders* (pp. 161-187). Cham, Switzerland: Springer.

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, UK. 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.

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IN-CONGRESS WORKSHOP 17

TREATMENT OF OCD: A CASE FORMULATION APPROACH

Christine Purdon, the University of Waterloo

Exposure with response prevention (ERP) is highly effective in treatment of obsessive-compulsive disorder, if patients are willing to do it. Engagement may be especially poor when the exposure exercises are not derived from a strong idiographic case formulation that the patient understands and agrees with. This workshop will introduce an elaborated CBT model for understanding the persistence of obsessions and compulsions which emphasizes core beliefs, stop rules, memory confidence, reasoning styles, and doubt. In this interactive workshop, attendees will be guided in the process of developing a comprehensive case formulation that will facilitate greater commitment to and engagement in ERP.

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IN-CONGRESS WORKSHOP 25

PROVIDING HIGHLY EFFECTIVE CBT SUPERVISION: THE ESSENTIAL ATTITUDES AND PRACTICES

Cory Newman, Perelman School of Medicine at the University of Pennsylvania

Drawing on recent findings from evidence-based programs of supervision in cognitive-behavioral therapy (CBT), this presentation will highlight the contents and processes of effective CBT supervision. The following major areas of interest will be described: (1) the supervisory relationship, (2) the chief responsibilities and teaching methods of a CBT supervisor, (3) promoting ethical behavior and cross-cultural sensitivity in supervisees, (4) facilitating supervisee competency in delivering CBT, (5) managing the administrative tasks of documentation, feedback, and formal evaluation in a timely, constructive manner, and (6) helping supervisees to solve clinical crisis situations. A video clip will be shown that illustrates a number of the above principles. Effective CBT supervisors also promote important attitudes and values to their trainees, which will be presented for discussion.

FRIDAY, 15 SEPTEMBER 2017

IN-CONGRESS WORKSHOP 24

METACOGNITIVE THERAPY FOR RUMINATION AND DEPRESSION

Costas Papageorgiou, Priory Hospital Altrincham

Persistent, recyclic, negative thinking, in the form of rumination, has been shown to be a core process implicated in the maintenance and perpetuation of depression (Papageorgiou & Wells, 2004). A growing body of empirical evidence supports the implementation of metacognitive therapy (MCT) for rumination and depression (Dammen, Papageorgiou & Wells, 2014; Papageorgiou & Wells, 2015; Wells et al., 2009, 2012) to maximise therapeutic effectiveness, prevent depressive relapse or recurrence, and address fundamental limitations of current treatments. MCT for depression aims to remove the metacognitive causes of rumination. The overall objective of this skills-based clinical workshop is to outline the components of individual MCT for depression (Wells, 2009; Wells & Papageorgiou, 2004). The following areas will be covered: overview of depressive rumination; the clinical metacognitive model of rumination and depression; assessment/measurement of rumination and associated constructs; case conceptualisation and socialisation; facilitating abandonment of rumination; enhancing flexible control over cognition using attention training and detached mindfulness; modifying negative and positive metacognitive beliefs; decatastrophising emotion; developing new plans for processing and relapse prevention. A combination of lecture, discussion, experiential, role-plays, and case presentations will be used to facilitate this workshop.

Key learning objectives:

- (1) To gain up-to-date knowledge of the phenomenology of rumination and its relationship with depression
- (2) To understand the principal features of the metacognitive model and therapy of rumination and depression
- (3) To become familiar with the specific metacognitive treatment strategies and techniques for depression

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IN-CONGRESS WORKSHOP 18

CBT FOR NEGATIVE SYMPTOMS AND THOUGHT DISORDERS.

Douglas Turkington, Newcastle University

Primary negative symptoms such as alogia, low motivation, poor self-care, anhedonia and emotional blunting are thought to predict a more chronic outcome in schizophrenia. Recent breakthroughs in the management of negative symptoms with CBT are reported along with skills based approaches such as cognitive adaptation training. An approach is described based on graded schema level work on the success/failure schema along with graded mastery and pleasure based activity scheduling. The issue of goal conflict in negative symptom maintenance is also explored. Advances in linguistics of psychosis reveal the importance of detecting and working with thought disorder in terms of modelling propositional reasoning, work on linked affect which drives thought disorder and focus on neologisms which are often the key to understanding the case formulation.

Objectives:- to be completely up to date with the optimum CBT management of negative symptoms and thought disorders.

To realize the increasing importance of linguistic research in relation to these two symptom areas.

Learning Points:-Learn to use graded activity scheduling to gradually facilitate social recovery.

Learn how to reduce fear of failure by using schema and imagery based approaches.

Learn how to supplement standard CBT with cognitive adaptation training.

Learn how to identify and resolve goal conflicts which hinder progress.

Teaching Modalities:- lecture, role plays and DVD clips.

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IN-CONGRESS WORKSHOP 5

COGNITIVE HYPNOTHERAPY

Edmund Thomas Dowd, Kent State University

This workshop will teach the basic tripartite cognitive hypnotherapy model in assessing and treating a variety of psychological disturbances. Especial attention will be paid to the use of cognitive hypnotherapy in assessing and treating core cognitive assumptions/tacit knowledge structures. Participants will learn how to assess and modify clients' core cognitive assumptions and learn something about their own as well. The instructor will use PowerPoint presentations, participant interactions, and live demonstrations. The following topics will be covered:

1. The cognitive model.
 - Cognitive contents
 - Cognitive processes
 - Cognitive structures
2. Memory processing and changes.
3. Tacit/implicit learning
4. Hypnosis in everyday life.
5. Milton H. Erickson - the man, the myth, the legend.
6. Contributions of Milton Erickson
7. Cognitive resistance and reactance.
8. Cognitive hypnotherapy in treating various disorders.

IN-CONGRESS WORKSHOP 10

THE KEY TO SUCCESSFUL OUTCOMES IN ADDICTION AND SUBSTANCE MISUSE.

Frank Ryan, Imperial College London

Willpower, defined as motivated cognitive control, is essential in order to sustain goal directed behaviour, especially in the context of recovery from addiction and substance misuse. Participants will learn in this context willpower faces four challenges:

- First, when addictive behaviour is suppressed attentional bias leads to the preferential processing of cues that trigger appetitive responses such as craving or drug-seeking. Resisting the motivational power of these cues can deplete willpower and increase the risk of relapse.
- Second, willpower is a universal but limited resource as it relies on controlled cognitive processing which is slow, deliberate, and has a constrained capacity. Accordingly, if willpower is engaged and approaching its capacity addressing a demanding task "A", say a taxing work assignment, there is little or no spare capacity to address task "B", for example overcoming the urge to smoke a cigarette and using a coping strategy.
- Third, the physical, psychological and social rewards or positive outcomes that define recovery are delayed, whereas the rewards that reinforce the addictive behaviour cycle are immediate. A person recovering from addiction will be motivated by the immediate gratification of the drug of choice and less swayed by the distant and less well defined rewards of sustained recovery.
- Fourth, chronic and excessive use of drugs can lead to a spectrum of neurocognitive deficits, especially in executive control functions such as forward planning, error monitoring or feedback, due to neurotoxicity. Willpower, which is equivalent to self-control, can be compromised by this and therapeutic intervention needs to be calibrated accordingly in terms of complexity and intensity. Subtle neurocognitive deficits may not be apparent either to client or therapist.

This combination of cognitive and motivational factors can impede therapeutic progress and contribute to relapse and disengagement from therapy. Conversely, targeting these processes using cognitive, motivational and behavioural strategies can directly promote recovery. The four challenges listed above can be used to derive innovative CBT formulations with a therapeutic focus on promoting cognitive fitness, rewarding effortful change and identifying alternative rewards to those associated with addictive pursuits. Thus in routine clinical practice cognitive biases can be modulated by promoting goal maintenance and impulsivity can be modulated by acceptance or mindfulness strategies or offering contingent rewards.

The therapeutic framework consists of seven related steps, which range from specific strategies such as rehearsing implementation intentions ("If I am offered a cigarette I will say no thanks") to more global endeavours such as promoting cognitive fitness through adopting a healthy diet, promoting physical exercise and enhanced emotional control. The programme can be used as a guide for CBT in the clinic or as guided self-help. Willpower is thus seen as a core cognitive competence that can be fostered in the therapeutic arena to promote and sustain change.

Ryan, F (2014) Willpower for Dummies. John Wiley & Sons.

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IN-CONGRESS WORKSHOP 30

COGNITIVE BEHAVIORAL THERAPY FOR BODY DYSMORPHIC DISORDER

Fügen Neziroğlu, Bio-Behavioral Institute

The Diagnostic and Statistical Manual- Fifth Edition (DSM-5) has classified Body Dysmorphic Disorder (BDD) under obsessive-compulsive related disorders as BDD shares many similarities to Obsessive Compulsive Disorder (OCD). Body Dysmorphic Disorder (BDD) is defined as a preoccupation with a perceived or imagined defect in one's physical appearance. The preoccupation is associated with a distorted body image with many time consuming safety behaviors such as mirror gazing, camouflaging, ruminating, skin picking or constant comparing of oneself to others. Such patients have a poor quality of life, are socially isolated, very depressed and are at high risk of committing suicide. They often have needless dermatological treatment and cosmetic surgery. In the past ten years effective pharmacological and cognitive behavioral treatments have been developed for BDD. Despite more awareness of the disorder, it is still under recognized and often misdiagnosed. Specific evidence based treatment strategies have been developed. Although there are some similarities to obsessive compulsive disorder treatment there are also many distinct approaches. This workshop will describe the symptoms of BDD, explain cognitive behavioral models of BDD, and teach assessment and treatment strategies. These strategies include the process of engagement and developing a formulation; imagery rescripting; attentional training; ceasing ruminating; habit reversal, exposure and response prevention; and behavioral experiments.

By the end of the workshop, participants will

1. Recognize and diagnose various forms of BDD
2. Understand a cognitive behavioral model of BDD and the factors that maintain the symptoms of BDD and psychogenic excoriation
3. Devise strategies for engagement and change in BDD with a focus on ceasing ruminating and comparing, dropping of avoidance and safety behaviours, re-scripting imagery and behavioural experiments

This workshop is aimed at those with moderate experience in CBT (i.e. not beginners), and will involve a mixture of didactic material and an exercise to develop a formulation

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IN-CONGRESS WORKSHOP 29

BASIC SKILLS ACQUISITION FOR GOOD PRACTICE OF TRIAL BASED COGNITIVE THERAPY (TBCT)

Irismar Reis De Oliveira, Federal University of Bahia

Abstract: This workshop is designed to teach participants a strategy that facilitates belief change (BC). BC is a significant part of most CBT protocols. Persistent attributions that are negative, global, and personal regarding life events and adverse outcomes are a risk factor for recurrence of most psychiatric disorders. Thus, a novel approach will be presented; Trial-Based Cognitive Therapy (TBCT), which may be more effective at changing belief systems than conventional thought records and logical disputation will be presented. TBCT is a three-level, three-phase, case formulation approach, whose foundation is in cognitive therapy; however, it has a unique approach to conceptualization and techniques that make it a distinct intervention in modifying patients' core beliefs. One of its main techniques is the Trial-Based Thought Record (TBTR), a structured strategy that is presented as an analogy with Law, in which the therapist engages the client in a simulation of the judicial process. It is an empirically validated method of BC, with promising results. An overview of the study results will be briefly presented. Also, role-play and video demonstrations of real patients will be shown.

Learning Objectives:

At the end of the workshop, participants are expected to be able

- 1) to present the cognitive model to the patient according to the TBCT conceptualization diagram;
- 2) to implement the strategy "Trial-Based Thought Record" in clinical practice and to assess its usefulness in changing patients' core beliefs;
- 3) to implement an experiential technique, the Trial-Based Metacognitive Awareness (TBMA), to consolidate BC put in motion by TBTR.

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IN-CONGRESS WORKSHOP 9

GOOD PRACTICE OF IN VIVO AND IMAGINAL EXPOSURE THERAPY

Jonathan Huppert, The Hebrew University

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

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IN-CONGRESS WORKSHOP 15

CBT FOR PERSONALITY DISORDERS

Judith Beck, the University of Pennsylvania

Key learning objectives:

Participants will be able to

1. Conceptualize personality disorder patients according to a developmental cognitive model;
2. Describe a cognitive behavioral formulation for several personality disorders
3. Improve and use the therapeutic alliance in treatment;
4. Engage personality disorder clients in treatment;
5. Describe advanced cognitive and behavioral techniques.

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

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IN-CONGRESS WORKSHOP 4

INCORPORATING APPETITE AWARENESS TRAINING INTO COGNITIVE BEHAVIORAL TREATMENT FOR BINGE EATING AND BULIMIA

Linda Craighead, Emory University

Appetite Awareness Training (AAT) is designed to restore a more normal feeling of control over eating by training individuals to be aware of, and then to use, internal cues of moderate hunger and fullness to regulate their eating, thereby reducing eating in response to internal emotional cues or external environmental cues. This approach reduces the need to rely on "diets" or "food rules". By discouraging "getting too full" as well as "getting too hungry" appetite monitoring moderates restraint in a way that feels safe to clients worried about weight gain. First, AAT emphasizes establishing an internal "amount boundary" using a novel form of self-monitoring that incorporates prominent visual cues. Clients typically report that AAT feels "different" from food monitoring and is more useful. This written monitoring is gradually faded to mental monitoring by the end of treatment to promote maintenance of accountability and reduce risk of relapse. The use of traditional CBT food monitoring is optional and can be eliminated for patients who report either excessive dependence on it or who report that it increases their preoccupation with food type. However, a type of food monitoring called food awareness training can be incorporated if needed to address concerns about food type or if weight loss is targeted once binge eating is eliminated. Cases will be presented illustrating AAT to address concerns related to binge and overeating (with and without purging) and excessive preoccupation with food type.

Learning Objectives:

1. Be able to present the rationale for this expanded model of treatment, describing seven maladaptive cycles that maintain disordered eating patterns
2. Be able to instruct a client in the use of appetite self-monitoring forms
3. Understand how to utilize this approach as guided-self-help, as a group intervention, or as part of a broader individual treatment plan for more complex or chronic problems

Recommended reading:

- Craighead, L. W. (2006). *The Appetite Awareness Workbook: How to listen to your body and overcome binge eating, overeating and obsession with food*. Oakland, CA: New Harbinger Publications, Inc.
- Hill, D. H., Craighead, L.W., & Safer, D.L. (2010). Appetite-Focused Dialectical Behavior Therapy for the Treatment of Binge Eating with Purging: A Preliminary Trial. *International Journal of Eating Disorders*, 44 (3), 249-261.

SATURDAY, 16 SEPTEMBER 2017

IN-CONGRESS WORKSHOP 38

INCORPORATING APPETITE AWARENESS TRAINING INTO CBT FOR ADULT AND CHILD WEIGHT MANAGEMENT

Linda Craighead, Emory University

Appetite Awareness Training (AAT) is a strategy designed to restore a more natural feeling of control over eating by training individuals to be aware of, and then to use, internal cues of moderate hunger and fullness to regulate their eating rather than responding primarily to internal emotional cues or external environmental cues or attempting to follow rigid food plans or diet rules. AAT discourages "getting too hungry" as well as "getting too full", focusing on normalizing amounts eaten before targeting changes in food type. Originally designed to reduce binge and overeating without prescribing specific food plans, AAT has been successfully incorporated into comprehensive lifestyle weight management programs, including several designed to target specific health conditions. AAT provides a flexible, individualized guideline to address the need for portion control without promoting feelings of hunger or deprivation. Importantly, written appetite monitoring is deliberately faded to a mental monitoring process at the end of treatment providing a way to maintain accountability once food monitoring is terminated. For patients who initially resist food monitoring, appetite monitoring is a less aversive first step that can enhance motivation to address food type. In addition, a family-based intervention targeting overweight or obese children now being used in several clinical settings will be described. Child-friendly metaphors are used to help parents talk with their kids in a positive way to promote healthy eating habits.

Learning Objectives:

1. Be able to present the rationale for incorporating appetite awareness training in weight management programs
2. Be able to instruct an adult or child in the use of appetite self-monitoring
3. Be able to teach parents how to approach weight management with children in a positive way, empowering the child to take responsibility for their health

Recommended reading:

- Craighead, L. W. (2006). *The Appetite Awareness Workbook: How to listen to your body and overcome binge eating, overeating and obsession with food*. Oakland, CA: New Harbinger Publications, Inc.
- Blumenthal, J., Babyak, M., Sherwood, A., Craighead, L., Lin, P., Johnson, J., Watkins, L., Wang, J., Kuhn, C, Feinglos M. & Hinderliter, A. (2010). Effects of the Dietary Approaches to Stop Hypertension Diet Alone and in combination with Exercise and Caloric restriction on Insulin Sensitivity and Lipids. *Hypertension*, 55, 1199-1205.
- Somers, T. J., et.al. (2012). Pain coping skills training and lifestyle behavioral weight management in patients with knee osteoarthritis: A randomized controlled study. *Pain*, 153(6), 1199-1209.
- Marx L. S., Reddy S. D., Welsh J. A., & Craighead L. W. (2015). Pilot study of appetite monitoring at a family-based camp for obese youth. *Clinical Practice in Pediatric Psychology*, 3(1), 59-70.

THURSDAY, 14 SEPTEMBER 2017

IN-CONGRESS WORKSHOP 12

ENHANCING CBT HOMEWORK WITH COLLABORATIVE EMPIRICISM AND SOCRATIC DIALOGUE: A PRACTICAL WORKSHOP

Nikolaos Kazantzis, Monash University

This workshop teaches advanced therapeutic relationship skills within a CBT framework. Many therapists have an understanding of collaboration, but have yet to fully explore the role of empiricism and Socratic dialogue. Arising from a research program, this workshop centers on providing therapists with training in the effective use of CBT specific relational elements to maximize client engagement with homework. Such knowledge is particularly important for achieving optimal outcomes for clients, especially those with persistent interpersonal difficulties, comorbid diagnostic profiles, and otherwise complex presentations.

Learning Objectives:

This workshop will help therapists to:

- Define and evaluate CBT collaboration from video recorded sessions;
- Through structured group activities, learn to differentiate and ensure high levels of empiricism in CBT homework;
- Distinguish interpersonal style from the structure of Socratic dialogue and assess several video demonstrations of CBT practice.

Teaching Methods:

Through clinical demonstrations and structured active learning and self-reflection exercises, the workshop focuses on advanced understanding of therapist behaviors and qualities crucial for client engagement. Workshop participants will also use competence grids to evaluate video demonstrations. Didactic presentations (PowerPoint) will also be incorporated.

A Brief Description of the Workshop Leader:

Nikolaos Kazantzis, Ph.D., is Associate Professor in the School of Psychological Sciences at the Institute for Cognitive and Clinical Neurosciences at Monash University (Australia) where he directs the clinical psychology training program and cognitive behavior therapy research unit. He has an active funded research program studying various aspects of treatment process with a particular emphasis on depression and cognitive behavioral therapy. He has won many prestigious and professional awards, including the Beck Scholar Award from Dr. Aaron T. Beck and Dr. Judith S. Beck for Excellence in Contributions to Cognitive Therapy. He is fellow of the Australian Psychological Society, and is a current Board member of the International Association of Cognitive Psychotherapy (IACP), and is the IACP delegate for Australia. He is currently Associate Editor for British Journal of Clinical Psychology, Cognitive Therapy and Research, International Journal of Cognitive Therapy, and has published over 100 peer-reviewed publications and 6 books, including "The Therapeutic Relationship in Cognitive Behavior Therapy" (Guilford Press) and "Using Homework Assignments in Cognitive Behavior Therapy" (Routledge). A/Professor Kazantzis has developed CBT training programs for over 6,000 professionals, and has presented workshops in 20 countries (for more information, visit: <http://www.med.monash.edu.au/psych/cbtru/>).

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Implications for Everyday Practice:

Such knowledge is particularly important for achieving optimal outcomes for clients, especially those with persistent interpersonal difficulties, comorbid diagnostic profiles, and otherwise complex presentations.

Relevant Background Readings about the Topic:

Asnaani, A., & Hofmann, S. G. (2012). Collaboration in multicultural therapy: Establishing a strong therapeutic alliance across cultural lines. *Journal of Clinical Psychology*, 68, 187-197. doi: 10.1002/jclp.21829.

Clark, D. A. (2013). Collaborative empiricism: A cognitive response to exposure reluctance and low distress tolerance. *Cognitive and Behavioral Practice*, 20, 445-454. doi: 10.1016/j.cbpra.2012.06.001.

Kazantzis, N., Beck, J. S., Dattilio, F. M., Dobson, K. S., & Rapee, R. M. (2013). Collaborative empiricism as the central therapeutic relationship element in CBT: An expert panel discussion at the 7th international congress of cognitive psychotherapy. *International Journal of Cognitive Therapy*, 6, 386-400. doi: 10.1521/ijct.2013.6.4.386.

IN-CONGRESS WORKSHOP 28

CBT FOR MEDICALLY UNEXPLAINED SYMPTOMS: COMBINING CORE STRATEGIES AND PROBLEM SPECIFIC TACTICS

Paul Salkovskis, University of Bath

In this workshop, Paul will describe the cognitive behavioural theory of health anxiety and how that has been applied to the development and validation of a treatment which evidence suggests is both effective and cost effective, and which can be relatively easily learned by health professionals. The main components of this treatment will be described and illustrated, with the emphasis on the clinical "how to".

The complex link between health anxiety and problems in general medical settings (both primary and secondary care) will be discussed, and evidence for generalisation to both MUS and LTC evaluated. The adaptations required for the application of the health anxiety treatment in this context will then be outlined, particularly focusing on the fact that anxiety and perception of threat alone will not always account for the maintenance of psychological distress in such problems. A trans-diagnostic model will be detailed which allows the application of a transdiagnostic CBT approach to therapy. However, it is emphasized that attention to specific issues is also required, so the treatment is in fact a hybrid of transdiagnostic and specific elements. The way such treatment should be conducted, from screening, assessment and formulation and engagement through to more active treatment, behavioural experiments and generalization strategies will be outlined in the context of MUS such as IBS, chronic pain, CFS and so on.

The importance of using an empirically and theoretically grounded transdiagnostic approach as a way of ensuring high quality therapy is thus considered in the context of the need to address the specific issues in symptomatically diverse problems such as chronic pain, Irritable bowel, chronic fatigue and so on. Core elements of treatment include engagement and developing a shared understanding supplemented by "modules" addressing specific aspects of MUS in the later stages of treatment, with behavioural experiments cutting across both aspects of the treatment. Treatment fundamentals and details will be discussed and, where possible, demonstrated.

Key references

Salkovskis, P. M., Warwick, H., & Deale, A. C. (2003). Cognitive-behavioral treatment for severe and persistent health anxiety (hypochondriasis). *Brief Treatment and Crisis Intervention*, 3(3), 353.

Salkovskis, P. M., Gregory, J. D., Sedgwick-Taylor, A., White, J., Opher, S., & Ólafsdóttir, S. (2016). Extending Cognitive-Behavioural Theory and Therapy to Medically Unexplained Symptoms and Long-Term Physical Conditions: A Hybrid Transdiagnostic/Problem Specific Approach. *Behaviour Change*, 1-21.

Wattar, U., Sorensen, P., Buemann, I., Birket-Smith, M., Salkovskis, P. M., Albertsen, M., & Strange, S. (2005). Outcome of cognitive-behavioural treatment for health anxiety (hypochondriasis) in a routine clinical setting. *Behavioural and Cognitive Psychotherapy*, 33(02), 165-175.

THURSDAY, 14 SEPTEMBER 2017

IN-CONGRESS WORKSHOP 2

METACOGNITIVE THERAPY FOR OBSESSIVE COMPULSIVE DISORDER

Peter Fisher, University of Liverpool

Metacognitive Therapy (MCT) is based on an information processing model of psychopathology (Wells & Matthews, 1994). At the heart of the model is a specific thinking style, called the cognitive attentional syndrome (CAS). The CAS is characterised by high levels of worry/rumination, unhelpful attentional strategies and counterproductive coping strategies. Each component of the CAS is guided by metacognitive beliefs and knowledge. In this workshop, the metacognitive model, and both the individual and group treatment of OCD will be described in detail.

Participants will have the opportunity to develop assessment and case formulation skills as well as a range of metacognitively focused treatment strategies for the disorder. Illustrative clinical examples will be used throughout the workshop and participants are encouraged to bring their own case material for discussion. The workshop will involve didactic presentation, video demonstrations and role plays to facilitate the development of MCT skills for OCD

References

Books

- Fisher, P.L., & Wells, A. (2009). *Metacognitive Therapy: Distinctive Features*. Hove: Routledge.
Wells, A. (2009). *Metacognitive Therapy for Anxiety and Depression*. New York: Guilford Press

Journal Articles

- Fisher, P.L. (2009). Obsessive Compulsive Disorder: A comparison of CBT and the metacognitive approach. *International Journal of Cognitive Therapy* 2(2). 132-142.
Fisher, P. L., & Wells, A. (2008). Metacognitive therapy for obsessive compulsive disorder: A case series. *Journal of Behavior Therapy and Experimental Psychiatry*, 39(2), 117-132.
van der Heiden, C., Van Rossen, K., Dekker, A., Damstra, M., & Deen, M. (2016). Metacognitive therapy for obsessive-compulsive disorder: A pilot study. *Journal of Obsessive-Compulsive and Related Disorders*, 9, 24-29.

SATURDAY, 16 SEPTEMBER 2017

IN-CONGRESS WORKSHOP 34

TREATING DEATH ANXIETY: NOVEL APPROACHES TO MANAGING EXISTENTIAL DREAD

Ross Menzies & Rachel Menzies, University of Sydney

Although death anxiety can be associated with the development of productive coping strategies (eg. seeking achievement, extending the self through family and relationships), it may also drive crippling fear and maladaptive coping mechanisms. As such, it has been argued that the dread of death is a transdiagnostic construct with the potential to underpin a range of mental health problems including panic disorder, illness anxiety disorder, agoraphobia, OCD, the specific phobias, separation anxiety disorder and depression.

If the dread of death is at the heart of various clinical presentations, treatment approaches which explicitly address these existential fears may be necessary. Conventional treatments which fail to target death anxiety may result in a 'revolving door' of individuals presenting with a shifting array of mental illnesses across their lifespan. Notably, recent research has reported relationships between fear of death and various markers of clinical severity, including overall distress, number of lifetime diagnoses and number of hospitalisations. This in-congress workshop will present a variety of innovative procedures to manage death anxiety that can be used in conjunction with standard CBT to provide a more comprehensive treatment of a range of mental health disorders.

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IN-CONGRESS WORKSHOP 3

IF AT FIRST YOU DON'T SUCCEED...: PIVOTING AFTER MISTAKES IN CBT

Robert Friedberg, Palo Alto University

In general, clinicians work diligently to provide the best care they can for patients. However, no one is perfect and procedural errors are commonplace. Using Bennett-Levy's rubric of declarative, procedural, and self-reflective knowledge categories as an organizational template, this workshop addresses several common mistakes in CBT with youth. Errors such as rigid application of techniques, inadequate conceptualization, poor theoretical understanding, intolerance of negative emotional arousal, therapeutic drift, working with superficial cognitions, colluding with patients' avoidance, treatment impatience, perfectionistic beliefs, and intolerance for ambiguity are explained and illustrated. Additionally, specific ways to correct these difficulties and pivot toward better clinical care are presented. The workshop is clinically focused and provides useful handouts for attendees.

FRIDAY, 15 SEPTEMBER 2017

IN-CONGRESS WORKSHOP 22

EMOTIONAL SCHEMA THERAPY: DEEPENING THE MEANING OF THERAPY

Robert Leahy, American Institute for Cognitive Therapy

Emotion regulation and emotion processing have gained increasing importance in CBT. However, in some cases clinicians and clients may find themselves inadvertently collaborating to "eliminate" unpleasant emotions, rather than enhance their capability with a range of emotions that are an inevitable part of life. For example, jealousy, envy, anger, anxiety, sadness and loneliness are part of the human experience and may reflect core values and meanings.

In this workshop we will review how the client's beliefs and strategies about different emotions may maintain or escalate problematic coping strategies such as avoidance, rumination, and blaming. The Emotional Schema Model is a Meta-Emotional Model of psychopathology. Emotional schemas include beliefs about the duration, controllability, impairment, comprehensibility, uniqueness, complexity, guilt, and shame about emotional experience.

As a result of these interpretations, problematic strategies for coping result from these interpretations. In this workshop we will review how the clinician can identify and evaluate emotional schemas, link these schemas to psychopathology and problematic coping, modify these schemas, use a variety of CBT techniques to develop more flexible, life-enhancing schemas, and support patients in using emotional experience to develop deeper meanings in their lives.

Participants will learn:

1. How to identify the patient's beliefs about emotion and problematic strategies of emotion regulation
2. How to develop an emotional schema conceptualization
3. Identify beliefs about emotional perfectionism and existential perfectionism
4. How to link emotions to values and transcend avoidance to deepen meaning
5. Specific interventions to modify beliefs about emotions

Recommended Reading

Leahy, R. L. (2010). Emotional schema therapy. In J. Herbert and E. Forman (Eds.), *Acceptance and mindfulness in cognitive behavior therapy: Understanding and applying the new therapies*. New York: Wiley.

Leahy, R. L. (2014). Emotional schema therapy. In N. Thoma & D. McKay (Eds.), *Working with Emotion in Cognitive Behavioral Therapy: Techniques for Clinical Practice*. Guilford Press: New York.

Leahy, R.L. (2015) *Emotional Schema Therapy: A Practitioner's Guide*. Guilford: New York.

Leahy, R.L. (2016). Treating emotional schemas. In John Livesley, G. Dimmagio, and J. Clarkin (Eds.) *Integrated Treatment for Personality Disorders*. Guilford: New York

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IN-CONGRESS WORKSHOP 16

COGNITIVE BEHAVIORAL THERAPY OF SOCIAL ANXIETY DISORDER

Stefan Hofmann, Boston University

Social anxiety disorder is one of the most common mental problems in the population and in clinical settings. Traditional cognitive-behavioral techniques have only shown moderate effects. More recent research has led to a greater understanding about the maintaining factors of this disorder. Based on this knowledge, a new treatment model has been developed that is associated with considerably greater treatment efficacy than earlier formulations. This treatment focuses on expectations about social standards, goal setting strategies, self-focused attention, self-perception, and emotional control. Some of the treatment techniques include video feedback, attention modification, mirror exposures, and in vivo social mishap exposures. Participants of this workshop will become familiar with the theoretical basis of this intervention and learn the specific therapeutic techniques that are necessary to carry out effective treatment of this pervasive and debilitating disorder.

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THURSDAY, 14 SEPTEMBER 2017

IN-CONGRESS WORKSHOP 1

THE SIGNIFICANCE OF PSYCHOLOGICAL FLEXIBILITY IN UNDERSTANDING AND USING THE THERAPEUTIC RELATIONSHIP

Steven Hayes, University of Nevada

The purpose of this workshop is show how the psychological flexibility model helps elucidate the nature and role of the therapeutic relationship in clinical work. My claim is that powerful therapeutic relationships instigate, model, and reinforce psychological flexibility. If that is true, it means that we can use psychological flexibility to support the practitioner in whatever clinical work is being done. Attendees will practice methods that help build the therapeutic alliance using this model.

Learning Objectives

Describe how each flexibility process applies to the therapeutic relationship

State the at least two overall and essential functions of the clinician regarding psychological flexibility in the therapy session

Describe how the flexibility model informs what to focus on in reading clinical progress in session

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IN-CONGRESS WORKSHOP 37

THE ROAD TO HAPPINESS: FACILITATE POSITIVE EMOTION IN CLIENTS

Tammie Ronen, Tel-Aviv University

The last decade has seen an increased interest in the role of emotions in general, and the ability to express positive emotion, in particular.

The workshop combines four parts:

First, there will be a short presentation of the basic components of positive psychology: subjective well being, positive affect, happiness, positivity ratio and satisfaction of life and its importance in help people flourishing.

Second, there will be presentation of the developmental nature of emotion, which necessitate going through the 5 basic steps : expressing emotion, identifying emotion, accepting emotion in the self and others, understanding emotion and controlling emotion, in order of helping children enhance positive emotion.

Third, the participants will exercise ways to express, identify and increase positive emotion in self-and clients.

The workshop combines of lecture, training and demonstration of ways to apply the model with clients.

IN-CONGRESS WORKSHOP 31

A TRANSDIAGNOSTIC APPROACH TO PERSISTENT PHYSICAL SYMPTOMS FOCUSING ON FATIGUE

Trudie Chalder, King's College

Scientific background and description of workshop:

Medically Unexplained Symptoms (MUS) are defined as persistent bodily symptoms with functional disability but no explanatory pathology. Other terms include Somatic Symptom Disorder (SDD) which is used in the new Diagnostic Statistics Manual (DSM-5). This refers to persistent (6 months or more) and clinically significant somatic complaints accompanied by excessive and disproportionate health-related thoughts, feelings and behaviours regarding the symptoms. The somatic symptoms can be related to long term conditions as well as in the context of medically unexplained syndromes.

A healthy population (Marks & Hunter 2014) and group of chronic fatigue syndrome patients (Picariello et al., 2015) prefer the term persistent physical symptoms (PPS). The management of patients with persistent physical symptoms and long term conditions are a significant challenge to the NHS. Psychiatric co-morbidity rates are high. Research suggests that affective, cognitive and behavioural responses perpetuate symptoms and disability. A transdiagnostic but formulation based treatment approach based on cognitive behavioural models can be used to improve people's quality of life. This workshop will focus specifically on fatigue which is ubiquitous in long term conditions.

Key learning objectives:

1. To gain an understanding of the specific affective, cognitive, behavioural and social responses that may be perpetuating symptoms and disability
2. To gain an understanding of the most effective interventions for fatigue in a variety of contexts

Training modalities:

Didactic teaching
Role play
Discussion

Key references:

Deary, V., Chalder, T., Sharpe, M. (2007). The cognitive behavioural model of medically unexplained symptoms: A theoretical and empirical review. *Clinical Psychology Review* 27, 781-797.
Dimsdale, J., Creed, F., Escobar, J. et al. (2013). Somatic Symptom Disorder: An important change in DSM. *Journal of Psychosomatic Research*, 75, 3, 223-228.
Chalder, T. & Willis, C. (in press). 'Lumping' and 'splitting' medically unexplained symptoms: Is there a role for a transdiagnostic approach? *Journal of Mental Health*.

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Brief description of workshop leader(s)

Trudie Chalder is Professor of Cognitive Behavioural Psychotherapy at King's College London. She has worked as a clinician and a researcher in the area of long term conditions and medically unexplained symptoms for about 30 years. She has a specific interest in fatigue. She develops specific cognitive behavioural models for understanding and treating these conditions and evaluates the approaches within the context of randomised controlled trials in primary and secondary care. Her research involves investigating not only whether treatment works in the context of gold standard randomised controlled trials but how and for whom it works. Her work spans adolescents and adults.

Trudie has published approximately 250 articles. She was the President of the British Association of Behavioural and Cognitive Psychotherapy and is an Editor of the Journal of Mental Health.

IN-CONGRESS WORKSHOP 36

INTEGRATING APPLIED NEUROSCIENCE AND BIOFEEDBACK INTO CBT

Tullio Scrimali, University of Catania

The workshop is focused in demonstrating and treating the important topics concerning how some recent developments of Neuroscience can be today clinically applied in order to better the intervention when carrying out a Cognitive and Behavioural Therapy with patients affected by many different mental disorders.

During the workshop a method, coming from Neuroscience Laboratories, that can be easily applied to the clinic setting of Cognitive Therapy, will be illustrated and explained. This is the **Quantitative Electrodermal Activity**.

Such parameter can be today 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 CBT Therapist.

Basic information will be given concerning how to use such new method when treating patients, affected by many different Mental Disorders.

Particularly some data will be illustrated about mood, anxiety, eating, and schizophrenic disorders.

More detailed information will be given about **Quantitative Monitoring of Electrodermal Activity**, a new A new tool, called **MindLAB Set**, developed by Tullio Scrimali, will be carefully explained.

It can be used both when assessing the patient and during its treatment. It allows the Cognitive Therapist to apply some new interesting methods of self-regulation such as biofeedback and **Biofeedback Based Mindfulness**.

An E-Book, will be offered, for free, to any participant (sent by the Author as PDF and the end of the workshop). The title is:

Tullio Scrimali

INTEGRATING MINDLAB SET INTO CBT

A New Perspective for Clinical Work

ALETEIA Publisher, Acicastello, Italy

The main reference for the workshop is:

Tullio Scrimali

NEUROSCIENCE-BASED COGNITIVE THERAPY

New Methods for Assessment, Treatment and Self Regulation

Wiley-Blackwell, Oxford, 2012.

FRIDAY, 15 SEPTEMBER 2017

IN-CONGRESS WORKSHOP 19

MIRROR IMAGES, MENTAL IMAGES, AND MODIFICATIONS: COGNITIVE THERAPY FOR BODY DYSMORPHIC DISORDER

Viktoria Ritter & Ulrich Stangier, Goethe University

Body dysmorphic disorder (BDD) is characterized by an excessive preoccupation with one or more perceived defect(s) or flaw(s) in physical appearance which are not observable or appear slight to others. Preoccupation with the defect(s) is experienced as uncontrollable and includes recurrent, often intrusive thoughts; time-consuming ritualistic safety behaviors (e.g., mirror checking, camouflaging or comparing a perceived defect), and avoidance. BDD has an early onset and is accompanied by an extensive reduction in quality of life, social isolation, suicidality and high comorbidity, particularly with depression. In psychotherapeutic settings, BDD is generally underrecognized and misdiagnosed, and patients are often insufficiently treated. Treatment barriers such as fear of disclosure, shame, lack of insight and belief in plastic-surgical procedures or dermatological treatment impede with the therapeutic process.

This workshop presents a comprehensive cognitive treatment approach that focuses on the modification of biased appearance-related cognitive and emotional processes (e.g., excessive selffocused attention, detail-oriented perception, mental imagery, negative interpretation) and dysfunctional behaviors (e.g., rituals, safety behaviors, avoidance). The workshop offers: a) a short introduction to diagnosis, presentation and etiology, b) a cognitive model to understand BDD and c) specific cognitive interventions depending on patients' individual need.

Presentation of the main cognitive interventions for BDD

Deriving a cognitive model of BDD

Attentional Training, Perceptual Retraining

Video Feedback

Imagery Rescripting

Behavioral Experiments

Workshop modalities

Illustrating cognitive interventions (case material, video presentations, life role play)

Experiential: practice in pairs

Materials and worksheets

Questions and discussion

Workshop Leaders

Viktoria Ritter, Ph.D., is a clinical psychologist at the Department of Clinical Psychology and Psychotherapy, Goethe University Frankfurt, and licensed cognitive-behavioral therapist. Her research focuses on understanding and treatment of body dysmorphic disorder and social anxiety disorder. Dr. Ritter published several articles and a self-help book for patients with body dysmorphic disorder. Recently, she investigated face perception in body dysmorphic disorder. Currently, she investigates the efficacy of cognitive therapy for patients with body dysmorphic disorder in a randomized controlled trial.

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Ulrich Stangier, PhD, is Full Professor, Chair for Clinical Psychology and Psychotherapy and Director of Clinic for Behavior Therapy at Institute of Psychology, Goethe University, Frankfurt. He is licensed cognitive-behavioral therapist since 1992. Main domains of research and publications refer to psychopathology and cognitive therapy of social phobia, depression, and body dysmorphic disorder; therapists' adherence and competence in cognitive therapy. Clinical trials on the efficacy of cognitive therapy for social anxiety disorder and recurrent depression, and the effectiveness of cognitive therapy for social anxiety disorder in clinical practice.

FREE IN-CONGRESS WORKSHOPS



THURSDAY, 14 SEPTEMBER 2017

IN-CONGRESS WORKSHOP 6

1040 - INTERNET-BASED CBT INTERVENTIONS

Per Carlbring, Stockholm University

Internet-delivered cognitive behavior therapy (ICBT) has a relatively short history, with the first trials being conducted in the late 1990s. Since then well above 150 randomized controlled trials suggest that ICBT can be effective. Effect sizes for ICBT have been well within the range of face-to-face CBT with the exception of unguided programs (e.g., not even minimal therapist contact), which usually, but not always, result in smaller effects. So, the evidence is there but how is it done? In this workshop 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.

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IN-CONGRESS WORKSHOP 7

1051 - AFFECT PHOBIA THERAPY

Joop Meijers, Hebrew University Jerusalem

Affect Phobia Therapy (APT) is a relatively new form of psychotherapy, integrating principles and techniques of Cognitive-Behaviour Therapy and Psychodynamic Therapy. APT, originally developed by the late Leigh McCullough, is based upon the assumption that many psychological conflicts and symptoms can be understood and treated as a 'phobia' or fear of experiencing and/or expressing positive and negative emotions. The goal of APT is to help clients identify the triggers to the phobia of emotions, the patterns of avoidance of and defense against the activating, adaptive emotions, identify and regulate the anxiety and fear of the activating, adaptive emotions and fully experience and express the authentic, activating, adaptive emotions. There is a growing evidence base for APT. Several published peer reviewed research studies as well as a wealth of clinical experience prove that APT is an effective and efficacious therapy approach well suited to problems of anxiety, depression, and personality disorders, especially Cluster -C. APT uses principles and techniques of exposure, response prevention, cognitive restructuring, emotion regulation, to help the client overcome his or her fear of emotion. APT is an intensive, short-term, directive, active form of therapy, suitable for the treatment of clients in public mental health settings, who are interested in an effective therapy that focuses on concrete behavioural, emotional and cognitive symptoms without ignoring the meaning those symptoms may have for the client.

THURSDAY, 14 SEPTEMBER 2017

IN-CONGRESS WORKSHOP 13

1087 - THINKING EFFECTIVELY ABOUT MOOD SWINGS (TEAMS) - COGNITIVE THERAPY FOR MOOD SWINGS AND BIPOLAR DISORDERS

Sara Tai, University of Manchester

Most people diagnosed with bipolar disorder experience ongoing problems outside of episode including sub-clinical symptoms of hypomania, depression (Vieta et al., 2010), anxiety disorders (Goes et al., 2012), and disturbances in quality of life (Bonnin et al., 2012). To date, psychological interventions have demonstrated significant but modest effects (e.g. Richardson, 2010) and indicate that despite treatment, patients continue experiencing significant difficulties. Developing alternative approaches to managing bipolar disorders is essential. This interactive, experiential workshop provides a comprehensive introduction to a new CBT approach known as TEAMS (Think Effectively About Mood Swings) based on an empirically supported model (Mansell et al., 2007). TEAMS is a transdiagnostic approach that enables the targeting of current problems, such as depression and anxiety, by developing a shared understanding of how conflicting thinking styles and behaviours maintain and escalate current symptoms. Treatment aims to increase tolerance to internal states perceived to be problematic by helping individuals focus on controlling important life goals as opposed to mood states. This workshop is for clinicians with ranging experience and aims to build confidence, draw on existing skills, whilst highlighting specific factors that attendees might need to consider when working with this client group. The approach can be used with anyone who experiences problematic mood swings, including people who present with clinically relevant symptoms but do not meet diagnostic criteria for bipolar disorder. A contemporary, process-oriented and experiential approach to cognitive therapy will be illustrated; for example use of imagery and targeting processes such as worry, rumination and selective attention. The focus is on dealing with current problems and promoting long-term recovery, rather than merely preventing relapse.

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IN-CONGRESS WORKSHOP 14

1060 - SPECIAL TOPICS IN THE TREATMENT OF OCD IN CHILDREN AND ADOLESCENTS

Elna Yadin, University of Pennsylvania and Child Study Institute

This workshop will address how to successfully approach specific OCD content areas seen in children and adolescents that are often either misdiagnosed completely or that are likely to introduce barriers to effectively providing exposure and response prevention (ERP) treatment. Topics will include, among others, sexuality, existentialism, and seemingly 'bizarre' or 'psychotic' ideation of loss of essence or 'contamination by badness'. Information for psychoeducation about these content areas will be provided and illustrations of ERP exercises, both through in vivo and imaginal exposures, will be given via slides and video clips. Participation from the audience will be encouraged, both by participants sharing cases with which they have struggled as well as with which they have had success.

FRIDAY, 15 SEPTEMBER 2017

IN-CONGRESS WORKSHOP 20

1076 - THE INITIAL PHASE OF THERAPY IN ACT: SETTING THE GROUNDS FOR A VALUED CHANGE

Iftah Yovel, The Hebrew University of Jerusalem

ACT practitioners are faced with several challenging tasks in the initial phase of treatment. During the first few sessions, therapists need to develop a useful, contextual formulation. Rather than focusing on symptom reduction, the emerging treatment plan should emphasize the client's valued goals. Establishing a good rapport with the client is important in all therapies, and in all types of CBT therapeutic relationships should be based on a strong sense of collaboration and transparency. On top on these, however, a fruitful treatment alliance in ACT is also contingent upon the somewhat elusive concept of "creative hopelessness": early in treatment, therapists often need to help clients recognize the futility of their most basic forms of coping strategies, and at the same time also provide viable alternatives. This last endeavor is rarely an easy one: these alternatives are often perceived as counterintuitive and even "illogical", and merely attempting to explain their nature using common language tools may prove counterproductive. Perhaps most importantly, it is essential for the ACT therapist to deliver from the get-go a strong message of an active, behavioral approach, 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.

FRIDAY, 15 SEPTEMBER 2017

IN-CONGRESS WORKSHOP 21

1054 - RELATIONSHIP INTERRUPTED: ASSESSMENT AND TREATMENT OF RELATIONSHIP OBSESSIVE COMPULSIVE DISORDER (ROCD)

Guy Doron & Dr. Danny Derby, IDC / Cognetica

Relationship Obsessive Compulsive Disorder (ROCD) is a debilitating presentation of OCD centering on interpersonal relationship. ROCD symptoms include doubts regarding one's feelings towards a relationship partner, the partner's feelings towards oneself, and the "rightness" of the relationship experience (relationship-centered). ROCD symptoms also involves intense preoccupation with the perceived physical (e.g., nose, body proportion, hair) and character flaws (e.g., morality, intelligence) of the relationship partner (partner-focused obsessions). ROCD symptoms significantly affect both individuals of the dyad. For instance, ROCD symptoms of one partner may increase jealous behavior, ROCD symptoms and self-obsessions of the other partner. ROCD symptoms were linked with other OCD symptoms, negative affect, low self-esteem, low relationship satisfaction, attachment insecurities, and impaired sexual functioning. In addition to maladaptive associated with other presentations of OCD, ROCD symptoms were linked with specific vulnerability factors including particular relationships related catastrophic beliefs, extreme romantic beliefs, self-vulnerabilities and attachment vulnerabilities. In this workshop, we describe ROCD symptoms in its various presentations and delineate its main features. We present a model of ROCD and supporting research. We then focus on assessment and identification of idiosyncratic client-relevant maladaptive beliefs, self-perceptions and attachment representations and propose ways to challenge them.

FRIDAY, 15 SEPTEMBER 2017

IN-CONGRESS WORKSHOP 26

1074 - A MINDFULNESS AND CBT INTEGRATED TREATMENT FOR PSYCHOSIS: FROM THE EARLY INTERVENTION TO THE IMPROVEMENT OF THE NEUROCOGNITIVE AND METACOGNITIVE DYSFUNCTIONS

Antonio Pinto, University of Bologna (Italy)-CEPICC, SITCC

One psychosocial approach that may prove effective at the onset and in the long-term management of schizophrenia is Cognitive-Behavioural Therapy . 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. This is not surprising, because most techniques of CBT specifically addressed delusions, hallucinations and their behavioural consequences, as aggressiveness, addiction, or social avoidance. 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. 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. 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 Initially, the therapy interventions were characterized to modify "irrational" behaviors, and then CBT therapy focused the 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. Despite there has been evidences for the effectiveness of CBT, not all patients succeed in applying CBT techniques. Thus, the available research suggests that the "third wave" approach, in particular the "Mindfulness" approach, may be an effective adjunctive treatment for individuals with psychosis. 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.

FRIDAY, 15 SEPTEMBER 2017

IN-CONGRESS WORKSHOP 27

1086 - GROUP SCHEMA THERAPY: WORKING WITH THE CHILD AND PARENT MODES

Elena Romanova, St.Petersburg Schema Therapy Institute

Paul Kasyanik, St.Petersburg Schema Therapy Institute

Group Schema Therapy (GST) is an exciting and relatively new modality, which has been demonstrated to catalyze the effect of Schema Therapy for borderline personality and other disorders. Trials and pilot studies are going on around the world with various options of GST for a variety of patient populations. This workshop offers the opportunity to experience some of the innovations in ST interventions for groups. It is appropriate for those who have experience in group therapy and interested in enriching their practice with more complex emotional-focused and experiential techniques. This advanced level training focuses on the Child and Parent Schema modes with interventions designed for Group Schema Therapy, which can also be used in individual and even couples work. Group Schema Therapy expands the opportunities for healing the Vulnerable Child, channeling the Angry Child, the Impulsive or Undisciplined Child learning healthy limits and the Happy Child having others to play with. It also helps to diminish the dysfunctional Parent modes. Variety of experiential techniques will be presented for the purposes of the specific therapeutic goals in the process of Group Schema Therapy. Emphasis will be made on Group interventions for the Child Modes and Good Parent. Healing the Vulnerable Child, Channeling the Angry Child, Happy Child fun work, anger-release work, play in group, banishing the Punitive Parent, moderating the Demanding parent, Good Parent component of Healthy Adult mode. Besides demonstrations attendees will be able to practice different techniques as well as participate in creative design of specific exercises, games and plays according to their therapeutic experience and patients' particular features.

SATURDAY, 16 SEPTEMBER 2017

IN-CONGRESS WORKSHOP 32

1252 - WORKING WITH VALUES IN COGNITIVE BEHAVIORAL THERAPY

*Jan Prasko*¹, *Milos Slepecky*², *Jana Vyskocilova*³, *Antonia Kotianova*²

Department of Psychiatry, Faculty of Medicine and Dentistry, University Palacky Olomouc - ¹ *Department of Psychology Sciences, Faculty of Social Science and Health Care, Constantine the Philosopher University in Nitra, Slovak Republic* - ² *Faculty of Humanities, Charles University Prague* - ³

Values and cognitive behavioral therapy

Jan Prasko, Milos Slepecky, Jana Vyskocilova, Antonia Kotianova

Values have an intentional quality that connected the various moments of the life in a meaningful journey. The influence the needs, wishes, preferences and also that one believes to be important or not. Each individual has its own more or less conscious value system as a result of a value orientation. The awareness of the values may be an effective self-regulation. Cognitive behavioral therapy is focused on practical problem solving and goals in the life through the changes of the cognitive processes, behavior and emotional responses. The changes of these processes are often related to the change of some life values, otherwise it would not be possible. Values form the basis for motivation to achieve therapeutic changes. The mapping of the life values is therefore very important for the therapist, as it helps to link therapeutic goals to the important areas of the life and the use of value orientation can prepare the framework for implementing common CBT strategies such as activity scheduling, cognitive restructuring, accommodation conditional beliefs.

SATURDAY, 16 SEPTEMBER 2017

IN-CONGRESS WORKSHOP 33

1093 - POSITIVE CBT. FROM REDUCING DISTRESS TO BUILDING SUCCESS

Fredrike Bannink, owner

Recent decades have witnessed a surge in the development of competency-based, collaborative approaches to working with clients. Positive CBT (Cognitive Behavioral Therapy) reveals how traditional CBT becomes Positive CBT by shifting the focus of therapy from what is wrong with clients to what is right with them, and from what is not working to what is, thus creating a more optimistic and hopeful process to help clients and therapists flourish. Drawing on insights and techniques from both Positive Psychology and Solution-Focused Brief Therapy, Fredrike Bannink reveals how Positive CBT combines the best elements of change-based and meaning-based psychotherapeutic approaches to offer a new perspective on traditional CBT. This transition represents an important shift from problem analysis to goal analysis, from a focus on deficits and the learning of new behaviours to one that builds on resources and competences clients already possess and from reducing distress to building success. Prof. P.Gilbert: "Positive CBT changes what we focus on and how we work in helping people change." Prof. W. Kuyken: "What Bannink is doing is radical, synthesizing CBT with the psychology of resilience in a grounded and pragmatic way."

SATURDAY, 16 SEPTEMBER 2017

IN-CONGRESS WORKSHOP 39

1012 - MIND YOUR ANGER HABITS: FOR TEEN(GROUP CBT FOR TEENS WITH ANGER BEHAVIORAL PROBLEMS)

Safaa Eraky Azab, Egyptian Association of Cognitive Behavioral Therapy(EACBT)

Problematic anger behaviors of children and adolescents represent a significant challenge to the clinical community. Although a number of direct and indirect factors are theorized to contribute to the etiology of aggressive behavioral problems, the cognitive-behavioral model focuses on the cognitive processes that play a significant role in the generation of anger and the aggressive responses to provocation. "Mind your anger habits: for teen" manual, is based on the cognitive-behavioral conceptualization of anger and anger management problems functions ,it consists of 10 group sessions for teens and 8 group sessions for their parents. In the "Mind your anger habits: for teen"; anger is identified as a stress reaction with three response components: cognitive, physiological, and behavioral. The cognitive component is characterized by one's perception of social stimuli and provocation cues in the social context, by one's interpretation of these stimuli, by one's attributions concerning causality and/or responsibility, and by one's evaluation of oneself and the situation. This component represents a significant area for intervention with aggressive adolescents as their perceptions and attitudes serve to prompt most behavioral responses to provocation. Research on the social and cognitive processing in aggressive youth indicates that distorted interpretations, attributional biases, and deficiencies in problem solving can all influence the selection of aggressive behavior responses. Furthermore, cognitive processing patterns are likely to become more rigid over time, and as such the maladaptive aggressive behaviors prompted by dysfunctional cognitions will be maintained.

MASTERCLASSES



THURSDAY, 14 SEPTEMBER 2017

MASTERCLASS 1

CBT IN ACTION FOR POST-PARTUM OBSESSIONS

Adam S. Radomsky, Concordia University

Although effective behavioural treatments for obsessive-compulsive disorder (OCD) have a long history in the form of Exposure and Response Prevention (ERP), there are some noticeable weaknesses associated with this behavioural approach, not the least of which is its limited ability to effectively treat primary obsessions. Fortunately, in the late 1990's, cognitive theorists began to turn their attention to enhancing our understanding of, and ability to treat obsessions (which in essence are cognitive phenomena). This masterclass will highlight advances in the theory and treatment of obsessions, by following a client presenting with post-partum obsessions about harming her young child. The session will feature video recordings and the ongoing collection of evidence to guide clinical practice. Attendees will learn about cognitive case formulation, the importance of ongoing assessment, and specific therapeutic interventions, all following from cognitive-behavioural models of OCD. Strategies discussed in the context of this case will be easily adaptable for use with clients and patients presenting with other forms of OCD. Although OCD remains a serious and often debilitating disorder, our ability to substantially improve the lives of those suffering from the problem has dramatically increased in recent years. This workshop will capitalize on these recent improvements through the emphasis of new cognitively-based treatment strategies for this challenging disorder.

THURSDAY, 14 SEPTEMBER 2017

MASTERCLASS 2

ENHANCING COGNITIVE CONTROL TO IMPROVE OUTCOMES

Frank Ryan, Imperial College London

In this masterclass willpower will be defined as motivated cognitive control. In therapeutic contexts willpower depletion- a type of "mental exhaustion" - can occur when efforts are being made to reverse established behaviour patterns. Accordingly, promoting cognitive control needs to be the primary process in CBT. Willpower will be viewed as dependent on a dynamic interaction between cognitive and motivational processes. In order to be optimised, willpower also requires neural fitness to support cognitive flexibility. Participants are encouraged to bring clinical case examples. Formulation will focus on cognitive and motivational processes as follows:

The cognitive component is affected by task irrelevant attentional capture, typically orienting towards the problem emotion or behaviour, via related stimuli. Thus, a depressed person will default to negative self-reflection or avoidance, or an addicted person will automatically be drawn to opportunities to re-engage with the addictive behaviour. The default requires little or no willpower; overcoming or suppressing it requires a lot of willed effort. Willpower is also constrained by the limited capacity of working memory: distraction can dislodge therapeutically aligned goals. The evolving Research Domains Criteria (RDoC) framework proposes these as core components of cognitive control:

- Goal selection
- Goal maintenance
- Performance monitoring/ updating of goal pursuit
- Suppression/ inhibition (of competing or counter-therapeutic goals)

These processes can be addressed as part of the therapeutic dialogue used to structure between session actions and assignments. The focus on goal selection and pursuit should supplant other CBT techniques as cognitive control is the priority. Expending mental effort completing a complex thought diary might, for example, deplete willpower and compromise the pursuit of therapeutic goal(s). Limited working memory capacity means that goal maintenance could be jeopardised by more cognitively demanding therapeutic exercises. Further, by activating the task positive neural network, goal directed behaviour serves to reduce rumination, a trans-diagnostic risk factor for relapse.

The motivational component of willpower is strongly influenced by the availability and perceived value of rewards. However, the rewards (indexing positive therapeutic outcomes) associated with change are delayed, whereas the rewards contingent on resisting therapeutic change are omnipresent and seductive. A depressed man may be motivated to stay in bed as he anticipates no reward from getting up and engaging with others. A woman recovering from addiction will be motivated by the immediate gratification of her drug of choice and less swayed by the distant and less well defined rewards of sustained recovery. The anticipation of rewards thus impacts on willpower via the decisions made in the moment. It is a form of temptation, the biggest challenge to willpower.

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In both affective and addictive disorders the tactical use of rewards is therefore essential to promote recovery. This can be by social reinforcement by the therapist, recruiting affiliates, friends or family to reinforce change, or identifying alternative rewards that the client can access. Rewards directly facilitate learning and associated stimuli can acquire motivational power that can boost willpower. The key is to ensure that the client is

reinforced for their effort, (actually deploying willpower) by interim or proxy rewards that serve as milestones on the road to recovery.

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THURSDAY, 14 SEPTEMBER 2017

MASTERCLASS 3

TRIAL BASED COGNITIVE THERAPY : A NOVEL CBT APPROACH FOR TREATING PSYCHIATRIC DISORDERS

Irismar Reis De Oliveira, Federal University of Bahia

Trial-Based Cognitive Therapy (TBCT) is a three-level, three-phase, case formulation approach, developed by Professor Irismar Reis de Oliveira at Federal University of Bahia, Brazil. TBCT's foundation is in cognitive therapy (CT); however, it has a unique approach to conceptualization and techniques that make it a distinct intervention in modifying patients' core beliefs, especially those about the self.

Description:

Like cognitive therapy (CT), trial-based cognitive therapy (TBCT) is an active approach to treatment that helps clients to recognize situationally based thoughts and unhelpful beliefs that exacerbate emotional distress. In this workshop, participants will learn how to use the TBCT case conceptualization diagram (CCD) and how to restructure cognitions in the level 1, by means of techniques like the intrapersonal thought record (Intra-TR), the interpersonal thought record (Inter-TR), and the participation grid (PG).

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MASTERCLASS 4

MAKING CBT REAL AND RELEVANT WITH DISTRESSED YOUTH

Robert Friedberg, Palo Alto University

Intellectualized, overly abstract, and emotionally sterile application of CBT falls flat with young patients. Moreover, treatment sessions that focus on irrelevant topics and problems contributes to unfavorable outcomes. Keeping CBT real and relevant to young patients and their families is essential. In this Master Class presentation, attendees will learn various clinical strategies based on collaborative empiricism and guided discovery for maintaining therapeutic pertinence. Additionally, ways to enliven CBT with youth via emotionally evocative procedures and exercises are illustrated.

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FRIDAY, 15 SEPTEMBER 2017

MASTERCLASS 5

A METACOGNITIVE THERAPY SOLUTION TO TREATING EMOTIONAL DISTRESS IN PHYSICAL ILLNESSES

Peter Fisher, University of Liverpool

Improving treatment outcomes for anxious and depressed patients with a physical illness is a clinical priority. However, as healthcare resources become increasingly scarce, researchers face a double headed challenge; developing more effective interventions that are less expensive to deliver. In this presentation I will discuss how Metacognitive Therapy (MCT) a transdiagnostic intervention, may offer a solution. As MCT targets and modifies a core set of metacognitive beliefs and processes, it can readily be used to alleviate emotional distress across a wide range of physical health conditions. The distinctive features and core components of MCT when treating emotional distress in physical health conditions will be illustrated.

FRIDAY, 15 SEPTEMBER 2017

MASTERCLASS 6

THE ATTENTION TRAINING TECHNIQUE: DOs AND DON'Ts

Costas Papageorgiou, Priory Hospital Altrincham

The Attention Training Technique (ATT; Wells, 1990) is one of the earliest forms, and an integral part of, metacognitive therapy. ATT aims to directly modify the control of attention. In a number of studies, ATT has been associated with clinically significant improvements when delivered alone to individuals with panic and social phobia (Wells, 1990; Wells, White & Carter, 1997), health anxiety (Cavanagh & Franklin, 2000; Papageorgiou & Wells, 1998), depression (Papageorgiou & Wells, 2000; Siegle, Ghinassi & Thase, 2007), and psychosis (Valmaggia, Bouman & Schuurman, 2007), but also as part of a full metacognitive treatment package (Dammen, Papageorgiou & Wells, 2014; Papageorgiou & Wells, 2015; Wells, Fisher, Myers, Wheatley, Patel & Brewin, 2009, 2012). Reports from both therapists and patients indicate that sometimes specific setbacks are experienced during the delivery and practice of ATT. In this presentation, common difficulties encountered in the administration and homework practice of ATT will be discussed along with the strategies that have been found to be particularly helpful in preventing these and maximising ATT effectiveness.

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MASTERCLASS 7

REFLECTIVE PRACTICE SEEMS LIKE A GREAT IDEA - BUT WHAT IS IT?

James Bennett-Levy, University of Sydney

Nowadays listings of core competencies for psychotherapists - including CBT therapists - typically include reflection¹ or 'reflective practice' as a key metacompetency. However, like its name implies, reflection has an Alice through the Looking Glass quality - we think we recognise it when we see it, but when asked to define it, it can be notoriously hard to pin down.

In this Masterclass, we'll spend time reflecting on reflection using several experiential exercises. How to understand reflection? How do you do it? How do you develop your reflective skills, or those of your supervisees? Participants should not expect a definitive answers to these questions. However, those wishing to co-explore what we mean by reflection may leave with enhanced appreciation of this aspect of their cognitive apparatus, and perhaps a desire to fine-tune some of its elements.

FRIDAY, 15 SEPTEMBER 2017

MASTERCLASS 8

UNDERSTANDING AND TREATING A SPECIFIC PHOBIA OF VOMITING

David Veale, King's College

Learning Objectives:

By the end of the workshop, participants will

1. Be knowledgeable about the latest findings including the use of virtual reality and intensive treatments
2. Understand the phenomenology of a Specific Phobia of Vomiting (SPOV) and its relationship with OCD and eating disorders
3. Be knowledgeable about a cognitive behavioural model and have a functional understanding of the cognitive processes and behaviours that maintain a SPOV
4. Be able to use appropriate assessment scales
5. Treat a SPOV by appropriate exposure and dropping of safety seeking behaviours and use of imagery re-scripting.

Workshop leader

Professor David Veale is a Consultant Psychiatrist at the South London and Maudsley Trust and the Priory Hospital North London. He is a past President and Visiting Professor in Cognitive Behaviour Therapies at the Institute of Psychiatry, Psychology and Neuroscience, King's College London. He is an Honorary Fellow of the BABCP, a Fellow of the British Psychological Society and Fellow of the Royal College of Psychiatrists.

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FRIDAY, 15 SEPTEMBER 2017

MASTERCLASS 9

CBT FOR DELUSIONAL SYSTEMS

Douglas Turkington, Newcastle University

Clients with schizophrenia and delusional disorder with bizarre grandiose and persecutory delusional systems are not uncommonly seen in clinical practice. Unfortunately, these delusions tend to lead to positive actions in the community as the delusional belief is held with such a high level of conviction. This often leads to prolonged periods of hospital admission or periods of time in jail on remand. Medication (clozapine) usually only takes the edge off such bizarre delusions. A process of CBT is described for working with such delusions. A high level of skill and patience is needed to foster engagement and the building of trust. Thereafter a coping strategy might be developed to reduce the stress of continually being in this delusional state. The effective component of treatment is to explore the pre-psychotic period in the lead up to the emergence of delusional mood and delusional perception to discover the sequence of triggers which have activated an underlying schema vulnerability. A timeline formulation starts to make sense of the delusional form and content and thereafter linked affect such as sadness, shame, guilt or anxiety can be worked with much more directly. Case examples are described.

Objectives:- to understand the bizarre delusion and its function and to learn how to deliver functional recovery using CBT.

Learning Points:- Learn how to engage such severely deluded clients
Learn how to teach a coping skill
Learn how to work in the pre-psychotic period to make sense of the delusion.
Learn how to use a timeline to work with key life events and affects.
Learn how to identify a schema linked to the delusion and work with it.

Teaching modalities:- lecture, role play, DVD clips.

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MASTERCLASS 10

"TREATING THE ELEMENTS RATHER THAN THE TOTALITY OF PERSONALITY DISORDERS."

Arthur Freeman, Touro College

The very nature and definition of a personality disorder is that the behavior is pervasive and persistent. This brief workshop will address the assessment, conceptualization, and treatment planning for patients with personality disorders. The key points of assessment will be the patient's motivation to modify their behavior, the patient's ability/skills to change, and the social./systemic support to change and to maintain the changes. These basic elements will be discussed in constructing the treatment conceptualization and the treatment plan. Key concepts for the treatment plan are specificity, compliance, and cognitive integration.

SATURDAY, 16 SEPTEMBER 2017

MASTERCLASS 11

BRIDGING THE GAP BETWEEN CBT AND ACT WORKING WITH ADOLESCENTS WITH SOCIAL ANXIETY DISORDER

Maria Do Céu Salvador, Universidade de Coimbra

Social anxiety disorder is one of the most prevalent psychological disorders. Its most probable onset is in adolescence, it tends to follow a chronic course, and it has a high negative impact in an adolescent's life, including acting as a vulnerability factor to develop other comorbidities and problems across the life span. Regardless of these facts, only a small percentage of adolescents with social anxiety disorder will come to therapy, and an even lower number will receive an empirically validated treatment. In face of this, the development and dissemination of effective interventions is of outmost value. While trying to address social anxiety problems, some therapists have been trained within a CBT framework - using cognitive restructuring, skills training, problem solving and exposure - and others within an ACT framework - using cognitive defusion, mindfulness, acceptance and work on values. Are we supposed to just stick to the traditional CBT model? Should we learn everything from the start and forget what we have learned before? Or is there a way of moving forward with recent research and integrate past learning in this new framework?

The challenges the presenter will work on with the attendants of this master class is: Is it possible to bridge the gap between CBT and ACT techniques? And is it possible to do it with adolescents with social anxiety disorder? If so, how is it possible? The master class leader will present and discuss several CBT and ACT techniques that can be harmoniously integrated into a coherent framework for the understanding and treatment of adolescents' social anxiety disorder.

Learning Objectives

- To familiarize attendees with basic CBT and ACT principals - similarities and differences
- To increase the repertoire of therapeutic techniques available to clinicians which may work with adolescents with social anxiety disorder
- To endow the participants with information on how to flexibly move from one technique to another, without losing theoretical coherence along the way

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MASTERCLASS 12

CBT, ANGER AND THE PERSONALITY DISORDERS: MANAGING DIFFICULT INTERACTIONS

Ross Menzies, University of Sydney

Cognitive behavior therapy involves challenging maladaptive thoughts, beliefs and attitudes as well as patterns of dysfunctional behaviours. This process can be confronting for many clients, who may have held entrenched negative beliefs over decades. Reframing events from the past and restructuring core beliefs can appear invalidating if not balanced with empathy and understanding, particularly in individuals with high levels of anger. These difficulties may arise in treating the Personality Disorders, conditions which involve overvalued negative beliefs about the nature of people, the world we live in, and the future. This master clinician session explores the problems involved in delivering high quality CBT in such populations.

SKILLCLASSES



THURSDAY, 14 SEPTEMBER 2017

SKILL CLASS 1

1053 - THE CHESS PROGRAM TEN STEPS OF RE-CBT – A RATIONAL- EMOTIVE BEHAVIORAL APPROACH FOR TREATING EMOTIONAL REGULATION DIFFICULTIES IN CHILDREN

Nomi Dothan, Bar Ilan university&Nomi Dothan Clinic

Emotional regulation is a broad term relating to one's ability to control the intensity, duration and frequency of one's reactions as can be seen/appear in various psychological disturbances (anxiety, ADHD, behavior problems, ASD etc.) In recent years it has been customary to treat various disturbances separately according to specific protocols. Studies point to comorbidity between disturbances, thus it is possible to derive benefit from a unifying approach. Basing herself on the REBT (Rational-emotive behavioral therapy) approach, the workshop's presenter developed a modular unified treatment model that addresses a variety of disturbances and difficulties of emotional regulation. The workshop will present the principles of a 10-step modular and flexible treatment model adapted for children. The model employs a diversity of tools including use of a game, developed by the workshop presenter.

THURSDAY, 14 SEPTEMBER 2017

SKILL CLASS 2

1284 - EMOTION DYSREGULATION IN BINGE EATING DISORDER: TEACHING ADAPTIVE EMOTION REGULATION SKILLS IN THERAPY

Feyza Bayraktar, Bogazici University

In the face of negative affect, people with eating disorders are more likely to utilize dysfunctional regulation strategies such as rumination and suppression (Svaldi, Griepenstroh, Tuschen-Caffier, & Ehring, 2012). Eating disorder behaviors may function as maladaptive forms of emotion regulation, comparable to the use of self-harm in BPD (Aldao, Nolen-Hoeksema, & Schweizer, 2010). The most widespread theory on the function of eating disorder behaviors suggests that binge eating works as a distraction from painful inner states, negatively reinforcing the behavior over time. Parallel to this, studies found that negative mood precedes episodes of binge eating among women with eating disorders (Brockmeyer et al., 2014). There is some support that restricting behaviors and excessive exercise may serve a similar function as suggested for binge eating. Hence, enhancing emotion regulation skills are crucial in the treatment of ED since healthy emotion regulation skills would decrease the symptoms of ED.

FRIDAY, 15 SEPTEMBER 2017

SKILL CLASS 3

1245 - INTEGRATING AND OPTIMISING IMAGERY RESCRIPTING IN PTSD TREATMENT

Hannah Murray, Oxford Centre for Anxiety Disorders and Trauma, University of Oxford

Imagery rescripting techniques are increasingly integrated into CBT, to directly modify the emotional impact of distressing mental imagery and associated meanings. Distressing imagery is a hallmark symptom of PTSD; hence imagery rescripting has found a particular application in this area. Increasingly there is also evidence that imagery rescripting can stand-alone as a treatment for PTSD symptoms including nightmares, and also enhance the efficacy of imaginal reliving. However there are gaps in our understanding more generally about how imagery rescripting works and what makes an effective imagery rescript. The existing literature describes a range of rescripting techniques across disorders, and for key emotions/meanings in PTSD such as fear, helplessness, guilt, shame and disgust. Despite this, there is also limited clinical guidance on how to select and implement techniques effectively, how to routinely integrate them into trauma-focused CBT, and how to overcome common obstacles and difficulties in their application. This skills class will give an opportunity for participants to develop and practice the key techniques in imagery rescripting. They will be encouraged to draw on existing theory to think creatively about how to adapt and apply effective rescripting to clients they are working with. The class will draw on research findings in the field, including some novel studies aiming to elucidate effective strategies for both simple and complex PTSD presentations. A clinical framework will be presented to help participants select the most appropriate forms of rescripting, effectively implement techniques, integrate them within a TF-CBT model, and formulate and overcome common obstacles.

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SKILL CLASS 4

1389 - INTRODUCTION TO MBSR AND MBCT WORKSHOP

Zumra Atalay, MEF University

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

CLINICAL ROUNDTABLES



THURSDAY, 14 SEPTEMBER 2017

CLINICAL ROUND TABLE 1

1100 - SHOULD CBT PROCEDURES TARGET TRANS-DIAGNOSTIC DYSFUNCTIONS?

Organiser : *Lucio Sibilis, MD, Sapienza University & C.R.P.*

Chair : *Mehmet Sungur, Marmara University*

Discussants:

Stefania Borqo, C.R.P.

Allison Harvey, University of California, Berkeley

Stefan Hoffman, Boston University

Adrian Wells, University of Manchester, UK

Abstract: Even before Cognitive-Behaviour Modification (CBM) appeared 40 years ago, CBT procedures have been studied and generally found as more effective than control conditions. So far research studies have been focussed on their effects either on psychological variables and/or on clinical conditions. Meanwhile, dissatisfaction with the psychiatric classification systems has grown given the frequent comorbidities found by clinicians every day. On the other hand, research studies in abnormal psychology have allowed a better understanding of the field, by showing how clinical syndromes share several cognitive, behavioural and emotional dysfunctions, called Trans-diagnostic dysfunctions (TraDDs). As research studies show, clinical interventions can be effective in modifying TraDDs, and so promise to better cope with comorbidities, once correctly assessed. Moreover, as the EABCT project for a Common Language for Psychotherapy (CLP) has shown, operational definitions of psychotherapy procedures are also possible, a work which has evidenced the goals and the components of more than 100 different psychotherapy procedures. As the two research lines appear as complementing each other, this Round Table aims at discussing if the time is ripe for a new frame: the study of the specific effects of CBT procedures and their components on TraDDs. Thus the speakers in the Round Table will be asked to answer the question: "should CBT procedures target trans-diagnostic dysfunctions rather than clinical conditions?" In this Round Table they will be asked to illustrate their views on the current scientific interest in this frame. This will bring the panel to the underpinnings of CBT and of CB models as well of psychopathology, and their implications on CB assessment and therapy.

THIS IS A ROUND TABLE PRESENTED AS A FAST TRACK FROM THE SIG ON TRANS-DIAGNOSTIC DYSFUNCTIONS

THURSDAY, 14 SEPTEMBER 2017

CLINICAL ROUND TABLE 2

1089 - INTEGRATED HEALTH CARE: USING CBT TO UNITE AND ENHANCE TREATMENT

Organiser : *Robert D. Friedberg, , ABPP, ACT, Center for the Study and Treatment of Anxious Youth at Palo Alto University*

Chair : *Micaela A. Thordarson, Geisinger Health Systems*

Discussants:

Alan R. Miller, Wellspan Health

Sirirat Ularntinon, Queen Sirikit National Institute of Child Health

Douglas Turkington, Institute of Neuroscience, Newcastle University

Micaela A. Thordarson, Geisinger Health Systems

Abstract

There is no doubt: CBT is an effective treatment for a wide range of emotional and behavioral challenges. Rather than continue to determine whether CBT works, research efforts now focus on ways to broaden the influence of CBT. Integrated health care is one answer to this question. By incorporating CBT into every level of health care, the number of patients exposed to CBT will increase significantly. Subsequently, health outcomes will improve across the board (Nordal, 2012). Behavioral health care providers are being fused into primary care, specialty clinics, hospital wards, and emergency departments. This evolution yields decreases in health care utilization costs, decreases in medication use, and increases in overall functioning (Asarnow et al., 2015; Jha et al., 2003). Furthermore, physicians, nurses, and other specialists are being trained in basic CBT techniques to unify and enhance care (Malik et al., 2009). This panel brings together an international group of CBT pioneers who are delivering behavioral health care in new and innovative contexts. Dr. Allen Miller is a leader in developing integrated adult and pediatric care and he serves as training director for a premier psychology training program in the US. Dr. Douglas Turkington disseminates the practice of CBT with psychotic spectrum patients and trains other professionals to use CBT skills in the UK. Dr. Micaela Thordarson provides both clinical care and training in CBT at an integrated pediatrics clinic within a rural setting in the US. Dr. Sirirat Ularntinon delivers CBT to young patients seeking psychiatric care and trains psychiatry and pediatric residents in how to incorporate CBT into treatment in Thailand. More specifically, The roundtable will be organized around central issues influencing the establishment and delivery of integrated behavioral health care to pediatric and adult patients, the importance of inter-disciplinary care teams, training professionals from different disciplines in CBT, and the role of CBT in enhancing integrated care. Special attention will be drawn to training both within and across disciplines to illustrate strategies to tailor instruction based on the learner's needs.

FRIDAY, 15 SEPTEMBER 2017

CLINICAL ROUND TABLE 3

1099 - PARENTAL MENTAL HEALTH

Organiser : *Sam Cartwright-Hatton, University of Sussex, UK*

Chair : *Belinda Platt, University Hospital, Munich, Germany*

Discussants:

Rachel Calam, University of Manchester, UK

Pete Lawrence, University of Reading, UK

Tracy Gladstone, Wellesley College, USA

Mental health problems run in families. We could do much to prevent this, but currently do very little. This round table will focus on what can be done to help parents with mental health problems to reduce the risk of their children developing their own difficulties. We will focus on what can be done in ordinary adult mental health settings, when parents present for help for themselves. The speakers have clinical and research expertise in working with parents with a range of mental health disorders. Sam Cartwright-Hatton researches the intergenerational transmission of anxiety disorders. She will talk briefly about a new, one day, group-based parents' workshop, which aims to prevent anxiety in children whose parents have anxiety disorders. In a small trial (n=100) of this workshop, children were followed up for a year. Children whose parents were randomised to attend the workshop were 16.5% less likely to have an anxiety at follow up than children in the control group (whose parents did not have access to the workshop). Dr. Platt will describe her experiences of delivering a CBT-based preventive intervention for the children of depressed parents (the 'PRODO' study) at the Department of Child and Adolescent Psychiatry at the LMU University in Munich (Germany). Dr Lawrence will describe his experiences of working with mothers with chronic and severe postnatal depression in an RCT conducted at the University of Oxford to enhance children's development (the OPT study). In particular, he will talk about the experience of supporting mothers to develop routines for their own self-care and nourishing activities, as well as supporting them to engage with their infants in attuned, responsive interactions. Dr. Gladstone will share her experiences working to implement, evaluate, and disseminate the Family Talk preventive intervention, targeting families with parental depression. She will highlight the strength-based focus of this intervention, share new data suggesting that children of depressed parents may respond best to the intervention when their parents are in moments of relative wellness, and introduce a new website designed to help parents with depression understand their illness and support their teens. Professor Calam will talk about her work exploring the use of parenting interventions with parents who have significant mental health difficulties, in particular psychosis, bipolar disorder and depression.

SATURDAY, 16 SEPTEMBER 2017

CLINICAL ROUND TABLE 4

1098 - CULTURAL CONSIDERATIONS AND QUESTIONS ON MINDFULNESS-BASED PSYCHOTHERAPY APPROACHES

Organiser : *Banu Cankaya, MEF University*

Chair : *Banu Cankaya, MEF University*

Discussants:

Zumra Atalay, MEF University

A.Meltem Üstündağ-Budak, Bahcesehir University

In this roundtable, our goal is to discuss the implementation and dissemination of mindfulness-based approaches in the prevention and intervention of psychological disorders in different contexts for different populations. Three professors who are actively involved in the teaching, application and research of mindfulness-based approaches, Assoc. Prof. Zumra Atalay, Asst. Prof. Meltem Budak, and Asst. Prof. Banu Cankaya will be discussants of the roundtable. Assoc. Prof. Zumra Atalay has been practicing mindfulness over a decade, practicing Mindfulness-Based Stress Reduction (Kabat-Zinn, 1990) and Mindfulness-Based Cognitive Therapy (Segal, Williams, & Teasdale, 2002) with a wide range of populations. Asst. Prof. Meltem Budak has been doing research and practice in mindfulness and Dialectical Behavior Therapy (Linehan, 1993) mainly from a prevention perspective with a wide variety of settings and populations. Asst. Prof. Banu Çankaya has been actively involved in the practice and teaching of Acceptance and Commitment Therapy (Hayes, Strosahl, & Wilson, 1999) and Dialectical Behavior Therapy (Linehan, 1993) with clinical and other populations. Research on mindfulness-based psychotherapy approaches have shown evidence for the effectiveness of these therapies for certain populations, yet concerns and questions remain on its generalizability to all populations and its usefulness across different contexts. Are mindfulness-based therapy approaches particularly useful for certain cultural groups? Is mindfulness a useful tool or attitude for all? We would like to open a discussion on cultural barriers and facilitators to teaching, implementing and practicing mindfulness-based approaches in different contexts. The discussants will talk about their experiences in their own contexts and identify certain factors that could affect the effectiveness and dissemination of these approaches in an Eastern, majority Muslim context. The discussion will revolve around the basic processes of mindfulness such as perception of self, openness to and focus on the present moment, acceptance and compassion.

SATURDAY, 16 SEPTEMBER 2017

CLINICAL ROUND TABLE 5

1104 - RESEARCH AND TRAINING IN CBT: CULTURAL PERSPECTIVES

Organiser : *Hisham Ramy, Ain Shams University, Cairo Egypt*

Chair : *Hisham Ramy, Ain Shams University, Cairo Egypt*

Discussants:

Yusuf Sivrioğlu, Uludag University Geriatric psychiatric outpatient clinic and a research associate at Harvard University's McLean Psychiatric Hospital Geriatric psyc

Hisham Ramy, Ain Shams University, Cairo Egypt

Farooq Naeem, Psychiatry Department, Queens University, Canada

Abstract

Research and Training in CBT: Cultural Perspectives Abstract: During the last 45 years, cognitive behavior therapy (CBT) has gone from being a promising new treatment to the most well-established psychological treatment for many psychological disorders. In several hundreds of randomized controlled trials (RCTs), CBT has been shown to be effective in treating these disorders and is a first-line treatment for this condition. This is due to superior treatment effects in combination with high safety. In general, long-term follow-up studies indicate that improvements gained after CBT endure over several years. CBT is thus a highly promising treatment from a societal cost-effectiveness perspective. Yet, most of the studies were done in western countries with relatively very few studies on other population with different cultural values. Moreover, most of the manuals used for therapeutic or training purposes were also developed in western countries. In recent years, several attempts to incorporate cultural variables in both research and training of CBT in various nonwestern countries have been attempted. The objectives of these attempts are to make CBT more culturally accepted and hence more useful in different populations as this will help in more dissemination of CBT training to various populations in the world. Our aim is to discuss research and training in CBT in different regions of the world with emphasis on cultural issues. Moreover, essentials of past research are reviewed & needs for further research directions in the field are discussed.

SYMPOSIUMS



THURSDAY, 14 SEPTEMBER 2017

SYMPOSIUM 1

1174 - EARLY TRAUMATIZATION AND PSYCHOPATHOLOGY: MEDIATING FACTORS AND NEW TREATMENT OPTIONS

Organiser : *Sabrina Boger, Ludwig-Maximilians-University Munich*

Chair : *Gabriela Werner, Ludwig-Maximilians-University Munich*

Presenters:

Sabrina Boger, Ludwig-Maximilians-University Munich

Gabriela Werner, Ludwig-Maximilians-University Munich

Arnoud Arntz, University of Amsterdam

Bernet Elzinga, University of Leiden

Abstract

Over the last decades, early childhood traumatization has emerged as a central risk factor for the development and maintenance of psychopathology. Specifically, higher prevalence rates of early traumatization have been found for nearly all mental disorders, with particularly high numbers for posttraumatic stress disorder, depression, borderline personality disorder and anxiety disorders. Furthermore, increased childhood traumatization has been associated with an earlier onset of mental disorders, a more severe and chronic time course as well as reduced rates of therapeutic success. However, processes that might underlie this relationship are still not clear. It has been shown that various factors, for example biological factors, play a role in the relationship between early traumatization and mental disorders, but research investigating the influence of psychological factors like social interactions, emotion regulation, sleep disturbances, attachment or individual posttraumatic symptoms is surprisingly rare. These investigations are highly relevant in order to identify potential targets for psychological interventions, and studies just recently started to examine specific treatments for early traumatization, such as Imagery Rescripting. The symposium includes four contributions, which illuminate this topic from different perspectives. On the one hand we focus on the impact of early trauma on social interactions (including processing of social feedback, attachment, quality of intimate relationships). On the other hand, various psychological mediating factors, within the link between early trauma and depression, as well as less investigated mental disorders such as obsessive-compulsive disorder will be examined. These factors include for example emotion regulation, dysfunctional cognitions, rumination, attachment, sleep quality, as well as individual posttraumatic symptoms. Complementing this research on underlying processes, findings of a randomized controlled trial regarding the treatment of early trauma with Imagery Rescripting, as well as the influence of possible enhancing factors like emotion regulation skills, will be presented and discussed together with further treatment options.

Relationship between Traumatic Experiences and Obsessive-Compulsive Disorder

Sabrina Boger, Ludwig-Maximilians-University Munich

Childhood traumatization increases the risk of developing mental disorders in the adulthood. Previous research mainly focused on the role of early traumatic experiences in the development of posttraumatic stress

disorder, as well as affective, personality or addictive disorders. It has also been suggested that traumatic experiences might play a causal role in the development and maintenance of obsessive-compulsive disorder (OCD). There are some indications for increased prevalence rates of early trauma in OCD patients as well as reduced symptom improvements for OCD patients with comorbid posttraumatic stress disorder. However, a few studies found no differences regarding the prevalence of early trauma between OCD patients and healthy controls and links between early trauma and the severity of obsessive-compulsive symptoms mainly comes from studies in the general population, but not from clinical samples. Moreover, empirical studies rarely investigated mediating factors within the relationship between early traumatic experiences and OCD. Therefore, the first aim of this study was to investigate the relationship between the type and severity of traumatic experiences, and the severity and time course of obsessive-compulsive symptoms within a clinical sample of hospitalized OCD patients (N=80). The second aim was to investigate a variety of possible mediators that might explain the link between early traumatic experiences and OCD. On the one hand, mediators included factors that indicate poorly processed traumatic experiences, in particular posttraumatic symptoms like intrusive memories and dissociative symptoms. On the other hand, mediators that can be seen as a more general consequence of early traumatic experiences, such as dysfunctional cognitions, sleep disturbances, emotion regulation and attachment difficulties, were examined. After a profound diagnostic session during the first week at the hospital, mediating factors were measured via self-reported questionnaires. The talk will present and discuss the first results of this study (end of data collection: June 2017) on the basis of earlier theoretical and empirical findings.

The Mediating Role of Posttraumatic Symptoms and Sleep Quality in the link between Early Traumatic Experiences and Depressive Symptoms

Gabriela Werner, Ludwig-Maximilians-University Munich

Gabriela G. Werner & Thomas Ehring Ludwig-Maximilians-University, Department of Clinical Psychology and Psychotherapy Early traumatic experiences represent an important risk factor for overall psychopathology. In particular, it has been shown that early trauma is not only associated with an increased risk for, but can even predict the course and severity of depressive disorders. Although understanding underlying processes is fundamental to identify targets for treatment improvement, research regarding mediating factors that might explain this relationship is surprisingly rare. The main body of literature has investigated neurobiological consequences of early trauma, for example increased stress reactivity. However, studies recently also started to examine psychological processes that might play an important role. For example, preliminary evidence suggests that the link between early traumatic experiences and depressive symptoms might mainly be driven by posttraumatic symptoms, as well as a set of more global factors that can also be seen as consequences of early trauma. Disturbed sleep quality has been suggested to be one crucial, trauma-induced factor. Furthermore, although comprehensive research also supports a strong relationship between disturbed sleep and depressive symptoms, to date no study has investigated sleep quality as additional mediating factor. Therefore, we suggested a two-path model with posttraumatic symptoms as well as overall sleep quality as mediating factors in the link between early traumatic experiences and depressive symptoms. We conducted an online study in a general population sample (N = 507), with non-clinical to clinical levels of depressive

symptoms, and measured early traumatic experiences, posttraumatic symptoms, sleep quality as well as depressive symptoms via specific self-reported questionnaires. Overall, results showed strong interrelationships between all measures. For the mediation model, we excluded participants with a potential diagnosis of posttraumatic stress disorder (PTSD) in order to obtain a traumatized, but PTSD-free sample (N = 402). Within this sample, results revealed a strong relationship between early traumatic experiences and depressive symptoms ($c = .06$, $t = 3.76$, $p < .001$). As predicted, this relationship was fully mediated when including posttraumatic symptoms as well as sleep quality in the analyses ($c' = .01$, $t = 0.76$, $p = .450$), with both indirect effects being highly significant ($z_s \geq 3.14$, $ps \leq .002$). Although only a subsample (N = 104) reported posttraumatic symptoms that directly referred to an early traumatic experience during childhood, both mediating factors remained significant within this subsample. Therefore, results indicate that – at least in a general population sample – the risk early traumatic experiences expose on depressive symptoms can be completely explained by related posttraumatic symptoms as well as disturbed sleep quality. In line with research showing attenuated depression symptoms when treating comorbid sleep disturbances, future investigations should include sleep in their models. Especially in the beginning, sleep disturbances might also represent an easier target for therapeutic approaches and could therefore pave the way for other, trauma-focused treatments.

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

Arnoud Arntz, University of Amsterdam

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

A recent randomized controlled trial examined two main questions: 1) what is the efficacy of Imagery Rescripting (ImRs) as stand-alone treatment for patients with complex PTSD related to childhood abuse, and 2) does the addition of a skills training in emotion and interpersonal regulation (STAIR) as a preparatory phase prior to the ImRs-treatment phase enhance the treatment effect for PTSD-symptoms. This presentation provides data on a comparison of ImRs as stand-alone treatment compared to the sequential treatment (STAIR/ImRs) and to a waitlist control group. Data consist of single-blind obtained interview-based measures for PTSD, and self-report measures for PTSD-symptoms, emotion regulation, and interpersonal functioning. Assessments were conducted at pre-/post and 3-month follow-up. Results of a linear mixed models analysis show that both treatments are effective in reducing PTSD symptoms, but there is no evidence that STAIR/ImRs is more effective than ImRs alone. Compared to waitlist STAIR alone does not significantly reduce PTSD-symptoms.

The Association between Childhood Maltreatment, Attachment styles and Quality of Intimate Relationships

Bernet Elzinga, University of Leiden

Previous research has shown the chronic impact of childhood trauma on mental health. Recent experimental and neuroimaging studies have shown the impact of childhood maltreatment on mentalising capacities and on the sensitivity to negative and positive social feedback. The aim of the study that will be presented here is to enhance our understanding on how childhood maltreatment may impact adult attachment styles and the quality of intimate relationships at a later stage in life. In a large prospective (NESDA) study among 1773 participants with and without depressive symptoms, followed over 9 years, we will investigate whether childhood maltreatment (psychological abuse, physical abuse, sexual abuse, emotional neglect) is associated

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with increased anxious and avoidant attachment styles and lower quality of intimate relationships in adulthood, and how this is mediated or moderated by lifetime depression severity and personality characteristics (introversion and extraversion). Firstly, we will use sequential mediation analyses to study the relationship between childhood maltreatment and attachment styles and quality of relationships. Secondly, we will investigate whether depression severity and personality characteristics moderate the impact childhood maltreatment has on the quality of intimate relationships. Findings will be presented and clinical implications of the impact of childhood maltreatment on social functioning will be discussed.

THURSDAY, 14 SEPTEMBER 2017

SYMPOSIUM 2

1390 - TRAINING AND SUPERVISION IN CBT

Organiser : *Anton-Rupert Laireiter, University of Vienna*

Chair : *Andreas Veith, Centre of Psychotherapy Dortmund*

Presenters :

Ulrike Willutzki, University of Witten/Herdecke

Anton-Rupert Laireiter, University of Vienna

Christoph Flückiger, University of Zurich

Ann-Kathrin Deisenhofer, University of Trier

Abstract

Training and Supervision in CBT do not belong to mainstream areas of research and practice in CBT. This, however, is not justified, because both are concerned with very important aims and topics, in its core, with quality and quality assurance of CBT. The special interest group on training and supervision in CBT exists since several years and it made specific contributions to almost every EABCT-congress. The same is planned for this one. This year four presentations are projected: the first one by Würth and Laireiter Salzburg/Vienna, deals with therapeutic competencies in CBT, their conception, measurement and concomitants and development during the process of training. In the second paper, Willutzki and her coworkers from Witten-Herdecke give an overview of the special interest group on training and development of psychotherapists of SPR's study. In the third paper Flückiger et al. from Zurich present results of a study where three competing strategies on how to implement a CBT-treatment for out-patients with generalized anxiety disorder (GAD) were tested (one compensation vs. two capitalization modes). At the end, Deisenhofer et al. from Trier present results of a study on treatment implementation in trauma treatment and discuss its implications for training of psychotherapists.

Professional Development of Psychotherapy Trainees - the SPRISTAD Study

Ulrike Willutzki, University of Witten/Herdecke

Enormous resources are spent for the training of psychotherapists throughout the world. Given that training constitutes the foundation for professional practice, it is surprising that we still know so little about how variations in training impacts professional development of psychotherapists. Since 2012 members of the Society of Psychotherapy Research have implemented a collaborative multisite longitudinal study. The goals for the study of development in trainees as therapists are: (1) tracking progressive changes over time in trainees as therapists; (2) identifying factors that tend to facilitate or impede trainee development; and (3) doing so using quantitative and qualitative data gathered from a large number of psychotherapy trainees of varied types in a wide range of training programs, (4) relating training factors and trainee data to supervisors' perspective, and (5) relating training factors and trainee data to patients' process and outcome data in order to analyse the impact of training on psychotherapy. In order to pursue these goals, five instruments were created cooperatively; in order to relate training and trainee data (5th goal), trainees and training institutes are asked to provide access to locally collected data on process and outcome of psychotherapy. The instruments can be accessed online with an individualized URL by study participants (provided by the University of Witten/Herdecke, Germany). Up to now language versions for English, German, Italian,

Lithuanian and Spanish have been mounted. Translations into Danish, Dutch, Finnish, Hebrew, Norwegian, Portuguese, Romanian, Slovenian, and Swedish are being prepared. Since early 2017 about 250 trainees from Austria, Great Britain, Germany, Italy and Lithuania have taken part in the study. The set-up of the study and first results will be presented.

The Development of Psychotherapeutic competencies in Training for CBT

Anton-Rupert Laireiter, University of Vienna

Anton-Rupert Laireiter, Faculty of Psychology, University of Vienna & Department of Psychology, University of Salzburg

Karina Würth, Department of Psychology, University of Salzburg

Traditionally, training in psychotherapy in Central Europe consists of five parts, conveying theoretical knowledge, training psychotherapeutic techniques and methods, completing personal therapy and offering psychotherapy under supervision. In accordance with approaches to professional development in general competency orientation became a matter of concern in psychotherapy training too during the last ten years.

Starting from this background we developed a project aiming to explore therapeutic competencies in CBT and its determinants and development during and over the process of training. Six partial competencies are differentiated, personal, social and interpersonal, process related and technical, basic and advanced knowledge and identity as a CB therapist. These are measured by newly developed inventories on therapeutic expertise filled in by the trainee (self-report) and the trainers/supervisors (report by others). The project consists of a three wave design collecting data at the beginning of training, at mid-term and at its end. In addition to the trainees trainers, supervisors and – if agreeing – also clients will provide data. At the end therapeutic competencies also will be correlated with process and outcome data of the therapies therapist in training are offering.

The presentation deals with results of the first wave of the project and is concerned with the comparison of self-reports and reports by the trainers as well as with personal and social determinants of therapeutic competencies, such as personality, professional development, social variables etc. At its end implications for the longitudinal study as well as for understanding psychotherapeutic expertise are discussed.

Adherence and/or flexibility? A Randomized Clinical Trial of How to Implement a Cognitive-Behavioral Therapy for Generalized Anxiety Disorder

Christoph Flückiger, University of Zurich

Authors: Flückiger, Christoph¹; Zinbarg, Richard E. ²; Held, J.; Wolfer, Christine¹ & Visla, Andreea¹ ¹ University of Zürich, Switzerland ² Northwestern University, USA

Background: Despite long-standing calls to disseminate evidence-based treatments for generalized anxiety disorder (GAD), modest progress has been made in the study of how such treatments should be implemented. The primary objective of this study was to test three competing strategies on how to implement a cognitive behavioral treatment (CBT) for out-patients with GAD (i.e., comparison of one compensation vs. two capitalization models). Methods: For the three-arm, randomized controlled trial, we recruited adults with GAD using advertisements in high-circulation newspapers to participate in a 14-session cognitive behavioral treatment (Mastery of your Anxiety and Worry; Zinbarg, Craske & Barlow, 2006). The participants were fully randomized (1:1:1) to the following three implementation conditions: a) adherence priming, which had a systematized focus on patients' individual GAD symptoms and how to compensate for these symptoms within

the MAW-packet, b) and resource priming and c) supportive resource priming, which had flexible systematized focuses on patients' strengths and abilities and how these strengths can be capitalized within the same packet. In the intention-to-treat population an outcome composite of primary and secondary symptoms-related self-report questionnaires was analyzed based on a hierarchical linear growth model from intake to 6-month follow-up assessment. Findings: From 411 participants that were screened, 57 eligible participants were recruited and randomly assigned to three conditions. Forty-nine patients (86%) provided outcome data at post-assessment (14% dropout rate). All three conditions showed a highly significant reduction of symptoms over time. However, compared with the adherence priming condition, both resource priming conditions indicated faster symptom reduction. Interpretation: To our knowledge, this is the first trial that focuses on prescriptive implementation-strategies of one treatment packet for GAD. We have shown that GAD related symptoms were significantly faster reduced by the resource priming conditions, although the limitations of our study included a well-educated population. The results are discussed in respect to how to train and supervise trainees in evidence-based psychotherapies.

Individual Treatment Selection for Patients with Post-traumatic Stress Disorders based on a Personalized Advantage Index: Implications for Clinical Training

Ann-Kathrin Deisenhofer, University of Trier

Authors: Ann-Kathrin Deisenhofer, Jaime Delgadillo, Julian Rubel, Jan Böhnke, Dirk Zimmermann, Brian Schwartz, Wolfgang Lutz

Background: Cognitive behavioral therapy (CBT) as well as eye movement desensitization and reprocessing (EMDR) have been shown to be effective for the treatment of post-traumatic stress disorder (PTSD) in several randomized controlled trials and systematic meta-analytic reviews. Yet, in all trials there are patients that don't seem to benefit from these interventions or patients that even deteriorate during therapy. Aims: To illustrate and test a new method for integrating predictive information to aid in individual treatment selection. Method: A decision-making model was applied to data from Improving Access to Psychological Therapies (IAPT) which is a national program of mental healthcare in England, United Kingdom. In a naturalistic setting, PTSD patients received either EMDR (N = 75) or CBT (N = 242) using the Patient Health Questionnaire (PHQ) as outcome measure. Variables predicting differential response were detected via an automated genetic algorithm and afterwards were included in regression models, permitting the calculation of each patient's personalized advantage index (PAI), in PHQ units. Results: The PAI was applied successfully as a new model to treatment selection, implemented in the context of two equally effective treatments. Conclusions: The results are discussed in the context of practical application and implications for clinical training.

THURSDAY, 14 SEPTEMBER 2017

SYMPOSIUM 3

1072 - THE ROLE OF PARENTAL PSYCHOPATHOLOGY IN YOUTH ANXIETY AND DEPRESSION: RISK FACTORS AND MECHANISMS

Organiser : *Pete Lawrence, University of Reading, UK*

Chair : *Pete Lawrence, University of Reading, UK*

Presenters:

Sam Cartwright-Hatton, University of Sussex

Belinda Platt, University Hospital Munich

Pete Lawrence, University of Reading

Abstract

Prof Cartwright-Hatton: Can we rapidly change parenting behaviour in the context of parental and child anxiety? This talk will describe a collection of studies from the University of Sussex, UK. Each study explored whether it is possible to rapidly educate anxious (and non-anxious) parents in behaviours that are thought to be important in preventing or reducing anxiety in children. In study 1, we taught parents to reinforce and model confident behaviour, and to reduce reinforcement and modeling of avoidant/anxious behaviour, whilst their child performed a mildly anxiety-provoking task (approaching a fearful animal, e.g. a large spider or snake). In study 2, we asked parents to model coping behaviour whilst they (the parent) performed an anxiety-provoking task (putting their hand in a box, which they were told could give them a shock). In study 3, we gave parents a very short (9 minute) video tutorial on how to construct fear hierarchies for a fearful child, and compared these to hierarchies produced by mental health professionals. Dr Platt: The role of parental depression on children's cognitive vulnerability: preliminary data from an eye-tracking study of attention biases The risk of developing depression is around four times higher for the children of depressed versus non-depressed parents (Weissman et al., 1997) and equates to as many as fifty percent of children of depressed parents being diagnosed with depression by the age of 20 (Beardslee et al., 1988). Diathesis-stress models posit that part of this risk results from children learning negative thinking patterns and coping strategies from their parents, which make them less able to deal with stressful events if and when they arise. An alternative but complementary possibility is that children of depressed parents inherit an attention bias towards negative information, which also impedes their ability to deal with stress. Although attention biases for negative information characterize both children and adults with depression, to date few studies have investigated their presence in the children of depressed parents. This talk presents preliminary data from a novel eye-tracking study of attentional processes in 40 children of depressed parents and 40 children of psychiatrically healthy parents. All children were aged 9-14 and were psychiatrically healthy. Data analysis of the speed with which the two groups detect positive information and successfully ignore negative information will be presented and discussed. Dr Lawrence: Prevention of anxiety among at-risk children: a systematic review and meta-analysis. Anxiety disorders are common, often start in childhood and run a chronic course. As such there is a need for effective prevention. We conducted meta-analyses of randomized controlled trials to prevent the onset of Anxiety Disorders in young people individually identified as 'at risk' in light of family (e.g. parent anxiety disorder) or child (e.g., elevated anxiety symptoms) risk factors. Diagnostic and symptom outcomes were examined. Putative moderators were tested as was publication bias. Results suggest that prevention programmes that target developmental risk factors, not only factors maintaining anxiety disorders, appear

most promising. The clinically meaningful impact of anxiety disorder prevention programmes, however, remains unknown.

Can We Rapidly Change Parenting Behaviour in the Context of Parental and Child Anxiety?

Sam Cartwright-Hatton, University of Sussex

This talk will describe a collection of studies from the University of Sussex, UK. Each study explored whether it is possible to rapidly educate anxious (and non-anxious) parents in behaviours that are thought to be important in preventing or reducing anxiety in children. In study 1, we taught parents to reinforce and model confident behaviour, and to reduce reinforcement and modeling of avoidant/anxious behaviour, whilst their child performed a mildly anxiety-provoking task (approaching a fearful animal, e.g. a large spider or snake). In study 2, we asked parents to model coping behaviour whilst they (the parent) performed an anxiety-provoking task (putting their hand in a box, which they were told could give them a shock). In study 3, we gave parents a very short (9 minute) video tutorial on how to construct fear hierarchies for a fearful child, and compared these to hierarchies produced by mental health professionals. The results of these studies will be reported at the conference. In particular, I will focus on how anxious parents managed each task.

The Role of Parental Depression on Children's Cognitive Vulnerability: Preliminary Data from An Eye-Tracking Study of Attention Biases

Belinda Platt, University Hospital Munich

The risk of developing depression is around four times higher for the children of depressed versus non-depressed parents (Weissman et al., 1997) and equates to as many as fifty percent of children of depressed parents being diagnosed with depression by the age of 20 (Beardslee et al., 1988). Diathesis-stress models posit that part of this risk results from children learning negative thinking patterns and coping strategies from their parents, which make them less able to deal with stressful events if and when they arise. An alternative but complementary possibility is that children of depressed parents inherit an attention bias towards negative information, which also impedes their ability to deal with stress. Although attention biases for negative information characterize both children and adults with depression, to date few studies have investigated their presence in the children of depressed parents. This talk presents preliminary data from a novel eye-tracking study of attentional processes in 40 children of depressed parents and 40 children of psychiatrically healthy parents. All children were aged 9-14 and were psychiatrically healthy. Data analysis of the speed with which the two groups detect positive information and successfully ignore negative information will be presented and discussed.

Prevention of Anxiety among at-risk Children: A Systematic Review and Meta-analysis.

Pete Lawrence, University of Reading

Anxiety disorders are common, often start in childhood and run a chronic course. As such there is a need for effective prevention. We conducted meta-analyses of randomized controlled trials to prevent the onset of Anxiety Disorders in young people individually identified as 'at risk' in light of family (e.g. parent anxiety disorder) or child (e.g., elevated anxiety symptoms) risk factors. Diagnostic and symptom outcomes were examined. Putative moderators were tested as was publication bias. Results suggest that prevention programmes that target developmental risk factors, not only factors maintaining anxiety disorders, appear most promising. The clinically meaningful impact of anxiety disorder prevention programmes, however, remains unknown.

THURSDAY, 14 SEPTEMBER 2017

SYMPOSIUM 4

1156 - A NOVEL TREATMENT FOR ADULTS WHO WERE TRAUMATIZED AS CHILDREN: NEW FRONTIERS IN PRIMARY CARE

Organiser : *Dennis Pusch, Alberta Health Services*

Chair : *Dennis Pusch, Alberta Health Services*

Presenters :

Keith Dobson, University of Calgary

Abstract

Adverse childhood experiences (ACEs) have been found to be among the most potent predictors of health risk behaviors, addictions, and mental and physical disease in adulthood. The strength of the relationship between childhood adversity and later health outcomes was first elucidated nearly twenty years ago (Felitti, Anda et al., 1998), and more recent research has further defined the relationship between ACEs and adult health (e.g., Bellis, Lowey et al., 2014). Unfortunately, the emerging understanding of the long term effects of child maltreatment has not led to sustained efforts to identify and treat adults who have experienced childhood trauma. This gap between scientific knowledge and clinical practice is important to correct, especially when it becomes clear that a) ACEs are ubiquitous (it is believed that about two-thirds of the adult population has been exposed to at least one type of ACE; Pusch & Dobson, 2016), and b) ACEs may be the strongest predictors of risk for the main problems threatening the sustainability of the health care system - mental illness, addictions, and chronic disease. In this symposium, we highlight the work of the embrACE research group to reduce the burden of addictions, mental illness, and chronic disease in primary care by addressing the problem of ACEs. The first paper will describe a study of 4,006 adult primary care patients that investigated the relationships between ACEs and adult health outcomes, including prospective healthcare utilization. Odds ratios revealed that exposure to multiple categories of childhood trauma was associated with increased risk of reporting a variety of diagnoses and symptoms in adulthood, including depression, GAD, back pain, IBS, migraines, allergies and diabetes. The association between childhood adversity and adult health outcomes was found to be strongest among adults who displayed low resilience, and was further mediated by patients' levels of emotional dysregulation and interpersonal problems (Poole et al., 2017). Based on these findings, a treatment based primarily on CBT, ACT and mindfulness techniques was developed for adults who experienced early trauma. The second and third papers describe the development, content and implementation of this treatment. The new treatment was the product of a group of mental health clinicians, combined with input from family physicians and a group of patients with lived experience of trauma. The treatment development was informed by a comprehensive literature review that covered both skills-based and reprocessing approaches to the treatment of trauma (Korotana et al., 2016), as well as consultation with external experts in the field of trauma. This innovative treatment has been offered in 12 primary care settings in Calgary in an open trial, with a total of 105 patients completing the treatment to date. The symposium will conclude with a review of post-treatment feedback provided by primary care providers and patients, a description of the impact of the treatment on patients' subsequent mental and physical health, and a discussion of the challenge involved in developing an on-line version of the treatment that can be accessed by people who are housebound or who live in remote areas.

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Describing an Innovative Treatment for Adults in Primary Care with Aces

Keith Dobson, University of Calgary

In this session, a novel treatment for patients who present in primary care with chronic problems (mental and physical) is described. The theoretical rationale for the treatment will be briefly reviewed, but the presentation will focus on the 6 session program, and its component exercises. The logic for each of the six sessions will be discussed, and clinical decisions that were made to maximize the effectiveness of the overall program will be presented in detail. The outcomes associated with a preliminary open trial of 106 patients will be provided. Next steps for the research, including a randomized clinical trial that is in the development phase will be also discussed briefly.

THURSDAY, 14 SEPTEMBER 2017

SYMPOSIUM 5

1123 - NEW DEVELOPMENTS AND APPLICATIONS OF COGNITIVE BIAS MODIFICATION (CBM) IN ADDICTION

Organiser : *Mike Rinck, Behavioural Science Institute, Radboud University Nijmegen, The Netherlands*

Chair : *Charlotte E. Wittekind, University Medical Center Hamburg-Eppendorf*

Presenters :

Eni S. Becker, Behavioural Science Institute, Radboud University Nijmegen, The Netherlands

Mike Rinck, Behavioural Science Institute, Radboud University Nijmegen, The Netherlands

Jasper A. J. Smits, The University of Texas at Austin, Austin

Charlotte E. Wittekind, University Medical Center Hamburg-Eppendorf

Abstract

One striking feature of addictive disorders is that substance consumption is continued despite its negative consequences. This discrepancy can be reconciled by dual-process theories of addictive disorders which commonly propose that there is an imbalance between automatic and controlled processes in favor of the former ones. Consistent with this theoretical assumptions, there is abundant empirical evidence showing that addictive disorders are associated with implicit cognitive biases that manifest in attention, memory associations, and behavioral tendencies. For example, it has been shown that addiction is characterized by implicit behavioral tendencies to approach disorder-related stimuli. Due to the dominant role that these implicit biases are ascribed in addictive disorders, experimental paradigms, originally intended to assess the cognitive biases, were modified in order to attenuate the target cognitive bias. These Cognitive Bias Modification (CBM) procedures have been administered as stand-alone- as well as add-on interventions in different addictive disorders such as alcohol or nicotine dependence. While findings on the modification of attentional biases were ambiguous, studies that aimed at modifying implicit approach tendencies yielded promising results in alcohol and nicotine dependence. In the present symposium, we will provide a comprehensive overview of current studies using CBM procedures, mostly the Approach-Avoidance Task, and its applications in addictive disorders. The following topics will be addressed: (a) Modification of automatic alcohol-approach tendencies in alcohol-dependent patients with mild or major neurocognitive disorder, (b) Relapse prevention in abstinent alcoholics by cognitive bias modification (M. Rinck), (c) Reducing approach biases by means of an Approach-Avoidance Task to achieve smoking cessation (Jasper Smits), (d) investigating the effectiveness of online-based cognitive bias modification by means of an Approach-Avoidance Task in smokers (Charlotte E. Wittekind).

Modification of Automatic Alcohol-Approach Tendencies in Alcohol-Dependent Patients with Mild or Major Neurocognitive Disorder

Eni S. Becker, Radboud University Nijmegen

Becker, E.S. 1, Loijen, A.234, Rinck, M.1, Walvoort, S.J.W.34, Kessels, R.P.C.345, , Egger, J.I.M. 1234

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3Donders Institute for Brain, Cognition and Behaviour, Radboud University, Nijmegen, The Netherlands

4Centre of Excellence for Korsakoff and Alcohol-Related Cognitive Disorders, Vincent van Gogh Institute for Psychiatry, Venray, The Netherlands

5Department of Medical Psychology, Radboud University Medical Center, Nijmegen, The Netherlands

Computerized Approach-Avoidance –Training (AAT-Training) have shown effective in relapse prevention for alcohol dependence. Whereas regular treatment procedures are highly dependent on reflective and explicit memory capacities, AAT-trainings might offer an intervention option that asks for less cognitive control. They might therefore be suited for patients with alcohol-induced neurocognitive disorders, who are faced by poor treatment outcome and an increased the risk of relapse. To examine the applicability of an alcohol-avoidance training procedure in patients with alcohol dependence and alcohol-induced neurocognitive disorders, we included two groups that differed in the degree of cognitive impairment: One group fulfilled the DSM-5 criteria for Alcohol-Induced Mild Neurocognitive Disorder, and one group was diagnosed with Korsakoff's syndrome (Alcohol-Induced Major Neurocognitive Disorder, Confabulatory/Amnesic subtype; DSM-5). 51 Patients with a mild neurocognitive disorder and 54 patients with Korsakoff's syndrome received six training sessions (including pre- and posttests) on a computerized implicit alcohol approach-avoidance task. Neurocognitive variables were available from the standard assessment procedure of the clinic. The alcohol-approach bias decreased for both groups in each session ($F(1,82)=17.72$, $p<001$, $\eta^2=.18$). Better learning results over time were obtained in participants with a larger baseline alcohol-approach tendency ($F(5,45)=6.73$, $p<001$, $\eta^2=.43$). Learning effects were positively related to age and implicit (non-declarative) memory functioning. No relation between training effects and executive or explicit memory functions were present. An AAT-Training can be successfully applied in patients with alcohol-dependence and alcohol-induced neurocognitive disorders.

Relapse Prevention in Abstinent Alcoholics by Cognitive Bias Modification: Modification of Approach Bias, Attention Bias, or Both?

Mike Rinck, Behavioural Science Institute, Radboud University Nijmegen, The Netherlands

Alcohol-dependent patients show an attentional bias for alcohol-related stimuli and automatic approach of these stimuli. Consequently, computerized Cognitive Bias Modification (CBM) programs have been developed to re-train these biases. Re-training of alcohol-approach tendencies has already yielded significant reductions of relapse rates in previous studies, and re-training of biased attention towards alcohol is another promising approach. Therefore, the current large-scale study compared the beneficial effects of these training methods – separately and in combination – to those of sham trainings and a no-training control. Participants were 1405 alcohol-dependent patients of an inpatient rehabilitation clinic. In addition to treatment as usual, they received 6 sessions of alcohol-avoidance training, 6 sessions of alcohol-attention training, a combination of 3+3 training sessions, variants of sham trainings, or no training. Effects of the training methods were evaluated by measuring treatment success at 1-year follow-up. The 3 active training groups had higher success rates at 1-year follow-up than the 2 groups receiving sham trainings or no training. There were no significant differences between alcohol-avoidance training, alcohol-attention training, or the combined training. The latter may have failed to be even more effective because it involved only 3 sessions per training.

Reducing Approach Bias To Achieve Smoking Cessation: A Pilot Randomized Placebo-Controlled Trial

Jasper A. J. Smits, The University of Texas at Austin, Austin

Introduction: This study aimed to provide a preliminary test of the efficacy of a brief cognitive bias modification program for reducing approach bias in adult smokers motivated to quit. Methods: Participants were 52 smokers who were randomly assigned to four sessions of approach bias modification training (AAT) or

sham training. Participants were asked to make a self-guided quit attempt upon completion of the final training session. Approach bias was assessed at baseline and at the end of each session, and days abstinent was assessed 1-week following the quit attempt. Results: Individuals assigned to the AAT training condition evidenced significantly greater reductions in approach bias relative to those in the sham condition ($p < .001$). Baseline approach bias did not moderate the between-group effect ($p > .41$); however, higher levels of approach bias at baseline were associated with greater approach bias reduction over time irrespective of condition ($p < .001$). Consistent with hypothesis, the reduction in approach bias during the intervention period was significantly related to the number of days abstinent following the quit attempt ($p = .033$).

Online-Based Cognitive Bias Modification In Smokers Using An Approach-Avoidance Task: A Replication Study

Charlotte E. Wittekind, University Medical Center Hamburg-Eppendorf

Tobacco dependence is associated with automatic approach tendencies of smoking-related stimuli. In an online pilot study, preliminary evidence was found that training participants to push smoking-related pictures away resulted in a reduction of daily cigarette consumption and cigarette dependence. However, interpretability was constrained by several limitations (e.g., lack of an active control condition, no long-term follow-up). The aim of the present study was to replicate findings taking previous limitations into account. Participants ($N = 151$) were randomly allocated to one of three conditions (Cognitive Bias Modification by means of an Approach-Avoidance Task [AAT], control training, control group). The pre-post interval was four weeks, the post-follow-up interval six months. In both training conditions, participants were instructed to push or pull neutral and smoking-related pictures depending on the color of the picture frame. While all smoking-related pictures had to be pushed in the AAT-training condition, the contingency was 50:50 for the control training. Sociodemographic and psychopathological information as well as implicit behavioral tendencies were assessed using Unipark[®] and Inquisit at all time-points. Final data of the study will be presented. Results provide important insights into the effectiveness of online-based CBM trainings in smoking. CBM trainings hold the potential to be easily disseminated.

THURSDAY, 14 SEPTEMBER 2017

SYMPOSIUM 6

1138 - THE ROLE OF CBT IN REHABILITATION AND INTEGRATION PROCESS AFTER VARIOUS HEALTH CONDITIONS

Organiser : *Ana Petrovic, University Rehabilitation Institute Republic of Slovenia*

Chair : *Ana Petrovic, University Rehabilitation Institute Republic of Slovenia*

Presenters :

Katja Zupancic, University Rehabilitation Institute Republic of Slovenia

Suzana Vrhovac, University Rehabilitation Institute Republic of Slovenia

Miha Rutar, University Rehabilitation Institute Republic of Slovenia

Ana Petrovic, University Rehabilitation Institute Republic of Slovenia

Abstract

The process of rehabilitation represents an interdisciplinary approach to treatment of different health conditions. Psychologist plays a significant role during and at the closure of medical rehabilitation. Efficiency, active approach and problem solving are closely connected to main principles of rehabilitation which makes cognitive behavioural therapy one of the most used methods. We selected a few different areas to show great diversity in rehabilitation and the possibility for use of CBT within. Polytrauma represents damaging of the body, complex of severe anatomical and functional impairments of two or more organs or different systems, with direct repercussions on the vital functions of the organism. Survivors of trauma might feel shocked, scared, guilty, ashamed or vulnerable. After a trauma people may experience symptoms of posttraumatic stress disorder or other emotional or behavioral symptoms such as depression, anxiety or disruptive behaviors. Trauma-Focused Cognitive Behavioral Therapy is a components-based model approach for people who are experiencing significant emotional and behavioural difficulties related to traumatic life events. Components of therapy might include some or all of the following: grounding and working with memories, working with beliefs, cognitive processing of the trauma and relaxation. Limb loss involves adaptation to new physical appearance and limitations in everyday functioning. These circumstances are often accompanied by phantom limb pain which can disrupt physical functioning, mood, relationships and work activities. Psychological interventions are an integral part of phantom limb pain treatment during a process of rehabilitation. Commonly used techniques of CBT are relaxation training, behavioural activation, cognitive restructuring and mindfulness. Chronic widespread pain (CWP) is a highly prevalent condition with a range of disabling symptoms, both physical and psychological, and with high direct medical costs and indirect costs such as sick leave and disability pension. CBT has become a treatment of choice for patients with CWP. The goals of CBT for chronic pain are to reduce pain and psychological distress and to improve physical and role functioning by helping individuals decrease maladaptive behaviors (e.g. fear-avoidance), increase adaptive behaviors, identify and correct maladaptive thoughts and beliefs (e.g. pain catastrophizing) and increase self-efficacy for pain management. Often used techniques for pain include relaxation training, setting goals and behavioural activation, guidance in activity pacing, problem-solving training and cognitive restructuring. Return to work, educational process or other forms of occupation are very significant milestones in integration and psychosocial rehabilitation of people with disabilities. Vocational rehabilitation is a process which enables persons with functional, psychological, developmental, cognitive and emotional impairments or health disabilities to overcome barriers to accessing, maintaining or returning to employment or other useful

occupation. In addition to diverse medical conditions, these individuals have different educational, social and psychological backgrounds, which makes this process very complex. The spectrum of used CBT techniques is broad, selection of work methods is closely connected with individual's cognitive functioning, organic disorder influences and coping mechanisms.

The Role of CBT in Rehabilitation of Patients after Amputation

Katja Zupancic, University Rehabilitation Institute Republic of Slovenia

Limb loss is a significant public health issue with major changes in person's physical appearance and everyday functioning. The majority of amputations occur on lower limbs due to complications of the vascular system. The most prevalent psychological problems after the procedure are grief, anxiety, depression, altered body image, sleep disturbance and pain. An average patient is a male over 65 years old with a history of diabetes and cardiovascular diseases. With this population cognitive behavioral therapy (CBT) is one of the most used approaches. Some psychological distress is common after amputation but mood usually improves within weeks if a person has adequate coping strategies and supportive environment. Since limb loss results in limited movement, people often have to discontinue activities they were able to do before the procedure. This can result in depressive mood where CBT interventions include setting goals, behavioral activation, reward planning and cognitive restructuring. Anxiety often occurs at the beginning of new situations that include going home after hospital discharge and the start of rehabilitation. Interventions are aimed at adjustment of expectations regarding patient's functioning. Pain often accompanies patients who undergo an amputation. If they have suffered from it for a longer period due to a medical condition, a surgery can be accepted as a big relief. But even when a tissue after the procedure has healed they can still be in pain which influences a course of rehabilitation. Specific to the amputation is a phantom limb pain which can be treated in different ways. CBT interventions usually consist of education about pain, relaxation training and cognitive restructuring of catastrophizing cognitions, but they can also be complemented by mindfulness and acceptance strategies. Challenges of working with this population include cognitive impairment, lack of motivation and additional diseases that limit a use of possible psychological interventions. Therefore it is crucial that multidisciplinary team is involved in a rehabilitation following an amputation. In the presentation a case example of a middle-aged female patient with left below-knee amputation, depression and anxiety will be introduced together with the conceptualization of the problem and CBT techniques used in treatment.

The Role of CBT in Rehabilitation of Patients after Polytrauma

Suzana Vrhovac, University Rehabilitation Institute Republic of Slovenia

Polytrauma-associated mortality has decreased in recent years and the medical care has made continuous progress. However these patients often suffer from persisting limitations in their physical ability to function, as well as from relevant social and psychological consequences. Their lasting physical limitations also cause serious socioeconomic damage, especially in patients personal and professional lives. Polytrauma represents damage of the body, complex or severe anatomical and functional impairments of two or more organs or different systems, with direct repercussions on the vital functions of the organism. Traumatic experience can cause significant psychological difficulties for large numbers of people who are involved in events such as road traffic accidents, violence, falls, self-inflicted injuries and other causes. Traumatic brain injury often co-occurs in polytrauma. Many individuals show great resistance in the light of these experiences and will manifest short-term stress reactions that diminish over time. Nevertheless, some people may experience symptoms of posttraumatic stress disorder or other emotional or behavioral symptoms such as depression, phobic reactions, anxiety disorders, flashbacks or alcohol and other substance misuse and less frequently obsessive

compulsive-disorder and psychotic reactions. Pain resulting from polytraumatic injuries poses numerous challenges during rehabilitation treatment and afterwards. Trauma-Focused cognitive behavioral therapy (TF-CBT) is a components-based model approach for people who are experiencing significant emotional and behavioural difficulties related to traumatic event. TF-CBT is used to help individuals regulate negative affect, consider alternative goals, and modify self-concept. Behavioral techniques such as relaxation, behavioral activation, and treatment of insomnia are frequently first-line approaches for anxiety and depression after polytrauma because they are relatively straightforward and accessible. Serious psychological consequence often associated with polytrauma is posttraumatic stress disorder (PTSD). PTSD is an anxiety disorder that often follows a traumatic event involving actual or threatened death, serious injury, or threat to the physical integrity of oneself or others. In the presentation a case sample of a 18th years old male patient after surviving polytrauma in car accident, anxiety, depression and insomnia will be introduced together with the conceptualization of the problem and cognitive behavioral therapy techniques used in treatment.

The Role of CBT in Rehabilitation of Patients with Chronic Widespread Pain

Miha Rutar, University Rehabilitation Institute Republic of Slovenia

Chronic widespread pain (CWP), including fibromyalgia, is a highly prevalent condition with a range of disabling symptoms, both physical and psychological, and with high direct medical costs and indirect costs such as sick leave and disability pension. Chronic pain is an inherently complex and subjective experience influenced by biological, psychological, and social factors which makes it difficult to treat. Besides, it often occurs alongside other debilitating symptoms such as sleep disturbance, anxiety, and depression that may increase pain severity and lead to further reductions in quality of life and physical function. Cognitive-behavioral therapy (CBT) became a treatment of choice, alone or in conjunction with medical or interdisciplinary rehabilitation treatments, for patients with CWP. CBT is aimed at changing dysfunctional pain-related beliefs and appraisals with pain intensity and related problems, including depression, anxiety, physical disability, and activity and social role limitations. The goals of CBT for pain are to reduce pain and psychological distress and to improve physical and role function by helping individuals decrease maladaptive behaviors, increase adaptive behaviors, identify and correct maladaptive thoughts and beliefs, and increase self-efficacy for pain management. Many individuals with chronic pain have mood, anxiety, and sleep disorders, and CBT is also used to treat these conditions. Techniques often used for pain include relaxation training, setting and working toward behavioral goals (typically including systematic increases in exercise and other activities), behavioral activation, guidance in activity pacing, problem-solving training, assertiveness training and cognitive restructuring. CBT typically includes between-session activities to practice and apply new skills (e.g., completion of thought records, relaxation practice, work toward behavioral goals). The ultimate goal for long-lasting successful outcomes is for the patient to develop an internal locus of control so that he or she can take a full responsibility for his or her care. In the presentation a case example of a middle-aged female patient with CWP and depression will be introduced together with the conceptualization of the problem and CBT techniques used in treatment.

The Role of CBT in the Process of Vocational Rehabilitation

Ana Petrovic, University Rehabilitation Institute Republic of Slovenia

Return to work, educational process or other forms of occupation are very significant milestones in integration and psychosocial rehabilitation of people with disabilities. Vocational rehabilitation is a complex process, which enables persons with functional, psychological, developmental, cognitive and emotional impairments or

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health disabilities to overcome barriers to accessing, maintaining or returning to employment or other useful occupation. The population included in vocational rehabilitation is very heterogeneous, mainly with problematics from traumatic injuries, muscular – bones diseases, neurological disorders and various mental health conditions. Additional diversity is represented through congenital or acquired nature of medical condition, personality traits, environmental specifics and support network. These individuals have also different educational, social and psychological backgrounds, which makes this process very complex and interdisciplinary. Treatment is focused on helping the individual to discover and strengthen its own remained potentials and to find adequate occupation or employment, suitable for these potentials. This is often a long process, with specifics on different areas: cognitive functioning, emotions, mood, self-control, self-awareness, self-esteem, social skills and also acceptance and coping with medical condition, functional deficits, changed self-image and chronic pain. The spectrum of used CBT techniques is broad, some of predominantly used are goal setting, problem solving, behavioural activation, cognitive restructuring, adjustment of expectations regarding changed functioning, psychoeducation, relaxation techniques in combination with mindfulness strategies. The emphasis is on individual approach, but there are some additional forms of group work, like social skills training. Selection of work methods is closely connected with individual's cognitive functioning, organic disorder influences and stage of coping with the disease. Challenges of working with this population include heterogeneous medical problems, cognitive impairment and lack of motivation due to long absence from work or lack of work experience. In the presentation, a case example of an individual with cerebral paralysis will be introduced together with the conceptualization of the problem and CBT techniques used in treatment within the process of vocational rehabilitation.

THURSDAY, 14 SEPTEMBER 2017

SYMPOSIUM 7

1136 - INTEGRATING CBT PRINCIPLES IN YOUTH MENTAL HEALTH PROMOTION, PREVENTION AND TREATMENT

Organiser : *Urša Malešič, The Youth Health Resort Rakitna*

Chair : *Urša Malešič, The Youth Health Resort Rakitna*

Presenters :

Jerica Radež, The Youth Health Resort Rakitna

Sandra Smiljanić, The Youth Health Resort Rakitna

Urša Malešič, The Youth Health Resort Rakitna

Abstract

Research suggests that early prevention programs in children and adolescents with mental health difficulties are linked to better psychosocial outcome in later life. Difficulties addressed at early stage lead to lower levels of mental health disorders in adulthood. The Youth Health Resort Rakitna follows these findings by developing therapeutic programs for children and adolescents with mental health difficulties. The programs are adapted to users' age, needs and difficulties. Three of the programs are continuously carried out through the whole year. These are 2-week program for children and adolescents with emotional and behavioral difficulties, a 6-week reintegration and rehabilitation program for adolescents and voiding school for children with idiopathic urinary incontinence. In addition to that a program for children with autism spectrum disorder is being developed. Each year, around 360 children and adolescents are included in one of the programs. Besides inpatient programs outpatient psychological and psychiatric services are provided. In the programs a variety of activities, which include group and individual treatment approaches, is provided. In addition to psychotherapeutic groups and individual therapy, therapies through activities with horses, dogs and other animals, creative workshops, sports and social skills training are offered. Consequently, team-approach in delivering these activities is used. The team consists of psychologists, psychiatrists, pediatricians, social pedagogues, mental health nurses, teachers and animal-assisted therapists. Cognitive-behavioral therapy (CBT) approaches are integrated in all of the mentioned activities, especially in psychotherapeutic group and individual treatments. Since each child or adolescent arrives with certain goal, CBT techniques and principles are applied order to offer professional support in achieving a specific goal. In the 2-week program for children and adolescents with early-stage emotional and behavioral problems CBT techniques for improving their self-esteem, regulating behavioral responses, encouraging appropriate emotional responses, developing social skills and promoting age-appropriate independence are being used. On the other hand, the 6-week program for adolescents addresses similar problems using in-depth CBT techniques. More techniques deriving from third wave CBT approaches (e.g. mindfulness) are used. The main goal of the use of these techniques is to achieve psychosocial rehabilitation and reintegration after unfavorable life circumstances. CBT methods are applied through conversation and using different materials, for instance booklets and worksheets. These can be used in group or individually. Through symposia we will present 2- and 6-week programs and how we use CBT principles in addressing mental health difficulties. Advantages, disadvantages and prospects for the future will be discussed.

Reintegration and Rehabilitation Programme for Youth with Emotional and /or Eating Disorders

Jerica Radež, The Youth Health Resort Rakitna

Reintegration and Rehabilitation Programme is a 6-week therapeutic inpatient programme for young people, aged between 16 and 26, who have been treated for mental health difficulties before and now need support in the rehabilitation process. The main purpose of admission to the programme is therefore to help young people in recovering after facing mental health difficulties and to enhance the process of developing age-appropriate behaviours and responsibilities. The process of referral to the programme is the same as with other in- and outpatient services at Youth Climate Resort Rakitna – after the initiative, which can be given by the clients themselves or by their relatives, psychologists, therapists, social workers etc., they need to be formally referred by their medical doctor. After the initial (“triage”) session, the final decision regarding admission is made by the clinical team. If admitted to the programme, they are obliged to certain duties, which are stated in the therapeutic contract. As mentioned earlier, the programme lasts for 6-weeks, with every other weekend being “the therapeutic weekend”, which they spend home. If clients show the motivation after 6 weeks, they are allowed to continue with the programme for another couple of weeks – depending on their progress, initial goals and the opinion of the clinical team. Our clients are offered a large range of activities when staying with us. Each of the therapeutic activities has a specific goal and purpose. The most important activities within the programme are therapeutic groups, individual therapeutic sessions, assertiveness training, mindfulness training, hippotherapy, therapeutic activities with domestic animals, health education, therapeutic community, time management, sports and school activities. The principles of cognitive-behavioural therapy are integrated in many of the therapeutic activities, but ones that emphasize them the most are mindfulness training, assertiveness training, time management and individual therapeutic sessions. Through the case presentation of a 20-year-old girl, with the history of a mild depressive episode, we are going to take a closer look at these activities and explain them in terms of cognitive-behavioural therapy and in terms of achieving the client’s individual goals.

2-Week Programme for Children and Adolescents with Risk of Developing Emotional and Behavioural Difficulties

Sandra Smiljanić, The Youth Health Resort Rakitna

Youth Health Resort Rakitna (Slovenia) is offering a special prevention 2-week programme for children and adolescents with early-stage emotional and behavioural difficulties. Regarding research results in the field, youth that attend prevention programmes have opportunity to develop certain coping skills, learn to respond adequate when expressing emotions and presenting different behaviours. Inclusion in prevention programmes is lowering the risk of developing psychological and social difficulties later in life. Children and adolescents, aged 6 to 26 years, are supported in improving self-esteem, developing a feeling of belonging to the family and a peer group, recognizing and accepting their own capabilities and needs, developing social skills and assertiveness, strengthening age-appropriate independence. Every individual enters the programme with specific goals that are created together with individual, his/her parents and therapist. CBT techniques and principles are used when addressing a purpose of inclusion. More emphasis is put on behavioural techniques based on instrumental conditioning and group therapy. In addition other behavioural and cognitive techniques and individual approach are used as well. Through symposia we are going to present the programme, with great emphasis on presenting framework and integration of different CBT techniques. Further on, outcome of the programme based on CBT techniques is going to be discussed.

Mental Health Promotion, Prevention and Treatment Programmes at the Youth Health Resort Rakitna

Urša Malešič, The Youth Health Resort Rakitna

The youth health resort Rakitna (YHR Rakitna) is a part of a public health services addressing mental health for children, adolescents and young adults. Our aim is to promote mental health, deliver prevention programmes for youth at risk of developing mental health difficulties and rehabilitation and reintegration of youth with existing psychopathology. Our programmes aim to address a growing demand for better mental health services for youth. Since most mental disorders begin to develop in childhood and adolescence it is important to address younger populations with programmes that promote mental health through children friendly approaches. In addition, it is known that prevention programmes have better outcomes than treatment of existing mental health disorders. YHR Rakitna delivers inpatient and outpatient services for youth in order to promote better mental health through prevention and rehabilitation. Our main therapeutic inpatient programmes are a 2-week prevention programme for children and adolescents with emotional and behavioural difficulties and a 6-week reintegration and rehabilitation programme for adolescents and young adults. Important parts of our programmes are individuals' motivation for participation and individual goals that are agreed upon at the admission to the programme. Cognitive behavioural therapy is delivered to our clients through different activities. Most activities are carried out in the group and each client has individual therapeutic sessions with a therapist. Activities include therapeutic groups, assertiveness training, mindfulness, sport and therapy with animals. Through these activities clients can practice new skills, adjust their behaviour and responses and interact with peers. While having in mind their individual goals, therapists try to pay attention to different behaviours and give support in detecting and changing them. Most of our therapists are trained in cognitive behavioural therapy (CBT) and deliver CBT approaches to our clients. Research on effectiveness of the programmes is being carried out at YHR Rakitna, using Achenbach System of Empirically Based Assessment (ASEBA). A longitudinal study shows that psychological and social difficulties decrease significantly after attending the programmes and the decline persist after an 18-month follow up.

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SYMPOSIUM 8

1113 - EFFECTIVE COGNITIVE BEHAVIOURAL THERAPY FOR TREATMENT-RESISTANT DEPRESSION, AND RELAPSE PREVENTION

Organiser : *Inga Hrefna Jónsdóttir, Reykjalundur Rehabilitation Centre*

Chair : *Rósa María Guðmundsdóttir, Reykjalundur Rehabilitation Centre*

Presenters :

Pétur Hauksson, Private Practice in Psychiatry

Anna Kristín Thorsteinsdóttir, Reykjalundur Rehabilitation Centre

Sif Jónsdóttir, Reykjavík University

Katrín Sara Hinriksdóttir, Reykjavík University

Abstract

The efficacy of cognitive behavioural therapy (CBT) is well established for depression but less is known about its efficacy for chronic or treatment-resistant depression (TRD) or its efficacy for depression with psychiatric comorbidity. Studies of individual or group CBT for TRD have been sparse. Further research is needed to address the efficacy and effect endurance of CBT, individually tailored or in small homogeneous groups. Mindfulness based cognitive therapy (MBCT) and physical exercise (PE) are different treatment alternatives that both have been associated with depression risk-reduction. Antidepressant medication (AM) has also been shown to be effective both in reducing depressive symptoms and in relapse prevention. However, AM helps patients only while they are taking the medication, and the depression is likely to return when the patient stops the intake. MBCT was developed to prevent a relapse from occurring and delivered while the patients were still well, before the depressive relapse occurred. The aim of MBCT was to help people who are vulnerable to depressive relapse to stay well in the long term. However, there is a lack of evidence whether MBCT has greater efficacy in terms of recovery maintenance and relapse prevention than PE does. This symposium will focus on 1) comparison of the effects of individual and group CBT for depressed inpatients who have not responded to other treatment, 2) the effect of an eight-week MBCT follow-up program for staying well and preventing relapses and 3) comparison of the effects of MBCT and PE for preventing relapse in people dealing with recurrent depression. New data will be presented on patients with depressive disorder who had not responded to a full course of conventional therapy. They were admitted to a rehabilitation centre and received 6 weeks of in-patient treatment, offering a wide range of treatment options, including physical therapy and occupational therapy. In addition to this treatment as-usual, CBT was offered to the treatment groups. In addition, after discharge from the rehabilitation centre, patients who agreed to participate in the research were randomly allocated in two different follow-up treatment conditions receiving either MBCT or PE once a week, two hours each time for an eight-week period. The first presentation in this symposium will present results of comparison of group and individual cognitive behaviour therapy and rehabilitation for treatment-resistant depression with 18-month follow-up. The next presenter will describe the results of a study where the participants had all been treated at the rehabilitation centre either with a manual-based group- or individual CBT for depression. They were invited to attend to a group-based (6-8) MBCT follow-up program; two hours, once per week for eight weeks. The last two presenters will compare the effects of MBCT and PE for preventing relapse in people dealing with recurrent depression.

Effectiveness of Cognitive Behaviour Therapy for Treatment-Resistant Depression with Psychiatric Comorbidity: Comparison of Individual Versus Group CBT in an Interdisciplinary Rehabilitation Setting

Pétur Hauksson, Private Practice in Psychiatry

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Introduction: Cognitive behaviour therapy (CBT) has been shown to be effective, yet there is a paucity of research on the differential effectiveness of individual and group CBT for adults with treatment-resistant depression with psychiatric comorbidity. The main aims of this research was to investigate the effectiveness of individual and group CBT for inpatients, in an interdisciplinary rehabilitation setting; the extent of psychiatric comorbidity; and who benefits the most from group CBT. **Method:** All patients (N=181) received 6 weeks of rehabilitation (treatment as usual, TAU. In addition, they were randomly allocated to group CBT (n=86) or individual CBT (n=59) in addition to TAU, or TAU only (n=36). All CBT therapists were part of an interdisciplinary team, had at least one-year CBT training and attended weekly supervision. The same CBT manual was used for individual and group therapy, providing 12 sessions, 2 per week. Groups had 12-15 participants and 2 therapists in each session. **Results:** Individual CBT was superior in efficacy to group CBT and TAU, with a large within-subject effect size (ES=2.10). Group CBT was not superior to TAU. The benefits of treatment decreased over time, but remained large at 18-month follow-up for individual CBT (ES=1.02) and medium for group CBT (ES=0.46) and TAU (ES=0.60). **Discussion:** Individual CBT was an effective addition to TAU and showed significant improvements in symptom severity post treatment and at 18-month follow-up. Disorder severity and comorbidity may have decreased effectiveness of group therapy primarily aimed at depression.

Staying Well with Mindfulness-Based Cognitive Therapy after CBT for Depression in an Interdisciplinary Rehabilitation Setting

Anna Kristín Thorsteinsdóttir, Reykjalundur Rehabilitation Centre

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Introduction: In treatment-resistant depression, repeated depressive relapses are common and therefore effective relapse prevention programs are an important part of helping people staying well throughout their life. Mindfulness-Based Cognitive Therapy (MBCT) has a growing empirical support for preventing relapse in people dealing with recurrent depression. Data shows that MBCT almost halves the rate of relapses, in a 12 months' period, at least among patients with more than three major depressive episodes. In MBCT a systematic mindfulness meditation is added to cognitive behavioural therapy (CBT) with more emphasizes on the present moment and self-compassion. **Method:** The participants (N=188) had all been treated at a rehabilitation centre either with a manual-based group- or individual CBT for depression. They were invited to attend to a group-based (n=6-8) MBCT follow-up programme; two hours, once per week for eight weeks. The sessions were divided into education, discussion and systematic mindfulness meditation. **Results:** The majority of the participants who finished the programme (n=130) were women (84%) and the mean age was 48 years (the range was 19-81 year). About 72% were on medication for depression or anxiety and 43% had been on the medication for five years or longer. About half of the sample (57%) had been treated with individual CBT

and the rest with group CBT. The patients with mild depressive symptoms at the start of the treatment (42%) had significantly more symptoms of depression at the end of the treatment although the difference of the mean scores was not large (BDI-II: 7.10 pre and 9.10 post; DASS: 4.20 pre and 6.60 post). No significant changes were on symptoms of anxiety, stress and hopelessness pre- to post treatment which is in favour of staying well with MBCT. Patients with severe depressive symptoms at the start of treatment (41%) showed significantly fewer symptoms of depression, anxiety, stress and hopelessness at the end of the treatment. Discussion: The results indicate that the eight-week MBCT follow-up programme can be useful for patients in rehabilitation with recurrent depression especially in getting better for those with severe depressive symptoms at the start of the follow-up treatment. Long-term follow up is needed to see if the improvements last. It would also be interesting to compare MBCT with other active forms of relapse prevention programmes. It might also be better to group together in MBCT those who are with severe depressive symptoms and those who have milder depressive symptoms at the start of treatment to prevent the “spreading” of depression.

Effectiveness of Mindfulness Based Cognitive Therapy compared to Physical Exercise as a follow-up treatment to prevent depressive relapse and maintain recovery

Sif Jónsdóttir, Reykjavik University

Sif Jónsdóttir¹, Katrín Sara Hinriksdóttir¹, Inga Hrefna Jónsdóttir², Sigríður Finnbogadóttir¹, Anna Kristín Þorsteinsdóttir², Jóhanna Kristín Steingrimsdóttir², Arnbjörg Guðmundsdóttir², Ágúst Már Jónsson², Margrét Lilja Guðmundsdóttir¹, Kamilla Rún Jóhannsdóttir¹ ¹Reykjavik University, Iceland; ²Reykjalundur Rehabilitation Centre, Mosfellsbær, Iceland

Introduction: The fact that depression can be a serious recurring condition fuels the need for effective follow-up strategies that can maintain the clinical improvement people often experience following a successful CBT therapy. Mindfulness based cognitive therapy (MBCT) and physical exercise (PE) are different treatment alternatives that both have been associated with depression risk-reduction for people suffering from major depressive disorder. However, there is a lack of evidence whether MBCT has greater efficacy in terms of recovery maintenance and relapse prevention than PE does. The main objective of this research was to evaluate the efficacy of MBCT compared to PE as follow-up treatment alternatives. Method: A total of 49 individuals that agreed to participate in the study who previously had undergone cognitive behavior therapy (CBT) at Reykjalundur Rehabilitation Centre were randomly allocated in two different follow-up treatment conditions receiving either MBCT or PE courses. Both treatments were offered once a week, two hours each time for eight-week period. The sessions included education, mindfulness or physical exercises, discussions and homework assignments. Participant’s background information was assessed at baseline. Depression and attentional control were assessed pre- and post- treatment. Statistical analysis was conducted on 26 participants who completed treatment, of which 16 received MBCT and 10 received PE, the dropout rate was 53%. Results: Results showed no changes in depression scores for either MBCT or PE following treatment. However, patients with moderate/severe depression did show symptom reduction as a result of follow-up treatment, especially those receiving MBCT. Finally, individuals that received MBCT did not have greater improvements in attentional control compared to those receiving PE. Discussion: In conclusion, this comparison research found that both MBCT and PE follow-up treatments are equally effective in maintaining recovery and preventing relapse. However, there were some limitations. Future researches should add a control group that receives no intervention and a long-term follow up is necessary to evaluate the long-term benefits. This preliminary evidence supports the potential value of examining possible individual differences in follow-up treatment preference, where different alternatives might have different beneficial effects between persons.

The Effectiveness of Cognitive Behavioral Therapy Follow-Up Based On Mindfulness Compared to Physical Exercise

Katrín Sara Hinriksdóttir, Reykjavík University

The effectiveness of cognitive behavioral therapy follow-up based on mindfulness compared to physical exercise Katrín Sara Hinriksdóttir¹, Sif Jónsdóttir¹, Inga Hrefna Jónsdóttir², Sigríður Finnbogadóttir¹, Anna Kristín Þorsteinsdóttir², Jóhanna Kristín Steingrímisdóttir², Arnbjörg Guðmundsdóttir², Ágúst Már Jónsson², Margrét Lilja Guðmundsdóttir¹, Kamilla Rún Jóhannsdóttir¹ ¹Reykjavik University, School of Business; ² Reykjalundur Rehabilitation Centre, Iceland Introduction: Many individuals with depression experience more than one depressive episode and there is around 40% chance of a relapse within a year. Cognitive behavioral therapy (CBT) and antidepressant medication have shown to be effective in reducing recurrence, however a wider range of resources is needed to prevent relapses. Both mindfulness based cognitive therapy (MBCT) and physical exercise (PE) seem effective in reducing depressive symptoms. Method: A sample of 49 individuals who previously had undergone CBT at Reykjalundur were randomly divided into two different follow-up treatment conditions receiving either MBCT or PE. Both treatments were once a week, in two hours, during eight weeks and consisted of education, mindfulness or physical exercises, discussions and homework. Twenty-six participants completed treatment; 16 MBCT and 10 PE, dropout rate was 53%. Results: There was no difference between the intervention groups in reducing depressive symptoms or as relapse preventions. Also, there was no more reduction in depressive symptoms for participants that were physically active during their MBCT intervention. MBCT participants with high mindful attention (MA) benefitted more from their intervention than participants with low MA. PE participants with high MA benefitted less from their intervention than participants with low MA. Discussion: These results indicated that both MBCT and PE were equally successful follow-up treatments in maintaining recovery after CBT treatment, but further research is needed for long-term follow-up. There might be individual differences in which intervention serves the participants need. Other in the research team: Ágúst Már Jónsson, Margrét Lilja Guðmundsdóttir, Kamilla Rún Jóhannsdóttir

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THURSDAY, 14 SEPTEMBER 2017

SYMPOSIUM 9

1144 - COMBINING NEUROPSYCHOLOGY AND CBT IN YOUNG PATIENTS AFTER TBI AND STROKE

Organiser : *Neuropsychology group in rehabilitation, University Rehabilitation Institute*

Chair : *Barbara Starovasnik Žagavec, University Rehabilitation Institute*

Presenters :

Urša Čižman Štaba, University Rehabilitation Institute

Vesna Mlinarič Lešnik, University Rehabilitation Institute

Barbara Starovasnik Žagavec, University Rehabilitation Institute

Abstract

In the present symposium, we will address different and also modified CBT treatment options for young active individuals after a sudden onset of neurologic disease, such as acquired brain injury (ABI) and stroke. Cognitive behavior therapy (CBT) is shown as a potentially suitable treatment if sometimes modified for clients with neuropsychological impairment, especially in long term neurorehabilitation setting. The majority of patients who sustain a TBI are young males between the ages of 19 and 25, who are in the early stages of establishing their independence in areas of friendship, leisure activities, intimate relationship, residence, and employment. Anxiety and depression are commonly present at high levels and seen for prolonged periods following a brain injury. Individuals who experience TBI are at high risk for a significant loss of friendship and social support. Researchers have consistently suggested that the psychosocial problems associated with TBI may actually be the major challenge facing rehabilitation and a key task of the therapist should be actively to present the patient with the possibility that life is worth living in the context of lost cognitive and physical function. Emotional disturbances are also common among stroke survivors, given the nature of its sudden onset and its extensive consequences on everyday functioning. Anxiety, which can occur with or separate to depression, can have a crucial impact on rehabilitation outcome, as it contributes to poorer adaptive functioning. Patients commonly report fears of recurrence and death, which can be addressed with modified behavioral and cognitive techniques. As strokes at young age are reported as being usually uncommon, they have a disproportionately large economic impact by leaving victims disabled before their most productive years. There are many of possible subtle cognitive changes which persist even in the late phase of recovery. The results in our qualitative study showed that a neuropsychological cognitive training of selective attention combined with mindfulness technique across a 16-week period reduces omission-type errors and improves the level of insight in the attention deficits after first stroke in young-adult stroke survivors. In conclusion, CBT has common grounds with neuroscience and therefore its principles are consistent with best practices for neurorehabilitation. Although it requires substantial individual tailoring due to the diverse cognitive, emotional and interpersonal changes that can follow brain injury or stroke, a modified therapy has potential to suit the complex needs of this population and can present an opportunity to optimize rehabilitation outcome and quality of life.

Modifications of CBT for People with Cognitive Impairments Following Traumatic Brain Injury

Urša Čižman Štaba, University Rehabilitation Institute

Traumatic brain injury (TBI) does not only result in physical and cognitive impairments, but may also entail behavioral–emotional difficulties and mental disorders, which have a considerable impact on those who suffer from them, as well as their carers. Amongst the available psychological therapies, cognitive behavior therapy

(CBT) has been identified as suitable for treating post-injury emotional disorders, as it is a structured approach focused on concrete thoughts and behaviours. TBI can result in a variety of changes in personality and emotional regulation, from minor to striking. Preexisting personality traits can become more pronounced, or the personality can be drastically altered. Feeling hopeless and depressed after a head injury is to some extent a natural reaction. Clinical depression is the most frequently occurring psychiatric disorder after a TBI and is associated with poor functional outcome in TBI survivors. Anxiety disorders are common after TBI with rates as high as 70%. All variants are seen including Generalized Anxiety Disorder, panic disorder, phobic disorders, Posttraumatic stress disorder (PTSD) and Obsessive-Compulsive Disorder. Anxiety disorders are frequently comorbid and are also associated with depression. PTSD commonly occurs after exposure to traumatic situations, which involved the threat of injury or death. Survivors of TBI often experience intense feelings of anger and/or irritability. This may at times result in problematic behaviors such as aggression, which can be very frightening for family members. Examples of aggressive behavior include verbal outburst with minimal provocation and aggression towards self, others or inanimate objects when frustrated in attaining goals due to physical or cognitive limitations. CBT may be a useful approach to therapy in brain injury, however it should be adapted to accommodate cognitive limitations. Where memory is impaired, memory aids such as written summaries, cue cards can easily be incorporated and in some cases, it may be helpful for the patient to have an audiotape of the sessions. If concentration and attention are particularly impaired, it may be beneficial to shorten the length of each session and perhaps increase the frequency of sessions. At times the therapist may need to be more directive, particularly in clients with dysexecutive syndrome characterised by deficits in planning and organisation and problem solving. The main goals of CBT applied to people with TBI is to recognize illness-perpetuating behaviour, to change dysfunctional thought patterns, to increase the use of effective coping strategies, to reduce levels of stress, to teach skills for preventing a relapse into emotional distress, and to help subjects cope with feelings of loss related to decreased functioning. Finally, motivation may be a key limiting factor. During the initial period of therapy, it is important to spend time building a therapeutic alliance, particularly where the client has had their brain injury for a number of years and feels particularly hopeless about the possibility of future change.

CBT as A Treatment Option for Addressing Fear of Reoccurrence of Stroke

Vesna Mlinarič Lešnik, University Rehabilitation Institute

Emotional disturbances are common among stroke survivors given the nature of its sudden onset and its extensive consequences on everyday functioning. Anxiety, which can occur with or separate to depression, can have a crucial impact on rehabilitation outcome, as it contributes to poorer adaptive functioning. The estimated prevalence of anxiety disorders in patients after stroke is between 20-25%, while some patients are reporting persisting anxiety several years after stroke. Due to methodological limitations that can also be related to the consequences of the disease (e.g. cognitive deficits or aphasia), studies mostly focus on the broad concept of anxiety, although reported anxiety symptoms could be further classified into different categories of mental disorders (generalized anxiety disorder, panic disorder, social anxiety disorder, obsessive compulsive disorder or posttraumatic stress disorder). Patients experiencing increased anxiety levels commonly report excessive worrying and severe fears mostly regarding various stroke related aspects; often related to fears regarding the possibility of a recurrent stroke or death. Consequently, they also perceive higher levels of stress coping with everyday tasks and reduced quality of life. These fears can be addressed with modified behavioural and cognitive techniques. The CBT model of health anxiety can be used for structuring therapy. The model emphasises a high degree of anxiety related to health issues, where the amount of worry goes beyond the realistic assessment of the condition and disease likelihood. This significantly interferes with everyday functioning, regardless of the presence of a medically defined illness. In stroke patients increased health anxiety can be present in the form of excessive mental and behavioural

occupation with the disease and as distorted experiencing and interpretation of present symptoms. Therefore, it is important to address both behavioural and cognitive aspects during therapy. Namely, patients may avoid certain behaviours or excessively seek reassurance, both giving short time relief, while in the long term maintaining anxiety. Patients have expectations and beliefs about stroke that may be distorted or unhelpful. Techniques such as psychoeducation, behavioural experiments, cognitive restructuring, search of alternative explanations or Socratic questioning may be helpful in such cases. The fear of stroke recurrence can be based on a realistic assessment of relapse probability. Therefore, a certain amount of fear can promote health protective behaviours and cooperation with health professionals is crucial in structuring therapy. During initial assessment of anxiety and further in therapy it is necessary to take into account eventual diverse cognitive, emotional and interpersonal changes as they can manifest as consequences of stroke. One possible option to complement therapy is the involvement of family members and other rehabilitation therapists.

Combining CBT in Neuropsychological Rehabilitation of Selective Attention after First Young-Adults Stroke Patients

Barbara Starovasnik Žagavec, University Rehabilitation Institute

Introduction; As strokes in young are reported as being usually uncommon, they have a dis-proportionately large economic impact by leaving victims disabled in their most productive years. According to data 5.2 million (31%) stroke patients were younger than 64 years and deficits of the attention system after stroke are the most common (from 42% to 93% of all cases) and prominent consequences at the cognitive level of functioning. The patients with so-called “successful” physical outcomes are therefore often expected to return to their normal functioning quite early after the onset of the disease, despite the consequences of stroke on their cognitive functioning. **Objectives;** The main purpose was to enhance patient’s insight into different stages in deficits of attention after first stroke and also prevent possible later cognitive complications while returning to work. **Methodology;** The research was based on the results of 11 ischemic stroke patients which were involved in intensive selective attention training during their inpatient rehabilitation. The age of patients ranged between 25 and 54 years ($M = 40.3$; $SD = 11.2$). The mean level of education was 12.7 years ($SD = 2.5$). The mean time after the onset of stroke was 4.2 months ($SD = 1.5$). For the purpose of training selective and divided attention CogniPlus - the task Selective attention – Cross-modal was used. Patients participated in the intensive training of the selective attention module four times weekly for 30 minutes daily. During the training, the therapist was present. The CBT was running simultaneously beside the cognitive rehabilitation and was divided in general into three different stages. The first stage had a psycho-educational character. It consisted of the individual goal setting and presentation of mainly relaxational techniques including short body scan as mindfulness technique. The second stage consisted of the implementation of learned techniques onto the selective attention deficits and cognitive tasks. The third phase included implementation of CBT onto real-life situations and patient feedback. **Results;** The majority of the patients found out the behavioural techniques very useful, especially relaxation techniques and the mindfulness, which have also been used for targeted training of sustained attention. The patients who participated in the training of cognitive rehabilitation had an increase of effectiveness on the divided attention test, but not on the alertness test. **Conclusion;** The results show that a neuropsychological training of selective attention combined with CBT across a 12-week period reduces omission-type errors and improves the level of insight in the attentional deficits after first stroke, which is promising cognitive outcome but needs a further follow-up, especially after returning to work.

THURSDAY, 14 SEPTEMBER 2017

SYMPOSIUM 10

1141 - INNOVATIONS IN THE TREATMENT OF SOCIAL ANXIETY DISORDER

Organiser : *Johanna Boettcher, Freie Universitaet Berlin*

Chair : *Babette Renneberg, Freie Universitaet Berlin*

Presenters :

Johanna Boettcher, Freie Universitaet Berlin

Per Carlbring, Stockholm University

Emma Warnock-Parkes, King's College London

Ulrike Willutzki, Private Universitaet Witten

Abstract

Social anxiety disorder (SAD) is a very common and disabling mental disorder. Cognitive-behaviour therapy (CBT) is first-line treatment and has a strong empirical basis. However, not all patients benefit from CBT. About one third of the treated patients do not respond to a sufficient degree (Rodebaugh, Holaway, & Heimberg, 2004). Additionally, access to CBT is often limited. Only a small minority of patients with SAD receives adequate, evidence-based treatment (e.g. Issakidis & Andrews, 2002). Hence, there is a pressing need to optimize existing treatment approaches and to lower treatment barriers. The symposium will present different approaches on how to make CBT more efficient and more available for patients with SAD. Treatments that are facilitated via the Internet have the potential to reach patients who are otherwise unlikely to receive adequate treatment (e.g. patients in remote areas, patients fearing stigmatization, patients too shy to initiate face-to-face contact). At the same time, technology-based interventions also help to bring important therapeutic techniques into practice. The first two talks will therefore focus on innovations in the field of Internet-based CBT for SAD and will present strategies to facilitate exposure exercises. Johanna Boettcher will present two studies on a newly developed app for SAD. In a gamified approach, the app guides and motivates patients to conduct exposure exercises in their natural environment. The second presentation will introduce virtual reality (VR) exposure therapy for social fears. Per Carlbring will present data on a RCT, evaluating the impact of a three-hour VR exposure session on public speaking anxiety. The third talk will present a different angle on how to improve treatment outcomes. Emma Warnock-Parkes will outline how video-feedback can be optimized in the treatment of socially anxious patients in order to increase its impact on patients' symptomatology. She will present data on the beneficial effect of video feedback on patients' distorted self-images and will show ways how to make this technique even more powerful. Optimizing intervention techniques and contexts is one way to improve treatment of SAD. It is also important to consider external factors that may influence treatment adherence or outcome. In the last talk, Ulrike Willutzki will present data on a long-time neglected topic in SAD. She will demonstrate how the well-meant support of patients' spouses can contribute to the maintenance of the disorder. She will discuss how partners can be educated and become involved in treatment helping the patient to overcome anxiety in difficult social situations. The symposium will offer four different strategies that can be implemented to improve cognitive-behavioural treatment techniques. The symposium therefore contributes to a better understanding on how CBT can become more efficient and more accessible for patients with SAD.

Challenge Accepted? Evaluating a New App to Treat Social Anxiety Disorder

Johanna Boettcher, Freie Universitaet Berlin

Johanna Boettcher, Kristoffer Magnusson, Arvid Marklund, Daniel Sommer, Pavle Zagorscak, Per Carlbring
Background: Increasing the access to evidence-based treatments is an important topic in Social Anxiety Disorder (SAD). Over two billion people access the Internet via mobile phones. Smartphone-based treatments therefore hold the potential to reach a large group of patients. In addition, as smartphones are usually carried with the person, app-based interventions can facilitate the implementation of certain interventions. We present results of two studies evaluating the efficacy of “Challenger”, an app focusing on exposure exercises for socially anxious individuals. Method: Study 1 evaluated Challenger as adjunct to cognitive-behavioral bibliotherapy. N=209 patients with SAD were randomly allocated to a) bibliotherapy plus app, b) bibliotherapy only, or c) wait-list condition. Study 2 evaluated Challenger as stand-alone intervention for socially anxious students. N=77 participants were randomized to the app or to a wait-list control condition. Results: Study 1: Intention-to-treat analyses showed no significant effects of adding the app to bibliotherapy. However, among participants actively using the app, adding Challenger to bibliotherapy resulted in significantly higher decreases of social fears ($d=0.30$). Study 2 revealed a similar pattern. Intention-to-treat analyses did not show any significant effects of using the app. Attrition was high. However, in the completer sample, Challenger led to a large decrease of social fears ($d_{within}=0.94$, $d_{between}=0.61$). Discussion: Results emphasize the crucial role of user engagement. Only participants actively working with the app experienced a decrease of social anxiety, both in the stand-alone and in the combined treatment approach.

The Efficacy of Internet-based Virtual Reality Exposure Therapy for Public Speaking Anxiety - A Randomized Controlled Trial.

Per Carlbring, Stockholm University

Fear of public speaking is common and for some individuals this interferes significantly with the person's life and causes marked distress. We wanted to test a newly developed virtual reality assisted 1-session in-person treatment (3 hours). The therapist guided session consisted of a series of behavioral experiments based on the expectancy violation principle. This was followed by a 4-week booster intervention delivered via the internet. Following a diagnostic interview a total of 50 individuals with a score of ≥ 60 on the Personal Report of Public Speaking Anxiety questionnaire were randomized to a treatment or a control condition. A total of 78% also met criteria for social anxiety disorder. Considering only having had one treatment session in-person the preliminary results were promising with a between group effect size on the primary outcome (Public Speaking Anxiety Scale) of Cohen's $d=1.32$ before commencing the internet-based booster program. Four weeks later the between-group effect size was $d=1.90$. However, on the secondary outcome measures the effect sizes were more often moderate than large. At the time of the conference 6-month follow-up data will be available in addition to the already collected post-assessment data (analyzed according to the intention-to-treat principle). Authors: Carlbring, P., Lindner, P., Miloff, A., Fagernäs, S., Andersen, J., Sigeman, M., Furmark, T., & Andersson, G.

Seeing is Believing: Using Video Feedback in Cognitive Therapy for Social Anxiety Disorder

Emma Warnock-Parkes, King's College London

Distorted negative self-images and impressions appear to play a key role in maintaining Social Anxiety Disorder (SAD). In previous research, McManus et al. (2009) found that video feedback can help people undergoing

cognitive therapy for SAD (CT-SAD) to develop a more realistic impression of how they appear to others, and this was associated with significant improvement in their social anxiety. In this presentation we first present new data from 47 patients that confirms the value of video feedback. Ninety-eighty percent of the patients indicated that they came across more favorably than they had predicted after viewing a video of their social interactions. Significant reductions in social anxiety were observed during the following week and these reductions were larger than those observed after control periods. Comparison with our earlier data (McManus et al., 2009) suggests we may have improved the effectiveness of video feedback by refining and developing our procedures over time. The second part of the presentation outlines our current clinical strategies for maximizing the impact of video feedback. The strategies have evolved in order to help patients with SAD overcome a range of processing biases that could otherwise make it difficult for them to spot discrepancies between their negative self-imagery and the way they appear on video.

Partnership and Social Phobia: Symptom Accommodation and Social Support

Ulrike Willutzki, Private Universitaet Witten

Background and Objectives: Socially anxious individuals often engage in various safety and avoidant behaviors to temporarily decrease distress. Similarly, partners may engage in accommodating behaviors, commonly manifesting through the facilitation of avoidance, completion of tasks, or schedule modifications. Studies examining symptom accommodation in partnerships with one partner with social anxiety are lacking. This study examines symptom accommodation in partnerships with one social phobic partner compared to partnerships between partners without social phobia. **Design and Methods:** 20 dyads with one partner with social phobia (SP-dyads) were compared to 45 dyads with no partner with social phobia (Non-SP-dyads). Participants completed a battery of self-report questionnaires through an online system. Social phobia was assessed via SPAI; symptom accommodation via the social anxiety accommodation scale for both the partnership and other relationships (Joogoolsingh et al., 2015). In addition the following constructs were assessed: social support, anxiety sensitivity, personality factors, interpersonal problems. **Results:** Symptom accommodation was positively correlated with social anxiety symptoms. In SP-dyads the partner with SP reported to experience higher levels of symptom accommodation from both their partners and other relationships than both their partner without SP or controls in Non-SP-dyads. At the same time in SP-dyads the partner with SP reported to generally experience less social support than both their partner without SP or controls in Non-SP-dyads. Relationships to personality factors and interpersonal problems will be reported. **Conclusions:** In contrast to controls and their partners individuals with social phobia do not seem to experience their partners' high symptom accommodation as social support. Implications for treatment, and future directions are presented.

THURSDAY, 14 SEPTEMBER 2017

SYMPOSIUM 11

1150 - CURRENT CHALLENGES AND FUTURE DIRECTIONS IN THE PREVENTION OF YOUTH DEPRESSION

Organiser : *Belinda Platt, Ludwig-Maximilians University of Munich*

Chair : *Belinda Platt, Ludwig-Maximilians University of Munich*

Presenters :

Sanne Rasing, University of Utrecht, Netherlands

Johanna Loechner, LMU University of Munich, Germany

Tracy Gladstone, Wellesley College, USA

Patrick Poesse, University of Louisville, USA

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. Preventive approaches that target children and adolescents have great potential since adolescence is the most common period for the onset of depression. Existing meta-analyses suggest that youth depression can be prevented to a certain degree, although the nature of preventive programs (e.g. population targeted, face-to-face versus online delivery, school-based versus clinical setting) and their effectiveness varies greatly. The aim of the planned symposium is to provide a forum for international experts to share their experiences and discuss the latest scientific evidence on prevention interventions for youth depression. The symposium includes a diverse range of interventions and will draw on the speakers' extensive experience in this field to try to understand the potential mechanisms and moderators underlying successful programs. Sanne Rasing (University of Utrecht, Netherlands) will begin the symposium by presenting data from a randomised controlled trial (RCT) of 'A Leap Forward'; a group-based prevention program for girls (age 11-14) with a familial risk of depression and anxiety. 142 adolescent girls participated in the trial. Although symptoms decreased significantly over time, no significant difference was found between intervention and control condition. In an attempt to clarify the potential mechanisms of the intervention Sanne will present data on response style and cognitive errors. Johanna Loechner (LMU University of Munich, Germany) will then present preliminary data from an RCT of a German adaptation of 'Raising Healthy Children'; a family-, group- and CBT-based intervention for the children of depressed parents. 80 families (with children age 8-17) participated in the trial. The intervention was associated with reductions in internalizing symptoms of depression, more positive attributional style and improved emotion regulation, compared to a waiting-list control condition. Tracy Gladstone (Wellesley College, USA) will report on a multi-site RCT trial of 'CATCH-IT'; an internet-based primary care prevention program for children (age 13-18) with a history of depression or sub-clinical symptoms of depression. 369 children participated in the trial. Results suggest at-risk teens who engage in technology-based interventions through primary care may experience decreased depressive symptoms over time, although between group differences remain to be observed. The final presenter, Professor Patrick Poesse (University of Louisville, USA), will present data on the moderating role of gender in a psychologist- and teacher-facilitated universal youth depression prevention program. In summary, the symposium brings together international experts to discuss the latest evidence on preventive interventions for youth depression. The exchange of experiences and findings is designed not only to stimulate future research, but also to inform the implementation of findings on the prevention of youth depression into practice and policy.

School-Based Depression and Anxiety Prevention for Adolescent Girls with Subclinical Symptoms of Depression and Anxiety and with Familial Risk

Sanne Rasing, University of Utrecht, Netherlands

Depression and anxiety disorders during adolescence are related to concurrent negative outcomes in various areas; they are predictive of suicidal behavior or suicide, and depression and anxiety disorders in later life. Risk factors for adolescents to develop depression or anxiety include parental psychopathology, already developed symptoms, and being female. Because depression and anxiety rates rise dramatically during adolescence, prevention is very important among these high-risk adolescent girls. 'A Leap Forward' is a group-based prevention program that contains psychoeducation, cognitive-behavioral elements, behavioral activation, exposure and strengthening the social support system; elements that are known to be effective in treating depression and anxiety. In the present study, the effectiveness of depression and anxiety prevention in girls with a familial risk was examined. In total, 142 adolescent girls (age 11-14) in the first and second year of secondary school participated in a non-blinded randomized controlled trial. They were randomly assigned to the intervention group (n = 69) or to the non-intervention control group (n = 73). Results showed that, although the symptoms decreased significantly over time, no significant difference was found between intervention and control condition. So far, we cannot conclude that this prevention program was effective in reducing depression and anxiety symptoms. Further analyzing this data aimed to provide insight into the mechanisms by which the preventive intervention was related intervention effects. Effects of the RCT on response style and cognitive errors will be presented.

Prevention of Depression in Offspring of Depressed Parents: The PRODO Study

Johanna Loechner, LMU University of Munich, Germany

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 (Compas et al., 2009). The PRODO study is the first replication of the intervention outside of the research group and in another language and culture (Germany). Methods: The study protocol is reported by Platt et al. (2015; BMC Psychiatry). 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, emotion regulation strategies and attributional style) are assessed immediately following completion of the intervention (6-months), as well as at 9- and 15-month follow-up. Preliminary results at post-assessment (N=70) regarding changes in the children's psychopathology, emotion regulation strategies and attributional style will be reported. We will also present data on the general acceptability of the intervention. Results: Data analysis is ongoing. Preliminary data suggest that the general acceptability of the program is high and we find positive effects of the intervention at post-assessment on psychopathological symptoms [ANOVA with repeated measures: $F(1, 30) = 5.31; p = .028, d = .84$] and maladaptive emotion regulation strategies ($F(1, 59) = 4.63, p = .035, d = 0.54$). Both groups showed increased values in adaptive emotion regulation strategies ($F(1, 59) = 8.56, p = .005, d = .77$). In addition, both groups showed a more negative attributional style over time ($F(1, 59) = 5.57, p = .022000, d = .61$). Discussion: Interventions for the children of depressed parents have largely been developed and evaluated in the USA. The PRODO study adapts a promising intervention to a different language and cultural context and performs the first replication of the intervention outside of the original research group. In doing so, the study provides an important step towards the global goal of developing improved prevention strategies for children at risk of depression.

Preventing Youth Depression through an Internet-Based Primary Care Intervention: Preliminary Findings

Tracy Gladstone, Wellesley College, USA

We developed a primary care 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 uses the media theory of “Synchronization of the Senses” to incorporate character stories, peer videos and design/picture elements to meet current social media standards, and combines therapeutic modalities (e.g., cognitive-behavioral and interpersonal 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. The Health Education (HE) model was developed based on the current well-child curriculum used for primary care visits. Method: Participants were adolescents 13-18 (Mean age=15.4, SD=1.5) with histories of depression, current subsyndromal depressive symptoms or both, recruited from N=8 health systems in Chicago and Boston. We randomized N=369 adolescents into CATCH-IT or HE. Adolescents were diverse in race and ethnicity: N=77 identified as Hispanic and N=94 identified as non-Hispanic African American. Sixty percent of mothers and 53% of fathers had earned a college degree, and 61% of the parents were married. Assessments were conducted at baseline and 2, 6, 12, 18 and 24 months. Adolescents completed the Centers for Epidemiological Studies Depression scale (CESD) at each time point; adolescents and parents participated in a structured diagnostic interview, the Schedule for Affective Disorders and Schizophrenia for SchoolAge Children Epidemiological Version (K-SADS-PL), at baseline and a follow-up diagnostic interview, the Longitudinal Interval Follow-up Evaluation (LIFE), at each subsequent assessment, in order to generate incidence data for depression. Data from baseline through the 6-month follow-up are now available. Results: In the sample as a whole, mean CESD scores decreased over time, from 16.9 (SD=8.7) at baseline to 15.5 (SD=9.3) at 2 months and 13.9 (SD=9.1) at 6 months. Baseline CESD scores were higher for teens in Chicago than Boston ($p<.05$), but similar trends were observed for each site separately: Chicago (17.7 at baseline, 15.6 at 2 months, 15.0 at 6 months); Boston (15.4 at baseline, 15.4 at 2 months, 12.9 at 6 months). Teens with 6-month data available had lower baseline CESD scores than those with no 6-month data available (15.5 versus 18.3, $p=.002$). Incidence rates at 6-month follow-up suggest a 7.2% annualized incidence of probable or definite depression in Boston, and a 3.5% annualized incidence rate of probable or definite depression in Chicago. Discussion: Results suggest at-risk teens who engage in technology-based interventions through primary care may experience decreased depressive symptoms over time, although we do not yet have evidence that decreases are associated with a particular intervention program (CATCH-IT vs. HE). Possibly, at-risk teens are more willing to engage in such interventions at times of relative wellness (i.e., when experiencing fewer current symptoms).

FRIDAY, 15 SEPTEMBER 2017

SYMPOSIUM 12

1028 - UNDERSTANDING AND TREATING PSYCHOPATHIC TRAITS IN YOUTH: A COMPASSION BASED PROPOSAL

Organiser : *Daniel Rijo, FPCE-UC*

Chair : *Daniel Rijo, FPCE-UC*

Presenters :

Diana Ribeiro da Silva, FPCE-UC

Marlene Paulo, FPCE-UC

Rita Miguel, FPCE-UC

Nélio Brazão, FPCE-UC

Abstract

Psychopathy can be defined as a set of Grandiose-Manipulative, Callous-Unemotional (CU), and Impulsive-Irresponsible deviant traits, and is related with the most early, severe, and persistent forms of antisocial behavior. Some researchers suggested that CU traits would be the core feature of the construct. In this sense, a specifier for CU traits was included in the DSM-5 diagnostic criteria for Conduct Disorder (CD). Other researchers defended the importance of considering a multifaceted model for psychopathy into the CD diagnosis. The onset and maintenance of psychopathic traits conceptualized from an evolutionary perspective has received increased attention by clinicians and researchers. According to this perspective, toxic environments seem to lead youth's minds to be calibrated by and for such environments and to develop psychopathic traits resulting from maladaptive shame coping strategies. Though frequently described as a high-risk condition difficult to treat, some studies support the idea that psychopathic traits are more changeable if treated properly during childhood/adolescence. Nevertheless, treatment outcome research has been conducted without the support of intervention programs specifically designed for young offender's psychopathic traits and any Randomized Controlled Trial (RCT) has yet been conducted. Compassion Focused Therapy (CFT) is considered an effective third wave cognitive-behavioral intervention in the treatment of several psychopathologies. Though never tested in psychopathy, CFT seems to be an appropriate approach for the treatment of young offenders with psychopathic traits. This symposium presents: (a) psychopathic profiles in detained male young offenders with CD; (b) the impact of shame and shame maladaptive coping strategies in the endorsement of psychopathic traits across gender; (c) an evolutionary model to the understanding of psychopathy across community and forensic samples of male youth; (d) a CFT proposal, designed to meet the intervention needs of young offenders with psychopathic traits and (e) an RCT design to test the efficacy of this CFT proposal. Clinical and research implications will be discussed, namely concerning the relevance of an evolutionary perspective into the understanding of psychopathy and why CFT may be a route that is worth to explore. Presentations within the symposia: 1. Psychopathic profiles in detained male young offenders with Conduct Disorder Diana Ribeiro da Silva, Ruben Silva, Daniel Rijo, & Randall Salekin 2. The impact of shame and shame maladaptive coping strategies in the endorsement of psychopathic traits across gender Marlene Paulo, Diana Ribeiro da Silva, Paula Vagos, Daniel Rijo, Paul Gilbert, & Randall Salekin 3. Conceptualizing psychopathy from an evolutionary approach: Model invariance across community and forensic samples of male youth Rita Miguel, Diana Ribeiro da Silva, Paula Vagos, Daniel Rijo, Randall Salekin, & Paul Gilbert 4. Treating young offenders with psychopathic traits: A Compassion based proposal Daniel Rijo, Diana Ribeiro da Silva, Paula Castilho, Nélio Brazão, Randall Salekin, & Paul Gilbert 5. Compassion Focused Therapy with young offenders

with psychopathic traits: A Randomized Controlled Trial design Nélio Brazão, Daniel Rijo, Diana Ribeiro da Silva, Paula Castilho, Paula Vagos, Randall Salekin, & Paul Gilbert Note: Upon acceptance of the symposium, all presenting authors will provide individual abstracts of their presentations.

Psychopathic Profiles in Detained Male Young Offenders with Conduct Disorder

Diana Ribeiro da Silva, Universidade de Coimbra

Callous-Unemotional traits were included in DSM-5 as a specifier for Conduct Disorder (CD). Nonetheless, available research argues that the psychopathic syndrome, combining not only Callous-Unemotional, but also Grandiose-Manipulative and Impulsive-Irresponsible deviant traits, must be considered when diagnosing CD. This study aimed to explore the benefits of including all psychopathic traits as CD specifiers. A forensic sample of 394 male adolescents was used to execute a latent profile analysis (LPA) based on the three-factor model of the Youth Psychopathic Traits Inventory-Short (YPI-S). Results showed the existence of three different psychopathic profiles: one profile with low scores of psychopathic traits (Low Psychopathic Profile; LPP), one profile with average scores of psychopathic traits (Average Psychopathic Profile; APP), and another profile with high scores of psychopathic traits (High Psychopathic Profile; HPP). The sample was then used to understand how different psychopathic profiles were related to important outcome variables. Differences were found on: the probability of a CD diagnosis, the number of comorbid diagnosis, recidivism risk, and aggression (HPP>APP>LPP). Findings underlie the importance of considering the full range of the psychopathic syndrome when diagnosing CD, whereas looking only at CU traits could make clinicians and researchers undervalue other relevant traits, particularly when assessing and/or intervening with conduct disordered youth.

Keywords: Conduct Disorder, psychopathic traits, Callous-Unemotional traits, DSM-5, Latent Profile Analysis.

The Impact of Shame and Shame Maladaptive Coping Strategies in the Endorsement of Psychopathic Traits across Gender

Marlene Paulo, Universidade de Coimbra

Though psychopathic traits are historically associated with a lack of emotion, evolutionary approaches argue that psychopathic traits may represent a strategy to externalize the experience of unpleasant emotions, including shame. In this perspective, psychopathic traits could be seen as an adaptive strategy to deal with harsh rearing scenarios; externalizing and maintaining shame at an unconscious level. Though several studies were focused on the role of early experiences in psychopathy, none study relied on the mediating role of shame and shame coping strategies between early experiences and psychopathic traits according to an evolutionary approach. The relevance of this study lies not only in the scarcity of research focused on the role of early experiences, shame, and shame coping strategies in the endorsement of psychopathic traits according to an evolutionary approach, but also in the need to understand gender differences in psychopathic traits in community samples. Thus, this study tested, in a youth community sample, the gender invariance of an evolutionary model that encompasses: a) the predictive role of early experiences (early traumatic experiences and lack of warmth and safeness experiences) in the endorsement of psychopathic traits; and b) the mediating role of shame and shame coping strategies in the relationship between early experiences and psychopathic traits. Using a community sample of youth ($n = 703$; 58.9% female, age ranging from 15 to 18 years) and a set of self-report measures results suggested that early experiences, with some gender differences, directly and indirectly (through shame and externalizing shame coping strategies) partially explained psychopathic traits. Results are discussed in an evolutionary perspective, opening new pathways to the conceptualization and treatment of psychopathic traits.

Keywords: harsh rearing experiences, shame, shame coping strategies, psychopathic traits, evolutionary approach

Conceptualizing Psychopathy from an Evolutionary Approach: Model Invariance across Community and Forensic Samples of Male Youth

Rita Miguel, Universidade de Coimbra

Psychopathic traits are historically associated with a lack of emotion. However, evolutionary approaches claim that psychopathic traits may represent a strategy to externalize the experience of unpleasant emotions, including shame. In this perspective, psychopathic traits could be seen as an adaptive strategy to deal with harsh rearing scenarios; externalizing and maintaining shame at an unconscious level. Though several studies were focused on the role of early experiences in psychopathy, none study relied on the mediating role of shame and shame coping strategies between early experiences and psychopathic traits according to an evolutionary approach. This study tried to fill this gap in the literature by using a male youth sample (n = 595; 47.4% from the community and 52.6% from a forensic setting; age ranging from 12 to 20 years) to test the invariance across samples of an evolutionary model that covers: a) the predictive role of early experiences (early traumatic experiences and lack of warmth and safeness experiences) in the endorsement of psychopathic traits; and b) the mediating role of shame and shame coping strategies in the relationship between early experiences and psychopathic traits. Results suggested that early experiences, with some differences across samples, directly and indirectly (through shame and externalizing shame coping strategies) partially explained psychopathic traits. Findings are discussed within an evolutionary perspective, increasing the knowledge about the conceptualization of psychopathic traits in youth and opening new pathways to intervene in this population.

Keywords: harsh rearing experiences, shame, shame coping strategies, psychopathic traits, evolutionary approach

Compassion Focused Therapy with Young Offenders with Psychopathic Traits: A Randomized Controlled Trial Design

Nélio Brazão, Universidade de Coimbra

The treatment of young offenders with psychopathic traits, frequently described as a high-risk condition difficult to treat, has been receiving increased attention by clinicians and researchers. However, treatment outcome research has been conducted without the support of therapeutic interventions specifically tailored for young offenders with psychopathic traits. Moreover, no Randomized Controlled Trial (RCT) has yet been conducted to test for treatment efficacy in this population. Compassion Focused Therapy (CFT) is considered an effective third wave cognitive-behavioral intervention in the treatment of diverse psychopathologies and seems also to be an effective approach to treat young offenders with psychopathic traits. However, CFT was never tested in the treatment of psychopathy, with or without an RCT design. This work display a twenty-session CFT program, designed to meet the intervention needs of young offenders with psychopathic traits and the RCT design (with follow-up) to test the efficacy of this kind of intervention with young offenders in detention facilities. Outcomes of the RCT study are expected to contribute to: (a) the validation of CFT as an appropriate treatment modality for young offenders with psychopathic traits and (b) the scientific knowledge about the changeability of psychopathic traits when interventions are delivered in early phases of life.

Keywords: Psychopathic traits, young offenders, Compassion Focused Therapy, Randomized Controlled Trial

FRIDAY, 15 SEPTEMBER 2017

SYMPOSIUM 13

1127 - A CLINICAL CASE WITH COMPLEX PERSONALITY DISORDERS: DIFFERENT WAYS TO ASSESS AND TREAT

Organiser : *Michele Procacci, SIG in Personality Disorder*

Chair : *Arnoud Arntz, University of Amsterdam*

Presenters :

Fabio Monticelli, Centro Clinico De Sanctis

Michele Procacci, Terzo Centro Psicoterapia Cognitiva

Nicoletta Rossj, Casa di Cura Villa Margherita Verona

Burcu Sevim, Turkish Association of Cognitive and Behavioral Therapies (TACBT)

Abstract

General Abstract: In clinical practice it is common to find in a patient one or more personality disorders. It is considered that at least 60% of patients have two or even three disorders. This makes complex our assessments and plan intervention strategies. On the other hand we have currently many models of evaluation and intervention of personality disorders CBT oriented. In this symposium we will have experienced therapists in various clinical patterns and treatment: Schema Therapy, DBT, MIT, Cognitive Developmental. The purpose of this symposium, organized by the Special Interest Group EABCT In Personality Disorders are as follows: a) Use an exemplary clinical case in terms of both the severity and complexity for the presence of at least 3 personality disorders b) Ask to therapists of different training to assess and formulate the case declaring such assessment procedures and interventions which, consequently, would perform c) Compare the clinical models to see how they all have the characteristics for evaluation and treatment of complex cases of personality disorders

An Approach Based on the Evolutionary Theory of Motivation

Fabio Monticelli, Centro Clinico De Sanctis

An approach based on the Evolutionary Theory of Motivation suggests looking into the most likely patient's attachment style because it allows to suppose the major dysfunctional Internal Working Models (IWM) compromising the close relationships and to predict the Therapeutic Alliance (TA) rupture modes. The reported case suggests a probable attachment disorganization and consequent adoption of punitive controlling strategies. Such strategies use the Agonistic Motivational System to control the internal and external states of mind: although adaptive, they are dysfunctional strategies that may lead to a BPD development. Subsequently, it is useful to analyze the TA rupture occurring in the other ongoing therapy, together with the patient. It is known that the TA ruptures permit to promptly analyze the patient's main implicit dysfunctional interpersonal schemes. The motivational analysis of the patient interpersonal schemes allows to explore the key role of shame 1) in causing the TA rupture, 2) in the rage regulation compromising the interpersonal relationships – which represents the focus of the patient's therapeutic goal -, 3) in the main early attachment experiences which favored the multiple and disorganized IWM construction.

Complex Case: Interpersonal Metacognitive Therapy (MIT)

Michele Procacci, *Terzo Centro Psicoterapia Cognitiva*

Procacci M., Fera T., Carcione A., Nicolò G., Semerari A. III Centro Psicoterapia Cognitiva Roma (Italy) The case presented is typical of the Complex Cases followed at the Third Cognitive Psychotherapy Center in Rome. The complexity of the case is due to the comorbidity between personality disorders, self-dysfunction and interpersonal characteristics (appendix III of DSM5), severity of symptoms, and metacognition malfunction (Semerari et al, 2014). We think it appropriate to make an assessment that includes: 1) Symptoms and general gravity; 2) dysfunctional Mental States, a source of subjective suffering; 3) Interpersonal Cycles, dysfunctional relational styles; 4) Metacognition Functions; 5) The functions of Adjustments of emotions, impulses and choices. The test and diagnostic evaluation accompanies the assessment. There follows a discussion in the case Team to examine the variables highlighted by the evaluation (deconstruction) and reorganization of the same through a hypothesis of a functional model that describes the relationships between the variables, determining according to the importance of the strategies themselves and the tactics to be used in the treatment. The aim of Interpersonal Metacognitive Therapy (MIT) followed by this center and other authors is to integrate CBT therapies with interventions focused on improving metacognitive abilities and mastering problematic mental states. Specific techniques are contained in individual interventions focusing on metacognition and psychoeducational group interventions, skill training, mindfulness (Carcione, Nicolò, Semerari, 2016). The case presented will serve to illustrate what we have described.

DBT Inpatient Treatment: Analysis of A Complex PD Single Case

Nicoletta Rossi, *Casa di Cura Villa Margherita Verona*

Current scientific literature shows that one of the most proved and effective treatment for personality disorders is DBT (Linehan, 1993, 2014) This model suggests that the emotional dysregulation works as the pathological core of cluster B personality disorder. It consists of multiple settings which are individual and group therapy, skill training, phone coaching and consultation team. The treatment is divided into several phases and targets, all following a specific hierarchy of goals. In our facility (Casa di Cura Privata Villa Margherita, Italy) we adapted this model for intensive inpatient protocol. It is a short term treatment about 1 month long. The client is admitted not while in an emergency and voluntarily. The main reference method is DBT integrated with other CBT treatments (Beck, 1976; Ellis, 1962) and MBT (Bateman, 2004; Dimaggio & Semerari, 2007). The clinical case we were supplied with, will be presented and analysed following the DBT model inpatient (Bohus, 2004; Bloom, 2012). A key role will be given to some strategies and techniques that were particularly stressed during the inpatient program. From the detection of the phase in which the patient currently is, the inpatient target is then decided along with the specific problems that will be the focus of the treatment. In this context, the nursing personnel becomes of crucial importance as it helps patients to daily adapt to and to learn the skills all while inside a validating environment. During this process, the use of commitment and the work on contingencies remain central. The general aim of inpatient DBT is to reduce hospitalization, therefore an external therapeutic network is set up and carefully maintained, and that is in order to remain as close as possible to the treatment theory (Prunetti, 2013).

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A Complex Case in Personality Disorders: A Schematic Approach

Burcu Sevim, Turkish Association of Cognitive and Behavioral Therapies (TACBT)

Schema therapy is an integrative psychotherapy used for chronic Axis I disorders and difficult problems for which patients have been through other psychotherapies such as traditional CBT. Especially personality disorders have been treated by applying Schema Therapy. Elements of cognitive and behavioral therapy, gestalt therapy, attachment theory and object relations are included. Early maladaptive schemas, modes, coping styles and basic emotional needs are the four main concepts. The aim of Schema Therapy is to help patients meet their basic needs. In this symposia the case will be formulated and evaluated in terms of Schema Therapy using concepts and techniques mentioned.

FRIDAY, 15 SEPTEMBER 2017

SYMPOSIUM 14

1172 - ADVANCES IN CBT FOR FEEDING AND EATING DISORDERS

Organiser : *Tullio Scrimali, Univerisity of Catania*

Chair : *Tullio Scrimali, University of Catania*

Presenters :

Emanuel Mian, Emotifood Research Center and Centro Intedisciplinar Bariatria E Obesità - Istituti Clinici Zucchi -Monza

Reham Aly, Egyptian Association of Cognitive Behavior Therapy, President

Hisham Ramy, Ain Shams University, Psychiatry Institute

Advances in CBT for Feeding and Eating Disorders

Tullio Scrimali, Univerisity of Catania

The problem of Feeding and Eating Disorders is increasing across different areas of our planet and different cultures. In this symposium two Countries of two Continents are represented as Italy and Egypt and therefore two continents, with different cultures. Feeding and Eating disorders constitute some very challenging clinical problems. In fact, therapeutic protocols are not, nowadays so well developed and there is some risk of death for anorexia but also for obesity, which is a consequence of B.E.D (binge eating disorder). Some new CBT protocols for Feeding and Eating disorders, science-based and evidence based will be presented and discussed. More in details the presentations are focused on: Applied Neuroscience and Biofeedback for nutritional rehabilitation. This topic presents how biofeedback can be integrated with CBT when treating Feeding and Eating Disorders. During anorexia some dysfunctional behaviors are learned by the stomach thanks to a conditioning process. This means that, even though, the patients would like to eat, the stomach is not able to initiate the digestion. In this case it is possible to work "in vivo" using a biofeedback device. Doing this the patients can observe how just watching some food provokes an arousal. This way the digestion becomes impossible. Learning and applying biofeedback can be a method for starting again to control arousal and make possible digestion. A single case research is presented. EMOTIFOOD & MindFoodNess: an audiobook and a mobile application in a CBT environment to help obese patients before and after bariatric surgery. Obesity has become a major health issue worldwide, and obese individuals experience significantly higher mortality when compared with the non-obese population. Bariatric surgery (BS), to date, seems to be the most effective intervention in achieving sustained weight loss in this population and is associated with a quicker, greater and more sustained weight loss. The aim is to describe a specific and innovative computer aided psychological approach. Since long-term weight maintenance depends on post-operative changes, these patients could benefit of a specific tailored psychological support that uses "state of the art" 3d-modeling, digital videosimulation, mobile applications and also a specific audiobook to help obese patients before and after BS. Developing a cultural sensitive CBT (c-CBT) program for eating disorders in Egypt; the pathway to standardized treatment protocol. Studies of cognitive behaviour therapy (CBT) for treatment of eating disorders demonstrate that CBT is effective in the management of eating disorders. Yet most studies was conducted & concluded in non-arab countries. Cultural differences between populations mandate adaptation of cognitive & behavioral techniques in the management of these specific disorders to avoid high dropout rates and ensure higher outcomes from treatment. Developing a cultural sensitive CBT program for eating disorders in Egypt; evaluation of the current status & treatment protocols. Recent research suggests an

emergence of eating disorders [ED] in non-western settings for unknown reasons. This presentation investigates the presence of ED in Egypt & the Arab world. Our aim is to explore relevant factors amongst women at risk of ED and stakeholders involved with mental health care and policy-making.

Mindfoodness and Emotifood: Audiobooks and A Smartphone Application to Support People with Eating and Weight Disorders in a CBT-based Environment

Emanuel Mian, Emotifood Research Center and Centro Intedisciplinar Bariatria E Obesità - Istituti Clinici Zucchi -Monza

Feeding and Eating Disorders describe psychopathologies that are characterized by irregular eating habits and severe distress or concern about body weight or shape. They may include inadequate or excessive food intake which can ultimately damage an individual's well-being. Eating and weight disorders (EWD) have become a major health issue worldwide and although these conditions are treatable, the symptoms and consequences can be detrimental and deadly if not addressed. Moreover, severely obese individuals experience significantly higher mortality when compared with the non-obese population. Bariatric surgery (BS), to date, seems to be the most effective intervention in achieving sustained weight loss in this population and is associated with a quicker, greater and more sustained weight loss. However, since long-term weight maintenance depends on post-operative changes, these patients, often must undergo a "redo surgery", after insufficient weight loss and difficulties in eating habits modifications. So, researchers have continued the search for effective weight management interventions for all these kind of patients (EWD & BS) that can be applied in outpatient settings but these are often time consuming and resource intensive, requiring repeated counseling. Furthermore, of the 50.000 apps present nowadays for activity and eating tracking, hardly none of them consist of professional real-time support. So, the clinical utility of the existing apps is not clear, because some are capable of tracking key features over time, but none has the functions required for analytic self-monitoring as in cognitive behavioral treatments. We assume, that EWD and BS patients could benefit of a specific tailored psychonutritional support using customized new technologies. More in detail, a modular CBT protocol with "state of the art" 3d-modeling and digital videosimulation for body image assessment and therapy (Body Image Revealer 3d) but also a customized smartphone application and specific audiobooks to support them adequately during the period between scheduled therapy sessions and also, at the end of treatment. Emotifood module is a smartphone application for both iOS and Android mobiles that permits to keep track and evaluate each patient's meal with a specific algorithm. Moreover, patients could communicate within the app, in every moment of the day, with one or two assigned members of the team, if difficulties arise with i.e. meal plan, body image or emotional eating. MindFoodNess module consist of three audiobooks that could be used by patients together with CBT interventions to be guided throughout readiness for change, mindful eating and emotions management. Weight management at three months (primary outcome), change in behavioral mediators, satisfaction with the app and frequency of app use (secondary outcomes) were measured and will be discussed together with future implementations of the two modules presented.

Developing A Cultural Sensitive CBT (C-CBT) Program for Eating Disorders in Egypt; The Pathway to Standardized Treatment Protocol

Reham Aly, Egyptian Association of Cognitive Behavior Therapy, President

Studies of cognitive behavior therapy (CBT) for treatment of eating disorders demonstrate that CBT is effective in the management of eating disorders. Yet most studies was conducted & concluded in the western world. Cultural differences between populations mandate adaptation of cognitive & behavioral techniques in the

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management of these specific disorders to avoid high dropout rates and ensure higher outcomes from treatment.

Developing a Cultural Sensitive CBT Program for Eating Disorders in Egypt; Evaluation of The Current Status & Treatment Protocols

Hisham Ramy, Ain Shams University, Psychiatry Institute

Recent research suggests an emergence of eating disorders [ED] in non-western settings for unknown reasons. This presentation investigates the presence of ED in Egypt & the Arab world. Our aim is to explore relevant factors among women at risk of ED and stakeholders involved with mental health care and policy-making.

FRIDAY, 15 SEPTEMBER 2017

SYMPOSIUM 15

1079 - SPECIAL INTEREST GROUP ON WORRY, RUMINATION AND REPETITIVE THINKING: WHAT DO THEY INVOLVE, HOW DO THEY CONTRIBUTE TO CLINICAL DISORDERS AND HOW CAN THEY BE REDUCED

Organiser : *Giovanni M. Ruggiero, Studi Cognitivi Psychotherapy School Milano, Italy; Sigmund Freud University Milan & Wien*

Chair : *Giovanni M. Ruggiero, Studi Cognitivi Psychotherapy School Milano, Italy; Sigmund Freud University Milan & Wien*

Presenters :

Gabriele Caselli, Sigmund Freud University Milan & Wien

Giovanni M. Ruggiero, Sigmund Freud University

Sandra Sassaroli, Sigmund Freud University

Abstract

There is an increasing interest in the psychopathological role played by negative repetitive thinking in the mechanism of anxiety and mood disorders. An expert panel of speakers will discuss different forms of repetitive thinking and their role in maintaining clinical disorders. Worry, rumination and other kind of repetitive and perseverative thinking styles contribute to both anxiety and depression (Borkovec, Robinson, Pruzinsky, & DePree, 1983; Nolen-Hoeksema, 1991). Empirical research has repeatedly demonstrated that repetitive thinking is involved in risk for anxious and depressive symptoms and episodes (Calmes & Roberts, 2007). This will stimulate an interesting discussion between the panel and other members of the SIG. In addition, the SIG will encourage discussion of different theoretical models and interventions which address the processes that maintain different forms of repetitive thinking.

Clinical Experience with Metacognitive Therapy of Worry, Rumination and Repetitive Thinking

Gabriele Caselli, Sigmund Freud University Milan & Wien

Metacognition refers to cognition applied to cognition (or thinking about thinking) and can be defined as any knowledge or cognitive process that is involved in the appraisal, control, and monitoring of thinking (Flavell, 1979). In particular, metacognitive knowledge refers to the, while Clinical practice oriented on metacognitive theory of psychopathology focuses on metacognitive awareness of the library of information that individuals have in memory about their own cognition and about strategies which influence it (metacognitive knowledge) and metacognitive training in regulation of strategies to control the activities of the cognitive system (Wells, 2000). Metacognitive case formulation, practice of detached mindfulness and clinical and metacognitive monitoring in each session are the main recommended instruments. Examples will be provided during the presentation

Worry, Rumination and Repetitive Thinking

Giovanni M. Ruggiero, Sigmund Freud University

It is widely recognized that negative repetitive thinking, namely brooding, worry and rumination, play a psychopathological role in the mechanism of anxiety and mood disorders. An expert panel of speakers will discuss different forms of repetitive thinking and their role in maintaining clinical disorders. Worry, rumination and other kind of repetitive and perseverative thinking styles contribute to both anxiety and depression (Borkovec, Robinson, Pruzinsky, & DePree, 1983; Nolen-Hoeksema, 1991). Empirical research has repeatedly demonstrated that repetitive thinking is involved in risk for anxious and depressive symptoms and episodes (Calmes & Roberts, 2007). This will stimulate an interesting discussion between the panel and other members of the SIG. In addition, the SIG will encourage discussion of different theoretical models and interventions which address the processes that maintain different forms of repetitive thinking.

Worry, Rumination and Repetitive Thinking as Processes and Self-beliefs as Structures: A Theoretical Comparison

Sandra Sassaroli, Sigmund Freud University

This presentation critically reviews the historical conceptualization of cognitive psychotherapy as a direct clinical counterpart of the cognitive revolution. The main cognitive psychotherapies, in spite of their differences, share a common conceptualization of psychopathological factors as superordinate structural cognitive content belonging to the self: self-beliefs, self-schemata, personality organizations and so on. This conception of cognition is different from that used in non clinical cognitive science, where cognition is conceived as a regulatory function that operates retroactively and not in a hierarchically super-ordered fashion centered on the self. An historical review suggests that in cognitive therapy the structuralistic model of self-centered cognition may have emerged for both cultural and scientific reasons: self-centered cognitive models may be more readily understandable to clinicians as they allow for a straightforward identification of operationalizable self-beliefs. The emergence of new process-centered cognitive therapies may represent a comeback to functionalism, where cognition is considered again a regulatory function and not a structure.

FRIDAY, 15 SEPTEMBER 2017

SYMPOSIUM 16

1067 - SUDDEN GAINS IN PSYCHOTHERAPY: NOVEL THEORY AND EMPIRICAL FINDINGS

Organiser : *Idan M. Aderka, University of Haifa*

Chair : *Idan M. Aderka, University of Haifa*

Presenters :

Idan M. Aderka, University of Haifa

Jonathan G. Shalom, University of Haifa

Anne-Katharina Deisenhofer, University of Trier

Abstract

Sudden gains have been identified across types of therapy, across disorders, and in diverse populations (e.g., among children, adolescents and adults). Thus, sudden gains represent a trans-diagnostic, trans-therapeutic, ubiquitous phenomenon in psychotherapy. Sudden gains have also been found to consistently predict treatment outcome, suggesting they represent an important and beneficial trajectory of change. Despite the ubiquity and importance of sudden gains, our theoretical understanding of their origins and consequences is limited. Presentation 1 For many individuals receiving psychological treatment for depression and anxiety disorders, change in symptoms occurs in a sudden, non-linear form, which challenges common conceptions regarding the process of symptom amelioration. In this presentation, we define sudden gains occurring during psychotherapy, present the extant theory of sudden gains developed by Tang and DeRubeis (1999), and systematically review the literature on sudden gains over the past 15 years. Based on the review of the literature, we present a revised theory of sudden gains. The revised theory views sudden gains as stemming from naturally occurring fluctuations in symptoms rather than from specific therapeutic interventions. Thus, treatment is viewed as a context in which sudden gains occur rather than as a cause for sudden gains. The theory then addresses the processes occurring following the experience of sudden gains, and aims to explain why some sudden gains are maintained whereas others are not. Specific research hypotheses predicted by the revised theory are delineated, and may provide guidelines for future research. Presentation 2 The Natural Fluctuations Theory of sudden gains posits that greater disorder-level fluctuation in symptoms as well as greater individual-level (i.e., within-person) fluctuation in symptoms would predict sudden gains occurrence. To examine the latter part of this premise (within-person), we examined data from 2 previously published papers examining sudden gains in posttraumatic stress symptoms among children and adolescents, and sudden gains in obsessive-compulsive symptoms among adults. We also examined data from a naturalistic setting, in which individuals were treated for a variety of diagnoses. Results indicated that in all three data sets, pre-gain variability in symptoms during treatment significantly predicted sudden gain occurrence. This suggests that variability in symptoms (i.e., fluctuations) may be a consistent predictor of sudden gains across disorders, treatments, settings, and populations. Presentation 3 We investigated the processes leading from sudden gains to treatment outcome in a sample of 211 depressed patients who underwent cognitive-behavioral therapy. Sudden gains were identified using a session-by-session self-report symptom measure. Patient ratings of general change factors (therapeutic alliance; coping skills) in the sessions before and after a sudden gain were investigated as predictors of outcome. Propensity score matching was used to compare sudden gain patients with similar patients who did not experience a sudden gain. Therapeutic alliance and coping skills increased in the sessions following sudden gains. This increase predicted symptom distress at termination. We did not find comparable levels of change factors for patients without sudden gains. Results

suggest that sudden gains trigger change factors that may mediate the association between gains and treatment outcome.

A Review and Revised Theory of Sudden Gains

Idan M. Aderka, University of Haifa

For many individuals receiving psychological treatment for depression and anxiety disorders, change in symptoms occurs in a sudden, non-linear form, which challenges common conceptions regarding the process of symptom amelioration. In this presentation, we define sudden gains occurring during psychotherapy, present the extant theory of sudden gains developed by Tang and DeRubeis (1999), and systematically review the literature on sudden gains over the past 15 years. Based on the review of the literature, we present a revised theory of sudden gains. The revised theory views sudden gains as stemming from naturally occurring fluctuations in symptoms rather than from specific therapeutic interventions. Thus, treatment is viewed as a context in which sudden gains occur rather than as a cause for sudden gains. The theory then addresses the processes occurring following the experience of sudden gains, and aims to explain why some sudden gains are maintained whereas others are not. Specific research hypotheses predicted by the revised theory are delineated, and may provide guidelines for future research.

Variability in Symptoms Consistently Predicts Sudden Gains

Jonathan G. Shalom, University of Haifa

Since sudden gains were identified by Tang and DeRubeis (1999), their characteristics as well as their impact on treatment outcome have been reported in a variety of studies focused on a range of treatments and disorders. Yet Despite the importance of sudden gains, our theoretical understanding of their origins and consequences is limited. The Natural Fluctuations Theory of sudden gains posits that greater disorder-level fluctuation in symptoms as well as greater individual-level (i.e., within-person) fluctuation in symptoms would predict sudden gains occurrence. To examine the latter part of this premise (within-person), we examined data from 2 previously published papers examining sudden gains in posttraumatic stress symptoms among children and adolescents, and sudden gains in obsessive-compulsive symptoms among adults. We also examined data from a naturalistic setting, in which individuals were treated for a variety of diagnoses. Results indicated that in all three data sets, pre-gain variability in symptoms during treatment significantly predicted sudden gain occurrence. This suggests that variability in symptoms (i.e., fluctuations) may be a consistent predictor of sudden gains across disorders, treatments, settings, and populations.

Mechanisms of Change after a Sudden Gain and Relation to Treatment Outcome - Evidence for an Upward Spiral

Anne-Katharina Deisenhofer, University of Trier

Authors: Anne-Katharina Deisenhofer, Felix Wucherpfennig, Julian Rubel, Stefan Hofmann, Wolfgang Lutz

Background: Sudden gains are sudden symptom improvements from one psychotherapy session to the next. There is accumulating evidence to suggest that sudden gains represent a common phenomenon among patients of different diagnosis and treatment modalities. Furthermore, they are no random fluctuations, but rather meaningful between session changes, which are predictive of significant symptom improvements at the end of treatment Aim: To investigate the processes that may facilitate treatment outcome after a sudden gain

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occurred. Method: A sample of 211 depressed patients who underwent cognitive-behavioral therapy was analyzed. Sudden gains were identified using a session-by-session self-report symptom measure. Patient ratings of general change factors (therapeutic alliance; coping skills) in the sessions before and after a sudden gain were investigated as predictors of outcome. Propensity score matching was used to compare sudden gain patients with similar patients who did not experience a sudden gain. Results: Therapeutic alliance and coping skills increased in the sessions following sudden gains. This increase predicted symptom distress at termination. We did not find comparable levels of change factors for patients without sudden gains. Conclusions: Results suggest that sudden gains trigger change factors that facilitate the association between gains and treatment outcome. Patient-therapist dyads seem to differ in their ability to leverage a sudden gain.

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SYMPOSIUM 17

1057 - BODY DYSMORPHIC DISORDER – PRESENTATION AND UNDERSTANDING OF A NEWLY DEFINED DISORDER OF THE OBSESSIVE-COMPULSIVE SPECTRUM

Organiser : *Viktoria Ritter, Goethe-Universität, Frankfurt*

Chair : *Viktoria Ritter & Ulrich Stangier, Goethe-Universität, Frankfurt*

Presenters :

Tania Borda, Stephanie Mazas, Paula Salvador, & Fugen, Bio-Behavioral Institute Buenos Aires & New York, Argentinian Catholic University (UCA), Argentina & USA*

Anja Grocholewski, Maja C. Menck, & Nina Heinrichs, Technische Universität, Braunschweig, Germany*

David Veale, Institute of Psychiatry, Psychology, and Neuroscience, King's College, London*

Viktoria Ritter, Goethe-Universität, Frankfurt

Abstract

Body dysmorphic disorder (BDD) is characterized by an excessive preoccupation with one or more perceived defect(s) or flaw(s) in physical appearance which are not observable or appear slight to others. In DSM-5, BDD has been newly defined as a disorder of the obsessive-compulsive spectrum. The underlying causes and mechanisms of BDD are not yet completely understood. However, previous and recent advances in vulnerability research, brain imaging and neurocognitive research promise progress in the field. The talks in this symposium will present research including data analyzing the relationship between early body image dissatisfaction and social deficits in BDD, empirical studies analyzing the development of false memories with implications for the treatment of BDD, empirical studies addressing the genital body image as an underrecognized area in BDD, functional brain imaging studies addressing the understanding of visual processing, and neurocognitive studies addressing early face processing in BDD. Consequences for necessary future research will be discussed.

Body Image Dissatisfaction in Children between 8 and 12 years old, Influence on Social Competence

Tania Borda, Stephanie Mazas, Paula Salvador, & Fugen Neziroglu, Bio-Behavioral Institute Buenos Aires & New York, Argentinian Catholic University (UCA), Argentina & USA*

Although body dysmorphic disorder (BDD) has received recent attention, it remains misunderstood and understudied. The Argentine population seeks out plastic surgery at a disproportionate rate and exhibits high rates of preoccupation with bodily dissatisfaction, yet BDD is unrecognized and research is limited. The current study describes the prevalence, quality of life, and presentation style of BDD in depressed and bullied children, as depression is the most common symptom for which adolescents seek treatment in Argentina. Twenty-five depressed and bullied children and 85 non-clinical children were initially assessed for depression and BDD and subdivided depending on BDD status. Participants were assessed on various constructs including obsessions and compulsions, overvalued ideas, and overall level of impairment.. Significant main effects were observed for all dependent measures (BDI, OVIS, CYBOCS, Sheehan Disability Scale and Social Interaction) for depressed and bullied vs. non-clinical participants and BDD status; significant interactions were observed between independent variables for all dependent measures. Children with BDD have poor quality of life, yet it still remains underdiagnosed.

Vulnerability to the Development of False Memory in Body Dysmorphic Disorder – some Initial findings

*Anja Grocholewski**; Maja C. Menck, & Nina Heinrichs Technische Universität, Braunschweig, Germany

Introduction: Cognitive-behavioral models of Body Dysmorphic Disorder (BDD) propose that teasing experiences and selective information-processing may contribute to the development and maintenance of BDD. The present study aims at investigating if self-reported memories of teasing experiences may be biased by a higher vulnerability to false memory in these individuals. Method: Participants (n = 8 with BDD, n = 8 without any current mental disorder) listened to word lists (Deese-Roediger-McDermott-paradigm; DRM). We investigated if the BDD group will more often remember (falsely) a critical word that was not truly presented and will therefore be more prone to false memories. For analyses, we used the R-package "Coin". Results: We (only) detected a trend that individuals with BDD tended to exhibit lower rates of correct memory but more false memories (lack of statistical evidence). Discussion: We found no evidence for proneness to false memory at this point. The means were showing the expected trend of more false memories in BDD than controls, which might indicate that individuals with BDD may be vulnerable to develop false memory. Conclusions: The DRM may identify individuals likely to develop biases in recall and recognition and may therefore be an interesting experimental paradigm in clinical psychology. Key words: Body Dysmorphic Disorder, Memory Errors, False Memory, Deese-Roediger-McDermott-Paradigm Authors: Anja Grocholewski, Braunschweig University, Department of Psychology, Brunswick, Germany Maja Catherine Menck, Braunschweig University, Department of Psychology, Brunswick, Germany Nina Heinrichs, Braunschweig University, Department of Psychology, Brunswick, Germany

Body Dysmorphic Disorder in the Genitalia

*David Veale**, Institute of Psychiatry, Psychology, and Neuroscience, King's College, London

Body Dysmorphic Disorder (BDD) may occasionally present with a preoccupation in the genitalia in either men or women. In our first study, we compared women who are seeking a surgical procedure to reduce the size of their labia ("labiaplasty") to women who are not seeking labiaplasty. We compared them on a range of measures including their beliefs and behaviours about their genitalia and experiences of being teased. We also determined the psychological and sexual benefits of labiaplasty. In our second study, we compared men dissatisfied with the size of their penis compared to men who are satisfied with the size of their penis. Again, we compared them on a range of similar measures to women including their beliefs and behaviours about the size of their penis and past experiences of being teased. Our findings may assist in the development of a cognitive behaviour therapy programme for those with body image problems around their genitalia.

Neuronal Correlates of Own-Face Perception in Body Dysmorphic Disorder

Viktoria Ritter, Goethe-Universität, Frankfurt

Viktoria Ritter*, Jürgen M. Kaufmann, Franziska Kraemer, Stefan R. Schweinberger, Ulrich Stangier, & Holger Wiese, Goethe University, Frankfurt & Friedrich Schiller University, Jena, Germany

Body dysmorphic disorder (BDD) is characterized by a preoccupation with perceived defects in appearance, and often pertains to the own face in particular. Previous research provides evidence that BDD patients show abnormalities in visual processing of faces, particularly with respect to configural/ holistic information, and exhibit superior performance in facial discrimination. The present study used an established paradigm in which face-sensitive event-related brain potentials (ERPs) were recorded as neuronal markers of face perception. Our aim was to determine whether early configural/ holistic processing of the own face is specifically altered in

BDD. BDD participants (n=16, with facial concerns) and healthy controls (HC, n=16) were shown upright and inverted images of either their own face or an unfamiliar face. Participants performed speeded button press decisions about face orientation (upright, inverted). ERPs were recorded from 32 electrode positions, and the P100, N170, P200, N250 as well as LPC components were analyzed at occipitotemporal electrodes. Overall, the expected inversion effect, with larger N170 amplitudes for inverted than upright faces, was observed in both groups. There was a trend for an interaction between face type (own, other), orientation (upright, inverted), and group (BDD, controls) ($p = .058$), with a larger N170 inversion effect for own faces in BDD. There were no group differences with respect to the factors face type or orientation on the P100, P200, N250 and LPC components. The results on the N170 component may suggest that BDD patients show alterations at least at the level of early perceptual processing of their own face.

Dynamics of Visual Processing in Body Dysmorphic Disorder: A Translational Neuroscience Approach to Perceptual Distortions and their Remediation

*Jamie D. Feunser**, Rangaprakash Deshpande, Teena D. Moody, Ronald Ly, Courtney L. Sheen, Georgia Potter, Gigi K. Cheng, &

Francesca Morfini, Department of Psychiatry and Biobehavioral Sciences, UCLA, Los Angeles, USA

Individuals with body dysmorphic disorder (BDD) are preoccupied with small or non-existent flaws perceived commonly on the face or head area, causing significant distress and disability. BDD individuals exhibit visual system abnormalities as well as aberrant visual attention when viewing their faces, yet little is known about how these anomalies interact. We studied pathophysiological mechanisms underlying perceptual distortions and responsiveness to a novel visual modulation technique. We hypothesized that modifying eye gaze behavior would enhance the processing of holistic stimuli in the dorsal visual stream (DVS) while suppressing neuronal activity in the ventral visual stream (VVS). For the current pilot study we obtained fMRI data from BDD participants (n=11; with facial concerns) and healthy controls (HC, n=11), while performing an attention modulation task. During the natural viewing condition, participants viewed photographs of their face without restrictions. During the attention modulation condition, they viewed the same while maintaining attention on a central crosshair, monitored using eye-tracking. Dynamic effective connectivity modeling was performed for connections from early visual regions (BA18) to higher visual regions (lateral parietal in DVS, inferior temporal in VVS). HCs exhibited higher DVS and lower VVS connectivity during attention modulation compared to NV, while BDD exhibited higher DVS connectivity only. Across groups, HCs exhibited higher DVS and lower VVS connectivity than BDD during attention modulation, yet only higher DVS connectivity during natural viewing ($P < 0.05$, Bonferroni corrected). The groups did not differ on eye-tracking mean fixation duration ($P = 0.4$). In conclusion, while connectivity in the VVS (featural/local processing) was relatively resistant to visual attention modulation in BDD, nonetheless it was modifiable in the DVS (configural/holistic processing). With additional testing, these results may have implications for perceptual retraining treatments.

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SYMPOSIUM 18

1105 - EYE MOVEMENT DESENSITIZATION AND REPROCESSING (EMDR): NEUROBIOLOGICAL MECHANISMS AND CLINICAL APPLICATIONS

Organiser : *Alessandra Minelli, University of Brescia*

Chair : *Isabel Fernandez, CRSP*

Presenters :

Alessandra Minelli, University of Brescia

Marco Pagani, Italian Research Council

Sara Carletto, University of Turin

Abstract

The World Health Organization (WHO) and various international associations strongly recommends Eye Movement Desensitization and Reprocessing (EMDR) for the treatment of post-traumatic stress disorder (PTSD). Since its discovery in 1989, several groups have been investigating the neurobiological mechanisms underlying EMDR. Several theories about its mechanism of action have been proposed and will be discussed by Marco Pagani with particular focus on the REM sleep hypothesis and more recent discoveries such as results from functional and structural neuroimaging studies. There exists also solid evidence that patients with severe mental disorders have elevated rates of PTSD and adverse events which are associated with negative outcomes, more severe symptoms, a reduced social functioning and a decreased engagement in treatment. Luca Ostacoli will present a model of Neurobiological Targeted EMDR treatment of Depression based on the brain circuits of emotional processing described by Davidson integrated with the Polyvagal Theory by Porges. This comprehensive view allows to tailor treatments according to individual features of emotional processing. Benedikt L. Amann will focus his presentation on bipolar disorder which is a chronic, often complicated to treat disorder with high relapse rates. Adverse life events, trauma and/or PTSD can trigger the disorder and worsen its outcome. So far, there are strikingly few studies concerning traumatized bipolar patients. In a first randomized controlled trial (RCT) of EMDR in traumatized bipolar I and II patients first positive evidence in improving trauma associated and affective symptoms in the EMDR group was found. As consequence, an EMDR Therapy Bipolar Protocol was designed which is currently tested in a large RCT and will be briefly presented. Finally, Alessandra Minelli will highlight new data about EMDR and Treatment Resistant Depression (TRD). Both physical and emotional abuse are hereby relevant risk factors for the development of TRD. The TRD patients who have experienced trauma could benefit from evidence-based trauma-focused psychotherapies and obtain a more durable remission. Our preliminary results indicate that both EMDR than trauma-focused cognitive-behavioral therapy (TF-CBT) decrease depressive and anxiety symptomatology, but only EMDR permitted to obtain a complete remission.

Trauma-focused Psychotherapies in Treatment Resistant Depression (TRD).

Alessandra Minelli, University of Brescia

Several researches have shown that life stress events, both physical than emotional abuses, are associated with a poorer response and remission outcomes for commonly prescribed antidepressants, earlier illness onset, greater severity of symptoms, suicidal behaviours, and comorbidity. Thus, traumatic events are

connected, directly or indirectly, to the treatment resistant depression (TRD) condition. Consequently it is possible to hypothesize that TRD patients who have experienced traumatic events could obtain a benefit from evidence-based trauma-focused psychotherapies. Because this topic has never been investigated, the aim of this pilot trial was to evaluate whether trauma-focused cognitive-behavioral therapy (TF-CBT) and/or Eye Movement Desensitization and Reprocessing (EMDR) can have an effect for obtaining depressive symptoms remission in these patients. We carried out a single-blind randomized controlled trial with TRD patients that have experienced at least three traumatic events over their lifetime comparing EMDR (N=12) and TF-CBT (N=10). Patients received 3 individual sessions per week, lasting 60 min each over a period of 8 weeks in addition to drugs treatment-as-usual. The primary outcome measure was the reduction of depressive symptomatology as measured by Montgomery-Åsberg Depression Rating Scale (MADRS). Secondary outcomes were focusing on the reduction of a wide range of symptoms relating to depression. The symptomatological assessments were performed at 4 timepoints: baseline (T0), 4 (T4), 8 (T8) and 12 (T12) weeks. After 24 weeks a phone clinical interview was carried out. Our preliminary results indicate that both EMDR than TF-CBT decrease depressive, anxiety and sleep disturbances symptoms, but only EMDR permitted to obtain a complete remission, in particular with significant greater reduction of depressive symptomatology as measured by MADRS and BDI. Furthermore, the 50% and more than 80% of TRD patients treated with TF-CBT and EMDR respectively, were in a remission state after about 6 months from the beginning of the protocol. Our study suggests that evidence-based trauma-focused psychotherapies, in particular EMDR, allow a significant reduction in a wide range of symptoms that characterized TRD condition given a substantial well-being benefit to these patients.

Mechanism of Action: Sleep Impact on EMDR

Marco Paqani, Italian Research Council

Research focused on EMDR has dramatically grown and neuroimaging represents a powerful tool to investigate its neurobiological correlates. The impact of EMDR on cortical and sub-cortical brain regions involved in PTSD has been proven by several investigations demonstrating a clear association between symptoms disappearance and normalization of cortical functional changes. Furthermore, patients non-responding to EMDR showed peculiar patterns of neuronal density distribution in limbic regions. EEG investigations monitoring in real time the cortical activations occurring during bilateral ocular desensitization made of EMDR the first psychotherapy in which neurobiological correlates have been depicted in real time during therapy sessions. In the recent past EMDR has been successfully applied in several disease and hypotheses about the way it works has been proposed by different investigators. The effectiveness of EMDR contrasts with a limited knowledge about its mechanism of action. Since its inception EMDR has generated a considerable debate, particularly due to uncertainty about whether EMs are an active ingredient of treatment and whether the mechanisms responsible for its efficacy differ substantially from those operating in trauma-focused cognitive behavioural therapy [tfCBT] and standard exposure. Several theories about EMDR mechanism of action have been proposed and they will be discussed in the presentation that will particularly focus on the rapid eye movement (REM) sleep hypothesis and the recent discoveries in such direction implicating Slow Wave Sleep (SWS).

Can Eye Movement Desensitization Reprocessing (EMDR) improve the treatment of depression, compared to Cognitive Behavioral Therapy (CBT)? Results from the European Depression EMDR Network study [EDEN].

Sara Carletto, University of Turin

Depression implies huge social and financial costs leading to impaired relationships, loss of productivity, continued use of drugs, and inappropriate use of health services and general practitioners. Despite the large

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economical investments the treatment of recurrent depressive disorders is currently only moderately successful. Increased evidence suggests a significant relationship between recurrent depressive disorders, stressful life events and psychological traumas. Recent studies suggest that EMDR may be effective in improving depressive symptoms and quality of life of patients. This is the preliminary results of the a multicenter randomized controlled trial investigating the efficacy of EMDR and CBT as adjunctive treatment to antidepressant medication in treating recurrent depression. The main purpose of this study was to investigate the efficacy of EMDR in treating recurrent depression as compared to CBT, in order to assess the applicability and usefulness of a trauma-based intervention also in this specific population. Furthermore, as a secondary aim, we evaluated the efficacy of EMDR and CBT on depression-associated symptoms and on quality of life. The majority of patients were able to significantly reduce their depressive symptoms after only 15 therapy sessions, also maintaining a good clinical benefit 6 months after the end of the treatments. EMDR treatment appears to be as effective as CBT in reducing clinical levels of depression, with a significant difference in favor of EMDR treatment at the end of the intervention phase. Both treatments are effective in reducing anxiety and post-traumatic symptoms and in improving quality of life and global functioning. Although these results can only be considered preliminary, this study suggests that EMDR could be a viable and effective treatment in reducing depressive symptoms and in improving quality of life of these patients.

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SYMPOSIUM 19

1139 - BEYOND PRE AND POST: EXAMINING THE PROCESSES OF CHANGE IN CBT

Organiser : *Belinda Graham, University of Oxford*

Chair : *Belinda Graham, University of Oxford*

Presenters :

Milan Wiedemann, University of Oxford

Graham Thew, University of Oxford

Belinda Graham, University of Oxford

Abstract

Beyond pre and post: Examining the processes of change in CBT While many people benefit from psychological therapy, the ways and means by which therapeutic gains are achieved from pre to post treatment is far from uniform, and to some extent remains unknown. Analysing symptom changes within therapy, using strategies that go beyond pre to post treatment designs, can give further insight into the processes of change in CBT. Understanding these change processes may help to enhance treatment outcomes, and provide further targets for intervention as these treatments become more broadly disseminated. In this symposium, three speakers will present data on symptom changes during treatment for posttraumatic stress disorder (PTSD) and social anxiety disorder (SAD) using a range of methodologies and outcome measures. Speaker 1 (Milan Wiedemann) will present evidence that sudden gains (sudden large and stable symptom improvements between two consecutive therapy sessions) occur during individual cognitive therapy for PTSD in routine clinical care. Patients who did and did not experience sudden gains will be compared. Changes in other symptoms around the time of sudden gains will also be presented. Speaker 2 (Graham Thew) will present data showing that sudden gains occur in both face-to-face and online versions of cognitive therapy for SAD and are associated with better overall therapy outcomes. Factors associated with sudden gains, based on videotapes of therapy sessions and questionnaire scores, will be presented, and implications for enhancing treatment efficiency and efficacy discussed. Speaker 3 (Belinda Graham) will present data on the relationship between patient preference and treatment outcome in prolonged exposure and pharmacotherapy treatments for PTSD. Results will be discussed, showing the importance of early expectancy of a positive outcome and positive therapeutic alliance in both treatments. This clinically-focused symposium hopes to advance understanding of the processes of change during treatments for PTSD and SAD, and highlight possibilities for enhancing outcomes. Professor Paul Salkovskis (University of Bath, UK) has agreed to be Discussant for this symposium if there is time available in the program.

Exploring Predictors of Sudden Gains in Cognitive Therapy for Posttraumatic Stress Disorder

Milan Wiedemann, University of Oxford

Authors: Milan Wiedemann, Anke Ehlers, David Clark

Sudden gains are clinically meaningful symptom improvements experienced by patients in between session intervals. They have been studied in a range of different disorders and therapeutic approaches, often associated with short- and long-term improvement. However, little is known about the processes that are

involved in the occurrence of sudden gains. Replications of previous studies in routine clinical care are needed to better understand the processes involved in sudden gains and their clinical implications. This study explores sudden gains in 12 sessions of cognitive therapy for posttraumatic stress disorder in routine clinical care. Session by session data from 330 patients were analysed to investigate why some patients experience sudden gains and whether the occurrence of sudden gains predicted outcome at the end of treatment and follow-up. To learn more about processes involved in sudden gains, patients with and without sudden gains were compared. Changes in posttraumatic cognitions, depression and anxiety symptoms around the time of sudden gains will also be presented. Sudden gains predicted better short- and long-term treatment outcomes. I will explore whether early changes in posttraumatic cognitions and depression symptoms are associated with the occurrence of sudden gains. Research and clinical implications of the results will be discussed.

Examining Sudden Gains in Face-to-Face and Internet-Delivered Cognitive Therapy for Social Anxiety Disorder

Graham Thew, University of Oxford

Graham R Thew, David M Clark, Anke Ehlers

While many people benefit from psychological therapies, the way in which they improve over time is far from uniform. The analysis of Sudden Gains, where people make a large, sudden, and stable improvement between consecutive therapy sessions, offers a key insight into the 'a-ha' moments of therapy. By seeking to understand what drives these gains, we can explore whether therapies work for the reasons that our theories and models suggest, and consider how we as therapists might be able to make sudden gains more common, enhancing therapy effectiveness and efficiency. The present study examined the frequency and nature of sudden gains in a sample of 99 people who participated in a randomised controlled trial, receiving either face-to-face cognitive therapy for social anxiety disorder (CT-SAD), or a new version of the same treatment delivered online (iCT-SAD). High rates of sudden gains were found in both treatments, and experiencing a sudden gain was predictive of better overall therapy outcome. Through analysis of weekly questionnaires and session videotapes, I will present the factors that did and did not show an association with the occurrence of sudden gains in CT and iCT. I will consider the implications that these findings have for internet-based therapies, for the cognitive model underpinning the treatment, and for clinical practice more broadly.

Preference, Expectations, and Alliance In PTSD Treatments

Belinda Graham, University of Oxford

Best practice guidelines emphasise patient choice in tailoring interventions for anxiety disorders but the pathway from receiving a preferred treatment to achieving a better outcome (and the risk of receiving a less preferred treatment) is unclear. Both prolonged exposure (PE), a cognitive behavioural therapy, and sertraline, a selective serotonin reuptake inhibitor (SSRI), are empirically supported treatments for chronic PTSD that effectively reduce PTSD symptoms. Across modalities, non-specific factors such as beginning treatment with a higher expectancy of outcome and holding a positive therapeutic alliance may boost outcomes. Therefore, modelling preference together with these factors is important. This study used a doubly randomised preference design that allows for comparisons of treatment (PE or sertraline) and preference (received preferred treatment or did not). Two hundred men and women with chronic PTSD were first randomised to choice or no choice between treatments and then those with no choice were randomised again to either treatment. Prior to randomisation, participants watched detailed videotaped rationales of both treatments and were asked to rate their preference. After randomisation, patients received ten weeks of either PE or

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sertraline. In addition, patients rated their expectancy of therapeutic outcome at session 1, therapeutic alliance at sessions 2 and 4, and PTSD symptom severity before and after treatment. The roles of each element in the hypothesised pathway from preference to outcome were tested using structural equation modelling. The final path model showed good fit with the data and suggested that the association between receiving a preferred treatment and achieving better outcome is indeed partly accounted for by early indicators of positive expectations and better therapeutic alliance. Specific interventions to enhance expectations and alliance early in treatment may mitigate risk of receiving a less preferred treatment and represent a viable means to enhancing clinical outcomes.

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SYMPOSIUM 20

1167 - PREVENTING EMOTIONAL DIFFICULTIES DURING THE TRANSITION TO PARENTHOOD: MOVING FROM RISK TO MECHANISMS OF PROTECTION

Organiser : *Maria Cristina Canavarro, Faculty of Psychology and Educational Sciences, University of Coimbra*

Chair : *Maria Cristina Canavarro, Faculty of Psychology and Educational Sciences, University of Coimbra*

Presenters :

Mariana Moura-Ramos, Faculty of Psychology and Educational Sciences, University of Coimbra

Marco Pereira, Faculty of Psychology and Educational Sciences, University of Coimbra

Ana Fonseca, Faculty of Psychology and Educational Sciences, University of Coimbra

Abstract

The transition to parenthood, albeit being a normative event in individuals and couples' lives, is also a period of several changes. Either when the pregnancy does not occur and couples face infertility problems, or when the transition is well succeeded but couples face difficulties in dealing with the rapid role changes and new responsibilities of parenthood, the transition to parenthood may be a risk period for emotional problems or disorders. There is great heterogeneity in the emotional adjustment to this period, namely due the presence of risk and protective factors that may predispose individuals to develop or not emotional problems. Identifying these factors and understanding their role in exacerbating risk or preventing emotional maladjustment is of crucial importance. In this symposium, three studies addressing this topic will be presented. 1 The mediating role of attachment anxiety and avoidance on the association between the representations on the importance of parenthood and the psychosocial wellbeing of infertile couples undergoing assisted reproduction; 2 The mediating role of dyadic coping on the association between attachment and psychological distress among couples during pregnancy and postpartum: An actor-partner interdependence analysis; 3 The buffer effect of a self-to-self compassionate relationship: Exploring the paths between dysfunctional attitudes towards motherhood and postpartum depressive symptoms; In the first study, Moura-Ramos, Almeida-Santos and Canavarro examined how attachment anxiety and avoidance orientations play a role in the association between infertile couples' representation of parenthood and childlessness and the couple partners psychosocial wellbeing. Both indirect effects on the self and on the partner were examined. The results showed that women's need for parenthood was positively associated with their own attachment anxiety, which was negatively associated with their own and their partners' psychosocial wellbeing. Also, men's need for parenthood was positively associated with attachment avoidance, which was negatively associated with their psychosocial wellbeing. In the second study, Pereira, Alves, Fonseca and Canavarro focused on the study of predictors and influencing mechanisms of psychological distress of couples during pregnancy and the postpartum period. An actor-partner interdependence analysis was used to examined cross partner effects. Results highlight the mediating role of dyadic coping on the association between attachment and depressive symptoms during pregnancy and at six weeks postpartum. Finally, Fonseca and Canavarro conducted a study on women in the postpartum period, examining the direct and indirect effects of women's dysfunctional attitudes towards motherhood on their depressive symptoms by activating negative automatic thoughts, and the buffer effect of self-compassion in this relationship. Main results highlighted the indirect effects of dysfunctional attitudes towards motherhood and depressive symptoms seem to occur, throughout negative automatic thoughts, particularly related with the metacognitive appraisal of the thoughts' content. In addition, results confirmed that higher self-compassion levels buffer the relationship between women's attitudes towards motherhood and postpartum depressive symptoms These studies highlight role of risk and protective

factors and mechanisms of influence that contribute to higher wellbeing during the transition to parenthood. Considering the factors is of uttermost importance when delineating strategies to prevent emotional problems during the transition to parenthood.

The Mediating Role of Attachment Anxiety And Avoidance on the Association between the Representations on the Importance of Parenthood and the Psychosocial Wellbeing of Infertile Couples Undergoing Assisted Reproduction

Mariana Moura-Ramos, Faculty of Psychology and Educational Sciences, University of Coimbra

Background and study aims: Previous research has documented the influence of infertility stress and attachment anxiety on the adjustment of infertile couples. This influence occurs regarding each person's own adjustment. However, considering the dyadic nature of an event such as infertility, it can be expected that attachment anxiety or avoidance can also impacts the partner's adjustment and wellbeing. This study aim was to evaluate the mediating role of attachment orientation in infertile women and their partners as a mediator of the relationship between need for parenthood and their own and partner's psychosocial wellbeing. Methods: Forty-five couples (90 participants) undergoing assisted reproduction in a Portuguese Hospital were recruited. Self-report questionnaires assessed the importance of parenthood (Fertility Problem Inventory), attachment (Adult Attachment Scale) and psychological wellbeing (WHO Quality of Life Questionnaire). Results: Couples were trying to get pregnant for about 4 years and had previously undergone one IVF treatment. A path analysis examined direct and indirect effects, using a cross partner approach. There were no significant direct effects of women's and their partners Need for parenthood on her own or his own psychological wellbeing. However, indirect effects were found significant. Bootstrap confidence intervals (2000 bootstrap samples) of the indirect effects of women's attachment anxiety on the association between her own need for parenthood on her and on her partner's psychological wellbeing, suggesting significant mediation effects. Discussion: The findings demonstrated that the importance of parenthood in women's' life is associated with lower psychological wellbeing in both couple members, and this association is explained by activating the attachment anxiety related strategies. This study highlights the importance of considering a couple-based approach in psychological interventions with infertile patients. It also underlines the importance of considering attachment patterns in clinical settings and the need to address the meaning of parenthood in one's life to promote couples' wellbeing.

Mediating Role of Dyadic Coping on the Association between Attachment and Psychological Distress among Couples during Pregnancy and Postpartum: An Actor-Partner Interdependence Analysis

Marco Pereira, Faculty of Psychology and Educational Sciences, University of Coimbra

Introduction: The transition to parenthood is a challenging experience that often strains relationships, but perceiving both partners' engagement in dyadic coping in response to symptoms of psychological distress may benefit couples during this transition. The aim of this study was to explore the mediating role of dyadic coping (DC) in the association between attachment and depressive symptoms among couples during pregnancy and postpartum. Method: The sample comprised 133 couples (N = 266), who completed the Experience in Close Relationships – Relationship Structures (ECR-RS), the Dyadic Coping Inventory (DCI), and the Edinburgh Postnatal Depression Scale (EPDS), during the second trimester of pregnancy (T0) and at six weeks postpartum (T1). Structural equation modelling and the actor-partner interdependence mediation model (APIMeM) were used to test actor-partner effects and mediator actor-mediator partner effects of dyadic coping between attachment and depressive symptoms during pregnancy and at postpartum. Results: Results indicate that

women's attachment avoidance and anxiety were significantly associated with their own depressive symptoms during pregnancy, but not at postpartum. Men's attachment avoidance and anxiety were associated with their own depressive symptoms both during pregnancy and at postpartum. No significant partner effects were found. Both men's and women's attachment avoidance were associated with lower engagement in DC (both actor and partner effects were significant). Women's DC was marginally associated with depressive symptoms during pregnancy. In contrast, men's DC was significantly associated with lower depressive symptoms both at pregnancy and postpartum. The actor-partner mediation analysis revealed that only men's DC (indirect actor effects) mediated the association between their own attachment and depressive symptoms during pregnancy and postpartum. In relation to partner mediation effects, significant indirect effects were found between women's avoidance and men's depressive symptoms during pregnancy through men's DC. Discussion: Our results indicate the significant role of attachment (particularly of attachment-related avoidance) in the experience of depressive symptoms during pregnancy, as well as in the engagement in DC behaviours. The significant actor and partner effects on the association between attachment avoidance and DC reinforce the evidence suggesting that negative representations of the others may constrain the use of adaptive DC strategies, which may particularly important for couples dealing with pregnancy-related demands. Mediated actor effects suggest that men high in attachment anxiety and avoidance engage less in DC, and in turn report more depressive symptoms. Mediated partner effects suggest that women's high in avoidance have a partner who engage less in DC, who therefore show more depressive symptoms. Conclusion: Findings highlight the importance of a dyadic approach in illustrating the longitudinal association between attachment and depressive symptoms. As well, they suggest the value of interventions aimed at strengthening dyadic coping may have a protective effect on couples' risk of psychological distress during the transition to parenthood.

The Buffer Effect of a Self-to-Self Compassionate Relationship: Exploring the Paths between Dysfunctional Attitudes towards Motherhood and Postpartum Depressive Symptoms

Ana Fonseca, Faculty of Psychology and Educational Sciences, University of Coimbra

Better understanding how cognitive processes operate to influence women's depressive symptoms during the postpartum period is crucial for informing preventive and treatment approaches. The present study aimed to examine the relationship between women's dysfunctional attitudes towards motherhood and depressive symptoms, considering the mediating role of negative automatic thoughts and the moderating role of self-compassion. A sample of 387 women in the postpartum period cross-sectionally answered a set of questionnaires to assess dysfunctional attitudes towards motherhood, negative automatic thoughts (general and postpartum-specific), depressive symptoms and self-compassion. Women with clinically significant depressive symptoms presented more dysfunctional attitudes towards motherhood, more frequent negative thoughts and lower self-compassion. More dysfunctional beliefs about others' judgments and about maternal responsibility were associated with higher depressive symptoms, and this effect occurred through both general and postpartum-specific thoughts related to the metacognitive appraisal of the thought content. Moreover, these relationships occurred only when women presented low or moderate levels of self-compassion. These results highlight the need to comprehensively assess women's cognitive variables during the postpartum period with appropriate measures, for the early identification of women with more dysfunctional beliefs about motherhood, who may be at higher risk of depression. Moreover, preventive/treatment approaches should aim not only to challenge women's pre-existing dysfunctional beliefs but also to promote a more self-compassionate attitude towards themselves.

FRIDAY, 15 SEPTEMBER 2017

SYMPOSIUM 21

1058 - NEW DEVELOPMENTS IN THE TREATMENT OF BODY DYSMORPHIC DISORDER

Organiser : *Viktoria Ritter, Goethe-Universität, Frankfurt*

Chair : *Ulrich Stangier & Viktoria Ritter, Goethe-Universität, Frankfurt*

Presenters :

Fugen Neziroglu, Brittany Bonasera, Casey Ferri, Nicol, Bio-Behavioral Institute, New York*

Christian Stierle; Lisa Williams, & David Veale, Schön-Klinik, Bad Bramstedt; King's College, London*

Viktoria Ritter, & Ulrich Stangier, Goethe University, Frankfurt*

David Veale, Institute of Psychiatry, Psychology, and Neuroscience, King's College, London*

Abstract

Psychological treatment of body dysmorphic disorder, in the past, mainly focused on traditional techniques of cognitive restructuring and exposure with response prevention. Recently, new approaches have been developed which focus on emotional problems and cognitive processes. In this symposium, the relationship of BDD to anger and its role in the psychological treatment will be highlighted. Furthermore, since self-criticism, self-disgust, shame and little self-acceptance are common features in BDD, there is evidence that elements of self-compassion focused therapy may improve the efficacy of psychological treatments. Emotions and negative autobiographical experiences are closely linked to images of the self in BDD. A case series is presented indicating that imagery rescripting is a highly effective treatment approach for these difficult patients. Finally, results from a randomized controlled trial demonstrating the superiority of enhanced CBT to another credible psychological treatment for BDD. Implications for the treatment of BDD in clinical practice will be emphasized.

Anger in Body Dysmorphic Disorder

Fugen Neziroglu, Brittany Bonasera, Casey Ferri, Nicol, Bio-Behavioral Institute, New York*

Body Dysmorphic Disorder (BDD) is defined as a preoccupation with a perceived or imagined defect in one's physical appearance. BDD has often been understudied and under recognized in clinical practice. However, as awareness of this disorder continues to grow, so does the conceptualization of the disorder as well. One area currently under investigation is the degree to which overvalued ideation (OVI) drives different levels of affect in individuals with BDD. Overvalued ideas are found to be significantly related to anger, specifically in individuals with OCD. However, recent studies that have investigated the association between the experience of anger in patients with OCD and BDD have found that both these patients reported increased levels of anger as compared to control participants. This relationship might be explained by the high degree of affect (anger) that exists when there is a threat made to the patient's belief. The purpose of this presentation is to gain insight on how OVI and anger differ between people with OCD and people with BDD, to examine the newest body of research on anger in BDD, and to provide an overview of the most recent developments influencing the conceptual understanding, recognition, and treatment efficacy of BDD.

Compassion Focused Therapy – A promising Addition in the Treatment of BDD and OCD?

*David Veale**, *Christian Stierle* & *Lisa Williams*, *King's College & Schön-Klinik Bad Bramstedt*

Compassion can be defined as “a sensitivity to the suffering of the self and others with a commitment to alleviate and prevent it”. The emphasis in BDD is the lack of self-compassion and the deep sense of body shame. Compassion Focussed Therapy developed by Paul Gilbert uses a number of interventions to improve empathy, sympathy, sensitivity to suffering, distress tolerance, being non-judgemental and develop courage to approach difficult situations. There is a growing evidence base in favour of CFT trans-diagnostically. We shall present today results of a small case series of patients with BDD who were on a waiting list for CBT.

Seeing in the Mind's eye: Imagery Rescripting for Patients with Body Dysmorphic Disorder. A Single Case Series.

*Viktoria Ritter**, & *Ulrich Stangier*, *Goethe University, Frankfurt*

Intrusive mental images of appearance play an important role in the maintenance of body dysmorphic disorder (BDD) and are often linked to negative autobiographical experiences. The current study investigated imagery rescripting in six patients with BDD, using a single case series A-B design. The intervention consisted of two treatment sessions (T1, T2). BDD and depressive symptoms were evaluated prior to (T1), post (T2), and two weeks after intervention (FU), using the Yale-Brown Obsessive Compulsive Scale for BDD (BDD-YBOCS), the Body Dysmorphic Symptoms Inventory, and the Beck Depression Inventory. At post-treatment, significant reductions in negative affect, distress, vividness and encapsulated beliefs associated with images and memories as well as an increased control were observed for five of six patients. These were maintained or decreased at two weeks follow-up. Scores on the BDD-YBOCS indicated a significant 26% improvement in BDD severity at follow-up for the whole group. Considering response as a $\geq 30\%$ reduction in BDD-YBOCS score, four of six patients were classified as treatment responders. At follow-up, significant improvements in BDD and depressive symptoms were observed for the whole group. The findings indicate the potential efficacy of imagery rescripting, and highlight the need for further controlled trials. Imagery rescripting should be considered as a treatment technique within the cognitive framework of BDD.

Treating Body Dysmorphic Disorder

*David Veale**, *Institute of Psychiatry, Psychology, and Neuroscience, King's College, London*

Cognitive behaviour therapy and SSRI medications have the best evidence for treating BDD. We will critically review the evidence from previous RCTs and Single Case Experimental Designs in adults and adolescents. The long-term outcomes are modest and partly depend on the severity and complexity of the participants recruited into a trial. We will discuss some of the difficulties in building the evidence base and in developing a modular approach for CBT in BDD.

FRIDAY, 15 SEPTEMBER 2017

SYMPOSIUM 22

1102 - LOW INTENSITY CBT THE STATE OF THE ART

Organiser : *Paul Rijnders, Mentaal Beter*

Chair : *Els Heene, Ghent university, Belgium*

Presenters :

Paul Rijnders, Mentaal Beter

Nathalie Haeck, Glasgow University

Els Heene, Ghent University

Pascal Wabnitz, Fachhochschule Bielefeld

Abstract

The last decade Low Intensity CBT is going from strenght to strenght. Especially in the UK but more and more in other countries like the Netherlands, Flanders (Belgium) and Australia. Low Intensity CBT not only reaches equal effectivity as traditional CBT and somtimes more. It also is a tool that helpes to reduce waiting lists. In the symposium presenters from different countries wil present the state of the art of Low Intensity in their practices and countries but als the state of the art of scientific investigations

L.I. CBT in The Netherlands: A Transdiagnostic Concept

Paul Rijnders, Mentaal Beter

Drs Paul Rijnders, Mentaal Beter, Terneuzen, The Netherlands In the Netherlands, a L.I. CBT method is developed which is based on a vulnerability – stress concept. The method is transdiagnostic, concerning the rehabilitation of the patients coping repertoire as the main focus of therapy. The method is successful in the treatment of patients with different kinds of symptoms (anxiety, mood disorders, family and relational problems, burn out, etc.; see also Rijnders, et al, 2016), with an impact on general functioning and coping repertoire . This method is based on nonspecific factors such as shared decision making, patient's choice, responsibility & motivation to change, applicable in traditional face to face format as well as in (blended) E-health format. In this presentation, the procedure of this method will be demonstrated as well as some research findings. Reference: Rijnders, Heene

LI CBT for Children and Youth: A Transdiagnostic Approach

Nathalie Haeck, Glasgow University

Drs / Lic Nathalie Haeck. LI CBT from a transdiagnostic point of view also means that we need additional ways to evaluate treatment, moving beyond the criterion of symptom reduction as main focus. Transdiagnostic psychological interventions focus on specific (behavioural and cognitive) dysfunctions and skills rather than on symptoms. In this context, emotion regulation during childhood/adolescence is an important predictor of psychopathology. In this presentation, we demonstrate an successfull application of a LI CBT method for children and adolescents. The focus of this model is on strengthening the coping and emotion regulation skills.

We illustrate this by a case study of a 9 year old boy with anxiety and anger attacks. Research findings on emotion regulation will be presented, as well as implications for future research.

LI CBT by an Integrated Approach of Schema-Focussed Therapy and Positive Psychology

Els Heene, Ghent University

Dr. Els Heene (Belgium and the Netherlands) Another application of this LI CBT model is illustrated by an integrated approach of LI schema-focussed therapy (J. Young) and positive psychology. LI CBT in this case refers to a shorter and lower intensive form of schema-focussed therapy, presenting a framework in which maladaptive patterns of behavior are understood as coping strategies that were developed as a way to overcompensate for earlier unmet needs. Patient and therapist discuss which pitfalls and schemes probably need modification and which strategies will serve to facilitate or activate this change. The procedure of this method will be demonstrated in a case study with mild to moderate symptoms. We believe that the quality of therapy is influenced by the ease with which it is implemented, referring to the feasibility. Finding a theory that the person can relate to and find meaningful in terms of their difficulties, life events and strengths is imperative.

LI-CBT in Germany - Dissemination and Current Developments

Pascal Wabnitz, Fachhochschule Bielefeld

Low intensity Cognitive Behavioral Therapy (LI-CBT), involving various forms of guided and unguided short or long term psychotherapy, has been successfully implemented in different european countries. However, the current implementation status in Germany is far behind. Especially the employment of mental health professions that historical do not offer psychotherapy in Germany (mental health nurses, social workers etc.) has been a new development during the last years. While nurse-led interventions are well established in several health care systems around the world (UK, USA, Australia, The Netherlands, Sweden etc.) this is not yet the case in Germany. This talk will present on current developments and implementation plans in the field of LI-CBT in Germany. In addition it will present two pilot studies, applying different models and methods of LI-CBT by mental health nurses in the region of Bielefeld, Germany. Barriers and obstacles of further implementation will be discussed.

SATURDAY, 16 SEPTEMBER 2017

SYMPOSIUM 23

1112 - TRANSLATING METACOGNITIVE THERAPY TO PHYSICAL HEALTH CONDITIONS

Organiser : *Peter Fisher, University of Liverpool*

Chair : *Peter Fisher, University of Liverpool*

Presenters :

Adrian Wells, University of Manchester

Bruce Fernie, Institute of Psychiatry

Peter Fisher, University of Liverpool

Abstract

Improving treatment outcomes for anxious and depressed patients with a physical illness is a clinical priority. Psychological morbidity in physical illnesses is a significant clinical concern because it reduces quality of life for the patient as well as those close to them, intensifies physical symptoms including pain, reduces treatment adherence and increases healthcare costs. However, as healthcare resources become increasingly scarce, researchers face a double headed challenge; developing more effective interventions that are less expensive to deliver. Translating metacognitive therapy (MCT) from adult mental health populations to anxious and depressed patients with a physical illness may offer a solution. The first step in translating MCT involves testing the clinical utility of the metacognitive model of psychopathology in physical health populations. The first two papers report empirical tests of the metacognitive model. Paper 1 examined if metacognitive beliefs were associated with anxiety and depression in patient groups; cardiac patients and cancer patients. Negative metacognitive beliefs about uncontrollability and danger of worry predicted anxiety in both patient groups and also predicted depression in the cardiac patients. Paper 2 tested the applicability of the metacognitive model to psychological distress in Parkinson's disease (PD). As PD progresses, complications such as motor fluctuation are common and are characterized by a sudden increase in symptom intensity (referred to as an 'off-period') and are associated with high levels of psychological distress. Using an ecological momentary assessment approach. rumination, worry, and symptom focus and metacognitive beliefs all contributed to off period distress in patients with PD. The final papers in this symposium focus on clinical applications of MCT in physical illness. Paper 3 uses qualitative methodology to explore how CBT and MCT would conceptualise cardiac rehabilitation (CR) patients' distress and to compare the different therapeutic targets from each treatment approach. The paper highlights the distinctive nature of the two approaches and provide an insight into why the psychological needs of CR patients are not well met by CBT, and indicate that MCT may be a more suitable psychological therapy for CR patients. Paper 4 reports on the results of an open trial testing the potential of brief MCT to reduce emotional distress in adult cancer survivors. MCT was associated with clinically significant reductions in anxiety, depression, fear of cancer recurrence, worry/rumination and metacognitive beliefs. Treatment gains were broadly maintained over the 6-month follow-up period. MCT is a promising brief transdiagnostic approach to psychological morbidity in adult survivors of cancer.

Psychological Distress in Cardiac and Cancer Patients: The Contribution of Metacognition

Adrian Wells, University of Manchester

Metacognitive beliefs are given a central role as determinants of emotional distress in the self-regulatory executive function (S-REF) model of psychological disorder. The model predicts that negative metacognitive beliefs are transdiagnostic contributors to distress but that other domains of metacognitions can make a subsidiary contribution in specific disorders. The aim was to test if the model generalises to distressed patients across cardiac or cancer diagnoses. We tested the universal contribution of metacognitive beliefs about the uncontrollability and danger of worrying using hierarchical forced-entry in the separate samples and then specified an exploratory stepwise selection on subsequent steps to identify any additional unique predictors. Among patients showing distress, the cardiac group had higher overall distress and higher levels of depression specifically, compared with the cancer group. Metacognitive beliefs concerning the uncontrollability and danger of worry positively and significantly explained additional variance in overall distress whilst controlling gender, age, educational status, employment and marital status. No additional contribution was made by other metacognition subscales. The results support the S-REF model and its applicability to explaining distress in physical illnesses. They suggest a possible common pathway in predicting and treating anxiety and depression across physical health conditions.

Predictors of Momentary Distress in Parkinson's Disease: An Ecological Momentary Assessment Study

Bruce Fernie, Institute of Psychiatry

Introduction Parkinson's disease (PD) is a common neurodegenerative disorder primarily associated with the loss of dopamine generating neurons in the nigro-striatal pathway. Initially, dopamine replacement therapies tend to be very effective in managing the symptoms of PD but then, as the disease progresses, can lead to complications such as motor fluctuations. These are characterized by a sudden increase in symptom intensity (referred to as an 'off-period') and have been associated with high levels of psychological distress. This study aimed to identify predictors of momentary distress in PD across motor fluctuations. Method Twenty individuals with PD who experienced off-periods for at least 25% of their day participated in this study. Using an Ecological Momentary Assessment approach, participants responded to alerts that led to survey questions on a smartphone over a period of seven days. The alerts were random interval-contingent over a 12-hour period, stratified into four windows. Additionally, participants could trigger the survey themselves at any point. Results Generalised Linear Mixed Effects Modelling suggests that time of day, momentary motor fluctuation state, rumination, worry, and symptom focus and trait metacognitions play an important role in momentary distress in PD. Discussion Although off-periods themselves are likely to be beyond the reach of psychological interventions, the distress associated with them appear to be associated with parameters that could be targeted by techniques from Metacognitive Therapy. Conclusion We propose running a series of n=1 proof of concept, case-controlled studies to assess the feasibility of a treatment package based on MCT and informed by recent research into the role of metacognitions in PD.

Metacognitive Therapy for Anxiety and Depression in Breast Cancer Survivors: A Pilot Study

Peter Fisher, University of Liverpool

Peter Fisher, Angela Byrne, Louise Fairburn, Gareth Abbey, Helen Ullmer, Peter Salmon
University of Liverpool, UK

Many adult cancer survivors experience persistent emotional distress after completing cancer treatment. The aim of this study was to test the potential of a brief transdiagnostic psychological intervention – metacognitive

therapy (MCT) – in reducing emotional distress in adult cancer survivors. An open trial design with 3-and 6-months follow-up was used to evaluate the effects of MCT in 28 patients consecutively referred to a psycho-oncology service. Each patient received six 1-hour sessions of MCT. Anxiety, depression, worry/rumination, fear of cancer recurrence and metacognitive beliefs were assessed using self-report questionnaires. Brief MCT was acceptable and feasible 71% of patients completing treatment. In the treatment completers, MCT was associated with clinically significant reductions in anxiety, depression, fear of cancer recurrence, worry/rumination and metacognitive beliefs at the end of treatment, and treatment gains were maintained in most patients through to 6-months follow-up. MCT is a promising brief transdiagnostic approach to psychological morbidity in adult survivors of cancer. Larger scale controlled trials are now required.

Conceptualising Anxiety and Depression in Cardiac Rehabilitation Patients Using Cognitive Behavioural Theory and Metacognitive Theory

Peter Fisher, University of Liverpool

Rebecca McPhillips¹ Peter Salmon², Adrian Wells¹ Peter Fisher² 1
University of Manchester, 2University of Liverpool

Introduction: Cognitive behavioural therapy (CBT) and metacognitive therapy (MCT) have been shown to alleviate psychological distress in mental health settings. However, CBT does not appear to be as effective in cardiac populations, while no research to date has assessed the efficacy of MCT for cardiac patients. The objective of this paper is to explore how CBT and MCT can be used to conceptualise cardiac rehabilitation (CR) patients' distress and to compare the different therapeutic targets from each theoretical perspective. Method: CR patients who screened positively for anxiety and/or depression took part in semi-structured interviews. Three transcripts that represent variety in patients' distress were analysed from both approaches Results: In CBT, distinct negative automatic thoughts (NATs), containing different types of cognitive distortions including catastrophic and dichotomous thinking and emotional reasoning were identified. From the perspective of MCT, chains of worry and rumination, and positive and negative metacognitive beliefs, were identified. Discussion: In CBT therapists target discrete NATs, and attempt to correct these, however this may be problematic as often the NATs reflect realistic thoughts about their cardiac condition. MCT does not require that therapists challenge the content of discrete thoughts, rather perseverative thinking are targeted by reducing the time spent worrying and ruminating and modifying metacognitive beliefs.

SATURDAY, 16 SEPTEMBER 2017

SYMPOSIUM 24

1016 - DELIVERING CBT ACROSS DIFFERENT MODALITIES & DIFFERENT POPULATIONS

Organiser : *Reham Aly, Egyptian Association of CBT*

Chair : *Reham Aly, Egyptian Association of CBT*

Presenters :

Reham Aly, Egyptian Association of CBT

Farooq Naeem, Queens University

Hisham Ramy, Ain Shams University

Peter Phiri, Southern Health NHS Foundation Trust; University of Southampton

Abstract

During the last 45 years, cognitive behavior therapy has gone from being a promising new treatment to the most well-established psychological treatment for many psychological disorders. In several hundreds of randomized controlled trials (Randomized Controlled Trials), cognitive behavior therapy has been shown to be effective in treating these disorders and is a first-line treatment for this condition. This is due to superior treatment effects in combination with high safety. In general, long-term follow-up studies indicate that improvements gained after cognitive behavior therapy endure over several years. In combination with relatively low intervention costs, cognitive behavior therapy is thus a highly promising treatment from a societal cost-effectiveness perspective. Yet; cross cultural differences are mandated into the therapeutic approach. Many differences exist between populations & countries in the expression of the disorder & the experience of therapy. Hence no one-size-fits all can be adopted here. Thus, during the application of cognitive behavioral therapy, effectual therapist should modify his conceptual framework of action while still trying to abide with the fundamental notion of Cognitive behavior therapy of exposure experiments. In doing this many therapists may be challenged in their work. While still lacking a strong body of research, clinical experience can provide us with some helpful innovations for successful practice. Our aim is to provide therapists & psychiatrists with tools for applying successful CBT. A series of case-studies are discussed to present some innovations in applying CBT for patients suffering from social inhibitions. Moreover, essentials of past research are reviewed & needs for further research directions in the field are discussed.

Cognitive Behavior Therapy for Anxiety Disorders using telecommunication: Is it suitable for All Cultures?

Reham Aly, Egyptian Association of CBT

Introduction: During the last 45 years, cognitive behavior therapy has gone from being a promising new treatment to the most well-established psychological treatment for anxiety disorders. In several hundreds of randomized controlled trials, Cognitive Behavior Therapy has been shown to be effective in treating these disorders and is a first-line treatment for this condition. This is due to superior treatment effects in combination with high safety. In general, long-term follow-up studies indicate that improvements gained after CBT endure over several years. In combination with relatively low intervention costs, Cognitive Behavioral Therapy is thus a highly promising treatment from a societal cost-effectiveness perspective. Objectives: Several forms of remote CBT have been developed, the general idea is that CBT delivered through the Internet or using telephone communication reflects the content of conventional CBT, but is administered as a form of

therapist-guided treatment protocol using remote communication methods e.g. the Internet. Remote CBT consists of modules for therapy, each corresponding to a session in conventional CBT, which the patients practice as they progress through the treatment. Aims: Estimation of applicability & efficacy of remote cognitive behavior therapy for treating patients suffering from anxiety disorders in Egypt. Methods: A group of patients suffering from anxiety disorders was randomized into two groups; one received CBT as usual & the intervention group received CBT using telephone &/or the Internet. Both groups were assessed pre- & post treatment using the Hamilton Anxiety Scale, Beck Scale & specific scales for anxiety symptom severity & Beck Depression Inventory for symptoms of associated depression. The Quality of Life scale was also applied to all patients participating in the study. Results: Both groups of patients were committed to the treatment program & no differences in drop-out rates were detected between the two groups. Pre- & post study measures indicated a statistical & clinically relevant changes in patients of two groups. Conclusions: Delivering CBT for patients suffering from anxiety disorders in Egypt using remote communication methods (e.g. telephone &/or the Internet) appears to be effective in alleviating symptoms & improving the Quality of Life. Yet some adaptations to the standardized treatment protocol are mandated to render the protocol applicable through remote communication & enhancing cultural reception.

Cultural Adaptation of CBT Interventions; Roadblocks in the way to Effective Practice

Hisham Ramy, Ain Shams University

Standard Cognitive Behavior Therapy is effective for those in the western culture, but it may need to be culturally adapted for those around the globe. The comprehensive review the literature on the generalizability of standard cognitive-behavioral therapy (CBT) as well as the literature on cultural adaptations of CBT has shown some of the roadblocks towards effective application of CBT techniques. The very first step towards successful application of CBT specific techniques is the development of a culturally-sensitive conceptual model for assessing an individual's goodness of fit with his or her sociocultural and cultural environments and for determining implications for interventions. Considering goodness of fit with cultural and sociocultural environments may provide guidance on the relative merits of culturally adapted versus unadapted CBT.

Culturally Adapted Cognitive Behaviour Therapy for Psychosis: Results from Studies in the UK

Peter Phiri, Southern Health NHS Foundation Trust; University of Southampton

Background: Culture significantly impacts on all aspects of psychosis including onset, psychopathological manifestations, treatment approaches and outcomes. CBT is a treatment of choice for schizophrenia and associated psychotic symptoms (NICE, 2014; APA, 2004) however CBT for psychosis is not simply the use of standard CBT developed for psychopathology, in people with psychosis. It requires adaptation for positive and negative symptoms (Kingdon & Turkington, 2005) as studies have demonstrated that African Caribbean and Black African patients have higher drop-out rates and poor outcomes from treatment. Aims: a). To produce a culturally sensitive adaptation of an existing CBT manual for therapists working with patients with psychosis from African-Caribbean, Black-African/Black British, and South Asian Muslim communities. b). To assess the effectiveness of culturally adapted CBT for psychosis in this population. Method: Part 1: A two centre qualitative study consisting of individual semi-structured interviews with patients with a diagnosis of schizophrenia, schizo-affective, delusional disorders or psychosis (n=15); focus groups with lay members (n=52); CBT therapists (n=22) and mental health practitioners (n=25). Data was analysed thematically using evolving themes and content analysis. NVivo 8 was used to manage and explore data (Rathod et al., 2010). Part 2: The recommendations were used to inform adaptation of CaCBTp. A randomised controlled trial was conducted in three centres in the UK recruiting (n=35) participants. Assessors blind to randomisation and treatment allocation administered outcome measures at three time points; baseline, post-therapy and at

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6 months follow-up using the Comprehensive Psychopathological Rating Scale (CPRS) and Insight in Psychosis Scale. Participants in the CaCBTp arm (n=16) were offered 16 sessions of therapy and completed Patient Experience Questionnaire (PEQ) post-treatment. Treatment as usual (TAU: n=17) arm continued with standard their treatment. Results: Analysis was based on the principles of intention to treat (ITT). This was further supplemented with secondary sensitivity analysis. Post-treatment the intervention group showed statistically significant reductions in symptomatology on overall CPRS scores, CaCBTp group, Mean (SD) = 16.23 (10.77), TAU = 18.60(14.84); $p = 0.047$, with a difference in change of 11.31 (95% CI: 0.14 to 22.49; CPRS subscales showed significant effect in CaCBTp over TAU. Overall satisfaction on the PEQ was significantly correlated with the number of sessions attended ($r = .563$; $p = 0.003$)(Rathod et al., 2013) Conclusion: Participants in the CaCBTp group achieved statistically significant improvement post-treatment compared to the TAU. Attrition rates were low and therapy experience and satisfaction were highly rated. The findings will have implications for a definitively powered phase III RCT. A Cultural Adaptation of CBT for Serious Mental Illness: a guide for training and practice has now been published (Rathod et al., 2015).

SATURDAY, 16 SEPTEMBER 2017

SYMPOSIUM 25

1064 - GENDER DIFFERENCES IN SOCIAL ANXIETY DISORDER: NOVEL FINDINGS AND THEIR CLINICAL IMPLICATIONS

Organiser : Idan M. Aderka, University of Haifa

Chair : Idan M. Aderka, University of Haifa

Presenters :

Idan M. Aderka, University of Haifa

Maya Asher, University of Haifa

Eva Gilboa-Schechtman, Bar-Ilan University

Ofer Rahamim, Bar-Ilan University

Abstract

Considering the large body of research on SAD, and despite accumulating data about gender differences in other disorders, there is a paucity of research examining gender differences in SAD. The present symposium addresses this gap, and aims to identify and describe gender differences in SAD and understand them in light of relevant theories. Presentation 1 – Gender Differences in SAD: A Literature Review The review examined gender differences in seven domains of SAD: prevalence, clinical presentation, functioning and impairment, comorbidity, course, treatment seeking and physiological arousal. Findings are discussed in light of gender theories. This review can contribute to a more refined and gender-sensitive understanding of the disorder and can facilitate clinical work specifically tailored to men and women. Presentation 2 – Gender Differences in the National Comorbidity Survey-Replication We examined gender differences in SAD in the National Comorbidity Survey-Replication (NCS-R; n=9282). Findings indicated that compared to men, women are more likely to have SAD, to have a more severe clinical presentation of the disorder and to have greater subjective distress. However, women did not seek treatment more than men, and were only more likely to report talking to a health care professional about their social fears. The findings are discussed in the context of the literature and gender theories. Identifying gender differences in SAD and further investigating them may have important implications for both assessment and treatment of SAD. Presentation 3 – Social Anxiety and the Experience of Pride: The Effect of Gender Recent theories and empirical findings have stressed the importance of examining distinct positive affective states, rather than global positive affectivity. In the present study, we examined the association between social anxiety and the emotion of pride using the Pride Questionnaire (Tracy & Robins, 2007), which contains two distinct scales – authentic and hubristic pride – in a web-based sample (n=338; 174 women). We found that both in men and in women, authentic pride was negatively related to SA. However, only in men, but not in women, SA was also positively related to the experience of hubristic pride. Implications of these findings for the understanding of the nature of SA are reviewed based on evolutionary, interpersonal and cognitive theories. Presentation 4 - Social Rank Motivation and Fear of Positive Evaluations: The Role of Gender Based on a psycho-evolutionary model, as well as a bivariate model of SA which postulates that both fear of negative evaluation (FNE, fear of downward mobility) and fear of positive evaluation (FPE, fear of upward mobility) are two central facets of social anxiety (SA; Weeks and Howell, 2012) we hypothesized that motivation for social-rank would be negatively related to both FPE and FNE. Moreover, because social ascent is related to social-dominance in men more than in women, the relationship between social-rank and FPES was expected to be moderated by gender. We examined a large sample of students (n=549; 289 women) and

found support for both hypotheses. Potential theoretical and clinical implications of these findings are discussed in terms of evolutionary models.

Gender Differences in the National Comorbidity Survey-Replication

Idan M. Aderka, University of Haifa

We examined gender differences in SAD in the National Comorbidity Survey-Replication (NCS-R; n=9282). Findings indicated that compared to men, women are more likely to have SAD, to have a more severe clinical presentation of the disorder and to have greater subjective distress. However, women did not seek treatment more than men, and were only more likely to report talking to a health care professional about their social fears. The findings are discussed in the context of the literature and gender theories. Identifying gender differences in SAD and further investigating them may have important implications for both assessment and treatment of SAD.

Gender Differences in SAD: A Literature Review

Maya Asher, University of Haifa

The review examined gender differences in seven domains of SAD: prevalence, clinical presentation, functioning and impairment, comorbidity, course, treatment seeking and physiological arousal. Findings are discussed in light of gender theories. This review can contribute to a more refined and gender-sensitive understanding of the disorder and can facilitate clinical work specifically tailored to men and women.

Social Anxiety and the Experience of Pride: The Effect of Gender

Eva Gilboa-Schechtman, Bar-Ilan University

Recent theories and empirical findings have stressed the importance of examining distinct positive affective states, rather than global positive affectivity. In the present study, we examined the association between social anxiety and the emotion of pride using the Pride Questionnaire (Tracy & Robins, 2007), which contains two distinct scales – authentic and hubristic pride – in a web-based sample (n=338; 174 women). We found that both in men and in women, authentic pride was negatively related to SA. However, only in men, but not in women, SA was also positively related to the experience of hubristic pride. Implications of these findings for the understanding of the nature of SA are reviewed based on evolutionary, interpersonal and cognitive theories.

Social Rank Motivation and Fear of Positive Evaluations: The Role of Gender

Ofer Rahamim, Bar-Ilan University

Based on a psycho-evolutionary model, as well as a bivariate model of SA which postulates that both fear of negative evaluation (FNE, fear of downward mobility) and fear of positive evaluation (FPE, fear of upward mobility) are two central facets of social anxiety (SA; Weeks and Howell, 2012) we hypothesized that motivation for social-rank would be negatively related to both FPE and FNE. Moreover, because social ascent is related to social-dominance in men more than in women, the relationship between social-rank and FPES was expected to be moderated by gender. We examined a large sample of students (n=549; 289 women) and found support for both hypotheses. Potential theoretical and clinical implications of these findings are discussed in terms of evolutionary models.

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SYMPOSIUM 26

1132 - THE EFFECTIVENESS OF METACOGNITIVE THERAPY (MCT) ON GAD, OCD AND TRANSDIAGNOSTIC GROUPS IN DENMARK

Organiser : *Pia Callesen, Cektos - Center for Kognitiv og Metakognitiv Terapi*

Chair : *Pia Callesen, Cektos - Center for Kognitiv og Metakognitiv Terapi*

Presenters :

Tina Bihal, Cektos - Center for Kognitiv og Metakognitiv Terapi

Pia Callesen, Cektos - Center for Kognitiv Terapi og Supervision

Pia Callesen, Cektos - Center for Kognitiv og Metakognitiv Terapi

Abstract

1) Attention Training Technique (ATT) on Generalised Anxiety Disorder Background: This study is a replication of Papageorgiou & Wells (2000), in which instruction in an ATT-only intervention proved effective in reducing symptoms. A similar study has never been conducted with GAD patients. Method: The design is an ABA design with three baseline measures and follow-up assessments using BAI and GAD-S. Results: This single case study will investigate the preliminary effect of ATT-only intervention on GAD. 2) Metacognitive Group Intervention for OCD - a pilot study Background: Preliminary research data support the metacognitive model of OCD (Wells, 2009). In addition, some single-case studies and a few open trials support the effectiveness of MCT for OCD (Fisher & Wells 2005; 2008, Solem et al. 2009; 2010). However, these studies are small and have little emphasis on MCT for OCD in a group format. Furthermore, they have only been conducted in Britain and not in Denmark. This trial will investigate the feasibility and potential effectiveness of MCT in a short group-based MCT treatment programme in a Danish outpatient clinic. Method: The design is an ABA design with three baseline measures and follow-up assessment. Intervention consists of 6 weekly 2-hour group sessions of MCT based on Wells' OCD treatment manual (2009) Measures used were OCD-S and YBOCS which are administered as baseline measures 3 times prior to the intervention and also before every session throughout the 6-week intervention. Follow-up is measured after 1 and 3 months. Results: This preliminary study is intended to assess the feasibility and potential effect of a short-term course of metacognitive group therapy on OCD. 3) Metacognitive Therapy in a Transdiagnostic Sample - an open trial Background: Co-morbidity is common amongst anxiety and depression. Trans-diagnostic treatment approaches have been developed to optimise treatment and offer a more unified approach suitable for individuals with comorbidities. Metacognitive therapy (MCT) is a trans-diagnostic therapy for psychological disorder based on the S-REF model (Wells & Mathews, 1994). The present study was designed to test the efficacy of MCT in a trans diagnostic sample. Methods: 131 self-diagnosed patients received 6 sessions of group MCT. Symptoms of anxiety and depression were measured by the hospital anxiety and depression scale (HADS) and metacognition was assessed using the CAS-1. Participants were assessed at pre, mid, post-treatment and at 6 months follow-up. Mixed model ANCOVAs were used to assess the transdiagnostic effect of group MCT. Treatment effect sizes and clinical significant change are reported for the three sub-groups based on participants reason for seeking treatment (anxiety, depression or both). Results: Group MCT demonstrated large effect sizes for symptoms of anxiety and depression for patients seeking treatment for anxiety ($d = 1.68$), depression (2.13), or both (1.82). In addition, 67% of patients were classified as recovered at post-treatment, and 13% were classified as improved.

These results were maintained at 6-month follow up. These preliminary findings suggest that group MCT could be an efficacious and cost-effective treatment in trans-diagnostic groups.

Metacognitive Therapy in Recurrent Depression: A Case Replication Series in Denmark

Dr. Pia Callesen, Cektos - Center for Kognitiv Terapi og Supervision

Metacognitive therapy (MCT) for depression is derived from the Wells and Matthews (1994) self-regulatory model, in which a Cognitive-Attentional Syndrome (CAS) is the cause of psychological disorders. MCT for depression focuses on identifying patients' CAS and helps them to stop it. The CAS consists of worry, rumination and dysfunctional coping strategies. The focus in MCT is on removing the CAS by challenging positive and negative metacognitive beliefs and eliminating dysfunctional behaviors. In this case series, MCT was delivered to four depressed Danes and treatment was evaluated in 5–11 sessions of up to one hour each. An A-B design with follow-up at 3 and 6 months was conducted and the primary outcome was Beck's Depression Inventory II (BDI-II). We measured CAS processes with the Major depressive Disorder Scale (MDD-S). The results of the case series showed clinically significant improvements in depressive symptoms, rumination and metacognitive beliefs and the effects were still present at follow-up for all patients. The small number of patients and decreasing baselines observed in some cases limits the conclusions. However, the results suggest that this treatment is feasible and was associated with large improvements in symptoms when delivered away from its point of origin and in a Danish help-seeking sample.

Metacognitive Therapy for Work-Related Stress - A Multiple Baseline Case Study

Tina Bihal, Cektos - Center for Kognitiv og Metakognitiv Terapi

Maiken Lykke Christiansen, Pia Callesen Metacognitive therapy (MCT) is based on the Self-Regulatory Executive Functions (S-REF) model, developed by Wells and Matthews (1994; 1996) This model describes how the Cognitive Attentional Syndrome (CAS), embodying worrying, rumination and inexpedient coping strategies, is a main factor in psychological disorders. CAS is maintained by positive and negative metacognitive beliefs, and the aim of therapy is to eliminate the CAS by challenging the beliefs. In this study MCT was practiced on four individuals suffering from long-term work-related stress. The primary outcome variables were the GHQ-30 questionnaire and time spent worrying as an indicator for CAS using the Cognitive Attentional Scale (CAS-1). The participants took part in a multiple baseline design before start of therapy and also attended a 3 and 6 months follow-up after termination of treatment. The results showed large and significant improvements in general health, positive and negative metacognitive beliefs, perceived stress, worrying time and blood pressure. At the 3-month follow-up the results were maintained. The findings from this study suggest that MCT might be a promising intervention for work-related stress. Now a metacognitive model for stress need to be developed and large scale RCTs carried out to further explore the effect of MCT for stress.

Metacognitive Therapy in Transdiagnostic Groups – An Uncontrolled Open Trial

Dr. Pia Callesen, Cektos - Center for Kognitiv og Metakognitiv Terapi

Objective: Co-morbidity is common amongst anxiety and depression. Trans-diagnostic treatment approaches have been developed to optimise treatment and offer a more unified approach suitable for individuals with comorbidities. Metacognitive therapy (MCT) is a trans-diagnostic therapy for psychological disorder based on the S-REF model (Wells & Mathews, 1994). The present study was designed to test the efficacy of MCT in a trans diagnostic sample. Methods: 131 self-diagnosed patients received 6 sessions of group MCT. Symptoms of anxiety and depression were measured by the hospital anxiety and depression scale (HADS) and metacognition

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was assessed using the CAS-1. Participants were assessed at pre, mid, post-treatment and at 6 months follow-up. Mixed model ANCOVAs were used to assess the transdiagnostic effect of group MCT. Treatment effect sizes and clinical significant change are reported for the three sub-groups based on participants reason for seeking treatment (anxiety, depression or both). Results: Group MCT demonstrated large effect sizes for symptoms of anxiety and depression for patients seeking treatment for anxiety ($d = 1.68$), depression (2.13), or both (1.82). In addition, 67% of patients were classified as recovered at post-treatment, and 13% were classified as improved. These results were maintained at 6-month follow up. Conclusion: These preliminary findings suggest that group MCT could be an efficacious and cost-effective treatment in trans-diagnostic groups.

SATURDAY, 16 SEPTEMBER 2017

SYMPOSIUM 27

1246 - COGNITIVE BEHAVIORAL INSIGHTS TO CONFLICT RESOLUTION AND INTERNATIONAL NEGOTIATION

Organiser : *Mauro Galluccio, EANAM-ULB*

Chair : *Mauro Galluccio, EANAM-ULB*

Presenters :

Mauro Galluccio, EANAM-ULB

Robert L. Leahy, American Institute for Cognitive Therapy

Mehmet Z. Sunqur, President of the Turkish Association of Cognitive and Behavioural Therapies (TACBT)

Abstract

Research shows that the awareness individuals have of their thoughts, feelings, and actions may affect their ability to pursue adaptive and flexible courses of action. Our understanding of conflict resolution, negotiation, human rights is limited if we do not understand the life conditions that influence the thoughts, feelings, and actions of the people involved in a conflict. In the current symposium we will review the importance of cognitive biases and emotional processes that shape the meanings and influence decision-making processes in negotiation. In addition we describe specific tailored strategies to prevent and transform conflicts.

A Cognitive Insight on Factors Influencing Policy Making Negotiations

Mauro Galluccio, EANAM-ULB

The more the individual action is conceived and guided by cognitive and emotional processes, the smaller is the probability the action could be predictable to all the levels. Collective actions, amplified by new social networks, which are the result of the aggregation and interaction of individual actions, will be even more difficult to predict. As a result, leaders often seem to be caught by surprise by the way crisis unfold, as well as their speed. Conflict and crisis are typically driven by threats to fulfillment of basic needs. These needs include not only obvious material ones, such as food safety, physical safety and physically well-being, but also psychological needs such as identity, security, resilience, and a sense of justice. Balancing these needs poses a major challenge to the resilience of policy making processes. For a sustainable functioning of policy formulation mechanisms it could be wise to take care of how people perceive, think, feel, and act, because it seems unlikely that the Institutions and politics at the large can well operate without people's inclusion, consensus and mindful commitment.

Narcissistic Negotiation

Robert L. Leahy, American Institute for Cognitive Therapy

The process of negotiation necessarily involves coordinating shared interests and reaching an equilibrium between two or more parties who may have competing interests. The style of negotiation and the assumptions of negotiators can help or hinder this process. Although narcissistic individuals may approach negotiation with high confidence and determination, their assumptions, perceptions and tactics may inadvertently undermine their own interests. These biases and blindspots include exaggerated competence

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and knowledge, inability to anticipate the responses--especially in the long run--of other participants, underestimation of the alternatives available to other participants, and inability to comprehend the historical and interpersonal context of negotiation for parties involved. Trapped in a perspective of grandiosity, lack of empathy, mind-blindness, and the need to dominate, the narcissist may often create unforced errors in negotiation. We will review how narcissistic thinking can interfere with understanding the needs, intentions and past history of others, how tactics based on attack, humiliation, or threat can derail the process, how assumptions of self-confidence and entitlement can lead to dead-ends, and how cognitive therapy techniques can assist negotiators in overcoming their narcissistic blind-spots.

Social Traumas And Their Consequences

Mehmet Z. Sunqur, President of the Turkish Association of Cognitive and Behavioural Therpies (TACBT)

This presentation will start with defining what makes life events traumatic. It will proceed with predictors of the impact of traumas on individuals and societies. It will then discuss those aspects of social traumas that do not overlap with the well defined characteristics of individual ones. The presentation will refer to factors that predict the perception of individual and social threat and conclude by changes required for a social recovery.

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SYMPOSIUM 28

1114 - DIGITAL CBT FOR INSOMNIA. DO THE EFFECTS EXCEED SLEEP?

Organiser : *Jaap Lancee, University of Amsterdam*

Chair : *Jaap Lancee, University of Amsterdam*

Presenters :

Annemarie Luik, Oxford University

Jaap Lancee, University of Amsterdam

Megan Crawford, Swansea University

Marieke Effting, University of Amsterdam

Abstract

Digital CBT for insomnia. Do the effects exceed sleep? Insomnia is a debilitating disorder that affects about 10% of the general population. In order to fulfill diagnostic criteria for insomnia disorder according to the DSM-5, people need to have a complaint of 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. People that suffer from insomnia experience complaints such as concentration loss, negative mood, and fatigue. In addition, insomnia is associated with poor health, in particular psychopathology. For instance, people suffering from insomnia disorder have a twofold chance of developing a major depression disorder in later life. Moreover, proper sleep seems to be a prerequisite for adequate emotional processing. Importantly, sleep is a transdiagnostic factor and, as such, treating disturbed sleep should also have a beneficial impact on other complaints. The most effective, and recommended, treatment format for insomnia is cognitive behavioral therapy (CBT-I). The problem is, however, that there may simply not be enough therapists available to deliver the treatment. Therefore, digital CBT-I has been proposed as a possible solution: it can be delivered to larger groups requiring few or even no time investment from therapists. The results so far are encouraging, and demonstrate substantial improvements in insomnia after digital CBT. Since sleep seems to be a transdiagnostic factor, research groups have now started to focus on the effects that insomnia treatment may have on other aspects of health. There is more and more evidence that treating insomnia may have beneficial effects beyond sleep. This is an exciting area and it opens up the possibility that in some cases insomnia treatment may be sufficient as a standalone treatment for various complaints or that adding insomnia treatment to other protocols may increase treatment effects. For the latter, especially digital CBT-I is of interest because it can be offered without interfering with the already packed treatment protocols. We believe that the empirical evaluation of digital CBT-I is of major importance in order to disseminate best practice; we cannot simply extrapolate from the evidence-based studies of face-to-face CBT-I. In this symposium we will present an overview of several online insomnia treatment studies. In these studies we will focus on the effects beyond sleep complaints and additionally discuss possible mechanisms of change. - Annemarie Luik (University of Oxford) will present on the effects of digital CBT-I, with an emphasis on physical versus mental health outcomes beyond insomnia - Jaap Lancee (University of Amsterdam) will present a randomized control trial on the effects of digital CBT-I on depressive symptoms - Megan Crawford (Swansea University) will present data from a proof- of-concept study, in which she and her colleagues tested the feasibility, acceptability and preliminary efficacy of digital CBT-I for individuals with chronic migraine and comorbid insomnia - Marieke Effting (University of Amsterdam) will present data on sleep-related cognitions as a possible mediator for the effects of (digital) CBT-I

Digital CBT for Insomnia: The Effects on Health beyond Sleep

Annemarie Luik, Oxford University

Cognitive Behavioural Therapy (CBT) is the recommended treatment for insomnia (Qaseem et al, 2016), but only a small percentage of insomnia sufferers receive CBT, in part because of a shortage of trained professionals. Digital CBT solutions have been proposed as a scalable alternative and several randomized controlled trials (RCTs) suggest that dCBT indeed is an effective treatment for insomnia (e.g., Zachariae et al, 2015). For face-to-face CBT, we know that the effects of CBT are not limited to the improvement of insomnia symptoms, improvements in other disease symptoms have been reported (Jansson-Fröjmark & Norell-Clarke, 2016). In this presentation we will explore whether digital CBT (dCBT), in particular a fully automated dCBT program (Espie et al, 2012), equally alleviates symptoms of comorbid disorders. First, depression and anxiety are highly intertwined with sleep and often suggested to improve after dCBT for insomnia (Ye et al, 2015). To assess whether these positive effects on symptoms of depression and anxiety found in RCTs translated to clinical practice, we audited data of 98 clients of a UK-based clinical service with mild to moderate complaints of depression and anxiety who received dCBT for insomnia. Another disease commonly comorbid with insomnia is chronic migraine (Ong et al, 2012). dCBT for insomnia might be particularly suitable for sufferers of chronic migraine as they often struggle with the noises and bright light of a clinical environment. The pilot data presented suggests dCBT is feasible, acceptable and effective in this patient group. Lastly, preliminary data on the effects of dCBT for insomnia on general well-being from an online study in over 1700 participants will be presented to assess whether improved insomnia is the mediator for improvements in well-being. Authors: Annemarie I. Luik, Megan R. Crawford & Colin A. Espie

Online Cognitive Behavioral Treatment for Insomnia on Depressive Symptoms: A Randomized Controlled Trial

Jaap Lancee, University of Amsterdam

Introduction Both chronic insomnia and depression disorder are prevalent and severe disorders that have a significant burden on a person's daily life. Insomnia is effectively treated with cognitive behavioral treatment for insomnia (CBTI). The effects of CBTI do not seem to be limited to sleep parameters and insomnia severity. For instance, a recent meta-analysis reported moderate effects on depressive symptoms after online CBTI. In the present study we wanted to further investigate the effects of CBTI on depressive symptoms. **Methods** We randomized 104 participants with insomnia and subclinical levels of depression to either 1) a guided online CBT-I intervention or 2) a sleep diary control group. The primary outcome was the level of depressive symptoms (Patient Health Questionnaire). Secondary measures were insomnia severity, sleep diary parameters, fatigue, anxiety, daytime consequences of insomnia, and perseverative thinking. **Results** At post-test, participants in the CBTI condition showed large improvements on depressive symptoms and insomnia severity. These effects were largely maintained at follow-up. **Conclusions** These findings indicate that online CBTI is not only effective for insomnia complaints but also for depressive symptoms. Future studies should investigate if combined protocols (for depression and insomnia) may enhance the treatment for depression.

Mediators for the Effects of Guided Online and Face-to-Face CBT for Insomnia: A Test of a Cognitive Account

Marieke Effting, University of Amsterdam

Several meta-analyses have shown that sleeping problems can be effectively treated with cognitive behavioral therapy for insomnia (CBT-I). Also, online versions of CBT-I, developed to increase its availability and accessibility, have shown promising results. While the empirical evidence for the efficacy of (online) CBT-I is growing, we know less about the mechanism of how the treatment works. To date, only a few studies

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examined potential mediators for therapeutic change after CBT-I. A cognitive model of insomnia proposes that worry and dysfunctional beliefs about the inability to sleep and the consequences of impaired sleep are central to the negative cognitive cycle that fuels sleeping problems. We will present a study on the mediating potency of these two constructs (i.e., worry and dysfunctional beliefs) in the context of a secondary analysis of a randomized controlled trial comparing guided online and face-to-face CBT for insomnia versus a waiting-list control condition (Lancee, van Straaten, Morina, Kaldo, & Kamphuis, 2016). Results are presented regarding the mediating role of worry and dysfunctional beliefs for the effects of CBT-I on insomnia severity and sleep efficiency. Implications for optimizing CBT-I treatment are discussed.

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SYMPOSIUM 29

1091 - NEW EVIDENCE OF METACOGNITIVE THERAPY ACROSS ANXIETY DISORDERS AND TRANSDIAGNOSTIC GROUPS

Organiser : *Lora Capobianco, University of Manchester*

Chair : *Lora Capobianco, University of Manchester*

Presenters :

Lora Capobianco, University of Manchester

Henrik Nordahl, Norwegian University of Science and Technology

Robin Bailey, University of Central Lancashire

Sverre Urnes Johnson, University of oslo/Modum Bad

Abstract

Epidemiological studies have indicated that approximately 16% of the population will experience depression and anxiety over a lifetime (Radhakrishnan, Hammond, Jones, Watson, McMillan-Shields & Lafortune, 2013). The most common treatment for anxiety and depression is cognitive behavioural therapy (CBT), and although treatment has been shown to be effective, recovery rates in adults are inconsistent. In CBT trials for anxiety recovery rates range from 25-53% at post treatment and 25-56% at follow-up, whereas in depression 40-58% of patients are classified as recovered at post treatment, with only 20- 30% remaining recovered at 18 month follow (Dimidjian et al., 2006; Fisher & Durham, 1999; Gortner, Gollan, Dobson, & Jacobson, 1998; Roth & Fonagy, 1996). More effective treatments are required. One promising treatment is Metacognitive therapy (MCT; Wells, 2009), which is a trans-diagnostic therapy for psychological disorder based on the S-REF model proposed by Wells and Mathews (1994). MCT has shown promising results for the treatment of anxiety and depression demonstrating high recovery rates. The symposium will present new evidence of the acceptability, feasibility, and effectiveness of MCT across four studies. The first study evaluated the acceptability and feasibility of MCT using a group format for transdiagnostic disorders. A case series will highlight the efficacy of MCT for social anxiety disorder. Next we will discuss a pilot randomized controlled trial on the effectiveness of MCT for health anxiety. Finally, we will discuss a randomized controlled trial comparing MCT versus diagnosis-specific cognitive behavioural therapy (CBT) for complex anxiety disorders. Overall, MCT is proving to be a highly effective treatment across disorders and in both individual and group therapy formats and as a disorder-specific or transdiagnostic intervention.

Group Metacognitive Therapy vs. Mindfulness Meditation Therapy in a Transdiagnostic Patient Sample: A Randomised Feasibility Trial

Lora Capobianco, University of Manchester

Two transdiagnostic therapies for treating psychological disorder are Metacognitive Therapy (MCT) and Mindfulness Based Stress Reduction (MBSR). These two approaches have yet to be compared and therefore the current study aimed to evaluate the feasibility of a study of group MCT and MBSR in treating anxiety and depression. A feasibility trial with 40 participants (aged 19-56) was conducted. Patients were randomly assigned to receive either eight weeks of group MCT or MBSR. The primary outcome was feasibility which included recruitment rates, retention and treatment acceptability. The primary symptom outcome was the

Hospital Anxiety and Depression Scale (HADS) total score, which provided an overall measure of distress. Both treatments were found to be acceptable with low attrition and similar ratings of acceptability. Changes in outcomes were analyzed based on the intention-to-treat principle using mixed effect models. Preliminary analyses revealed that MCT was more effective in treating anxiety and depression in comparison to MBSR, and in reducing both positive and negative metacognitive beliefs. Reliable improvement rates favoured MCT at post-treatment and 6-month follow up. Both treatments appeared to be feasible and acceptable in treating transdiagnostic samples; however, a larger, definitive trial is required. The limitations and directions for future research are discussed.

Metacognitive Therapy for Social Anxiety Disorder: An A-B Replication Series Across Social Anxiety Subtypes

Henrik Nordahl, Norwegian University of Science and Technology

Cognitive behavioral therapy (CBT) is the treatment of choice for Social anxiety disorder (SAD). However, factors additional to those emphasized in CBT are the primary cause of psychological disorder according to the metacognitive model. Metacognitive Therapy (MCT) aims to target a perseverative thinking style named the cognitive attentional syndrome and its underlying metacognitive beliefs (beliefs about cognition). The present study is the first to evaluate the efficacy of MCT for SAD. Potential treatment efficacy and applicability were evaluated using direct replication single case (A-B) methodology across 3 patients with different subtypes of SAD; performance type, generalized and generalized plus avoidant personality disorder, representing increasing SAD severity/complexity. All patients responded well to the treatment and achieved substantial symptom reductions which were largely maintained at 6 months' follow-up. Metacognitive therapy seemed to be a new and suitable treatment for patients with different presentations of SAD, and could be an effective and time efficient treatment for these patients.

Metacognitive Therapy in the Treatment of Health Anxiety: A Pilot RCT.

Robin Bailey, University of Central Lancashire

Background In recent years metacognition has been shown to be strongly associated with both the maintenance and development of health anxiety (Bailey & Wells, 2015). Metacognitive therapy (MCT) has demonstrated some effectiveness in the treatment of health anxiety (Bailey & Wells, 2013; Papageorgiou & Wells, 1998), however these studies are small and lack a control. The present study's aim was to compare the effectiveness of metacognitive therapy to a waitlist control condition in the treatment of health anxiety. **Method:** Twenty individuals with health anxiety were randomly assigned to a waitlist condition or a maximum of twelve sessions of MCT. Primary measures of health anxiety and secondary measures of depression, anxiety and metacognitive beliefs were completed at pre and post treatment and 6 month follow up. **Results:** The MCT group showed significantly greater improvements in health anxiety and related symptoms than the control group immediately after treatment, with high effect sizes on all measures. Eighty per cent of the MCT were recovered post treatment. Follow up data will be discussed. **Conclusions:** Evidence suggests that MCT is associated with large and clinically meaningful improvements in health anxiety and more general negative affect measures. Limitations and future directions will be discussed.

Metacognitive Therapy versus Disorder-specific CBT for Comorbid Anxiety Disorders: A Randomized Controlled Trial

Sverre Urnes Johnson, University of oslo/Modum Bad

Authors: Sverre Urnes Johnson (presenter) 1, 2 , Asle Hoffart 2, Hans M. Nordahl 3 & Bruce E. Wampold 4. 1 University of Oslo, Norway 2 Research institute Modum Bad, Norway 3 Norwegian University of Science and Technology, Norway 4 University of Wisconsin-Madison, USA

Introduction: Few studies have investigated the effect of the generic metacognitive model. A small study comparing a generic version of metacognitive therapy (MCT) and cognitive behavioral therapy (CBT) indicated that MCT had significantly better effect at post-treatment (Nordahl, 2009). Research Question: What is the relative effectiveness of MCT and the best documented form of disorder-specific CBT for comorbid and complex anxiety disorder patients? Method: Patients fulfilling the DSM IV criteria for SAD, PDA and PTSD, and who had not responded to previous treatment were randomized to generic MCT or disorder-specific CBT (N=90). Results: To test for treatment differences we conducted Multilevel modelling with linear splines on all outcome measures. There was an interaction between slope and treatment from pre-treatment to post-treatment in favour of MCT on BAI ($p = 0.01$, $d = 0.7$), BDI ($p = 0.008$, $d = 0.7$), SCL-90, ($p = 0.03$, $d = 0.6$) and PSWQ ($p = 0.002$, $d = 0.6$), but not on ADIS IV CSR primary diagnosis ($p = 0.5$, $d = 0.3$). There were no differences between the treatments at 1-year follow-up. Discussion: Learning one model is less time consuming than learning three specific ones, which has advantages for training of therapists. This study suggests that adoption of MCT for patients with comorbid anxiety disorders may be warranted (Johnson, Hoffart, Nordahl & Wampold, 2017).

SYMPOSIUM 30

1171 - NEW INSIGHTS IN PEDIATRIC TREATMENT EFFECTS, PREDICTORS AND MOTIVATION: RESULTS FROM THE NORDIC LONG-TERM OCD TREATMENT STUDY (NORDLOTS) AND ADD-ONS

Organiser : *Per Hove Thomsen, Aarhus University Hospital*

Chair : *Per Hove Thomsen, Aarhus University Hospital*

Presenters :

David R.M.A. Højgaard, Aarhus University Hospital

Gudmundur Skarphedinsson, Sorlandet Hospital, Norway

Katja Anna Hybel, Aarhus University Hospital

Bernhard Weidle, Norwegian University of Science and Technology

Abstract

The Nordic Long-term OCD Treatment Study (NordLOTS) is a pediatric multi-center study based on a stepped care treatment model. The first step of the study was an open trial, including 269 participants aged 7-17 who received fourteen sessions of exposure-based CBT. Non-responders to the initial CBT program were randomised to receive either sertraline plus CBT-support or continued and modified CBT in step two. In the third and final step patients who still did not respond to treatment were treated with aripiprazole augmentation to sertraline. All patients were followed for three years after the initial CBT program. Additionally, several add-on studies to the NordLOTS were conducted. In the first presentation one-year outcomes of CBT responders (n=177) will be presented. Participants were assessed with the Children's Yale-Brown Obsessive-Compulsive Scale (CY-BOCS) at six and twelve months' follow-up. On average, CY-BOCS total scores dropped by 1.72 points during the first year after ended treatment ($p = 0.001$) and 91.6% of the patients assessed at one-year follow up were still responders and 78.1% were in remission. Relapse rates were low (15.8%). Results indicate that CBT effects are durable for immediate responders. The second presentation regard non-responders to CBT. Fifty-four non-responders to CBT were randomized to receive selective serotonin reuptake inhibitors SSRI or continued CBT and assessed at 12, 24, and 36 month follow-up points. Twenty-one of 28 participants (75%) completed continued CBT and 15 of 22 participants (69.2%) completed SSRI treatment. Analyses showed significant reduction on the CY-BOCS total score over time across treatments. Comparison of the CY-BOCS total score did not reveal a significant difference between the treatments at 12, 24, or 36 month-follow-up. The response rate and the remission rate was 92% and 77% respectively across both groups at the 3-year follow-up. These results suggest that continued CBT and SSRI for CBT non-responders is effective 3 years after post-treatment with no significant differences between groups. In the third presentation results from a neuropsychological add-on study including 50 patients and 50 typically developing age and gender matched controls will be presented. Participants were assessed with structured diagnostic interviews, Executive Functioning (EF) questionnaires, and EF tasks before and after the 14-week exposure-based CBT program. Better EF test performance significantly predicted poorer CBT outcome. Daily life EF behavior in OCD probands improved after treatment relative to controls. Results indicate that CBT is well suited for children and adolescents with OCD and poorer EF test performance. The final presentation reports a case study. The presented case identify factors that interfere with treatment motivation and motivational strategies to enhance compliance are illustrated. The patient was an 11-year old boy with severe OCD and symptoms of oppositional defiant disorder (ODD). He had extensive OCD-related avoidance behavior,

but denied the presence of symptoms or did not acknowledge them as a problem. Different techniques that were used to enhance motivation and subsequently led to a favorable outcome will be discussed.

Cognitive Behavior Treatment for Child and Adolescent Obsessive-Compulsive Disorder (OCD): One Year Treatment Responder Outcomes from the Nordic Long-term OCD Treatment Study (NordLOTS)

David R.M.A. Højgaard, Aarhus University Hospital

Davíð R.M.A. Højgaard(1), Katja A. Hybel(1), Tord Ivarsson(2), Gudmundur Skarphedinsson(2), Judith Becker Nissen(1), Bernhard Weidle(3), Karin Melin(4), Nor Christian Torp(2,5), Robert Valderhaug(3,6), Kitty Dahl(2), Erik Lykke Mortensen(7), Scott Compton(8), Sanne Jensen(1), Fabian Lenhard(9,10), and Per Hove Thomsen(1) (1)Center for Child and Adolescent Psychiatry, Aarhus University Hospital, Risskov, Denmark. (2)The Center for Child and Adolescent Mental Health, Eastern and Southern Norway (RBUP). (3)Regional Center for Child and Youth Mental Health, Norwegian University of Science and Technology, Trondheim, Norway. (4)Department of Child and Adolescent Psychiatry, Queen Silvia's Children's Hospital, Sahlgrenska. University Hospital, Gothenburg, Sweden. (5)Department of Child and Adolescent Psychiatry, Division of Mental Health and Addiction, Vestre Viken Hospital, Drammen, Norway. (6)Department of Child and Adolescent Psychiatry, Hospital of Aalesund, Norway. (7)Department of Public Health and Center for Healthy Aging, University of Copenhagen. (8)Duke University Medical Center, Department of Psychiatry and Behavioral Sciences, Durham, North Carolina. (9)Centre for Psychiatry Research, Department of Clinical Neuroscience, Karolinska Institutet, Sweden. (10)Stockholm Health Care Services, Stockholm County Council, Sweden.

Background: Obsessive-compulsive Disorder (OCD) affects between 0.25% and 4% of children and adolescents. Around 40% of youth with OCD continue to meet criteria for OCD well into adulthood. Cognitive behavioral therapy (CBT) is the recommended first line treatment for pediatric OCD. Consistent with the available follow-up research on pediatric OCD, we expected treatment effects, for initial treatment responders, to last throughout the first year following acute treatment. Methods: This prospective follow-up study was a part of the Nordic Long-term OCD Treatment Study (NordLOTS) in which 177 responders to 14 weeks of manualized CBT in an open trial program were assessed six and twelve months after treatment termination. Treatment response was defined as a Children's Yale-Brown Obsessive-Compulsive Scale (CY-BOCS) total score < 16, and remission was defined as a CY-BOCS total score ≤10. Results: At one-year follow-up 155 (87.6%) of the original sample were available for assessment and 142 (91.6%) were still rated as responders. Of these 121 (78.1%) were in remission. Mixed effects analysis revealed that patients continued to show symptom reduction over the one year follow-up period ($F[2, 313.15] = 11.230, p < 0.001$). Twenty-eight patients relapsed (CY-BOCS ≥16) during the one-year follow-up where of 11 returned to responder status by the 12-month assessment point. Conclusion: Results of this follow-up study suggest that manualized CBT applied in community settings has durable effects for initial responders to treatment, and that patients continue to improve during the first year following acute treatment. Clinical trials registration information: Nordic Long-term Obsessive-Compulsive Disorder (OCD) Treatment Study; www.controlled-trials.com; ISRCTN66385119.

Long-Term Effectiveness of Cognitive Behavioral Treatment (CBT) and Sertraline in CBT Resistant Youth with Obsessive-Compulsive Disorder

Gudmundur Skarphedinsson, Sorlandet Hospital, Norway

Objective: Expert guidelines recommend cognitive-behavior therapy (CBT) as a first-line treatment in pediatric obsessive-compulsive disorder and the addition of selective serotonin reuptake inhibitors (SSRI) when CBT is not effective. However, the weaknesses of these guidelines are the meager and partly conflicting evidence of the long-term outcome of these treatments both in terms of the durability of the CBT effect and the benefits

vs. the cost of switching or augmenting with medication. In a previous paper, we reported the results of a randomized controlled trial on CBT and Sertraline for CBT non-responders showing no significant differences between the treatments at the post-treatment assessment. The objective of the current research is to report on the 12, 24, and 36 months follow-up data. Method: The sample participated in a randomized controlled trial conducted in five sites in Denmark, Sweden and Norway, 54 children and adolescents, age 7-17 years, with DSM-IV primary OCD were randomized to SRT or continued CBT for 16 weeks. These participants had been classified as non-responders to CBT following 14 weekly sessions. Primary outcomes were the CY-BOCS total score and clinical response (CY-BOCS <16). The study was a part of the Nordic Long-Term OCD Treatment Study (NordLOTS). The intent-to-treat sample included 50 participants, mean age 14.0 (SD = 2.7) and 48 (n = 24) males. Twenty-one of 28 participants (75%) completed continued CBT and 15 of 22 participants (69.2%) completed SRT. Results: Linear mixed effects showed significant reduction on the CYBOCS total score over time across treatments. Planned pairwise comparison of the CY-BOCS total score did not reveal a significant difference between the treatments at 12, 24, or 36 month-follow-up. The response rate (CY-BOCS<16) and the remission rate (CY-BOCS<11) was 92% and 77% respectively across both groups at the 3-year follow-up with no significant differences between groups. Conclusions: The results suggest that continued CBT and SSRI for CBT non-responders is effective 3 years after post-treatment with no significant differences between groups.

Executive Function as a Predictor of Response to Cognitive-Behavioral Therapy for Childhood Obsessive-Compulsive Disorder

Katja Anna Hybel, Aarhus University Hospital

Katja Anna Hybel (1), Erik Lykke Mortensen (2), Rikke Lambek (3), Davíð R.M.A. Højgaard (1), Per Hove Thomsen (1) (1) Aarhus University Hospital Risskov, Center for Child and Adolescent Psychiatry, Denmark. (2) University of Copenhagen, Department of Public Health and Center for Healthy Aging, Denmark. (3) Aarhus University, Department of Psychology and Behavioral Sciences, Denmark

Despite the general efficacy of cognitive-behavioral therapy (CBT) for childhood obsessive-compulsive disorder (OCD), too many children and adolescents do not fully respond to treatment. Therefore, it is highly relevant to identify predictors of treatment outcome. Executive functions (EF) have been suggested to constitute predictors for CBT response, but studies with pediatric samples are scarce. The presented study investigated latent level EF test performance and ratings of daily life EF behavior as predictors of CBT response in pediatric OCD. Also, the stability of EF from pre- to post-treatment and the association of EF changes with OCD severity change were investigated. In the presentation methods and results of the study will be presented and discussed.

CBT in a Child with Obsessive-compulsive Disorder with Limited Motivation. A Case Study in the Frame of The Nordic Longterm OCD Treatment Study.

Bernhard Weidle, Norwegian University of Science and Technology

Motivation is a key ingredient in the successful treatment of pediatric obsessive-compulsive disorder (OCD). As a first-line treatment, cognitive-behavior therapy (CBT) requires extensive client engagement including participating in exposures and doing homework tasks. A lack of motivation to comply with these tasks may seriously affect treatment outcome. This case study identifies factors interfering with motivation and illustrates motivational strategies to enhance compliance of a child with OCD. The patient was an 11-year old boy with severe OCD and symptoms of oppositional defiant disorder (ODD). He had extensive OCD-related avoidance behavior, but denied the presence of symptoms or did not acknowledge them as a problem. In this presentation, different techniques that were used to enhance motivation and subsequently led to a favorable outcome were discussed.

SATURDAY, 16 SEPTEMBER 2017

SYMPOSIUM 31

1119 - THE INFLUENCE OF THOUGHTS ON THE WEIGHT STATUS WITH OVERWEIGHT AND OBESE PEOPLE

Organiser : Rashed Al Sahel, Kuwait University

Chair : Rashed Alsahel, Kuwait University

Presenter : Rashed Al Sahel, Kuwait University

Abstract

Background: According to Cognitive Behaviour Therapy, there are the thoughts that the overweight and obese people have about their body that affect their losing weight. Many of overweight and obese people are complaining of their overweight; however, for different reasons, these people either they do not follow a diet program or they had one but they quitted it. Objectives: (1) To find out reasons behind obesity and overweight. (2) To find out the thoughts and behaviors those make overweight and obese people not following a diet program. (3) To find out the thoughts and behaviors those make overweight and obese people quit a diet program Methods: Across-sectional survey of a sample of 728 adults (220 male and 508 female) whom all of them were overweight or obese people. A structured questionnaire used for collecting on the reasons for their overweight or obesity and factors behind not following or quit a diet. Results: Of the 728 participants, more than 71.9% of them believed that lack of time to exercise was the main reason for being overweight or obese, more than 73% of the participants indicated that the weakness of their will behind not following a diet programme, and more than 75% of participants believed that following a diet program need to be patient for a long time; it was hard for them to do so. Moreover, results showed that many of the participants have negative feelings when they follow a diet program such as (76.9%) feeling bored with it, blaming themselves (30.4%), feeling of sadness (37.8%), feeling of tiredness (56.9%) and nervousness (52.3). Conclusions: results of this study emphasize that people's thoughts play an important role of their overweight and obesity.

SATURDAY, 16 SEPTEMBER 2017

SYMPOSIUM 32

1261 - STRESS PROFILE ANALYSES IN CBT THERAPY

Organiser : *Milos Slepecky, Constantine The Philosopher University in Nitra*

Chair : *Jan Prasko, Stress profile analyses in CBT therapy*

Presenters :

Milos Slepecky, Constantine The Philosopher University in Nitra

Jan Prasko, Constantine The Philosopher University in Nitra

Antonia Kotianova, Constantine The Philosopher University in Nitra

Abstract

Stress profile analyses in CBT therapy. Authors: Slepecky Milos, Kotianova Antonia, Prasko Jan, Popelkova Marta, Zatkova Marta, Kotian Michal Cognitive- behavioral therapy is known for its emphasize on scientism. Each therapy is an experiment in which hypotheses are tested and result is measured. The focus is also to ensure that measurement methods are objective and accurate. Objective data are gained except assessment scale and questionnaires also by measurement of physiological measurements. Measuring Physiological data we can:

- Figure out what is the basic level of activation of ANS
- Determine reactivity of organism on each stressful stimuli
- Objectify and validate the client's inner experience
- Verify the hypothesis of therapist about client's inner experience

To reach these goals, we need to measure physiological values of client in relax and in mental stress and the subsequent recovery. In baseline time, it is the most important parameter the level of activation, during stressful situation we will monitor exaggerated or reduced reactivity, or lack of change in data, the ability to habituate during the stress and sensitivity with which client reacts to the different type of stress. In relax time after stressful situation (recovery) we will monitor the level of return into baseline or tendency to cumulate stress in physiology. Combinations of these individual phases, connected with measurement of physiological values determine flexibility or rigidity of autonomous and central nervous system and their cooperation. We also get typical stereotype response of client (e.g whether he reacts by cardiovascular or skeletal muscle system). Thus we can determine his physiological reaction pattern, linking it with his clinical picture and create hypothesis and goals of training according the client's needs. The actual measurement will consists from seven parts and will lasts around 23-25 minutes. We can measure several psychophysiological signals as a muscle tension (EMG), skin conductance, peripheral temperature, heart rate and its variability (HR, HRV) and parameters of breathing. Stressor could be cognitive task, physical stimuli or mental image. In CBT work with biological feedback using instrumentation techniques we come to the opinion that it is unique kind of operant conditioning that allows:

- More accurate, rapid and non-invasive diagnosis of physiological symptoms of arousal
- Enables patient and therapist immediate information about physiological symptoms and their change that is otherwise very problematic to capture
- To form condition reflexes and consolidate responses and connect reached states with different stimuli
- Control the progress of exposure in imagination or in vivo
- In combination with videotapes facilitate and simplify exposure
- Monitor the effect of cognitive restructuring or other therapeutic approaches to physiological reactivity
- Compare assess of emotional reaction by patient and therapist measured by physiological values what increasing the objectivity and scientism of CBT therapy.

The real measurement of stress profile will be provided with case report and training possibilities.

Stress Profile Analyses in CBT Therapy

Milos Slepecky, Constantine The Philosopher University in Nitra

1Slepecky Milos, 1Kotianova Antonia, 1,2Prasko Jan, 1Popelkova Marta, 1Zatkova Marta 1 Department of Psychology Sciences, Faculty of Social Science and Health Care, Constantine the Philosopher University in Nitra, Slovak Republic 2 Department of Psychiatry, Faculty of Medicine and Dentistry, University Palacky Olomouc, University Hospital, 77520 Olomouc, Czech Republic

Stress is a survival mechanism, inherited from our ancestors to increase internal awareness of danger and transform all the body's resources to enhance the state of readiness. The autonomic nervous system is activated whether the threat is real or not. There are different ways that people respond to stressful situations in their lives, depending on their personalities, their cognitive style, their background and prior experiences. These responses reflect the level of arousal autonomic nervous system and may divide to physiological, emotional and cognitive. People came to therapy when they are unable to tolerate the sign of acute or prolonged stress. According Marra (2005) high emotional arousal is the cause of subsequent emotional disorders. The emotionally sensitive person reacts more intensively on environmental or internal cues, become hyper aroused and to scan the environment for threat cues. This keeps emotional arousal high and causing internal discomfort. After environmental threat ceases, the emotionally sensitive person take longer to return to their baseline arousal level. High emotional arousal can be objectively measured by various psycho physiological modalities as muscular tension, breathing patterns, changes in skin conduction, increased heart rate, changes in heart rate variability and so on. People stress reaction is an individual response in different psycho physiological modalities. That way we measure more modalities together. Why make a stress assessment in CBT? Psychiatrists and psychologists are the only experts in medicine who do not investigate the organs they treat, although they have got measurement instruments available. Instead of it, they used various questioners and scale with lower validity. However, subjective feelings are not always correlated with physiology and the only objective measurement can show real picture of ANS functioning. Changes in psychophysiological and brain variables can repeatedly be measured and demonstrate the progress in therapy. The result of stress profile analyses can be significant for CBT therapy plan. Showing altered reactivity is useful in education. The patient is more convicted with the date provided by computer, graphs, and lines. Patients experiences can be validated by real data. Physical and psychological symptoms could be caused and maintained by altered physiological functioning as we can see in panic disorder and overreaction on small trigger stated can be the main treatment problem. The psychophysiological measure can show us real reaction during exposure treatment, and we can reveal hidden avoidance behavior. Date provide us then the guideline for specific biofeedback training. In our practice after initial assessment we routinely measure the reaction on the stress and create stress profile. It is base for create training to decrease hyper arousal and over reactivity of ANS. After decreasing arousal, we continue with CBT therapy.

The Differences between Normal Subjects and Subjects with Panic Disorder in Stress Profile

Jan Prasko, Constantine The Philosopher University in Nitra

1,2 Jan Prasko, 1 Antonia Kotianova, 1 Milos Slepecky, 1 Michal Kotian 1 Department of Psychiatry, Faculty of Medicine and Dentistry, University Palacky Olomouc, University Hospital, 77520 Olomouc, Czech Republic 2 Department of Psychology Sciences, Faculty of Social Science and Health Care, Constantine the Philosopher University in Nitra, Slovak Republic

Alarming somatic symptoms and in particular the cardiovascular symptoms are the characteristic features of panic attacks. Increased cardiac mortality and morbidity have been proposed in these patients. Power spectral

analysis of electrocardiogram R-R intervals is known to be a particularly successful tool in the detection of autonomic instabilities in various clinical disorders. The aim of our study is to measure the differences between autonomic nervous system and cardiac parameters in healthy volunteers and patients with panic disorder. Methods: We assessed psychophysiological variables in 30 patients with panic disorder (10 men, 23 women, mean age 35.91 + 10,68), and 30 age and gender matched healthy controls (10 men, 23 women, mean age 35.82 + 12,11). Patients were treatment naïve. Pulse, blood pressure, muscle tension, and heart rate variability in basal conditions and after the psychological task was assessed. Power spectra were computed for very low frequency – VLF (0.0033–0.04 Hz), low-frequency – LF (0.04–0.15 Hz) and high frequency – HF (0.15–0.40 Hz) bands using fast Fourier transformation. Results: There were statistically significant differences between healthy controls and patients with panic disorder in pulse (panic disorders 77.0 + 10.8 versus controls 70.2 + 15.8; $p < 0,05$), total heart rate variability (panic disorders 383.0 + 457.5 versus controls 526.5 + 563.2; $p < 0,05$), SDRR (panic disorders 45.8 + 19.1 versus controls 56.6 + 26.7; $p < 0,05$), and surface EMG (panic disorders 3.5 + 5.1 versus controls 1.2 + 1.2; $p < 0,05$) in baseline. During the mental arithmetic task, we found higher LF / HF ratio in patients with PD (panic disorders 2.1 + 2.1 versus controls 1.3 + 0.9; $p < 0,05$). Conclusion: These findings demonstrate a higher sympathetic activity, a lower parasympathetic activity, a higher ratio between sympathetic and parasympathetic activity, in panic disorder patients in comparison with healthy controls. During the mental task the ratio between sympathetic and parasympathetic activity increase.

How to Measure Stress Profile by Biofeedback Appliance and How to Evaluate the Results

Antonia Kotianova, Constantine The Philosopher University in Nitra

1Kotianova Antonia, 1Slepecky Milos, 1,2Prasko Jan 1 Department of Psychology Sciences, Faculty of Social Science and Health Care, Constantine the Philosopher University in Nitra, Slovak Republic 2 Department of Psychiatry, Faculty of Medicine and Dentistry, University Palacky Olomouc, University Hospital, 77520 Olomouc, Czech Republic

Cognitive- behavioral therapy is known for its emphasis on scientism. Each therapy is an experiment in which hypotheses are tested, and the result are measured. The focus is to ensure that measurement methods are objective and accurate. Objective data are gained except assessment scale and questionnaires also by measurement of physiological data under the mental load. Stress profile is data, or graphic representation showing how the basic psychophysiological measurements are changed in various conditions. It consists of three phases: preparation, data measurement, and information about results. In preparation phase the importance of measurement is explained, the sensors are put, and their correct function is check. The phase took part about 10-15 minutes. This time also allowed subject adaptation for room conditions. Measurement of the physiological data can be used for: • Figure out what is the basic level of ANS activation • Determine reactivity of organism on each stressful stimuli • Objectify and validate the client's inner experience • Verify the therapist hypothesis of client's inner experience To reach these goals, we need to measure physiological variables of the client in relax and in mental stress and in the subsequent recovery. There are several variations of the procedure. In baseline time, we follow the basic level of activation or anticipation level. During stressful situation we monitor exaggerated or reduced reactivity, lack of data change, the ability to habituate and sensitivity to the different type of stress. In relax time after stressful situation (recovery) we monitor the recovery into baseline level or tendency to cumulate stress. The results determine flexibility or rigidity of autonomous and central nervous system and their cooperation. We follow the client typical stereotype response (e.g., whether he/she reacts by cardiovascular or skeletal muscle system and so on). Thus we can determine individual physiological reaction pattern, linking it with clinical picture and create hypothesis and goals of training according to the client's needs. The actual measurement will consist of seven parts and will last around 23-25 minutes. We usually measure muscle tension (EMG), skin conductance,

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peripheral temperature, heart rate and its variability (HR, HRV) and parameters of breathing. A stressor could be a cognitive task, physical stimuli or mental image. The example of stress profiles will be shown.

SATURDAY, 16 SEPTEMBER 2017

SYMPOSIUM 33

1175 - COGNITIVE FACTORS ASSOCIATED WITH MOTHERHOOD

Organiser : *Menekse Sila Yazar, Bakirkoy Research and Training Hospital for Neurology*

Chair : *Kumru Senyasar Meterelliyo, Bakirkoy Research and Training Hospital for Neurology*

Presenters :

Menekse Sila Yazar, Bakirkoy Research and Training Hospital for Neurology, Neurosurgery and Psychiatry

Hulya Sahin Baltaci, Pamukkale University, Department of Psychological Counselling and Guidance

Kumru Senyasar Meterelliyo, Bakirkoy Research and Training Hospital for Neurology

Abstract

Motherhood From the Perspective of Cognitive Theory Paternal cognition and attitudes are related to the parent's knowledge of child development and the individual's basic schemes and role scheme. When examined in terms of cognitive model; there are specific schemes and cognitions for each mother, and beliefs and attitudes towards motherhood play a decisive effect for maternal role. Thus, rigid and inflexible beliefs for motherhood can lead to stressful maternity. The motherhood experience that begins with pregnancy is a role change process in which new knowledge and skills are acquired. During this process, women with maladaptive cognitions have negative attitudes towards maternal role. The basic beliefs of inadequacy determine the mother's attitude to deal with maternity role. Perinatal depression studies report that cognitive distortions are a risk source for postnatal depression. Women with negative cognitions about maternity role have more common depression and ruminations. Cognitive Distortions Related to Motherhood on the Basis of Cultural Context One of the social roles in which gender differences are most prevalent is maternity and paternity. In Turkish culture, the society aims to create "good mothers" and spouses" from females. According to traditional parenthood approach, mothers are responsible for child care whereas men are bread winners. Mother's status increases with child birth, especially male birth. Results of a Turkish proverbs study reported that the most determined cognitive distortions are; over generalization, labeling, magnification /minimization, catastrophizing and selective abstraction. Mother candidates and mothers who internalize the idea of "being a perfect mother" and "having to commit herself to their children" may be anxious about "they can not be good enough". Cognitive Distortions Predicting Depression and Anxiety Symptoms in Pregnancy Recent studies have shown that psychopathology risk increases during perinatal period. The main psychopathologies during pregnancy are anxiety and depression symptoms. According to cognitive model; cognitive distortions and dysfunctional schemas of the individual predicts psychopathology. We aim to examine the prevalence of anxiety /depression and how cognitive distortions predict the development of these symptoms during pregnancy. We include 107 women in the second trimester of pregnancy to this study. Sociodemographic Data Form, Edinburg Depression Scale (EPDS), State-Trait Anxiety Inventory (STAI), Dysfunctional Attitudes Scale (DAS) and Attitudes Towards Motherhood Scale (ATOM) are applied to all participants. Our results as follows: 24, 3 % of pregnant women have depression symptoms. There is a significant correlation between EDPS score and ATOM-Total, ATOM-Other's Judgement, ATOM-Maternal Responsibility, DAS-Total, DAS-Autonomous, and DAS- Perfectionism. STAI scores also have significant positive correlation with EPDS score. STAI-S score is correlated with DAS-Total, DAS-Perfectionism, ATOM-Total ATOM-Other's Judgement, ATOM-Role Idealization, significantly. There is a significant correlation between STAI-T scores and DAS-Total, DAS-Perfectionism, DAS- Need for Other's Approval, DAS- Autonomous, and all ATOM scores. We found significant relationship between anxiety-depression symptoms and cognitive distortions-attitudes towards motherhood.

These cognitive distortions which also are predictors for anxiety-depression symptoms during pregnancy period are important to guide the clinicians through the cognitive behavioral therapy interventions.

Cognitive Constituents of Motherhood

Menekse Sila Yazar, Bakirkoy Research and Training Hospital for Neurology, Neurosurgery and Psychiatry

Transition to motherhood requires profound challenges and changes as biologically, individually and in term of social role. Becoming a mother is a major transition and requires physical, social and emotional adaptation. This multidimensional transition process is expected to create specific changes to the mental construction of the woman. The formation of a maternal identity and process of representation self as mother is taken place with the process of developing an emotional tie to the child . Women prepare for motherhood by creating a self-image as a mother, obtaining knowledge of the maternal role, and acquiring skills required for parenting. Mothers who do not develop a maternal identity during pregnancy are less likely to develop positive feelings about the fetus and the demands of the mothering role. Previous studies have shown clear associations between a woman's antenatal psychological state and her adaptation to maternal functioning. Difficulty in adjusting to pregnancy and/or motherhood can also compromise the quality of mother-infant relationships with resulting detrimental effects on infant socio-emotional and cognitive development. Maternal well-being in the transition to motherhood is also closely related to the society's cultural and political beliefs. It is thought that cognitions related to childrearing and socialization are among the most resistant to change. Parenting cognitions are believed to be adopted from one's culture of origin with little modification, as opposed to being the product of individual deliberation. The number of employed mothers has been increasing in modern society and transition to motherhood requires profound challenges and changes, particularly for working women. Results of the studies indicated that employed mothers experienced more distress during the transition to motherhood. Their work commitment is an important factor in the decision to return to work following the birth of a first child and in the amount of stress they have in fulfilling the roles of a worker and mother. Centrality of work and family roles together or ambivalence toward the work role are negatively associated with maternal well-being. Most of the studies examine cognitive and defence mechanisms and styles in women with perinatal depression and anxiety specifically. Womens' habitual ways of processing information and responding to stressors are effected by the stress of childbirth itself, and the numerous other biopsychosocial stressors that have been associated with perinatal period. According to cognitive theory of depression maladaptive negatively focused cognitive schemata are a risk factor for depression. Dysfunctional cognitions have also been associated with postnatal depression. However there is a failure to identify the maternal-specific cognitions in all woman with post natal depression. It can be speculated that there may be two distinct subgroups of women who became depressed postnatally: Those whose depression is related specifically to the experience of motherhood and those whom the birth either unrelated or a triggering stressor for the depression. Further research will make more possible to understand the reconstructive effects of transition to motherhood in woman's cognitive and defence mechanisms and styles . It is also postulated that whether different risk factors as depression prone personality, baby problems, unplanned pregnancy etc. were also mediated by different cognitive sets. These maternal specific distorted cognition sets allows the tailored cognitive interventions.

Motherhood in Turkish Society

Hulya Sahin Baltaci, Pamukkale University, Department of Psychological Counselling and Guidance

Adult women and men are expected to adopt the social roles befitting their gender during the development process. Unlike the biological sex of a person, gender refers to the cultural roles assigned to females and males. Individuals learn these roles after birth; they learn from their experiences with their families, in schools,

and within varied environments. Gender does not refer to the biological differences; instead, it includes the social values, expectations and roles of males and females perceived by society, and how society regards us as males and females and expects us to behave. One of the most important social roles central to gender differences is parenting. The patriarchal Turkish society aims to develop a “good mother and partner” from among the women. In other words, the concepts that are related to womanhood in Turkish society do not include the characteristics of being an equal, independent and unique person, but they are related to femininity. Mothers in Turkish society are respected as the keystone of families, and their status is enhanced if they deliver a baby, especially a male baby. Women are esteemed thanks to their motherhood. Women who are thought to represent femininity are accordingly assigned the roles related to partnership or motherhood. Dictating to women that they will be happy in these roles ensures that women will internalize these roles. Also, women are made to believe that they will not be accepted, or that they will be ostracized, if they do not behave in accordance with expectations. In addition, these roles are regenerated by reminding women of these roles. How women were themselves mothered has a significant impact on how women experience and provide love in their private lives. While women maintain their communication with their children, and shape the motherhood characteristics of their children, they relive their experiences with their own mothers, and keep on using these experiences as references in their subjective world. Thus, motherhood-related schemas are formed around the gender role in the girls from their early childhood years. Keser and Voltan-Acar (2013), who examined the cognitive distortions in the Turkish proverbs, found that the most identified cognitive distortions are overgeneralization, imperative statements, labeling, magnification or minimization, catastrophizing, and selective abstraction. Mothers who have these cognitive distortions are expected to see themselves as inadequate. Mothers form the motherhood schemas as a result of their interactions with their nuclear family and environments. These schemas affect the perceptual selectivity, the focus on other individuals’ assumptions regarding motherhood, and whether or not females are satisfied with being mothers. Depression may be inevitable for women who have cognitive distortions, such as considering their children too old or too young, acting as if a disaster occurred, employing selective abstraction, perfectionism and individualism. Depression may also be inevitable for those who believe that they should be the perfect mother, and devote themselves to their children when they believe they are not, or will not be a good mother. Consequently, expectations of Turkish society regarding motherhood should be examined within the social reasons in the depression etiology, from a cognitive-behaviorist perspective.

Cognitive Bias Predicting Depressive and Anxiety Symptoms in Pregnancy

Kumru Senyasar Meterelliyoç, Bakirkoy Research and Training Hospital for Neurology

OBJECTIVE: The main psychopathologies during pregnancy are anxiety and depression symptoms. According to the Beck’s cognitive model; emotions and behaviors are characterized by cognitive processes and the reasons of psychopathologies are cognitive distortions and dysfunctional schemas of person. It can be crucial to determine risk factors for making early diagnosis and treatment of anxiety and depression symptoms during pregnancy period and it also helps to prevent most of perinatal complications. In this study, the main aim is to evaluate the existence of anxiety and depression symptomatologies with their prevalence and to examine how cognitive distortions affects the development of anxiety and depression symptoms for pregnant women who have these symptoms. **METHOD:** 107 women in the second trimester of first pregnancy, who have never had psychiatric disorder history and have been pregnant without assisted reproductive technology and have not been classified as risky pregnancy and have not had any anomaly or disorder history for both herself and fetus, are examined in this study. Sociodemographic Data Form, Edinburgh Postnatal Depression Scale (EPDS), State-Trait Anxiety Inventory (STAI), Dysfunctional Attitudes Scale (DAS) and Attitudes Towards Motherhood Scale (ATOM) are applied to all participants. **FINDINGS:** In this study, it is found that 24,3% of pregnant women have depression symptoms. There is a significant positive correlation between EPDS score and ATOM-Total, ATOM-Other’s Judgement, ATOM-Maternal Responsibility, DAS-Total, DAS-Autonomous, and DAS- Perfectionism

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scores. STAI scores also have significant positive correlation with EPDS score. STAI-S score is positively correlated with DAS-Total, DAS-Perfectionism, ATOM-Total, ATOM-Other's Judgement and ATOM-Role Idealization scores, significantly. There is a significant positive correlation between STAI-T scores and DAS-Total, DAS-Perfectionism, DAS- Need for Other's Approval, DAS- Autonomous, and all ATOM scores. DAS-Perfectionism, DAS- Need for Other's Approval and DAS- Autonomous scores have positive significant correlation with each of ATOM-Total and ATOM-Role Idealization and ATOM-Other's Judgement scores. It is found that DAS-Total score is correlated with all of ATOM scores. There is a significant difference between "Partner Support Level" and STAI-T scores. According the post hoc analysis, it also found that STAI_T scores have significantly higher for pregnant women who declare the level of partner's support as "not supportive" than pregnant women who declare it as "supportive". The STAI-T scores is significantly lowest in pregnant women who declare it as "very supportive". RESULTS: As a result, there is a significant relation between anxiety-depression symptoms and cognitive distortions- attitudes towards motherhood during pregnancy. These Cognitive Distortions which also are predictors for anxiety-depression symptoms during pregnancy period are important to guide the clinicians through the application of cognitive behavior therapy.

SYMPOSIUM 34

1034 - THE EFFICACY OF THE GROWING PRO-SOCIAL PROGRAM: FINDINGS FROM A RANDOMIZED CONTROLLED TRIAL WITH MALE PRISON INMATES

Organiser : *Nélio Brazão, CINEICC, University of Coimbra*

Chair : *Daniel Rijo, CINEICC, University of Coimbra*

Presenters :

Daniel Rijo, CINEICC, University of Coimbra

Nélio Brazão, CINEICC, University of Coimbra

Maria do Céu Salvador, CINEICC, University of Coimbra

Nélio Brazão, CINEICC, University of Coimbra

Abstract

Growing Pro-Social (GPS) is a 40-session structured cognitive-behavioral group program designed to be used in the rehabilitation of offenders. GPS is based in schema theory, which conceptualizes antisocial behavior as resulting from a distorted view of the self and of the others, which (distortedly) guides information processing that, in turn, will lead to maladaptive thoughts, emotions, and behaviors. Therefore, the program's main focus is in changing early maladaptive schemas underlying the offender's social information processing. A randomized controlled trial (RCT), aimed to assess the GPS's efficacy with male prison inmates, was carried out in nine Portuguese prisons. Specifically, this study's main goal was to test the program's ability to reduce cognitive distortions and early maladaptive schemas (primary outcomes), as well as anger, shame and paranoia (secondary outcomes) over time in male prison inmates. Personality disorders were also tested as moderators of treatment effects. Inmates who agreed to participate (N = 254), gave written informed consent, completed the baseline assessment, and were randomly assigned to treatment conditions – treatment group (N = 121) and control group (N = 133). Besides baseline assessment, participants completed the mid-assessment (after the 20th session of the program), post-treatment assessment (at the end of GPS) and follow-up assessment (12 months after GPS completion). Staff who conducted randomization did not serve as therapists or assessors, and assessors were blind to condition assignment. GPS's facilitators were chosen among the psychologists who already had training and experience in delivering the program with inmates. In order to assure program integrity and consistency, facilitators received regular supervision by the research team during the time the GPS was run in prisons. Treatment effects were tested with latent growth curve models. Results showed that condition was a significant predictor of change observed in all outcome measures over time. While treatment subjects presented a significant decrease of cognitive distortions, early maladaptive schemas, anger, shame and paranoia over time, controls showed no change or a worsening on those same variables. These findings pointed out the GPS's ability to promote significant change in cognitive and emotional correlates associated with antisocial behavior. Presentations within the symposia: 1.A cognitive-interpersonal approach to the rehabilitation of offenders: The Growing Pro-Social (GPS) program Daniel Rijo* and Nélio Brazão 2.The GPS program inside prison: Research design and outcomes in cognitive distortions and core schemas Nélio Brazão*, Daniel Rijo, Maria do Céu Salvador, and José Pinto-Gouveia 3.The GPS's effects in anger, shame and paranoia over time in male prison inmates Maria do Céu Salvador*, Nélio Brazão, Daniel Rijo, and José Pinto-Gouveia 4.Personality disorders as moderators of treatment effects Nélio Brazão*, Daniel Rijo, Maria do Céu Salvador, and José Pinto-Gouveia Note: Upon acceptance of the symposium, all speakers will provide individual abstracts of their presentations. *Speaker

A Cognitive-interpersonal Approach to the Rehabilitation of Offenders: The Growing Pro-Social (GPS) program

Daniel Rijo, CINEICC, University of Coimbra

The efficacy of cognitive-behavioral group interventions in the rehabilitation of young and adult offenders has been well documented. Most programs used within the rehabilitation of offenders have been described as cognitive-restructuring programs, thus conceptualizing antisocial behavior as the result of dysfunctional cognitions. It is well known that offenders use cognitive distortions when processing social information, and these program's ultimate goal is to promote a more adaptive social information processing, by reducing underlying cognitive distortions. However, a considerable amount of research has also shown that early maladaptive schemas (EMSs) play a major role in the onset and maintenance of antisocial behavior. In line with schema theory, antisocial behavior can be conceptualized as a result of a distorted view of the self and the others, which leads to cognitive distortions in the social information processing. Although the link between early maladaptive schemas, cognitive distortions and antisocial behavior is known, few intervention programs take into account the need for promoting change at a deeper level (such as EMSs) in order to modify aggressive and antisocial behavior. Moreover, most programs do not identify what should be the focus of change and what actually causes changes, nor define the relation between the variables that they try to modify during intervention. There has also been a tendency to use mainly reasoning and school-like activities (e.g., paper and pencil), rather than experiential exercises, which would be more adequate to increase self-knowledge, and promote cognitive and emotional change. In order to overcome these shortcomings, Rijo and colleagues (2007) developed a 40-session cognitive-behavioral intervention program, the GPS – Growing Pro-Social. The GPS was specifically designed to be used in the rehabilitation of offenders, and aims to achieve behavioral change through the change in cognitive correlates of antisocial behavior: EMSs, cognitive distortions and cognitive products. The ultimate goal is to reach some degree of change in specific EMSs, underlying the social information processing of offenders, such as: emotional deprivation, abandonment, mistrust/abuse, defectiveness/shame, social isolation/alienation, failure, entitlement, and insufficient self-control. GPS's structure follows a progressive strategy of change, which begins by: (1) increasing knowledge about the nature and ambiguities of human communication, (2) changing maladaptive behavioral patterns in specific interpersonal contexts, (3) learning about cognitive distortions and counteracting their influence in the attribution of meaning to events, (4) experiencing and understanding the function and meaning of emotions and their influence on human behavior, and (5) learning about early maladaptive schemas and fighting against their influence on thoughts, emotions and behaviors. This gradual strategy of change requires the program to be delivered in a predefined sequence of five modules (preceded by an initial session for the presentation of the program): (1) human communication, (2) interpersonal relationships, (3) cognitive distortions, (4) meaning and function of emotions, and (5) early maladaptive schemas. This presentation will point out the context in which GPS was set up, as well as the theoretical assumptions underlying the contents of the program. The GPS's structure, modules and intervention strategies will also be presented and discussed.

The GPS Program inside Prison: Research Design and Outcomes in Cognitive Distortions and Core Schemas

Nélio Brazão, CINEICC, University of Coimbra

A randomized controlled trial (RCT) has been conducted in Portuguese prisons aiming to assess the efficacy of the GPS program in adult offenders. Specifically, it was tested the GPS's ability to reduce offender's cognitive malfunctioning, namely cognitive distortions and early maladaptive schemas (primary outcomes), as well as anger, shame and paranoia (secondary outcomes). This presentation will focus on data concerning the primary outcomes. Participants in the RCT included male prison inmates aged between 18 and 40 years old. The initial selection of inmates had the following exclusion criteria: (1) presence of cognitive disabilities or (2) psychotic

symptoms; (3) being under treatment for drug abuse/dependence; (4) being sentenced exclusively for sexual offenses; and (5) remaining in prison less than 24 months since the beginning of the program (taking into account GPS's 12-month length and 12-month follow-up assessment). Female prison inmates were also excluded from the sample because women represent less than 6% of the total prisoners in Portugal, and any possible idiosyncrasies from this cohort would be underrepresented. A total of 254 participants were recruited from nine Portuguese prisons and allocated to receive GPS ($n = 121$) or treatment as usual ($n = 133$). Participants were assessed with self-report measures on cognitive distortions and early maladaptive schemas at baseline, during intervention, at post-treatment and at 12 months' follow-up. Assessors were blind to group allocation. GPS's facilitators were chosen among the psychologists who already had training and experience in delivering the program with inmates. In order to assure program integrity and consistency, facilitators received regular supervision by the research team during the time the GPS was run in prisons. Treatment effects were tested with latent growth curve models. At baseline, no significant differences between conditions were found. Results from latent growth curve models showed that condition was a significant predictor of change observed in all outcome measures over time. While the treatment group showed a significant increase on adaptive thinking and a significant decrease of cognitive distortions and early maladaptive schemas, the control group showed a worsening on adaptive thinking and no change in maladaptive cognitions and early maladaptive schemas over time. This study showed that a structured cognitive-behavioral group program can have positive effects on the cognitive functioning of male prison inmates, by reducing cognitive distortions and the prominence of early maladaptive schemas.

The GPS's Effects in Anger, Shame and Paranoia Over Time in Male Prison Inmates

Maria do Céu Salvador, CINEICC, University of Coimbra

Although a considerable amount of research has recognized the role that cognitive malfunctioning plays in the onset and maintenance of antisocial behavior, recent developments in the cognitive-behavioral therapies highlight the importance of variables, such as anger, shame and paranoia, in psychopathology, including antisocial and aggressive behavior. Taking into account these recent developments, the randomized controlled trial that has been carried out on the GPS's efficacy with adult offenders, analyzed the program's capability of reducing anger, shame and paranoia over time in male prison inmates. As previously specified, participants were randomized to the GPS treatment ($n = 121$) or the control group ($n = 133$). The State-Trait Anger Expression Inventory, the Other as Shamer Scale and the Paranoia Scale were completed at baseline, at the middle of treatment, at post-treatment and at 12 months' follow-up. Assessors were blind to group allocation, and the GPS's facilitators received regular supervision during the time GPS was run in prisons. Intervention effects were also tested with latent growth curve models. At baseline, no significant differences between groups were found. Results from latent growth curve models showed that condition was a significant predictor of change observed in all outcome measures over time. Concerning anger-state, anger-trait and anger-expression, the treatment group presented a significant decrease over time. In regards to the control group, results pointed out to no-significant changes in anger-state and anger-trait. For anger-expression, controls showed a significant increase over time. Results also pointed out to a significant decrease of external shame and paranoia over time in the treatment group. In contrast, the control group showed no change over time in these same variables. Overall, this study showed that a structured cognitive-behavioral group program, such as GPS, can produce significant changes in emotional and cognitive correlates of antisocial behavior.

Personality Disorders as Moderators of Treatment Effects

Nélio Brazão, CINEICC, University of Coimbra

Although personality disorders are known to be highly prevalent in offenders, there is a lack of randomized controlled trials testing personality disorders as moderators/predictors of treatment effects. The current study tried to address this issue, by assessing personality disorders as predictors of the rate of change observed in early maladaptive schemas, cognitive distortions, anger, shame and paranoia in male prison inmates who attend the GPS program. As previously specified, participants completed self-report measures on cognitive distortions, early maladaptive schemas, anger, shame and paranoia in four time-points: baseline (before the GPS sessions), mid-treatment (after the 20th session of the program), post-treatment (at the end of treatment) and follow-up (12 months after GPS completion). Participants were also interviewed with the Structured Clinical Interview for DSM-IV Axis II Personality Disorders (SCID-II) at baseline. From the 121 inmates who attended the GPS sessions, 112 (92.5%) fulfill criteria for, at least, one personality disorder. The most frequently diagnosed personality disorders as the main diagnosis were Antisocial and Paranoid Personality Disorders. To test the predictor effect of personality disorders in the outcome measures, conditional latent growth curve models were performed, in which overall personality pathology (number of personality disorders criteria items) was included as predictor of change in the dependent variables over time. In agreement with the view that cumulative scores of criteria items for personality disorders represent the data better than categorical scores, we decided to focus on overall personality pathology rather than specific personality disorders. The overall personality pathology was the sum of criteria items on the SCID-II. The scores ranged from 3 to 47 in this study, with a mean of 19 criteria items. Results showed that overall personality pathology was a significant predictor of change in early maladaptive schemas, cognitive distortions, anger-trait, anger-expression and paranoia over time. Specifically, inmates who fulfill more criteria items for personality disorders were the ones who presented a greater decrease in these outcome measures over time. Concerning anger-state and external shame, personality pathology did not predict change over time. Findings demonstrated that severely disturbed inmates could benefit from structured cognitive-behavioral group interventions, such as the GPS program, which stress the need to provide appropriate treatment to inmates with severe personality pathology.

SATURDAY, 16 SEPTEMBER 2017

SYMPOSIUM 35

1160 - BROADENING THE SCOPE OF COGNITIVE BIAS MODIFICATION (CBM) RESEARCH: NOVEL APPLICATIONS AND POPULATIONS.

Organiser : *Rianne de Kleine, Leiden University*

Chair : *Mike Rinck, Radboud University*

Presenters :

E.S. Becker, Radboud University

F. Dietel, Westfälische Wilhelms-Universität Münster

Rianne de Kleine, Leiden University

Mike Rinck, Radboud University

Abstract

Cognitive Bias Modification (CBM) has proven to be effective in changing diverse automatic cognitive processes, such as attention, memory, and interpretation. While pre-clinical studies yielded support for CBM techniques to alter dysfunctional cognitive patterns, studies in clinical populations have yielded mixed findings. Furthermore, most CBM studies have been conducted in the anxiety disorders, while CBM might also be effectively applied in other mental health problems. In this symposium, the results of four studies that tested CBM efficacy in diverse populations will be presented. Accordingly, this symposium will provide novel insight into the efficacy of CBM and its potential as a treatment add-on. In the first talk, Eni Becker (Radboud University) will report the results of two randomized controlled trials evaluating a new "positivity training" for depressed inpatients. In Study 1, a training to approach positive stimuli (in addition to CBT) decreased depressive symptoms more than a sham training. In Study 2, this training was compared to a training to selectively attend to positive stimuli. Both the approach-positive training and the attend-to-positive training reduced depressive symptoms more than the two corresponding sham trainings. Next, Rianne de Kleine (Leiden University) will report the results of a randomized clinical trial in those suffering from Posttraumatic Stress Disorder (PTSD). Pre-clinical work demonstrated that training positive appraisal style following trauma-exposure reduced dysfunctional trauma-related cognitions and PTSD symptoms. In this study, 107 out-patients suffering from chronic PTSD received four online training sessions CBM. Positive appraisal training was compared to neutral appraisal training. The results of this trial are currently analyzed and will be presented during this talk. In the third talk, Fanny Dietel (Westfälische Wilhelms-Universität Münster) will present the results of a randomized controlled study on the effects of an eight session CBM intervention aimed at the modification of negative interpretation style in body dissatisfied students. Results of a single-session pilot study of this paradigm (N=112) demonstrated a decrease of endorsed negative interpretations and speeded reaction times for rejecting negative interpretations in the intervention group. In this study, the CBM intervention was compared to both active and passive control. The results of this trial on interpretation patterns, symptom indices and emotional vulnerability will be presented. Last, Mike Rinck (Radboud University/Ruhr Universität Bochum) will present two studies that explored a new self-approach training. In Study 1, unselected female students repeatedly approached their own portrait and avoided portraits of others. Compared to the opposite training, this led to increased self-perceived attractiveness. Based on these positive results, Study 2 employed a similar training with whole-body pictures for female students who were dissatisfied with their body. Unexpectedly, this training decreased body satisfaction even further instead of increasing it.

A Positivity -Trainings in Depressed Patients

E.S. Becker, Radboud University

Eni S. Becker, Behaviour Science Institute, Radboud University Nijmegen Janna Vrijssen, Department of Psychiatry, Radboud University Medical Center, Mike Rinck, Behaviour Science Institute, Radboud University Nijmegen

Depression is one of the most common psychological disorders with lifetime prevalence estimated at 20.8%. A range of different treatment options are available for this mental disorder, however, a considerable number of patients do not benefit from these treatments or suffer from recurrent depressive episode after a therapy. Thus, improvements or add-on interventions are in dire need. Such an add on could be computerized training methods, referred to as cognitive bias modification (CBM), targeting underlying automatic processes that cause and maintain depression. Depression is associated with a strong negative information-processing bias, and a lack of a positive bias, that is typical for unaffected persons. In a transdiagnostic approach, we tried to target these biases with computerized training program. In the first study, in a randomized controlled trial, 256 patients who suffered from different psychological disorders completed four sessions of either an active training in which positive emotional pictures were pulled closer and neutral pictures were pushed away with a joystick movement, or a placebo-training, additional to their treatment as usual. We were able to induce a positive bias. But more importantly depressed patients in the active training condition had a significant lower BDI score at the end of their treatment. In the second study, again a randomized-controlled design, 122 depressed inpatients received either four sessions of the CBM Attention Dot-Probe Training (DPT) or the CBM Approach-Avoidance Training (AAT), next to treatment as usual. Both trainings had an active and a control condition. Clinician-rated depressive symptom severity decreased more in patients who received the active condition of either the DPT or the AAT compared to patients in the control conditions. Change in positivity bias was found for the DPT (not the AAT), but did not mediate the effect of the training on depressive symptoms. Overall this indicates that positive trainings can be an option as add on treatments for patients with depression.

Effects of a Multi-session Online CBM-I Program for Body Dissatisfaction (SWAP)

F. Dietel, Westfälische Wilhelms-Universität Münster

Appearance-related interpretation bias for ambiguous situations has been discussed as an etiological factor in cognitive-behavioral models of body dissatisfaction and body dysmorphic disorder (BDD). Current studies indicate that interpretation bias is malleable via interpretation retrainings (CBM-I) in the laboratory, and that CBM-I may lead to symptom reduction, e.g., in anxiety disorders. However, it remains unclear if these effects persist when CBM-I is delivered online and compared against an active and wait-list control group. To address this question, we randomized students exhibiting high body dissatisfaction into three conditions: an intervention (8 sessions of the feedbacked Word Sentence Association Paradigm, or WSAP), an active control (WSAP without feedback) and a passive control group (wait-list). During this randomized-controlled trial, we assessed symptom indices and interpretation patterns before, during and after training as well as at follow-up (1 week and 1 month after training). We further investigated response to distressing video sequences as an indicator of potential differential effects onto emotional vulnerability. Results of a single-session pilot study of this paradigm (N=112) demonstrated a decrease of endorsed negative interpretations and speeded reaction times for rejecting negative interpretations in the intervention group. Data collection for this study will end in July 2017. We will report outcome on interpretation patterns, symptom indices and emotional vulnerability. The results have implications for the development, optimization and clinical use of multi-session appearance-related CBM-I as a treatment add-on in body dissatisfaction and BDD.

Cognitive Bias Modification Training to Reduce Negative Appraisals in Posttraumatic Stress Disorder: A Randomized Clinical Trial

Rianne de Kleine, Leiden University

Cognitive bias modification training to reduce negative appraisals in posttraumatic stress disorder: a randomized clinical trial. Rianne de Kleine, Marcella Woud, Hannah Ferentzi, Gert Jan Hendriks, Eni Becker, & Agnes van Minnen. Posttraumatic stress disorder (PTSD) is characterized by dysfunctional cognitions, such as negative appraisal of the trauma and its consequences. Cognitive behavioral therapy (CBT) is a proven effective treatment for PTSD and has been shown to reduce dysfunctional cognitions. Notwithstanding the efficacy of CBT, there is room for improvement since remission rates tend to be low. Cognitive Bias Modification (CBM) is a computerized training technique that directly and systematically targets dysfunctional cognitive biases. CBM proved efficacious in reducing dysfunctional cognitive biases and anxiety symptoms in diverse populations, as well as in analogue trauma (Woud, Verwoerd, & Krans, 2017). However, only few studies have examined CBM specifically in PTSD patients. The aim of the current study was to examine whether a brief CBM training aimed at inducing positive interpretation and appraisals (see Woud, Holmes, Postma, Dalgleish, & Mackintosh, 2012) could alter dysfunctional appraisals and PTSD symptoms in a treatment seeking PTSD sample. CBM training consisted of four web-based training sessions, that had to be completed within one week. Participants (N=107) were randomly allocated to receive either positive CBM training or neutral/control training. Our main outcome was appraisal style, as measured by a sentence completion task. Furthermore, participants provided information on trauma-related cognitions and PTSD symptoms by means of self-report. We hypothesized that, in comparison to those who would receive neutral/control training, those who would receive positive CBM training would show less appraisal bias and lower PTSD symptoms at the post-training assessment. We explored long term effects by means of two follow-up assessments (1 and 6 months). This study is the first to investigate efficacy of a CBM intervention aimed at modifying biased interpretation and appraisal in a clinical PTSD sample, and the results of this large scaled clinical trial will be presented during this talk. . References: Woud, M. L., Holmes, E. A., Postma, P., Dalgleish, T., & Mackintosh, B. (2012). Ameliorating intrusive memories of distressing experiences using computerized reappraisal training. *Emotion*, 12(4), 778-784. doi:10.1037/a0024992 Woud, M. L., Verwoerd, J., & Krans, J. (2017). Modification of cognitive biases related to posttraumatic stress: A systematic review and research agenda. *Clin Psychol Rev*, 54, 81-95. doi:10.1016/j.cpr.2017.04.003

Self-Approach Training: Positive or Negative Effects on Self-esteem and Body Satisfaction?

Mike Rinck, Radboud University Nijmegen

Low body satisfaction is associated with eating disorders, depression, and low self-esteem. Previous studies showed that evaluative conditioning procedures with pictures of the participant's body increased body satisfaction. Therefore, we conducted a study in which we used a joystick task (the Self-Approach-Avoidance Task; SAAT) to train 99 unselected female participants to either approach their own facial portrait repeatedly or to avoid it. We found that self-approach training led to higher self-perceived attractiveness. Therefore, we conducted a second study to test if body-dissatisfied women could be trained to approach full-body self-pictures by means of the SAAT, and whether this would have positive effects on their body satisfaction or appearance-related self-esteem. Twenty-six women with below-average body satisfaction participated. We found that participants could be trained to pull self-body pictures closer and push other-body pictures away, indicating a training effect. However, instead of an increase, a significant decrease in body satisfaction and appearance-related self-esteem was observed after the training. These results indicate that cognitive bias modification by means of approach-avoidance training should be used with caution, since it may have undesirable effects.

SATURDAY, 16 SEPTEMBER 2017

SYMPOSIUM 36

1140 - EVALUATING AND ENHANCING UK CBT IAPT THERAPY TRAINING; DEVELOPING AN EVIDENCE BASED APPROACH TO TRAINING AND SUPERVISION

Organiser : *Sheena Liness, IoPPN/King's College London*

Chair : *Sarah Corrie, Royal Holloway/CNWL*

Presenters :

Sheena Liness, IoPPN/King's College London

Suzanne Byrne, IoPPN/King's College London

Rita Woo, Royal Holloway/CNWL

Michael Worrell & Sarah Corrie, Royal Holloway/CNWL

Abstract

The UK National Improving Access to Psychological Therapies (IAPT) initiative, launched in 2008, set out to train a new psychological therapist workforce in England. Over 6,000 therapists have now been trained in evidence based NICE guidance therapy for people with depression or anxiety disorders. As it enters its 2nd decade, new targets to train 9,000 psychological therapists by 2020 have been set. This symposium will present and evaluate the IAPT therapy training and supervision programmes provided by two established CBT training institutions. The novel characteristics of the IAPT programme will also be highlighted. From the Institute of Psychiatry, Psychology & Neurosciences, King's College London (IoPPN/KCL) Sheena Liness will present the training progression of CBT trainees across 6 training cohorts (n=252) with therapy competence assessed before, during and after training. Paired trainee patient outcome measures (n=487) pre and post treatment will also be reported and matched to trainee therapy competence. The impact of trainee profession, particularly those without a core professional background, will also be explored. Also from the IoPPN/KCL, Suzanne Byrne will present the role of CBT clinical supervision as a core part of the CBT IAPT training. Trainees are very closely supervised on the course, by experienced CBT practitioners, with weekly live group supervision. This paper will discuss ways that group supervision of trainee therapists can be enhanced with a focus on keeping therapist learning and development at the heart of supervision. Pivotal to making supervision more effective is also having supervisory supervision and findings from an evaluation study of a supervision of supervision group will also be presented. From Royal Holloway, Central North West London (RH/CNWL), Dr Rita Woo will focus on the IAPT Supervision Training programme. This paper will summarise the evaluation of a 5-day supervision training course for potential CBT supervisors to High Intensity trainees. It will explore participants' views on supervision training, the influences on current supervision practice, and if training has an impact on current supervision practice. The final presentation by Dr Michael Worrell and Professor Sarah Corrie, (RH/CNWL) will focus on the IAPT expansion of training in Cognitive Behavioural Couple Therapy (CBCT) introduced in IAPT to improve choice, access and recovery rates. This paper will describe the process and outcomes, the development of a curriculum, the development of training in CBCT supervision, the development of a new measure to assess core CBCT competencies, and also the analysis of outcome data of a subset of individual CBT therapists who have completed the training. Overall, this Training and Supervision symposium will present an evaluation of IAPT training aims and outcomes, and highlight the unique challenges and requirements presented in the training and supervision of a large scale national psychological workforce.

CBT Training for the UK Improving Access to Psychological Therapies (IAPT) Programme: Is it effective?

Sheena Liness, IoPPN/King's College London

The evaluation of CBT training as part of national training programmes such as the UK Improving Access to Psychological Therapies (IAPT) initiative is important. From 2008 to 2015, the Institute of Psychiatry, Psychology and Neuroscience, King's College London (IoPPN/KCL), trained 252 CBT trainees from professional and non-core professional backgrounds for the IAPT workforce. The training progression and patient outcomes of CBT trainees are evaluated. CBT trainee therapy competence is assessed at the beginning, during and end of training (n=252). Paired trainee patient clinical outcome measures pre and post treatment (n= 487) are reported, and matched with CBT competence ratings. The relationship between trainee CBT competence and patient outcome is explored. CBT IAPT training is successful in training competent CBT therapists and achieving excellent patient clinical outcomes. A modest relationship between trainee therapy competence and clinical outcome is reported. IAPT CBT training successfully adapts training resources to meet the needs of the new IAPT workforce with different professional backgrounds. Results, key findings and next steps will be discussed.

Making CBT Supervision more Effective

Suzanne Byrne, IoPPN/King's College London

A key function of CBT clinical supervision is to facilitate the development and maintenance of therapist competence. Much needed attention has been given to supervision in the literature over the past 10 years with widespread acknowledgment that supervision in the real world of clinical practice has been found lacking (Townend et al 2002, Milne & Dunkerley 2010). Roth and Pilling's supervision competences framework (2008) provides a comprehensive outline of generic and metacompetences required for supervisor practice. On IAPT training programmes in England, supervision systems are robust with trainees receiving both individual and group supervision for a minimum of 2.5 hours per week. IAPT and the BABCP which is the accrediting body for CBT therapists stipulate that an essential requirement for CBT supervision is 'live' supervision, where trainees play recordings of their therapy sessions. Clear benefits of this are that trainees get detailed and comprehensive individual feedback for skills development with training cases closely monitored and, trainees learn from each other's cases during group supervision. Delivering supervision can be challenging and it is widely accepted that clinical supervisors need space to reflect on their work and have supervision for their supervisory practice. This paper will discuss ways that group supervision of trainee therapists can be enhanced with a focus on keeping therapist learning and development at the heart of supervision. Pivotal to making supervision more effective is having supervisory supervision and findings from an evaluation study of a 'supervision of supervision' group will also be presented. Members of the group provide weekly group supervision for students on the Post-Graduate Diploma in CBT (IAPT) at the Institute of Psychiatry Psychology and Neuroscience (IoPPN) King's College London.

Do CBT Supervisors Practice What They are Trained to do?

Rita Woo, Royal Holloway/CNWL

Despite the recognition that supervisors' role is complex, supervision is valuable and supervision training desirable, it remains the case that supervisory skills and supervision training are relatively less well evaluated in comparison to CBT competencies and CBT training. There is therefore a need to explore the effectiveness of supervision training on supervision skills. This preliminary study aimed to explore the impact of a 5-day supervision training course on participants' perception of competence and confidence in their supervision skills and whether supervision training has an impact on supervisory practice. A repeated measures design was used and all participants were potential CBT supervisors working in Improving Access to Psychological

Therapies (IAPT) services. Initial findings suggest that there were significant improvements post-training in ratings of perceived competence for generic and CBT specific supervision competencies, but not for meta-supervision competency. This study raises questions about what supervision competencies to target for training and when.

Training Core Competencies in Cognitive Behavioural Couple Therapy and Supervision

Michael Worrell & Sarah Corrie, Royal Holloway/CNWL

Cognitive behavioural couple therapy (CBCT) is an evidence based intervention for depression that is increasingly demonstrated as beneficial for a wide range of other presentations including anxiety, eating disorders and long term health conditions. In the United Kingdom, the Improving Access to Psychological Therapies programme has supported an expansion of training in CBCT in order to improve choice, access and recovery rates. As CBCT is an underdeveloped modality in the UK, this has involved an international collaboration of trainers and researchers in CBCT (principally US based) aiming to disseminate effective training in CBCT on a large scale. This paper describes the process and outcomes to date of this effort, including the development of a curriculum for individual CBT therapists, the development of training in CBCT supervision, the development of a new measure to assess core CBCT competencies and also the analysis of outcome data of a subset of individual CBT therapists who have completed the training. Results have indicated that therapists who have completed the CBCT training are able to deliver an effective service in routine settings and are achieving good recovery rates. On the basis of these empirical results, current efforts have focussed on expanding the reach of the training to include therapists who are trained in a range of couple therapy modalities but who do not have core training in CBT. This paper discusses the challenges and opportunities of developing new curriculum and supervision processes to support the expansion of CBCT to this large group of potential CBCT therapists who may have foundational competencies in working with couples but who lack training in a behaviourally based approach.

SATURDAY, 16 SEPTEMBER 2017

SYMPOSIUM 37

1108 - ADVANCES IN EXPERIMENTAL PSYCHOPATHOLOGY: TOWARD A BETTER UNDERSTANDING OF OBSESSIVE-COMPULSIVE DISORDER

Organiser : *Guy Doron, Interdisciplinary Center (IDC) Herzliya*

Chair : *Guy Doron, Interdisciplinary Center (IDC) Herzliya*

Presenters :

Jean-Philippe Gagné, Department of Psychology, Concordia University

Guy Doron, Interdisciplinary Center (IDC) Herzliya

Amparo Belloch, Faculty of Psychology. Research and Treatment Unit for Obsessive-Compulsive and related Disorders, I'TOC.

Christine Purdon, Department of Psychology, University of Waterloo

Abstract

Obsessive-compulsive disorder (OCD) is a prevalent, disabling, and heterogeneous disorder. Traditional cognitive behavioral therapy (CBT) models of OCD have significantly contributed to our understanding of OCD, its maintenance and treatment. These models focus on variables such as inflated responsibility, threat overestimation, perfectionism, intolerance for uncertainty, importance of and control over thoughts, and their associations with OCD symptoms. Nevertheless, a significant proportion of individuals are not symptom-free following CBT for OCD, suggesting that other factors may contribute to the maintenance of this disorder. Moreover, CBT researchers often rely on correlational rather than experimental research designs and, therefore, limit the ability to draw causal inferences. Finally, examining links between specific OCD presentations and known vulnerability factors may further enhance our understanding of OCD. In this symposium, we present studies from four different OCD research centres experimentally examining factors that may contribute to the development and maintenance of OCD symptoms. The first paper by Gagné and Radomsky focuses on a novel maladaptive belief domain and its role in OCD: beliefs about losing control. Their study demonstrates that negative feedback about one's capacity to stay in control increases checking behavior in university students. Doron and colleagues will then present data examining the impact of being exposed to one's romantic partners' relationship obsessive compulsive disorder (ROCD) symptoms. Their study shows that being exposed to one's partner relationship-centered ROCD symptoms increases similar doubts and preoccupations in oneself as well as one's assessment of partners' susceptibility of infidelity. Belloch and colleagues will follow with an induction study in a sample of participants with OCD. Their results indicate that participants with OCD undergoing an incompleteness and not-just right experiences induction task show increases in ordering, washing, and hoarding symptoms. Finally, Purdon and colleagues will present data relating increased responsibility, memory confidence and confidence in averting harm with washing behavior.

Not just Right and Incompleteness Experiences in OCD patients: An Experimental Study

Jean-Philippe Gagné, Department of Psychology, Concordia University

Background and Objectives. Research on incompleteness and not-just right experiences (INC/NJRE) indicate that some OCD symptom dimensions are motivated by these experiences rather than by anxiety. Most published data are correlational, using non-clinical individuals. This study sought to examine INC/NJRE in vivo

in patients with OCD. Methods. Twenty adults (55% men; Mage= 36.39, SD= 10.69 years), with severe OCD (Y-BOCS: M= 26.43, SD= 4.73) performed an INC/NJRE induction task and completed self-reports assessing INC, NJREs, OCD, Anxiety, and Depression. Results. Induced INC/NJREs correlated with Y-BOCS-compulsions and were associated with ordering, washing, and hoarding symptoms. Impulses and urges to do repeatedly something while doing the task were associated with negative emotions and with difficulties suppressing the most disturbing feeling/sensation. Limitations. The small group of OCDs and the lack of a non-OCD clinical group kept us from drawing conclusions about the specificity of INC/NJREs to some OCD symptoms. Conclusions. Findings support the role of INC/NJREs/SP as stimuli triggering urges and/impulses to do and their impact on OCD severity. Funding. This study was supported by the Spanish MINECO (Grant PSI2013-44733-R)

Unmediated Exposure to Romantic Partners' ROCD Symptoms: An Experimental Investigation

Guy Doron, Interdisciplinary Center (IDC) Herzliya

Background: Relationship obsessive-compulsive disorder (ROCD) is a disabling form of obsessive compulsive disorder (OCD) frequently encountered in the clinic. ROCD symptoms have been found to be associate with severe personal and relational consequences including low mood, decreased relationship and sexual satisfaction and increased obsessive jealousy. Recently, ROCD symptoms have been suggested to spread from one person to another, particularly within romantic relationships. In the current study, we experimentally assessed the impact of being exposed to ones' partner ROCD symptom-levels on oneself Methods: Fifty one romantic couples completed a battery of questionnaires including the Relationship Obsessive Compulsive Inventory (ROCI, Doron et al., 2012) that assesses relationship-centered ROCD symptoms. Of each couple, one participant was randomly selected and invited to the lab for the second part of the study. In this second part, each participant was asked to view responses to a battery of questionnaires allegedly completed by his/her partner. In the experimental group, responses to the ROCI indicted high ROCD symptoms. In the control condition, responses to the ROCD roughly corresponded to community mean scores. Results: Compared with the control group, participants who were exposed to their partners' high ROCD symptoms reported increased ROCD symptoms as well as higher assessment of their partners' probability of infidelity. Conclusions: Unmediated exposure to romantic partners' ROCD symptoms may perpetuate dysfunctional relationship dynamics by decreasing relationship security and increasing ROCD and related processes.

Not just Right and Incompleteness Experiences in OCD patients: An Experimental Study

Amparo Belloch, Faculty of Psychology. Research and Treatment Unit for Obsessive-Compulsive and related Disorders, I'TOC.

Background and Objectives. Research on incompleteness and not-just right experiences (INC/NJRE) indicate that some OCD symptom dimensions are motivated by these experiences rather than by anxiety. Most published data are correlational, using non-clinical individuals. This study sought to examine INC/NJRE in vivo in patients with OCD. Methods. Twenty adults (55% men; Mage= 36.39, SD= 10.69 years), with severe OCD (Y-BOCS: M= 26.43, SD= 4.73) performed an INC/NJRE induction task and completed self-reports assessing INC, NJREs, OCD, Anxiety, and Depression. Results. Induced INC/NJREs correlated with Y-BOCS-compulsions and were associated with ordering, washing, and hoarding symptoms. Impulses and urges to do repeatedly something while doing the task were associated with negative emotions and with difficulties suppressing the most disturbing feeling/sensation. Limitations. The small group of OCDs and the lack of a non-OCD clinical group kept us from drawing conclusions about the specificity of INC/NJREs to some OCD symptoms. Conclusions. Findings support the role of INC/NJREs/SP as stimuli triggering urges and/impulses to do and their impact on OCD severity. Funding. This study was supported by the Spanish MINECO (Grant PSI2013-44733-R)

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Responsibility, Handwashing, and Goals

Christine Purdon, Department of Psychology, University of Waterloo

This study seeks to replicate and extend Taylor and Purdon's (2016) study of responsibility and hand washing behaviour. They found that greater wash time for participants high in contamination fears was associated with lower post-wash confidence that their hands were clean – but only under conditions of high responsibility for harm. Participants (N = 160) high and low in contamination fears were randomly assigned to either “contaminate” their hands with a damp sponge or not, and then prepare gift bags for preschoolers (high responsibility condition) or sort papers for disposal (low responsibility condition). After the “contamination” or control induction participants were given the opportunity to wash their hands for as long as they liked, knowing in advance what the subsequent task (gift bag preparation or paper sorting) would be. Participants were also invited to wash their hands as often as they desired during the subsequent task. The hand washing behaviour was videotaped and coded for length, repetition, and number of discrete steps. Following the task participants provided ratings of harm, memory confidence, and confidence that the hand wash had averted harm. Participants also reported on the goal they were attempting to achieve with their handwashing and what guided their decision to terminate handwashing. Theoretical and clinical applications of the results are discussed.

SATURDAY, 16 SEPTEMBER 2017

SYMPOSIUM 38

1015 - IMPROVING ACCESS TO CBT FOR PSYCHOSIS- WHAT ARE THE OPPORTUNITIES AND BARRIERS

Organiser : *Douglas Turkington, Newcastle University*

Chair : *Letoyah Lebert, Newcastle University*

Presenters :

Sara Taj, Newcastle University

Farooq Naeem, Queens University

Latoyah Lebert, Newcastle University

Abstract

Chair: Douglas Turkington Speakers: Toya Lebert, Helen Spencer, Farooq Naeem At the end of this session, participants will: 1) be able to have some understanding of the theoretical assumptions behind low-intensity CBT for psychosis; 2) become aware of current developments in CBT for psychosis, and 3) be able to use CBT for psychosis in their routine clinical practice using low-intensity formats Cognitive Behaviour Therapy for psychosis (CBTp) is now recognised as an effective intervention for schizophrenia in clinical guidelines in most developed countries in the West. CBTp has been tried in a variety of formats and for both individual symptoms as well as for the syndrome of schizophrenia. In spite of these impressive developments, availability of CBTp remains limited. Perceptions of the professionals, financial resources, systematic issues and availability of trained therapists are some of the recognised barriers. One way to overcome this might be to develop CBTp in low-intensity formats using a stepped care approach. These can include brief CBTp, Guided Self-help and Self-help formats. Some of these formats can be tried using paper and digital media. There is some evidence to suggest that CBTp can be delivered in low-intensity formats. More recently attempts have been made to deliver CBTp through carers. In this seminar we will familiarise the attendees with basic concepts around low-intensity CBTp, and present our work in this area, including findings from recent studies that tested CBTp through carers and front line mental health workers, as well as low-intensity CBT for psychosis in various forms, including CBTp based Guided Self-help through paper and digital media. We will discuss the barriers and opportunities in this area. We will also share the findings from studies conducted in UK, USA and Canada.

Treatment Resistant Psychosis; CBT Informed Caring Skills Training for Carers

Latoyah Lebert, Newcastle University

Caring for someone with psychosis can take its toll on the carer's wellbeing. Carer involvement in the treatment and monitoring of psychosis can improve outcomes due to improved concordance with medication, leading to relapse delay and reduced hospitalisation in research settings. CBT informed caring programmes have not as yet been piloted. It was hoped that such programmes might improve carer wellbeing and improve the functioning of those cared for. Two and five day training programmes were developed with carer input including the following elements; psychoeducation, key caring principles, normalizing, making sense of psychosis, working with medication, coping - good and bad, negative symptoms and cognitive problems, working with voices, red flags and relapse prevention. These training components were all based on the principles of the Five Pillars of Caring (Lebert, L, 2018 in CBT informed caring for Schizophrenia, Eds Turkington, D & Spencer, H, Cambridge University Press, in press). The five pillars: 1.Optimising work/life/caring balance

and introducing flow activities, 2. Improving the emotional tone at home, 3. Activating self-nurture, 4. Using effective communication and 5. Introducing befriending sessions. At baseline, a substantial proportion of these carers reported moderate-to-severe anxiety ($n=76$, 29%), moderate-to-severe depression ($n=81$, 19%) and low wellbeing ($n=77$, 23%). Carers with both pre- and post-training available data reported an increase in wellbeing (WEMWBS) by 2.1 points ($n=64$, $sd=4.6$, $p=0.001$) and a reduction in depression and anxiety scores (HADS) by 1.3 ($sd=3.4$, $p=0.004$) and 1.7 ($sd=4.4$, $p=0.005$) points respectively. Twenty carers were trained to carry out the PSP (social functioning assessment) and 11 baseline results were obtained ($m=53.3$ $sd=22.3$). At 6-8 weeks follow up ($n=6$), the mean PSP score was 67.2 ($sd=22.5$), indicating manifest or mild difficulties. There was a general shift in the distribution of carer-reported PSP scores for their cared-for person towards better functioning; 50% reported no change in the PSP scores and 50% reported a clinically significant change (a greater than 25% improvement in functioning). "You have re-emphasized the importance of taking care of myself first. This is something that is finally resonating!" (Participant 2075). "Roleplaying of techniques/approaches to interacting with loved one was helpful." (Participant 4188).

Increasing Access to Therapy for People with Psychosis Using The Method of Levels

Sara Taj, Newcastle University

Translating Cognitive Behavioural Therapy for Psychosis (CBTp) to real life clinical settings is challenging. Variable and unpredictable pragmatic challenges affect how patients access and make decisions about their treatment, the specific content of therapy delivered, treatment delivery modalities, treatment duration, session frequency, and so on. Furthermore, patients frequently present with multiple, complex difficulties in addition to problems directly related to psychosis; including depression, anxiety disorders, trauma and substance misuse. This talk provides a brief overview of how a transdiagnostic cognitive therapy, called the Method Of Levels (MOL), might be used to work with people experiencing psychosis. MOL is an application of Perceptual Control Theory (PCT), which describes three principles (control, conflict and reorganisation) to understand human behaviour. The talk will describe how these three principles are applied to working therapeutically, using the MOL, to help alleviate psychological distress associated with psychosis. The focus will be on a practical description of what MOL is and how it might be implemented in everyday clinical practice. Case examples and excerpts from real therapy sessions will be used to illustrate the process of therapy. The contexts in which MOL has already been implemented with people experiencing psychosis will be described including acute in-patient units, early interventions for psychosis teams and in general community settings. This principles-based approach also offers the potential to overcome some of the challenges to delivering psychological interventions to people experiencing psychosis and maximise patient choice, control and the degree to which therapy is truly based on the patient's perspective.

SYMPOSIUM 39

1166 - WITHIN-PERSON RELATIONSHIPS IN COMPLEX ANXIETY, PTSD AND EATING DISORDERS

Organiser : *Sverre Urnes Johnson, Modum Bad Psychiatric Center and University of Oslo*

Chair : *Sverre Urnes Johnson, Modum Bad Psychiatric Center and University of Oslo*

Presenters :

Sverre Urnes Johnson, Modum Bad Psychiatric Center and University of Oslo

KariAnne Vrabel, Modum Bad Psychiatric Center

Tuva Øktedalen, Modum Bad Psychiatric Center

Peter Sele, Modum Bad Psychiatric Center

Abstract

Most studies have focused on between-person a relationship, which is individual's relationship to other individuals. 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. Thus, therapists focus on within-person relationships between the mediator and outcome variables. This symposium will present studies of mechanisms of change on a within-person level for different diagnoses such as comorbid and complex anxiety disorders, posttraumatic stress disorder (PTSD) and eating disorders. First, Sverre Urnes Johnson, Modum Bad Psychiatric Center and University of Oslo will present analysis from a study (N =74) investigating metacognition, cognition, alliance and anxiety. Patients with comorbid and complex anxiety disorders where randomized to either metacognitive therapy or disorder-specific cognitive behavioral therapy for panic disorder with and without agoraphobia, social phobia and PTSD. Metacognitions (MCQ30), anxious thoughts (ATQ-23), alliance (WAI) and anxiety (BAI) were measured every session. The data were analyzed using multilevel models, separating within- and between patient effects. The results will be presented and discussed at the conference. Second, KariAnne Vrabel, Modum Bad Psychiatric Center and University of Oslo will present a study examining the reciprocal relationship between alliance and symptoms during treatment for 91 patients with eating disorders (ED) using repeated measurements. The data were analyzed using multilevel models, separating within- and between patient effects The results show a reciprocal relationship with between-patient alliance predicting ED symptoms and between-patient ED symptoms predicting alliance the subsequent weeks. However, for within-patient effects only alliance predicted ED symptoms the subsequent week. Third, Tuva Øktedalen, Modum Bad Psychiatric Center will present the role of within-person change in suppression of anger and maladaptive expression of anger 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. Patients were assessed repeatedly (weekly) on Anger Expression Scale and PTSD symptom measures. This presentation presents the results from this RCT-study and the clinical implications of the results will be discussed. Fourth, Peter Sele, Modum Bad Psychiatric Center will present a planned RCT comparing three treatment alternatives for complex posttraumatic stress disorder (CPTSD), exposure, stabilization and phase-oriented treatment, and study-hypothesis on a within-person level. The planned study includes repeated measurement of process and outcome variables during treatment. Phase-based approaches to CPTSD assume that an initial treatment focus on affect (awareness, tolerance of positive emotions and regulation of negative emotions) and relational skills

training (self-assertiveness, negotiating conflict) builds a necessary base for later trauma-focused interventions' effect on PTSD-symptoms change. Hypothesized within-person change mechanisms and possible clinical implications of the study will be discussed.

Alliance, Metacognition, Cognition and Anxiety: A Process-outcome Study

Sverre Urnes Johnson, Modum Bad Psychiatric Center and University of Oslo

Author(s): Sverre Urnes Johnson (presenter) 1, 2, Asle Hoffart2,
1 University of Oslo, Norway 2 Research institute Modum Bad, Norway

Aim: There is debate whether specific or general factors in psychotherapy are responsible for outcome. Alliance is described as a common factor, and there is a clear finding that alliance is related to outcome. A recent publication suggests that cognition and metacognition are specific mechanisms of change in comorbid anxiety disorders (Johnson et al., 2017). However, few studies have compared the working alliance with cognitions and metacognitions. The results from a study investigating relationships between two specific factors (metacognitions and cognitions) and alliance in relation to anxiety will be presented. Method: 90 patients with comorbid anxiety disorders were randomized to either metacognitive therapy (MCT) or disorder-specific cognitive behavioral therapy (CBT) for panic disorder with and without agoraphobia, social phobia and posttraumatic stress disorder. Working alliance (WAI), metacognitions (MCQ30), cognitions and anxiety (BAI) were measured every session. The data was analyzed using multilevel models, separating within- and between effects. Results and discussion: The results indicated that alliance had both a within and between-person effect on anxiety. In the context of metacognitions and cognitions, however, there were no specific effects of alliance on anxiety. Reciprocal relationships were investigated. The clinical implications of the results are discussed

Alliance and Symptom Improvement in Inpatient Treatment for Eating Disorder Patients: A Study of Within-Patient Processes

KariAnne Vrabøl, Modum Bad Psychiatric Center

Objective: This study examined the reciprocal relationship between alliance and symptoms during treatment for patients with eating disorders (ED). Methods: Ninety one patients with EDs received inpatient cognitive-behavioral therapy treatment over 14 weeks. The study used repeated measurements during treatment and collected alliance and symptom measures. The analysis separated the effects of alliance and symptoms into between- and within-patient effects in a multilevel analysis. Results: The results show a reciprocal relationship with between-patient alliance predicting ED symptoms and between-patient ED symptoms predicting alliance the subsequent weeks. However, for within-patient effects only alliance predicted ED symptoms the subsequent week. Discussion: The results nuance the effect of the alliance in this patient group, and paint a complex picture of alliance in the psychotherapy process.

The Role of Anger in the Process of Change in Trauma-Focused Cognitive-Behavioral Therapies Of PTSD: A Study of Within-Person Processes

Tuva Øktedalen, Modum Bad Psychiatric Center

The role of suppression of anger and maladaptive expression of anger seem to be crucial when faced with experience of suffering after trauma. Understanding the role of anger in the process of therapeutic change in

PTSD calls for 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). This presentation will present results from a RCT study investigating suppression of anger and maladaptive expression of anger as time-varying predictors for symptom change in 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. The addition of an element of imagery re-scripting (IR), that is, an imagined change of the course of events of the trauma memory (e.g. confronting the perpetrator), would adapt to the processing of anger as well as fear. We therefore expect the within-person effects of anger to be stronger in the modified PE than in standard PE. The patients were assessed repeatedly (weekly) on Anger Expression Scale (AEX; Spielberger, Jacobs, Russell, Crane, Jacobs, & Worden, 1985) and PTSD symptom measures (PSS-SR; Foa, Riggs, Dancu, & Rothbaum, 1993). This presentation presents the results from a RCT-study and clinical implications of the results will be discussed.

Change Processes in Treatment of CPTSD

Peter Sele, Modum Bad Psychiatric Center

Background: Complex PTSD is suggested as a new diagnosis in ICD-11. To be diagnosed with CPTSD, the patient must, in addition to meeting criteria of PTSD, exhibit disturbances in self-organization, marked by difficulties with emotional regulation, interpersonal problems, and negative self-concept (Maercker et al., 2013). While clinical guidelines for PTSD recommend structured treatment involving exposure to traumatic memories together with a focus on dysfunctional trauma-related cognitions (NICE, 2005), guidelines for CPTSD propose a phase-oriented treatment (Cloitre et al., 2012). Phase-oriented treatments add a present-focused stabilization component prior to exposure. There are few empirical studies on phase-oriented treatment and stabilization, and their additional value over established trauma-focused treatments is debated (De Jongh et al., 2016). Method: This presentation introduces a planned RCT comparing three treatment alternatives for CPTSD; exposure, stabilization and phase-oriented treatment. The study includes repeated measurement of process and outcome variables during treatment. Discussion: So far, there are no studies of the process of change leading to symptom relief in CPTSD. Such knowledge is especially clinically relevant as it directly informs therapists to the process variables that need to be affected to achieve improvement. In addition, knowledge about moderating effects of the change process informs therapists under what conditions, and for whom, certain mechanisms of change are working during treatment. A phase-based approach to CPTSD, Skills Training in Affect and Interpersonal Regulation (Cloitre et al., 2006), proposes that an initial treatment focus on affect (awareness, tolerance of positive emotions and regulation of negative emotions) and relational skills training (self-assertiveness, negotiating conflict) could enhance later trauma-focused interventions' effect on PTSD-symptoms change. Hypothesized change mechanisms and possible clinical implications of the study will be discussed in the presentation. References: Cloitre, M., Courtois, C. A., Ford, J. D., Green, B. L., Alexander, P., Briere, J., ... Van der Hart, O. (2012). The ISTSS Expert Consensus Treatment Guidelines for Complex PTSD in Adults. *Journal of Traumatic Stress*, 24(6), 615–627. Cloitre, M., Cohen, L. R., & Koenen, K. C. (2006). *Treating survivors of childhood abuse: Psychotherapy for the interrupted life*. New York: Guilford Press. De Jongh, A., Resick, P. A., Zoellner, L. A., van Minnen, A., Lee, C. W., Monson, C. M., ... Bicanic, I. A. E. (2016). CRITICAL ANALYSIS OF THE CURRENT TREATMENT GUIDELINES FOR COMPLEX PTSD IN ADULTS. *Depression and Anxiety*, 33(5), 359–369. <https://doi.org/10.1002/da.22469> Maercker, A., Brewin, C. R., Bryant, R. A., Cloitre, M., Reed, G. M., van Ommeren, M., ... Saxena, S. (2013). Proposals for mental disorders specifically associated with stress in the International Classification of Diseases-11. *Lancet*, 381(9878), 1683–1685. [https://doi.org/10.1016/S0140-6736\(12\)62191-6](https://doi.org/10.1016/S0140-6736(12)62191-6) National Institute for Health and Clinical Excellence (NICE) (2005). Post-traumatic stress disorder: management. Available at: <https://www.nice.org.uk/guidance/cg26/chapter/1-Guidance#the-treatment-of-ptsd>

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SATURDAY, 16 SEPTEMBER 2017

SPECIAL SYMPOSIUM

1169 - WHAT DO SLOVENE CBT THERAPISTS DO?

Organizer : *Spela Hvalec, Društvo za VKT Slovenije*

Chair : *Andreja Cirila Škufca Smrdel, Institute of Oncology Ljubljana, Dept. of Psycho-Oncology*

Presenters :

Andreja Cirila Škufca Smrdel, Institute of Oncology Ljubljana, Dept. of Psycho-Oncology

Anica Gorjanc Vitez, Psychiatric hospital Idrija

Katja Kodolja, Health center Nova Gorica

CBT is widely spread in Slovenia. The following three presentations will show different areas how the CBT is used.

Group Therapy Based on Cognitive Behaviour Therapy for Cancer Patient

Andreja Cirila Škufca Smrdel, Institute of Oncology Ljubljana, Dept. of Psycho-Oncology, Zaloška 2, Ljubljana, Slovenia

In cancer patients, CBT is one of the most frequently used therapeutic modalities. It represents the treatment of choice in dealing with the distress, fear of cancer recurrence, coping with the physical consequences, and support in psychological adjustment. At the department of psychooncology at the Institute of oncology Ljubljana, it has become part of routine clinical practice. Patients are entering the group through the psychological treatment, mostly after completion of the oncology treatment – vulnerable and often neglected period regarding experiencing distress. The group comprising of 6 to 12 patient has 9 weekly sessions, and is focusing on specific actual problems. It identifies and challenges negative automatic thoughts, sets goals, helps in developing coping skills, schedules the activities providing the senses of achievement and pleasure, provides relaxation training and encourages expressions of emotions.

Metaphors in CBT

Anica Gorjanc Vitez, Psychiatric hospital Idrija, Pot sv. Antona 49, Idrija, Slovenia

Metaphors, illustrations and stories are useful tool in cognitive and behavioral therapy. With use of metaphors we improve understanding of cognitive and behavioral principles and techniques. We can bypass emotional defenses and motivate our client. With illustrations and stories we make our statements more memorable. Metaphors in CBT must be skillfully embedded into the therapeutic interventions. They act like a bridge between abstract and more concrete and familiar statements. Metaphors have great persuasive capacity. In CBT metaphors are intended to alter a client's behaviour and perceptions. The goal of metaphor use in CBT is to transform therapeutic information into a vivid form that is easier to remember and can be applied in important moments in a client's life.

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CBT in Sport Psychology

Katja Kodolja, Health center Nova Gorica, Dep. of Mental health, Rejčeva 4, Nova Gorica, Slovenia

Katarina Barborič, Special Education Centre Janez Levec, Karlovška c. 18, Ljubljana, Slovenia

Tina Jeromen, Bachelor of Psychology, Sport psychologist, Psiholab, Ljubljana, Ljubljana, Slovenia

Tanja Kajtna, Ph. D., Faculty of sport, University of Ljubljana, Gortanova 22, Ljubljana, Slovenia

Maja Smrdu, Sport psychologist, University of Primorska, FAMNIT, dep. for Psychology

In applied sport psychology we use CBT principles for athletes recognizing and understanding the complex interactions between cognition, emotion, physical reactions and behaviour. We also use basic CBT principles to educate athletes about connection between their thinking processes, emotions and physical reactions, which are crucial to their performance. On basic level we use psychoeducation to understand circle and sources of anxiety. Breathing techniques, relaxation and imagery are base of work in sport settings. One of the main aims of interventions in sport is to improve athlete performance, enhance their attention and self-confidence and to improve overall well-being.

OPEN PAPERS



THURSDAY, 14 SEPTEMBER 2017

OPEN PAPER SESSION 1-Anxiety Disorders

1154 - THE FEAR CIRCUIT ACTIVITY AND CONNECTIVITY PATTERNS DURING A THERAPY-LIKE EXTINCTION SESSION

*Ana Ganho-Ávila*¹, Daniela Valério¹, Óscar Gonçalves², Jorge Almeida¹

University of Coimbra - Faculty of Psychology and Educational Sciences¹, University of Minho - School of Psychology²

1. Introduction Translational research on fear-extinction for anxiety disorders rely on the fear-conditioning model, according to which anxiety symptoms (e.g. avoidance) result from associative learning. To get closer to therapy-like procedures, research must consider two important aspects: that the to-be extinguished fear memory is consolidated and that the context where the fear response was acquired differs from the context where it will be extinguished. However, extant neuroimaging studies have failed to address these features, and have targeted the procedure efficacy rather than its mechanisms. Here, we use functional Magnetic Resonance Imaging to observe the neural mechanisms of fear extinction online. 2. Method Mimicking a therapy-like process, we used functional Magnetic Resonance Imaging to explore the neural circuits during the extinction of a previously consolidated fear memory, when there is a global change in context between fear acquisition and fear extinction events. Ten female participants underwent an auditory fear conditioning procedure during two days, in two distinctive contexts. In day 1, skin conductance responses and self-report measures were collected confirming the fear response was conditioned. On day 2, functional images were collected during extinction. 3. Results In day 1 SCRs and self-reports showed successful conditioning procedure ($t(9) = 2.30, p = .047, 95\% \text{ CI } [.003, .381]$, $t(8) = -4.30, p = .003, 95\% \text{ CI } [-5.2, 1.6]$, respectively). Preliminary univariate analysis of neural activity showed that the left amygdalae and the ventro-medial prefrontal cortex (vmPFC) activation are sensitive to fear-eliciting cues ($t(9) = 2.26, p = .050, 95\% \text{ CI } [0.18, 0.61]$; vmPFC: $t(9) = 2.64, p = .027, 95\% \text{ CI } [0.31, 0.81]$). However, the right amygdalae and the hippocampi are not. Functional connectivity analysis showed that the amygdalae, the ventro-medial prefrontal cortex and the hippocampi are positively connected with one another. Psychophysiological Interaction Analysis, showed a set of overlapping regions within frontal and prefrontal cortices that are fear-specifically decoupled with the fear circuit. 4. Discussion In this study we examined the neural responses during a fear extinction procedure. Our findings show a positive relation between bilateral amygdalae, bilateral hippocampi and the vmPFC and Psychophysiological Interaction Analysis using these regions as seeds, detected anticoupled frontal and prefrontal regions that overlap. These regions may serve as interface structures for a top-down control, leading to a decreased fear response. Simultaneously, they may have a potential role in amplifying the information. We suggest that, the resulting circuit may be specific for resistant consolidated fear memories, allowing for the incorporation of online information on context and fear-cues, contributing to a more adaptive fear response. 5. Conclusion We examined for the first time the online neural activity within the typical fear processing circuit, during the extinction of a consolidated fear memory, and under a context change between fear acquisition and fear extinction. Besides describing the activation and connectivity patterns of fear extinction circuitry, our preliminary data, identified frontal and prefrontal fear-specific binding regions that may be optimal targets for future non-invasive neuromodulation treatments that aim to boost extinction-based processes.

1222 - THE 5-HTTLPR GENOTYPE, FEAR AND EXTINCTION LEARNING AND THE OUTCOME OF EXPOSURE-BASED ONE-SESSION FEAR TREATMENTS

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Introduction: Allelic variation of the serotonin transporter linked polymorphic region (5-HTTLPR) has been associated with enhanced fear learning and fear expression and differential sensitivity to environmental context. However, the extent to which this leads to differential responsiveness to psychological interventions is unclear. Existing research suffers from methodological problems, e.g. by applying quite unstandardized treatment formats in heterogeneous samples. In this study we investigated whether fear conditioning and extinction processes are influenced by 5-HTTLPR genotype and whether alterations in these mechanisms can predict short- and long-term outcome of a fear treatment. **Method:** We treated 222 medication-free adults highly fearful of spiders, dental surgeries or blood, injuries and injections with a highly standardized exposure-based one-session treatment and genotyped them for the 5-HTTLPR. Prior treatment, in a subcohort of 156 participants all treated in large-group formats, a discriminative fear condition paradigm was conducted. In this experiment Rorschach pictures served as conditioned stimuli (CS). During acquisition, one CS (CS+) was paired with an aversive tone serving as unconditioned stimulus whereas the other (CS-) was not. During extinction none of the CS were paired with a tone. Participants' subjective fear and contingency awareness was assessed throughout the experimental phases and treatment success was assessed pre-, immediate post treatment and at 7 months follow-up. **Results:** Homozygous S-allele carriers showed enhanced fear increase from pre-conditioning to late acquisition to the CS+ as well as to the CS- compared to L-allele carriers. Furthermore, the odds of homozygous S-allele carriers to display "overgeneralized US-expectancy", i.e. to expect both, the CS+ and CS- being followed by the US was about four times larger compared to the other genotypes during the acquisition phase. Overgeneralized US-expectancy was associated with larger treatment outcome at immediate post assessment. At that stage, the influence of 5-HTTLPR genotype on therapy outcome was mediated by biased contingency awareness. However, at follow-up assessment we observed a strong direct effect of genotype and a dose-dependent relation between serotonergic availability and long-term treatment outcome. **Discussion:** Results suggest that S-allele of the serotonin transporter enhances fear learning and readiness to form threat-related associations. In contrast to our expectations, this tendency was associated with a higher benefit immediate post-treatment. Since only in such individuals who showed an overgeneralized threat prediction post-treatment outcome of group-based treatments did not differ from individually treated participants, one might speculate that group-context might be an explanatory factor for this result. However, the effect disappeared in the long run and instead, we observed a strong reinstatement of phobic fear in homozygous S-allele carriers, regardless of their experimental fear learning results. This differential stability of inhibitory learning processes, potentially reflects heightened susceptibility to context-related fear renewal in S-allele carriers. **Conclusion:** If replicated, results suggests the 5-HTTLPR might represent a biomarker for long-term outcome of brief exposure-based fear treatments and might inform genotype-based selection of psychotherapeutic interventions.

1203 - AUTONOMY AS VULNERABILITY FOR ANXIETY: RESULTS FROM TWO LABORATORY-BASED STUDIES

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1. Introduction: Autonomous individuals have achieved an intricate balance between self-governance, satisfying one's wishes and needs, on one hand; and being connected with and sensitive towards others on the other hand. Problems in autonomous functioning appear to contribute to psychological distress (e.g. depression, anxiety). According to the stress-vulnerability hypothesis, existing autonomy problems may render one vulnerable to experience significant distress when confronted with acute stressors. Yet, this has not been examined directly in a laboratory setting. 2. Methods: Stress (anxiety) was induced in two studies. In study 1, participants (N = 177) viewed an anxiety inducing film fragment and reported their state anxiety before and after viewing the clip. In study 2, participants (N = 100) were randomly allocated to one of two conditions: giving a short presentation (impromptu speech task) or watching another person's presentation. State anxiety was measured at baseline, after a preparation period and directly after the presentation. Prior to the lab sessions, participants' autonomy was measured using the Autonomy-Connectedness Scale (ACS-30). The ACS-30 comprises the subscales 'self-awareness', 'sensitivity towards others' and 'capacity for managing new situations'. 3. Results: Some, but not all components of pre-existing autonomy-connectedness predicted stress responses in study 1 and 2. In study 1 (film fragment) a positive association was found between 'sensitivity towards others' and stress reactivity. In study 2 (impromptu speech task) a negative association was found between 'self-awareness' and stress reactivity in preparation of the presentation. 4. Discussion: Pre-existing autonomy patterns appear to predict one's stress reactivity in a laboratory setting, but these effects vary according to the specific component and stressor investigated. Individuals who are highly sensitive towards others may be more vulnerable for stressful situations that involve other's well-being; individuals with low self-awareness may show enhanced distress when expressing their personal views. More research is needed to elucidate how specific autonomy components relate to stress reactivity and under which circumstances. 5. Conclusion: In line with the stress-vulnerability hypothesis, autonomy problems may render individuals vulnerable to experience anxiety when confronted with acute stressors.

1215 - FEEDBACK INFORMED COGNITIVE BEHAVIOURAL THERAPY FOR CHILDREN AND ADOLESCENTS WITH ANXIETY DISORDERS

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Anxiety disorders are common child psychiatric disorders, and cognitive behavioural therapy (CBT) is the most efficacious treatment for anxiety disorders in children. Nevertheless, about one third of the children is not anxiety free after treatment. This study aims to examine the working mechanisms in child anxiety treatment. In particular, the influence of the therapist-child alliance on the efficacy of child CBT will be examined when using a modular treatment manual. This study is an innovative study into the effects of direct feedback in child CBT. 130 Children and adolescents referred to mental health clinics are treated with a modular version of the CBT manual "Discussing + Doing = Daring", incorporating cognitive therapy, behavioral therapy, and mindfulness. Children are randomly assigned to either the 'therapist feedback group' or the control group (without therapist feedback). At pre-, mid-, post-, and 10 weeks follow-up treatment, children and parents complete a questionnaire measuring the child's anxiety symptoms and child-therapist alliance. On a session-to-session basis, children and parents assess their treatment satisfaction, child daily functioning, and child anxiety symptoms. Feedback on these last three topics was provided to the therapists in the feedback group.

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At this moment, 80 families have completed the measurements, and currently 20 more are being treated. Results of the session-to-session change will be presented. There will be a focus on the therapist-child alliance, as well as to specific anxiety symptoms and parental factors. Data was analyzed using innovative statistical techniques (i.e. multilevel modeling, mediation models). Results will contribute to a better understanding of the working mechanisms in child anxiety treatment. For example, if some factors have a positive or negative influence on treatment efficacy, the treatment could be adapted to specific target groups or to specific elements. Clinical implications will be discussed regarding the influence of the therapist-child alliance on CBT and whether assessing and using therapist feedback on a session-to-session base is useful.

THURSDAY, 14 SEPTEMBER 2017

OPEN PAPER SESSION 2- Child and Adolescent Disorders

1177 - COGNITIVE BIAS AS A MEDIATOR IN THE RELATION BETWEEN FEAR-ENHANCING PARENTAL BEHAVIORS AND ANXIETY SYMPTOMS IN CHILDREN: A CROSS-SECTIONAL STUDY

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Parents are thought to be involved in the etiology of anxiety disorders in children, not only via their genes but also by means of parenting behaviors such as modeling and verbal threat information transmission, which are likely to induce various types of cognitive biases in their offspring. This cross-sectional study was the first to explore relations between parenting behaviors and child anxiety symptoms, while taking into account the role of confirmation as well as interpretation bias. It was hypothesized that parental modeling and threat information transmission would be positively related to anxiety symptoms in children and that this relationship would be mediated by cognitive biases. Participants were 258 children aged 7-12 years (132 boys and 126 girls), and their mothers (n = 199) and/or fathers (n = 117). Children and parents completed the Parental Enhancement of Anxious Cognitions questionnaire, which measures parental modeling and threat information transmission, while children also filled in a scale for assessing anxiety symptoms. In addition, children conducted a number of computerized tasks for measuring confirmation and interpretation bias. Evidence was found for a mediating role of cognitive biases in the relation between threat information transmission and child anxiety, but the support for a mediating role of cognitive bias in the relation between modeling and child anxiety was less convincing. A possible explanation for this finding might be that cognitive biases as well as threat information transmission are more verbal in nature, while the mechanism involved in the relation between modeling and child anxiety seems to be quite different. Modeling is probably more related to social referencing, which is a topic in need of further scientific inquiry. Our data provide more insight in the relations between fear-enhancing parenting behaviors, cognitive biases, and anxiety symptoms in children. This research could provide new leads for intervention programs targeting anxiety problems in children by means of including parents in the therapy or by developing a cognitive bias modification training.

1258 - THE EFFECT OF ADDING COPING POWER PROGRAM-SWEDEN TO PARENT MANAGEMENT TRAINING-EFFECTS AND MODERATORS IN A RANDOMIZED CONTROLLED TRIAL

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Introduction: Children with oppositional defiant disorder (ODD) constitute a risk group for development into more severe behavior problems such as conduct disorder (CD) and antisocial personality disorder. Parent Management Training (PMT) is commonly recommended in clinical guidelines in addition to child Cognitive Behavioral Therapy (child-CBT). There is, however a lack of studies investigating the possibly additive effect of group-based child-CBT for children between 8 and 12 years. In the current study, we investigated the incremental effects of group-based child-CBT, the Coping Power Program, when added to the Swedish group-

based PMT program KOMET. Outcomes were child behavior problems and social skills and we also evaluated child characteristics as moderators for treatment outcome. Method: 120 children in the ages between 8 and 12 years with ODD and their parents were randomized to either group-based child-CBT in addition to PMT (n=63) or to PMT only (n= 57) in Swedish Child- and Adolescent Psychiatric settings. Participants were assessed pre- and post-treatment and one year follow-up using a semi-structured interview, child-, parent- and teacher ratings. For statistical analysis, mixed effects model were used examining time x group interaction. Results: Behavior problems were reduced in both groups, and no interaction effects (time x group) were found. The combination of child-CBT and PMT was significantly more beneficial in improving social skills. Parenting skills were improved in both groups with no interaction effects. Moderator analyses indicated that for children with high levels of ODD symptoms, behavior problems and social skills significantly improved in the child-CBT and PMT condition compared to the PMT only condition. High CU traits showed a moderating effect in children's problem solving strategies indicating an increased problem-solving ability in the child-CBT and PMT condition but no other effects were found. In the group of high risk for antisocial development, a symptom reduction was seen in one measure, the parental ratings of child behavioral and emotional problems (SDQ). Discussion: Only a few studies have evaluated the possibly additive effect of child CBT to PMT, mainly focusing on younger children and individually administered treatment. This study is the first study to investigate the additive effect of group delivered child-CBT compared to group-PMT in the ages of 8-12 years for disruptive behavior. Results from the one-year follow-up, presentable in September, will answer questions of long term treatment effects on behavior problems and social skills. Conclusions: Child-CBT and PMT significantly improved social skills but not behavior problems compared to PMT only in pre to post assessment. However, for children with more severe ODD, child-CBT and PMT resulted in significant improvements in both behavior problems and social skills. These results may have implications for clinicians and policymakers when considering adding or recommending child-CBT to PMT when behavior problems are more severe. The results of this study show that child-CBT programs, such as the Coping Power Program, are effective also within a Swedish child- and adolescence psychiatric setting.

1032 - THE EFFECT OF CHILD-PARENT RELATIONSHIP THERAPY (CPRT) (PLAY THERAPY) ON REDUCTION OF CHILDREN'S SEVERITY OF SIGNS AND SYMPTOMS WITH SEPARATION ANXIETY DISORDER

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Introduction: The purpose of this study was effectiveness of child-parent relationship by improving mother-child relationship, reducing parental stress and increasing self-efficacy on reduction of mother's separation anxiety in children. Method: This semi-experimental study was conducted as pre-test and post-test with control group. Research community was preschool and first grade elementary school in the academic year comprised 95-94. Sampling was available. 24 mothers of children who had a diagnosis of separation anxiety disorder were selected as an accessible and divided into control and experimental groups. The parent form of the sub-scales of separation anxiety of the child abnormal symptoms inventory (CSI-4) was administered. First, the pretest was conducted on the two groups (Mother-Child Relationship Evaluation (MCRE), Self- Efficacy Scale, parenting stress index (PSI)). The experimental group received child-parent relationship therapy (play therapy) in 10 session. The control group did not receive any intervention and were waiting for treatment. Findings: The results of covariance analysis showed that the experimental group significantly has been decreased the severity of anxiety symptoms ($p>0/05$). The effect was 54%. Also reduces stress's mothers (83%), increases self-efficacy's mothers (77%) and in the relationship between mother and child has improvement. Conclusion: Child-parent relationship therapy (CPRT) (play therapy) can reduce symptoms of separation anxiety. As well as CPRT training is effective in stress reduction, increased self-efficacy's mothers

and improving mother-child relationship. Key words: Separation Anxiety, Child Parent Relationship Therapy, stress, self-efficacy, Mother- Child relationship

1209 - TREATING ANXIETY-DISORDERED CHILDREN BY WORKING WITH PARENTS

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Aim Anxiety is the most common form of psychopathology reported by youth. Efficacious interventions exist for the treatment of child anxiety disorders, and yet, less than 20% of children and adolescents who would benefit ever receive any kind of intervention. Two potential ways to increase our capacity to reach anxiety-disordered youth are to: (1) work with parents only; and (2) offer brief versions of efficacious interventions. The first RCT to be presented evaluated a 6-session parent program ("Fear-less" Triple P) in the treatment of anxiety-disordered children. The second RCT compared the 6-session version of Fear-less with a ½ day workshop version of the intervention. Method 61 anxiety-disordered children (aged 7-14) and their parents participated in the first RCT. Families were randomly assigned to either Fear-less Triple P (6 sessions for parents only) or to a waitlist (WL) control group. Diagnostic and questionnaire data were collected at post-treatment, 3-, 6- and 12-month follow-up. In the second RCT (which is ongoing), preliminary data for 30 anxiety disordered children (7-12 years) and their parents will be presented. Families were randomly assigned to either the 6-session version of Fear-less or to a ½ day workshop (4 hours duration) version of Fear-less. Diagnostic and questionnaire data for post-treatment and 6-month follow up will be presented. Results In the first RCT, children in the Fear-less condition demonstrated significantly greater diagnostic gains compared to children in the WL condition. Diagnostic gains for children whose parents received the Fear-less intervention continued to improve at each follow-up point. Results from the second trial are pending. Conclusion Our capacity to reach anxiety-disordered youth with any kind of intervention is arguably the most pressing issue facing clinicians and researchers working with this population. These data provide strong support for the efficacy of a brief (6 sessions) program for parents of anxiety-disordered children. It is hypothesized that the ongoing trial will provide support for a low intensity version (a ½ day workshop) of the same program. This will have important implications for service delivery and accessibility.

THURSDAY, 14 SEPTEMBER 2017

OPEN PAPER SESSION 3- Eating Disorders

1033 - COMPARATIVE ASSESSMENT OF OVEREATING EPISODE PHENOMENOLOGY AMONG PATIENTS WITH EATING DISORDERS, DEPRESSION AND HEALTHY ADULTS

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Introduction. Overeating is attributed to the cluster of impulsive-compulsive disorders. Overeating episode can be assessed as a transdiagnosical symptom, which is considered to be specific for eating disorders but can also be observed in other mental states such as depression, anxiety disorders, addictions, etc. Episodes of overeating can also be present in healthy subjects with no psychiatric disorders. The objective of the trial is to evaluate and compare dynamics of overeating episodes among patients with eating disorders, patients with depression and healthy adults. Methods. A randomized sample of subjects (N=134, male and female, age 26-65), who reported at least one overeating episode in a last week, were examined with questionnaire, specially developed for assessment of phenomenological dynamics of overeating episode (Makhortova I.S. et al., 2016). The sample was composed out of three comparative groups. Patients of the first group (n=45, male and female) had diagnosis of depression according to the diagnostic criteria (ICD-10), patients of the second group (n=37, male and female) were diagnosed with an eating disorder of bulimic type (bulimia nervosa, binge eating disorder, night eating syndrome). Data was controlled by a sample of healthy adults (n=52, male and female). Assessment was performed once and included only one previous overeating episode. Results. The overall dynamics of all overeating episodes included common phases: triggers, overeating itself and consequences. Episode itself could be characterized by impulsiveness, compulsiveness or both. All three phases were described in terms of thoughts, emotions, physical sensations and behavior for each patient. Some significantly different characteristics of overeating episodes were established in the investigated groups. Compulsiveness was significantly more frequent in patients with eating disorders compared to other groups ($p < 0,05$). Impulsiveness was equally present in all individuals from every group (even in healthy adults) in the beginning of the episode. Healthy adults experienced positive emotions more frequently ($p < 0,05$) in the process of eating, while patients with depression and eating disorders usually reported feeling "nothing", which they nevertheless interpreted as a positive feeling compared to negative emotions they experienced before the episode. Patients with eating disorders and depression more frequently tend to plan overeating episode while healthy adults don't ($p < 0,05$). Conclusion. The dynamics of overeating episodes included common phases in all investigated groups. Some clinically significant differences of the phases were established.

1230 - EARLY MEMORIES OF INVOLUNTARY SUBMISSIVENESS AND FEAR OF NEGATIVE EVALUATION PREDICT EATING DISORDER SYMPTOMS THROUGH MODIFIABLE PSYCHOLOGICAL PROCESSES

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Introduction: Traumatic interpersonal experiences, such as abuse and early separation from significant others, and heightened fear of negative evaluation are a generic risk factor for emotional disorders (i.e. mood and

anxiety disorders). These risk factors have been implicated in the aetiology of eating disorders also. The aim of this study is to broaden the understanding of specific interpersonal patterns of vulnerability for the development of eating disorder symptoms by focusing on two modifiable psychological processes: perceived low social competence (i.e. perceived burdensomeness) and emotion suppression. Methods: Sixty-seven adult female patients with a lifetime diagnosis of anorexia nervosa completed validated questionnaire measures of early memories of involuntary submissiveness (Early Life Events Scale- ELES), perceived burdensomeness (Interpersonal Needs Questionnaire- INQ), fear of negative evaluation (Brief Fear of Negative Evaluation Scale- BFNES), and eating disorders symptoms (Eating Disorder Examination Questionnaire- EDE-Q). The Hayes's PROCESS tool was used to test Lambert's mediation model (i.e. indirect effect) by estimating: 1) the effect of early memories of involuntary submissiveness on eating disorder symptoms through perceived burdensomeness, and 2) the effect of fear of negative evaluation on eating disorder symptoms through emotion suppression. Results: The first model indicated that involuntary submission was a significant predictor of perceived burdensomeness ($b = 0.44$, $t = 2.37$, $p < 0.05$) and that perceived burdensomeness was a significant predictor of eating disorder symptoms ($b = 0.07$, $t = 4.10$, $p < 0.05$). Memories of involuntary submissiveness significantly predicted eating disorder symptoms both when burdensomeness was ($b = 0.06$, $t = 2.24$, $p < 0.05$; $R^2 = 0.34$) and wasn't ($b = 0.09$, $t = 3.2$, $p < 0.05$) in the model. Finally, there was a significant indirect effect of submissiveness on eating disorder symptoms through burdensomeness ($b = 0.03$, BCa CI [0.008, 0.064]). The second model indicated that fear of negative evaluation was a significant predictor of emotion suppression ($b = 0.19$, $t = 2.05$, $p < 0.05$) and that emotion suppression was a significant predictor of eating disorder symptoms ($b = 0.06$, $t = 2.08$, $p < 0.05$). Fear of negative evaluation significantly predicted eating disorder symptoms both when emotion suppression was ($b = 0.05$, $t = 2.03$, $p < 0.05$; $R^2 = 0.16$) and wasn't ($b = 0.06$, $t = 2.5$, $p < 0.05$) in the model. Finally, there was a significant indirect effect of fear of negative evaluation on eating disorder symptoms through emotion suppression ($b = 0.01$, BCa CI [0.0003, 0.0338]). Discussion: These findings indicate that early experiences of involuntary submission and fear of negative evaluation can both increase the risk of experiencing eating disorder symptoms. Part of this effect is explained by the mediating role of modifiable psychological processes. Conclusion: This study highlights the importance of targeting social competence and emotion regulation skills in anorexia nervosa.

1137 - TO DELIVER OR NOT TO DELIVER CBT FOR EATING DISORDERS: ARE WE ON THE RIGHT TRACK OR DRIFTING AWAY FROM EVIDENCE-BASED TECHNIQUES?

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Introduction Cognitive Behaviour Therapy (CBT) is the best available treatment for eating disorders. However, clinicians commonly “drift away” from using proven therapeutic techniques. Waller and colleagues (2012) examined the degree to which such drift occurs among CBT clinicians, working with adults with eating disorders. Results were disappointing: evidence-based CBT techniques were far less used than expected and desired. It raises the question if that is a common problem, also occurring in the Netherlands where CBT has a very strong tradition. Method Participants We replicated Waller's study in The Netherlands. Eating disorders CBT therapists were approached through various channels, including the Dutch CBT association (VGct), and the Dutch Academy of Eating Disorders (NAE), and asked to fill out an online (Qualtrics) survey. Between December 2016 and May 2017, the survey was filled out by N=185 therapists, whereas N=110 therapists completed the full questionnaire. Survey The online survey consisted of 4 parts: (1) Participant demographics; (2) what techniques they used as part of their CBT treatments in eating disorders. Each therapeutic technique presented in the survey (some of which were in fact non-evidence based) was rated by the clinician on the proportion of being used as part of their CBT treatment; (3) Questionnaires to investigate the clinician's anxiety (IUS-12; Intolerance of Uncertainty Scale; Carleton, Norton, & Asmundson, 2007) and personality (TIPI;

Ten Item Personality Inventory; Gosling, Rentfrow, & Swann, 2003); (4) A rating of beliefs about the importance of the therapeutic alliance, questions about the clinician's skills, compared to other clinicians with similar qualification, and about the recovery rates of their patients. Research questions: - What CBT techniques and to what extent do therapists report using when delivering CBT for eating disorders? - What are the reasons for non-adherence to evidence-based practice? More specifically, how are clinicians' anxiety level, age, years of experience, beliefs about the role of the therapeutic alliance, beliefs about how good they are as a therapist, and personality, related to (non-) adherence? We hypothesize that use of CBT techniques will be far lower than protocols would suggest, and that non-adherence will be associated with more anxiety, age and experience (older clinicians and those who spent more time in the field will adhere less to evidence-based treatments). Next, we hypothesize that therapists who have stronger beliefs in the importance of the therapeutic alliance, about how well they do as a therapist, and who are more extraverted, will do the CBT work less well (cf. Parker & Waller, 2015). Results and Discussion The survey was recently closed (April 30). We are now analyzing the data. In case our hypotheses will be confirmed, this is alarming as it means that eating disordered patients are not receiving optimal treatment. We will need to do more/ different work to bridge the gap between evidence-based theory and practice. How can we better disseminate good practice? In case our hypotheses will not be confirmed, this seems good news. We will then compare the results in the Netherlands with those in the UK.

1037 - THE MEDIATING ROLE OF METACOGNITIONS, BELIEFS ABOUT EMOTIONS AND DISTRESS INTOLERANCE IN DYSFUNCTIONAL EATING ATTITUDES: A MODEL TESTING

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Introduction: Recent studies in eating disorders draw attention to the role of meta cognitive and emotional processes as well as vulnerability factors and coping strategies. This study aimed to investigate proposed models consisting variables playing role in the development and maintenance of eating disorders. Methods: 759 undergraduate female students (M_{age}=19.92, SD_{age}= 1.84, range= 18-28) attended the study. To test predisposing and maintaining factors Sociotropy-Autonomy Scale, Frost Multidimensional Perfectionism Scale, Beliefs About Emotions Questionnaire, Distress Intolerance Index, Metacognitions Questionnaire-30 and Cognitive-Behavioral Avoidance Scale were administered. To assess bulimic, restricted and emotional eating attitudes, Bulimic Investigatory Test Edinburg, Dutch Eating Behaviours Questionnaire and Eating Attitudes Test were also administered. Models were tested via SEM. Results: In general, SEM results revealed that predisposing factors (perfectionism and sociotropy-autonomy) predicted metacognitions, beliefs about emotions and distress intolerance (meta cognitive factors), these three factors then predicted avoidance. Avoidance in turn predicted bulimic, emotional and general dysfunctional eating attitudes. There was no significant relationship between restricted eating and avoidance. When the mediating roles of metacognitions, beliefs about emotions, distress intolerance and avoidance were examined, results showed that while the relationship between perfectionism, sociotropy-autonomy and bulimic eating attitude was fully mediated, the relationship between emotional and general dysfunctional eating attitude was partially mediated by the mediator variables. Conclusion: Meta cognitive and emotional processes may have an important maintaining role in dysfunctional eating attitudes.

THURSDAY, 14 SEPTEMBER 2017

OPEN PAPER SESSION 4- RET and New Wave Therapies

1216 - THE EFFECT OF A PSYCHOEDUCATION PROGRAM BASED ON RATIONAL EMOTIVE BEHAVIORAL APPROACH UPON CHILDREN'S AGGRESSIVENESS LEVELS

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Introduction Untreated behavioral problems which are seen during adolescence and early adulthood can cause substance abuse, marital problems, low school and job adjustment, and other antisocial behaviors (Farrington, Loeber and Van Kammen, 1990; Kazdin, 1995). Aggressive behaviors and acts of violence are the result of emotional situations such as anger, anxiety, and fear (Köknel, 2000). Taking this result into consideration, preventive studies have to be carried out in order to prevent aggression. It is very important to teach cognitive and behavioral skills that will make it easier for individuals to cope with their problems in prevention studies to this end (Korkut, 2004). It can be suggested that Rational-Emotive Education (REE) which is one of the models of Cognitive Behavioral approach is very important in these prevention studies. This is because Rational Emotive Education is used frequently to increase life skills of the children and adolescents in both individual and group studies in school environment (Vernon, 2008). In this context, the purpose of this research is to examine the effect of psycho-education program based on Rational Emotive Behavioral Therapy upon children's aggression levels. **Methods** Sixteen 3rd and 4th graders participated in the study. The psycho-education group based on Rational Emotive Behavioral approach, and control group consisted of 8 subjects. Aggression Scale (AS) developed by Şahin (2004) was used as the data collection tool in the research. The psycho-educational program based on Rational Emotive Behavioral approach in the research consists of 9 sessions, one session per week. No study has been done with the control group. Quasi-experimental design with pre-test and post-test was used in this study. The Mann Whitney U Test was used to examine the significance of difference between the groups and the Wilcoxon Signed Rank Test was used to examine the significance between the intra-group differences in the analysis of the obtained data. The sample of the study consisted of 3th and 4th graders whose scores on the Aggression Scale were one standard deviation ($sd=3.62$) above the average ($X=16,39$). **Findings** The findings of the research revealed that aggression level of children decreased and that the program was found to be effective in cultivating skills regarding anger control and expressing themselves in non-aggressive ways by decreasing their aggressive behaviors ($z= -2.524, p< .05$). **Conclusion, Discussion and Suggestions** As a result of this research, it is concluded that psycho-education program based on Rational Emotive Behavioral approach is effective in decreasing aggression levels of children. As a matter of fact, this result is consistent with other research results in the field. Cognitive Behavioral Therapies are educative by nature and aim to teach the client to be a therapist of himself/herself. In this respect, they can be considered as an important type of preventive approach (Köroğlu, 2009). In this context, it can be said that the application of preventive psycho-education programs based on cognitive-behavioral approach at early ages will prevent problems in future periods and will make it easier for individuals to cope with problems.

1193 - EXAMINING THE ACTIVATION OF SCHEMAS FOR PATIENTS WITH DEPRESSIVE SYMPTOMS

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Schema therapy is an integrative psychotherapy used for chronic Axis I disorders and difficult problems for which patients have been through other psychotherapies. Eighteen schemas have been defined and are the important aspects of Schema Therapy. Recently it has been searched which schemas are specific to which psychopathology and certain schemas are assumed to be activated due to specific disorders such as depression. In this study, due to the same assumption, 100 cases with depressive symptoms have been examined and common schemas have been determined. The cases were without suicidal attempts or ideation and the comorbidity was controlled. Information attained from demographic information form, Beck Depression Inventory, Beck Anxiety Inventory, PBQ-S and Young Schema Scale (short form) was used to assess the schemas and related symptoms. The results will be shared and discussed. It is believed that the findings will expand our understanding of depressive patients' schemas and contribute to the application of schema therapy to patients with depressive symptoms.

1120 - PERCEIVED MATERNAL PARENTING AND SELF-COMPASSION AS PREDICTORS OF PSYCHOLOGICAL DISTRESS DURING ADOLESCENCE

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Maltepe University- PHD Student¹, Koc University- Instructor²

Perceived Maternal Parenting and Self-Compassion as Predictors of Psychological Distress during Adolescence
Temel M., Atalay A. A. (2016) The present study aims to investigate the predictive role of perceived maternal parenting and self-compassion on psychological distress. Moreover, the predictive role of perceived maternal parenting on self-compassion is examined. The participants of the study consisted of 529 (226 females, 303 males) 9th grade Turkish high school students. The age of participants ranged between 14 and 17 (M= 14.96). The participants filled out three questionnaires which are The Self Compassion Scale (SCS), My Memories of Upbringing (S-EMBU-C), Depression Anxiety and Stress Scale (DASS) in counterbalanced order. The multiple regression analysis revealed that, self-compassion was predicted significantly by warmth dimension of perceived maternal parenting whereas parenting rejection, overprotection and comparison were failed to be the significant predictor of self-compassion. In addition to these, self-compassion was presented as a significant predictor of each sub-scales of psychological distress: depression, anxiety and stress after controlling demographic variables and perceived parenting.

Keywords: self-compassion, adolescence, psychological distress, perceived parenting, depression

1221 - METACOGNITIVE THERAPY FOR DEPRESSION: A RANDOMIZED CONTROLLED TRIAL. ONE YEAR FOLLOW-UP.

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Introduction: Previous studies have indicated up to 40-58% patients treated with CBT are recovered at post-treatment (Dimidjian et al., 2006), and that relapse rates may be as high as 40 to 60% (Hollon et al., 2006). MCT has reported promising results in case series (Callesen et al., 2015), multiple baseline studies (Wells et al., 2009) open group treatment trials (Dammen et al., 2014; Papagorgiou et al 2015) with between 70-91%

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recovered. The present study have explored the effect of MCT of depression in a randomized controlled trial and the one year follow-up as well as predictors of therapy effect. Research Question: This study aimed to examine the effects of metacognitive therapy in patients with major depressive disorder. Metacognitions are explored as predictors. Method: Thirty-nine patients diagnosed with a major depressive disorder were randomized into two treatment conditions. MCT (N=20) and a waiting list control (N=19). Patients enrolled in the MCT condition were given 10 sessions of therapy, and the waiting list controls were also given the same treatment after 10 weeks of waiting. Four trained therapists were doing the treatment under the supervision of the originators of MCT (Wells). Results: The results indicate that MCT is a highly effective treatment in the one year follow-up and randomized controlled trials comparing MCT to other treatments are warranted. Metacognitions are explored as predictors of outcome of therapy Discussion: The relapse rates over 1 year follow-up makes Metacognitive therapy a highly interesting therapy in the treatment of depression and particularly related to the relatively high relapse rates commonly reported among patients with this disorder. Results and the implications of the trial will be discussed in the presentation at the symposium.

THURSDAY, 14 SEPTEMBER 2017

OPEN PAPER SESSION 5- Transdiagnostic Issues

1197 - AUTONOMY-CONNECTEDNESS: A TRANSDIAGNOSTIC, GENDER-SENSITIVE TARGET FACTOR FOR ATTACHMENT-BASED, GENDER- AND CULTURE-SENSITIVE TREATMENT: EVIDENCE AND TREATMENT CHARACTERISTICS

Bekker MHJ¹

Tilburg University¹

1. Introduction In recent years, many studies showed associations between autonomy-connectedness, the attachment-based capacity for self-governance under the condition of connectedness, and a variety of mental disorders as well as milder types of decreased well-being, e.g., work stress. Among these mental health disorders are anxiety-, mood-, eating, and personality disorders and ADHD in adults. The concept of autonomy-connectedness is a gender-sensitive concept developed from criticism regarding the classical autonomy concept by authors such as Erikson, and Kohlberg. In my lecture I aim to (i) further introduce and explain the concept of autonomy-connectedness (AC) and its theoretical background; (ii) present recent gender-related and cross-cultural findings; (iii) discuss effects of autonomy-connectedness enhancing treatment (AET), and main therapeutic strategies characterizing AET. 2. Method Concerning objectives (i) and (ii) results of various cross-sectional clinical and non-clinical studies will be presented showing AC's relevance for a variety of mental disorders, e.g., anxiety-, mood-, eating- and personality disorders; its relationships with related concepts such as personality, insecure attachment styles, and alexithymia; its associations with gender, acculturation; and adherence to independence and interdependence cultural values. Regarding objective (iii) the results of a recent RCT will be shown comparing the effects of AET with a waitlist control condition for severe anxiety disorders. In addition, AET characteristics will be described conform our recently published session-by-session protocol: How is AET being done? 3. Results (Ad i/ii) Research so far showed poor AC associated with a large variety of mental disorders: anxiety-, mood-, and eating disorders, ADHD in adults, personality disorders, and also with milder types of un-wellbeing, e.g., work stress and work-family interference. AC appears a separate factor, independent from personality, attachment styles, or factors like alexithymia. AC explains the striking sex differences in disorders' prevalence and major cultural differences in psychopathology. (Ad iii) Both the RCT's intention-to-treat and the completers analysis showed a larger decrease of agoraphobia-related symptoms in the AET- than in the waitlist condition. The completers analysis showed additional beneficial effects on capacity for managing new situations, general psychopathological complaints, anxiety and depression. 4. Discussion Among the intriguing issues to be addressed in the Discussion are: - the predictive value of autonomy-connectedness for later psychopathology (what developmental model seems most plausible?); - the current application of AET in women and men; - focusing on this transdiagnostic target factor: what does it mean for specific (sub)types of mental disorders? 5. Conclusion Autonomy-connectedness is a highly relevant factor underlying many mental disorders. AET is a promising, gender-/culture sensitive, innovative approach.

1182 - EVALUATION OF PERFORMANCE AFTER FINAL EXAMS: ROLES OF PERFECTIONISM, FEAR OF FAILURE, GOAL ACHIEVEMENT AND AFFECT

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Dokuz Eylul University¹

Experimentally induced failure and success based studies revealed that a test condition led negative or positive affects regarding the dimensions of perfectionism as a transdiagnostic issue. However, real life assessment of students, as in the case of personal expectations and real grades before and after exams, is another data collection procedure which had potential of presenting more meaningful information. From cognitive-motivational and relational perspective, facing with a possibility of failure could be threatening, and associated with aversive consequences and changes in affect. Moreover, fear of failure is associated with different types of goal achievements and it is related to dimensions of perfectionism and thus, affect. The current study aimed to test how actual and subjective test performance is affected by these factors including adaptive and maladaptive perfectionism and then, whether different types of perfectionism, fear of failure and goal achievement predict positive and negative affect in real time measurements of exams. An instrument set consisting of questionnaires about perfectionism (with two widely known scales), goal achievement, fear of failure, positive and negative affect and subjective performance appraisal were administered to a group of psychology undergraduate students. Perfectionism, positive and negative affect, fear of failure and goal achievement were assessed one week before final exams, and then, assessments of affect and subjective performance evaluation were taken immediately after the final exams. To test research questions, a series of statistical analyses such as MANOVA, Pearson Correlation and hierarchical multiple regression were conducted. According to the correlation results, total perfectionism scores of two scales was positively and significantly associated with negative affect, mastery avoidance and performance goals and all domains of fear of failure. Multivariate variance analysis revealed that students in high perfectionism significantly experienced more negative affect, fear of failure and achievement problems after the final exam than lower perfectionist. In terms of subjective evaluation, students who met expectations reported less negative affect than others. The results of regression analyses pointed that meeting expectations, maladaptive perfectionism, fears of feeling shame and embarrassment and mastery approach and avoidance significantly predicted negative affect after final exam; whereas, mastery approach and adaptive perfectionism predicted positive affect were predictors of positive perfectionism. The current findings have important clinical implication about roles of perfectionism in affect in actual exam performance, particularly role of maladaptive perfectionism. In sum, examination of goal achievement and fear of failure onto this condition would provide further knowledge for those experts working with students with perfectionist tendencies suffering from test performance.

1030 - IS COGNITIVE ATTENTIONAL SYNDROME JUST ABOUT RUMINATIONS AND METACOGNITIVE BELIEFS? A VALIDITY STUDY OF THIS TRANSDIAGNOSTIC CONSTRUCT IN A POLISH SAMPLE

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Cognitive attentional syndrome, CAS, is a cognitive style characteristic of patients with depression and anxiety disorders. It consists of worry, rumination, threat-monitoring and maladaptive behaviours such as avoidance, thought control or substance intake. It derives from positive and negative metacognitive beliefs and strengthens those beliefs. It is a key construct in Adrian Wells' metacognitive therapy, who proposed a brief questionnaire, CAS-1, to measure the severity of cognitive attentional syndrome. The aim of this study was to explore convergent and divergent validity of the Polish version of the CAS-1 questionnaire through correlations with the ruminative responses scale (RRS), short version of the metacognitions questionnaire (MCQ-30),

WHOQOL-BREF and KOOF-58, a Polish checklist-type questionnaire which covers most groups of psychopathological symptoms. 602 participants took part in an internet study. 77% were women, aged from 18 to 75 ($m=31.9$, $sd=10.2$). Zero-order correlations revealed positive relationships between cognitive attentional syndrome and psychopathological symptoms: ρ ranged from 0.19 to 0.7 for different scales and $\rho=0.72$ for total score, all $p's < 0.001$. Correlations with depressive ($\rho=0.68$) and anxiety ($\rho=0.7$) symptoms were particularly robust. Negative correlations with quality of life domains were also significant: ρ ranged from -0.4 to -0.61, all $p's < 0.001$. Second-order correlations between CAS-1 and KOOF-58 scales when controlling for RRS and MCQ-30 results were still mostly significant (r ranged from 0.07 to 0.36, all $p's < 0.04$). The same analysis with WHOQOL-BREF showed significant negative correlations with CAS-1, with r ranged from -0.11 to -0.25, all $p's < 0.01$. Suitable regression analyses were conducted to confirm the incremental validity of CAS-1. These results confirm the construct validity of the Polish version of the CAS-1 questionnaire. These results may also indicate incremental validity of CAS-1 and its importance for transdiagnostic assessment of psychopathological symptoms.

1238 - IS REPETITIVE NEGATIVE THINKING (RNT) TRULY A TRANSDIAGNOSTIC PHENOMENON ? A COMPARISON OF PROCESSES AND CONTENTS OF RNT IN MAJOR DEPRESSIVE DISORDER, GENERALIZED ANXIETY DISORDER, OBSESSIVE-COMPULSIVE DISORDER AND NON-CLINICAL INDIVIDUALS.

*Karina Wahl*¹, Sabine Schoenfeld², Hanna Kley³, Roselind Lieb¹, Andrea Meyer¹, Thomas Ehring⁴
University of Basel¹, University of Dresden², University of Bielefeld³, Ludwig-Maximilians-Universität Munich⁴

1. Introduction: There is a broad consensus that repetitive negative thinking (RNT) is a transdiagnostic mechanism, involved in the development and maintenance of multiple mental disorders. The transdiagnostic account assumes that RNT is characterized by identical processes across disorders, which are applied to disorder specific contents. 2. Method: In order to test this hypothesis, the study compares core processes (repetitiveness and uncontrollability, unproductivity and capturing mental capacity) and contents of RNT across individuals diagnosed with either major depressive disorder ($N = 36$), generalized anxiety disorder ($N=35$), or obsessive-compulsive disorder ($N=41$) und non-clinical controls ($N=35$). Importantly, clinical participants were only included if they currently did not meet any of the other two diagnoses in order to facilitate clear interpretations of similarities and differences between groups. 3. Results: Core processes of RNT, i.e. repetitiveness and uncontrollability, capturing mental capacity, and also duration of RNT were not significantly different between the clinical groups. Three groups (generalized anxiety disorder, obsessive compulsive disorder, and healthy individuals) could be distinguished based on specific contents. However, overlap in content was substantial, especially for individuals diagnosed with major depressive disorder and the other two clinical groups. 4. Discussion: The study largely supports the hypothesis that processes of RNT are identical across clinical groups. Overlap of contents between clinical groups was substantial, in particular between major depressive disorder and generalized anxiety disorder. Limitations regarding the self-report nature of the data should be taken into consideration. 5. Conclusion: The study confirms the view that RNT is a transdiagnostic phenomenon characterized by identical processes across mental disorders and justifies transdiagnostic interventions targeting RNT.

THURSDAY, 14 SEPTEMBER 2017

OPEN PAPER SESSION 6- Prevention and Mental Health

1196 - A PREVENTION APPLICATION: DIALECTICAL BEHAVIORAL THERAPY SKILLS TRAINING FOR UNIVERSITY STUDENTS

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A Prevention Application: Dialectical Behavioral Therapy Skills Training for University Students A. Meltem Üstündağ-Budak 1 (Phd.), Ezgi Özeke Kocabaş 2 (Phd.) Introduction: Dialectical Behavioural Therapy (DBT) skills training consists of four separate skill modules including Mindfulness, Interpersonal Effectiveness, Emotion Regulation and Distress Tolerance Skills (Linehan et al., 1993). Although, this modality was originally designed for borderline personality disorder population, there has been a recent interest DBT's implication for non-clinical populations (Engle et al., 2013; Panepinto, 2015; Pisterello et al., 2012). Thus this study aimed to adopt DBT skills training to a non-clinical university student to improve their quality of life by teaching them effective skills. Method: The skills training was introduced as part of Developmental Psychopathology course. 27 fourth year students (Mean age = 22.48), volunteered and completed a 10 weeks revised DBT skills training. During this program students received all the modules of the DBT skills training over a 10 week period of time and each session lasted one hour. Students were given homework to practice the skills between sessions. Program was developed and applied by certified DBT therapists in supervision with Linehan Institute. Students stress scores (measured by Depression Anxiety & Stress Scale (DASS); Lovibond & Lovibond,1995), difficulties in emotion regulation (Difficulties in Emotion Regulation Scale (DERS); Gratz & Roemer, 2004) and their self-compassion (Self Compassion Scale; Nef, 2003) were assessed at pre and post training. Results: DERS total scores were significantly different before (M=86.08, SD=20.93) and after (M=78.88, SD=15.72) the DBT training (t (2.492), p = .020). Similarly, the scores of DASS stress subscale between pre (M=21.30, SD=9.41) and post (M=17.82, SD=9.24) DBT training were found significantly different (t (2.451), p = .021). There was no significant difference in self-compassion scores. Discussion: A 10 week DBT skills training appeared to be helpful in giving students strategies particularly in emotion regulation and stress reduction. Conclusion: Student counselling or wellbeing centers may consider implementing such programs.

1035 - FACTORS ASSOCIATED WITH LOW VS INCREASED PERCEIVED MASTERY OF CLINICAL WORK: A 20-YEAR COHORT STUDY OF NORWEGIAN DOCTORS

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Background: A sense of mastery in a demanding or stressful situation is known to benefit the individual's well-being. Physicians constitute a professional group that is exposed to demanding situations and high levels of stress, which require healthy coping strategies. A higher sense of mastery of their clinical work could not only benefit the physicians' own mental health but also influence their work performance and in the long run the

quality of their patient care. Still, we know little about predictors of perceived mastery of clinical work among physicians. The aim of this paper is to compare characteristics of those physicians reporting stable low levels of mastery with those whose perceived mastery has increased over ten years of practice. Method: 631 doctors were surveyed at final year of medical school in 1993/94 (T1), 10 (T2), 15 (T3) and 20 (T4) years later. Low and increased perceived mastery of clinical work were measured at T2, T3 and T4. Predictor variables include pre-existing factors such as demographics, medical school factors and personality and contextual work related and non-work related factors. Risk estimates were studied by logistic regression analysis. Results: N=73 (31%) of the doctors reported stable low mastery. The following variables were significantly associated with low mastery in the adjusted analyses: high vulnerability (OR: 1.30, $P < .000$, CI: 1.12 to 1.50), drinking alcohol to cope with stress during medical school (OR: 2.66, $P = .04$, CI: 1.03 to 6.85) and low social support (OR: 0.78, $P = .002$, CI: 0.66 to 0.91). N=39 (15%) reported increased mastery during the ten year period of measurement. Decline in perceived job demands (OR: 0.66, $P = .02$, CI: 0.45 to 0.98) and taking up leading position (OR: 3.04, $P = .01$, CI: 1.31 to 7.07) were associated with increased mastery after adjustment. Discussion: Several factors were associated with stable low mastery that in theory might be linked to passive or avoidant behaviour. Increased mastery on the other hand could be linked to a tendency to put oneself in possibly uncomfortable demanding situations, and over time experiencing them as less demanding. These findings indicate that mastery may not be a trait, but modifiable over time, possibly by proactive behaviour. 1 The Young Doctor Cohort of the Longitudinal Study of Norwegian Medical Students and Doctors (NORDOC).

1226 - PREVENTION OF INITIAL DEPRESSIVE DISORDERS AMONG PORTUGUESE ADOLESCENTS

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Introduction Depression remains a frequent, debilitating, and chronic disorder, whose highest rate of initial onset occurs during the late adolescent years, despite the development of efficacious acute treatments. Therefore, it is important to prevent initial episodes. The primary aims of the present study were to replicate the Arnason and Craighead (2009, 2011) study conducted in Iceland and to study its effectiveness in preventing depression or dysthymia among Portuguese adolescents, who had never been depressed but were experiencing mild depressive symptoms. Method The initial participants were 1,371 eighth and ninth grade Portuguese adolescents aged 13-16 (mean=14.11; s.d. =.87; 40.3% were 14) who, at the beginning of the study, completed a screening process. Of the 1371, 168 "at risk" but never depressed subjects were offered to participate in the prevention program; 98 (69 female; 70.4%) of these 168 declined participation in the prevention program but agreed to participate in all assessments, and they, consequently, became the control group. The remaining 70 participants (53 female; 75.7%) agreed to participate in the program. All students participated in a baseline (t1), post-intervention – 6 months (t2), 12-months (t3), 18-months (4), and 24-months (t5) follow-up assessment sessions. Results At baseline (Time 1 assessment) the "prevention" and the "assessment" groups did not differ regarding age, level of depression on CDI or gender proportions. There were no significant differences relating to the socioeconomic level of the prevention and assessment groups. The sample was assessed with the A-LIFE interview during follow-up and 119 of the 168 (70.8%) subjects participated in a 24-month follow-up. The survival analyses indicated that the program significantly reduced the probability of "at risk" adolescents developing a first episode of depression ($X^2(1) = 5.218$, $p = .022$). The hazard ratio was .207, which indicates that by 24 months the program had decreased the probability of a first episode of depression by 79.3%; a student who participated in the prevention program had only a 20.7% probability of having an initial episode of depression when compared to a student who chose to be in the assessment only group. Conclusion The results show that it is possible to prevent the development of

depression in adolescents “at risk” who have not previously been depressed. References Arnarson, E. O. & Craighead, W. E. (2009). Prevention of depression among Iceland adolescents. *Behavior Research and Therapy*, 47, 577-585. Arnarson, E. O., & Craighead, W. E. (2011). Prevention of Depression among Icelandic adolescents: A 12-month follow-up. *Behavior Research and Therapy*, 49, 170-174.

1254 - THE INVESTIGATION OF THE EFFECTS OF PSYCHO-EDUCATION PROGRAM OF DEVELOPING THE PSYCHOLOGICAL RESILIENCY BASED ON COGNITIVE-BEHAVIOURAL APPROACH OVER THE PSYCHOLOGICAL RESILIENCY, IRRATIONAL BELIEFS AND SUBJECTIVE WELL-BEING LEVELS OF ADOLESCENTS.

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Ministry of Education¹, Gaziantep University²

Difficult life incidents, despite being in different levels, negatively affect the mental health and adaptation process of all human. However, some people are able to keep up, adapt again and, most importantly, continue their way successfully despite all kinds of difficult conditions. In addition, they continue their life by recovering undauntedly and getting stronger from these negativities. In this case, perhaps the main question to be asked is: How are these people able to manage all these? Named as psychologically resilience, these people are those who are fast recovering, responsive, have the ability to overcome difficulties, and have managed to keep up in spite of the difficult life conditions. Psychological resiliency, therefore, is an adaptation behaviour which shows itself up with difficult life incidents. For the reason that psychological resiliency is not an innate feature, it's been seen that through increasing and developing the internal and external protective factors, the resiliency of individuals will increase and they will be able to overcome difficult life incidents more positively and successfully. In this study, it's been aimed to investigate the effects of psycho-education program of developing the psychological resiliency based on cognitive-behavioural approach over the psychological resiliency of Adolescents. Another aim of the study is to investigate the effects of this psycho-education program on irrational beliefs and subjective well being levels of the adolescents. Methods This study is an experimental design with pre-test – post-test control group. This study was conducted on 9th and 10th grade students studying in a high school in Kahramanmaraş, Turkey. The independent variable of the study is psychological resiliency psycho-education program. Psychological resiliency psycho-education is a program developed with the aim of enabling adolescents to keep up undauntedly against difficult life incidents and to overcome these difficulties. Psychological resiliency education program consists of ten sessions each of which is 80 minutes. It's been given in the related literature that in order to increase the psychological resiliency of adolescents, primarily, the cognitive reconstructing process is required. Therefore, in the first five session of the education program, cognitive reconstructing and cognitive behavioural strategies were concentrated on; it's been aimed to let adolescents recognize their emotions and thoughts and realize emotion-thought and behaviour connection. The other 5 sessions, additional to these, consist of some skills including internal and external protective factors of psychological resiliency. Depending on the ground of adolescents' realizing their existing potential, using and developing them, this program has made use of play, informing, group sharing, role play, group work and drama methods. The dependent variables of the study are psychological resiliency, subjective well-being and irrational beliefs. The study was conducted with 50 students, 25 students in experiment group and 25 students in control group. The study was conducted with the two groups concurrently. Mann-Whitney U statistical analysis will be used in order to detect whether there are any difference between dependent variable scores of experiment and control groups. Findings Since the experimental process of the study is still continuing, the findings, conclusion, discussion and suggestions will be provided in congress in oral presentation broadly.

FRIDAY, 15 SEPTEMBER 2017

OPEN PAPER SESSION 7- Anxiety Disorders 2

1195 - INTOLERANCE OF UNCERTAINTY: IT IS BAD IN GENERALIZED ANXIETY OR SOCIAL ANXIETY, BUT IT IS EVEN WORSE WHEN ANXIETIES COMBINE

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Introduction Recent research supports the idea that intolerance of uncertainty (IU) is rather a transdiagnostic variable related to all anxiety disorders. Since IU is considered to be both a predisposing and precipitating factor in generalized anxiety disorder (GAD) and social anxiety disorder (SAS), aim of the present study was to determine the unique relationship between IU and generalized anxiety, and IU and social anxiety. **Method** The Greek versions of the 12-item Intolerance of Uncertainty Scale (IUS), GAD7 and SIAS-6/SPS-6 were administered to a mainly young community sample of 1,889 subjects (71% female) of a mean age of 22.2 (SD=4.2) years. According to the mean value of GAD7 and SIAS-6/SPS-6 we divided subjects in Low Social Anxiety/ Low Generalized Anxiety (L-SA/L-GA), Low Social Anxiety/ High Generalized Anxiety (L-SA/H-GA), High Social Anxiety/ Low-Generalized Anxiety (H-SA/L-GA) and High Social Anxiety/ High-Generalized Anxiety (H-SA/H-GA) (42%, 23%, 13% and 22% of the sample respectively). Cronbach's Alphas for IUS, GAD7, and SIAS-6/SPS-6 were 0.88, 0.87, and 0.87 respectively. **Results** As expected, IUS correlated significantly to GAD7 and SIAS-6/SPS-6, and the same was true for the Anxiety and Avoidance subscales of the IUS. Concerning IU levels, L-SA/L-GA subjects had the lowest, L-SA/H-GA and H-SA/L-GA subjects had intermediate and almost equal to each other IU levels, while H-SA/H-GA subjects had IU levels that were significantly higher than the other three groups. A series of IUS item-by-item comparisons between L-SA/H-GA and H-SA/L-GA showed that there were not significant differences-except for one item- in the way these two sub-samples scored on IUS. **Discussion** Recent research support the idea that intolerance of uncertainty may be qualitatively different in different anxiety disorders [Thibodeau et al., 2015. Developing scales measuring disorder-specific intolerance of uncertainty (DSIU): A new perspective on transdiagnostic. *Journal of anxiety disorders*, 31, 49-57]. Present results show that social anxiety alone and generalized anxiety alone share the same levels of a rather general intolerance of uncertainty, but when SA and GA are combined, levels of intolerance of uncertainty raise to a level that is significantly higher than either SA or GA. **Conclusion** Such a finding may reflect qualitatively similar intolerance of general uncertainties that are additive and enhanced in subjects with both social and generalized anxieties. This finding, nevertheless, does not make clear the role of intolerance of any content-specific (generalized vs social) uncertainties, something that needs further research.

1014 - NEGATIVE PRE AND POST-EVENT RUMINATION AND SOCIAL ANXIETY: MEDIATORS OF THIS RELATIONSHIP AND TREATMENT IMPLICATIONS.

*Matthew Modini*¹, A/Prof Maree Abbott¹
The University of Sydney¹

Introduction: According to the cognitive models of social anxiety disorder (SAD), pre- and post-event rumination are key maintaining factors of the vicious cycle of social anxiety (Clark & Wells, 1995; Hofmann, 2007; Rapee & Heimberg, 1997). While there is debate regarding the cognitive and attentional process that

predict post-event rumination, and a dearth of research examining the processes that may predict pre-event rumination, it is clear that if these processes can be determined they can be directly targeted in treatment when aiming to reduce the frequency and severity of negative rumination in social anxiety. Following on from this, the efficacy of tailored interventions that consider potential predictors of negative rumination, such as perceived threat, on levels of pre- and post-event rumination need to be trialled. Method: Study 1 involved two structural equation models that investigated the cognitive and attentional processes that may potentially mediate the trait social anxiety and pre-event rumination and post-event rumination relationship. Sample size for the two models were 239 and 216 respectively, with all participants meeting criteria for a principal diagnosis of SAD. Study 2 was a randomised controlled trial (RCT) of 47 participants with SAD which investigated the effects of a brief cognitive intervention on cognitive and attentional processes hypothesized to maintain SAD, including pre- and post-event rumination, in relation to a speech task. Study 3 is an additional RCT in which the effects of a meta-cognitive intervention on pre-event rumination specifically are investigated. Participants in study 3 will also meet criteria for a diagnosis of SAD with data collection ongoing. Results: Study 1 revealed a number of key interrelated factors mediate the social anxiety and negative rumination relationship both directly and indirectly, including threat appraisals and inappropriate attention, with pathways broadly in line with cognitive models of SAD. Results of study 2 showed that while an intervention that targets threat appraisals impacts on various cognitive and attentional process proposed to maintain social anxiety, levels of pre- and post-event rumination remained durable. Results of Study 2 have recently been published in the Journal of Behavior Therapy and Experimental Psychiatry. Preliminary results of Study 3 will also be presented. Discussion: Taken together these studies show that there are a number of factors that must be considered when refining established cognitive behavioural therapy programs to address the maladaptive role of negative rumination in social anxiety, however, rumination is a durable process that requires powerful interventions. Conclusions: Negative rumination, both pre-and post-event, plays a key role in maintaining social anxiety and determining their cognitive and attentional predictors leads to a number of treatment recommendation's. These recommendations, as well as directions for future research, will be discussed.

1010 - EMOTION REGULATION IN SOCIAL PHOBIA: A CASE SERIES

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Introduction: The role of emotion regulation to improve social anxiety disorders such as social phobia remains uncertain. The present study aimed to assess the effect of emotion regulation on improvement of different aspects of social phobia including social interactions and performance. Methods: In a case-series study, six patients with the final diagnosis of social phobia were included into the study. Before beginning the educational interventions, the presence of severity of social phobia was assessed using the Liebowitz Social Anxiety Scale (LSAS) scoring system. Then, different aspects of emotion regulation were educated in the patients. After these educational sessions, the severity of social phobia was reassessed using the LSAS tool. Results: All patients used cognitive emotion regulation strategies including catastrophe deeming as well as blaming themselves or others. The mean LSAS score for anxiety in performance domain before intervention was 20.0 that considerably reduced to 6.0 after educational sessions. The mean score for anxiety in social networks domain was reduced from 18.2 before treatment to 7.2 after treatment. The mean score for avoidance in performance domain was initially 17.8 that decreased to 10.2 after treatment. Also, the mean score for avoidance in social interactions was changed from 20.0 before treatment to 12.2 after treatment. In total, the mean score for anxiety was initially 38.16 that significantly reduced to 13.7 after treatment. Also, the mean score for avoidance was reduced from 37.83 to 22.33 after therapy sessions. Discussion: All subcomponents of social phobia including anxiety and avoidance in both personal performance and social

interactions were improved following application of emotion regulation method. In this regard, the improvement of avoidance sub domain can augment social networks and participation in team works . Also, by removing anxiety and reducing its symptoms, the stress in human relations can be considerable decreased. Conclusion: The use of emotion regulation strategy can effectively improve symptoms of social phobia. Keywords: Social Anxiety; Social Phobia; Emotion Regulation.

1186 - WATCHING YOURSELF? SELF-FOCUSED ATTENTION IN SOCIAL ANXIETY DISORDER

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Introduction: Cognitive models of social anxiety disorder (SAD) predicts that self-focused attention (SFA) plays a central role in maintaining social anxiety. In this study, we investigated the role of SFA in SAD in an ecologically valid way. Method: Women diagnosed with SAD (n = 32) and controls (n = 30) between 18 – 30 years had a video (“Skype”) conversation with an attractive male confederate, while seeing themselves and the confederate on-screen. The conversation was divided in four phases: (I) warm-up, (II) positive (confederate was friendly to the participant), (III) critical (confederate was critical to the participant), and (IV) active (participant was instructed to ask questions to the confederate). During the conversation, participant’s SFA was measured by eye-tracked gaze duration at their own image relative to the confederates’ video image and other places at the computer screen. Results: Compared to controls, participants with SAD showed increased SFA across all four phases of the conversation and SFA predicted increased self-rated anxiety during the conversation. In all participants, SFA varied significantly across the social tasks during the conversation. Discussion: Clinical SAD is characterized by heightened SFA throughout the interaction suggesting that SFA depends on the demands of the social task. Conclusion: Results support theories that social anxiety disorder is maintained by SFA and imply that interventions that lower SFA may help prevent and treat social anxiety disorder.

FRIDAY, 15 SEPTEMBER 2017

PAPER SESSION 8- Child and Adolescent Disorders

1217 - AN EXAMINATION OF CYBER BULLYING AND CYBER VICTIMIZATION IN ADOLESCENTS IN TERMS OF IRRATIONAL BELIEFS, PSYCHOLOGICAL RESILIENCE AND PSYCHOLOGICAL NEEDS

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Introduction The advancements in technology and wide use of technology among youngsters may result in their displaying bullying behaviors in some cases by using technology. The misuse of information and communication technologies has caused the emergence of a new kind of bullying which is labeled as “cyber bullying” among adolescents at schools (Polat & Bayraktar 2016). In the present study, it was investigated whether irrational beliefs, psychological resilience and psychological needs (achievement, dominance, autonomy and relatedness) were significant predictors of cyber bullying among adolescents as well as whether independent variables predicted cyber victimization. **Method** Correlational research design was used in the study. The population of the study comprised of 67180 high school students studying at schools in Malatya province in academic year of 2015-2016. The sample consisted of a total of 849 students, of whom 430 were female and 419 were male from 9th to 12th grades at four state high schools. The Revised Cyber Bullying Inventory developed by Topçu and Erdur-Baker (2010), the Irrational Beliefs Scale-Adolescent Form developed by Türküm, Balkaya and Karaca (2005), the Child and Youth Resilience Measure developed by Liebenberg, Ungar and LeBlanc (2013) and adapted into Turkish by Arslan (2015), and the New Needs Assessment Questionnaire developed by Heckert and colleagues (2000) and adapted into Turkish by Kesici (2008) were used to collect the data. Multiple regression analysis was used as the statistical method. Prior to conducting the analysis, dependent variables were transformed. The reliability level was accepted as .05 in the analysis. The stepwise approach which only covers statistically significant variables during the regression analysis was used. Cronbach’s alpha internal consistency coefficients were examined for the reliability of the scales. It was found that the reliability level was .88 for the Revised Cyber Bullying Inventory, .84 for Cyber Victimization Scale, .62 for the Irrational Beliefs Scale-Adolescent Form, .78 for the Child and Youth Resilience Measure, and .66 for the New Needs Assessment Questionnaire. **Findings** The results indicated that high school students’ psychological resilience and psychological needs (achievement, autonomy and dominance) scores were significant predictors of cyber bullying and that there were significant relationships between cyber bullying, psychological resilience and psychological needs (achievement, autonomy and dominance) scores of the students ($R=0.343$, $R^2=0.117$, $F=28,078$, $p<.05$). Psychological resilience, achievement, autonomy and dominance explained 11.7% of the total variance in cyber bullying. A significant relationship was detected between irrational beliefs, psychological resilience and psychological needs (achievement, autonomy, dominance and relatedness) total scores and cyber victimization scores, and these variables predicted cyber victimization significantly ($R=0.364$, $R^2=0.132$, $F=21,366$, $p<.05$). Irrational beliefs, psychological resilience and psychological needs (achievement, autonomy, dominance and relatedness) explained 13.2% of the total variance in cyber victimization. **Conclusion-Discussion** It was concluded that psychological resilience and psychological needs (achievement, autonomy and dominance) predicted cyber bullying significantly. Furthermore, irrational beliefs, psychological resilience and psychological needs significantly predicted cyber victimization as a whole. It may be suggested that adolescents’ irrational beliefs, psychological resilience and

psychological needs should be considered in any attempts to decrease cyber bullying behaviors and cyber victimization.

1265 - INVESTIGATION OF THE RELATIONSHIPS BETWEEN IRRATIONAL BELIEFS ABOUT PARENTING, THE CHILD-PARENT RELATIONSHIPS, AND MENTAL HEALTH

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Introduction Cognitive-behavioral therapy claims that emotional disorders are caused by irrational, maladaptive beliefs that one has. Individuals may have irrational beliefs about almost every aspect in their lives. For instance, one may have irrational beliefs about parenting. Due to its maladaptive nature, these irrational beliefs regarding parenthood may negatively influence the relationships among the family members and parents themselves. A number of studies indicated that the more parents hold irrational expectations and perfectionist beliefs regarding parenting or child bearing, the worse their mental health is and the worse their relationship with their children is. Thus, the main objective of this study is to investigate the relationships between irrational beliefs about parenting, child-parent relationships, and mental health in Turkish culture.

Methods In this study, data were gathered from 237 parents (mother= 146, father= 91) who have a child going to a kindergarten or 1st grade in a primary school. The instruments were Irrational Beliefs about Parenting Scale, Child-Parent Relationship Scale and Brief Symptom Checklist. Data were analyzed by Pearson correlation coefficient and multiple regression analysis.

Findings To investigate the relationships between study variables, Pearson correlation coefficient was used. It was found that there was positive and moderate level correlation between irrational beliefs about parenting and child-parent relationship ($r=.41, p< .01$), and the child-parent had positive and low correlation with mental health ($r=.24, p< .01$). There was also a significant, positive but low correlation between irrational beliefs about parenting, and mental health ($r=.27, p< .01$). We employed standard multiple regression analysis to examine the predictive power of irrational beliefs about parenting, and mental health on child-parent relationship. Regression analysis indicated that predictive role of both irrational beliefs about parenting and mental health status of the participating parents were significant [$R=0.427, R^2=0.18, F=26,053, p< .05$]. It was also found that gender of the parents, education level, type of marriage, year of marriage had predictive role in the perception of parents regarding their relationship with their children [$R=0.224, R^2=0.05, F=3,022, p<.05$].

Conclusion, Discussion and Suggestions Analysis demonstrated that there is a positive correlation between irrational beliefs the parents regarding parenting and their relationship with their children. In another words, the more parents hold irrational beliefs about parenting, the worse their relationship with their children gets and the worse the mental status of the parents is. Furthermore, mental health status of the parents has negative effect on their relationship with their children. Further studies may investigate the predictive role of irrational beliefs about parenting on marital satisfaction, marital relationship and mental health of children. It is clear that irrational beliefs about parenting influence the child-parent relationship, and mental health of individuals. Thus, providing interventions to alleviate irrational beliefs about parenting may strengthen the child-parent relationship, and improve the mental health status of the parents.

1059 - ADOLESCENCE-LIMITED OR ADOLESCENCE-ONSET CONDUCT DISORDER? CONTRIBUTION OF DEVELOPMENTAL PSYCHOPATHOLOGY TO COGNITIVE-BEHAVIOR THERAPY

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Introduction. Over the past decades, developmental psychopathology has become a discipline that has made significant contributions toward the understanding of risk, psychopathology, and resilience in individuals across the life course. Terrie Moffitt (2006), an outstanding developmental psychopathology researcher, proposed a developmental taxonomy of antisocial behavior consisting in two hypothetical prototypes: life-course-persistent versus adolescence-limited transgressors. The first one begins in childhood and continues persistently thereafter and is originated by neurodevelopmental processes. In contrast, adolescence-limited antisocial behavior begins in adolescence, desists in emerging adulthood and has its origins in social processes. Otherwise ordinary healthy adolescents experience dissatisfaction with their child dependent status and impatience for anticipated privileges and rights of adulthood. While in this “maturity gap” they find the transgressor style appealing and tend to mimic it to demonstrate independence from parents, and win prestige among peers. The theory predicts that, as they were normal children, most will desist from antisocial behavior when they finally perform real adult roles. But much recent research examining Moffitt’s taxonomy has partly challenged her theory: the fact that antisocial behavior can persist into late middle age raise the possibility that an adolescent-onset rather than an adolescent-limited externalizing behavior is at issue. Here we are presenting a clinical case in which the long term effects of an adolescent-onset conduct disorder persists into emerging adulthood Method M. was an adolescent girl from a high socio-economic status home, who was evaluated at 14-years old and followed up until age 22. Until age 12 she had been a well-behaved girl, with excellent academic and athletic performance but at age 13 she met criteria for conduct disorder: binge-drinking, smoking, stealing money from relatives, escaping from home at night, lying and being disobedient. She evidenced limited prosocial emotion: lack of remorse or guilt, empathy, and concern about performance. Results Data from interviews (with M and both parents, respectively) and tests (MMPI-A, Harter Self-Profile for Adolescents, Kovacs Depression Inventory, etc.) at both 14 and 16 years old will be presented as well as the predictions derived from the case conceptualization. Data obtained from interviews with M. as well as her mother at age 20 and only with her mother at age 22 will be displayed to contend that adolescent-onset conduct disorder can initiate a development pathway leading to narcissistic-antisocial personality traits and poor academic and work achievement. Conclusion The important contribution of developmental psychopathology research to cognitive-behavior therapists when conceptualizing a case, estimating a prognosis and deciding an intervention will be highlighted. Adolescent-onset conduct disorder will be considered just one example among many others of developmental psychopathology contribution.

1189 - CAN WE IMPROVE SOCIAL AND ACADEMIC FUNCTIONING OF DEPRESSED ADOLESCENTS WITH A CBT-BASED “ADOLESCENT COPING WITH DEPRESSION COURSE”?

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Introduction: As one of the most common disabling diagnoses according to World Health Organization, depression among adolescents is also associated with a range of problems including school dropout, school difficulties, as well as problems with peers and family. Adolescent depression could thereby lead to considerable academic and social problems (Horowitz & Garber, 2006). The aim of the present cluster randomized trial was to investigate the extent to which a group-based CBT intervention, “Adolescent Coping with Depression Course” (ACDC) (Børve, 2010) can improve academic and social functioning among depressed

high school students in Norway. ACDC is a course for adolescents with subclinical or mild to moderate depression, funded by the Norwegian Directorate of Health. Method: In this study, the effectiveness of ACDC on academic and social functioning was examined within a cluster randomized trial, in which administrators were randomized to experimental or control conditions. After randomization, the administrators recruited a maximum of 12 adolescents each from two cohorts during autumn 2015 and autumn 2016. Pre-intervention data were collected from 222 adolescents before the start of the course in January 2016 and January 2017, for 1st and 2nd cohorts respectively. Social functioning measures included social competence and involvement in social activities with peers. Academic functioning was assessed using the measure of cognitive competence, and grades provided by the school. Perceived cognitive and social competence were measured using slightly modified subscales from Harter's Self-perception Profile for Children (Harter, 1985; Paulsen et al., 2006). The administrators that were supposed to deliver the ACDC were trained as course leaders in the semester before the intervention period. The intervention was delivered in a group format over 10 sessions, each lasting approximately 120 minutes. The administrators that had recruited adolescents for control-conditions administered usual care. Preliminary Results: Post-intervention data from the 1st cohort of participants was collected in June 2016. The preliminary analyses from the 1st cohort demonstrated slight increases in self-reported social and cognitive competence for the intervention group. Conclusion: Due to the small sample size in the 1st cohort, we were not able to make valid conclusions. Post-intervention data from the 2nd cohort will be available in June 2017. The presentation will focus on the findings from the post-intervention for the overall sample.

1213 - INVESTIGATION INTO PROGRAM OUTCOMES OF FUN FRIENDS, CBT PROGRAM FOR YOUNG CHILDREN: DIFFERENT EVALUATION BETWEEN TEACHERS AND PARENTS

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Japanese society experiences adjustment problems in school transitions such as entering to primary school. A national survey found that over 40% of respondents had and/or have problems such as walking around, doing as they like, or disturbing others in the first grade (Tokyo Gakugei University, 2010). This first grader problems may be related to not only poor academic competency, but also to social and emotional problems. School-based universal programs have shown significant preventive effectiveness on various problems including externalized and internalized problems. This study is a single arm study to examine outcome evaluation of a school-based universal prevention program, Fun FRIENDS, in a Japanese primary school. The Fun FRIENDS program for young children (aged four–seven years) (Barrett, 2007) has shown the effectiveness in Australia (Anticich et al., 2013; Pahl & Barrett, 2010). As we were concerned about young children's cognitive competence to complete self-report measures to evaluate program outcomes, we used teacher and parent versions of the Strengths and Difficulties Questionnaire (SDQ) that is a multi-informant assessment for four- to 17-year-olds children. Method Grade one students aged 5-6 years (n = 43: boys 23 and girls 20) participated in the program. Their parents (mostly mothers) and two classroom teachers completed the SDQ before and after the program (Time 1 and 2), and three-month follow-up period (Time 3). The Fun Friends program included 10 sessions which provide students play-based activities to learn social and emotional skills. The program outcome was investigated by analyzing the total difficulties score of the SDQ produced by adding scores of four subscales (emotional problems, conduct problems, hyper activity, and peer problems). Results The results revealed in the total difficulties: (1)No significant time effects both of the teacher and parent ratings (partial $\eta^2 = .13$); (2)no significant difference between teacher and parent ratings at Time 1 ($p = .17$) and Time 2 ($p = .09$); (3)the significant difference at Time 3 ($p = .04$); and (4)lower teacher rating than parent rating. Discussion While the results showed no significant differences between the two rater groups before and after the program, the teacher rating at the three-month follow-up period indicated that they were aware of changes in

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student behaviors more than the parents. The teachers recognized that their students used the skills in class and adjusted behaviors. Research on the SDQ found differences in rating between teachers and parents (e.g., Mieloo, et al., 2012; Johnson et al., 2014). Essau et al. (2012) reported different timeframes for program effects demonstrated in younger children (aged 9–10 years) and in older children (aged 11–12 years). We need the interpretation of the results with caution and further investigation of the program evaluation with young children including timeframe and methods. Conclusion The results may suggest potential application of the school-based universal CBT program for young children in Japanese school settings.

FRIDAY, 15 SEPTEMBER 2017

OPEN PAPER SESSION 9- Internet and new technology based CBT

1225 - THERAPEUTIC ALLIANCE TO THERAPIST VS. ALLIANCE TO THE PROGRAM IN GUIDED INTERNET-BASED COGNITIVE BEHAVIORAL THERAPY FOR PANIC DISORDER: DEVELOPMENT, COURSE, AND ASSOCIATIONS WITH OUTCOME

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There are mixed findings regarding the role of alliance in guided internet cognitive behavioral treatment. However, most studies have only examined alliance at a single timepoint or twice. By measuring alliance repeatedly throughout treatment, a growing practice in face-to-face therapy research, one can closely examine the development and course of alliance, as well as unravel complex associations with outcome. Complicating matters further, alliance in guided internet interventions may be formed with at least two different therapeutic figures: the guiding therapist and the treatment program. In the current paper, we will present new findings from an ongoing guided internet cognitive behavioral treatment for panic disorder. This program was designed to parallel the face to face protocol which has been studied in our lab for almost ten years. During treatment, alliance measures are collected six times using two different scales. Alliance towards the therapist is assessed via the Brief Working Alliance Inventory (Falkenstrom et al., 2014) and alliance to the program is assessed using a newly developed scale. Data analysis will include analysis of alliance trajectories over time, as well as disaggregation of between and within patients effects of alliance. Cross-lag analysis will be used to gain partial insight to whether alliance is facilitating symptom change or the mere consequence symptom improvement. Results will be discussed and compared to results obtained in our lab in the course of the original face to face treatment.

1243 - THE EFFICACY OF ROBOT ENHANCED THERAPY FOR CHILDREN WITH AUTISM SPECTRUM DISORDERS: A RANDOMIZED CLINICAL TRIAL

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Introduction: Autism Spectrum Disorder (ASD) is characterized by a pattern of persistent deficits in communication and abnormal behaviors (i.e., repetitive and restrictive). Previous research has shown promising results for the use of a social robots to develop social skills in ASD children. However, most of the research is based on case studies and single case experiments. Rigorous clinical data comparing robot-enhanced therapy with standard therapy is need to establish the efficacy of this innovative intervention. Method: The present paper describes an equivalence randomized clinical trial which plans to include 40 children with a diagnosis of ASD, aging between 3 to 6 years old. Eligible children are randomly allocated in one of two groups: (1) standard therapy, derived from applied behavior analysis (ABA) and (2) a robot-enhanced intervention in which the same intervention is delivered by a semi-autonomous robotic mediator agent (the robot acts as a mediator while the therapist is supervising the session). The primary outcomes of the interventions are imitation (IM), joint-attention (JA) and turn-taking skills (TT). Secondary outcomes include engagement in the tasks, social communication and the presence of stereotype behaviors. Both

interventions are delivered over 12 bi-weekly sessions of about 45 minutes each. Results: Almost half of the required sample has been recruited and included in the study. Preliminary results have shown a consistent trend for improvement on targeted skills for both interventions, but low statistical power, due to low number of subjects at this point, does not allow for a clear interpretation of the comparison between the two groups. As recruitment and intervention continue more results will be available for the presentation. Discussion: The present study will provide some of the first rigorous data regarding the efficacy of robot-enhanced therapy delivered by an intelligent robotic agent which require less direct input from an operator to deliver the intervention. If the results demonstrate the equivalence of the two interventions, this could open the door for the dissemination of evidence-based interventions for ASD children through the use of robotic agents. The strengths and limitation of this study are also addressed. Conclusion: Robot-enhanced interventions might provide a new and efficacious method to enhance social skills in ASD children. Yet, the field should move closer to the evidence-based psychotherapy paradigm to achieve this potential.

1218 - A RANDOMIZED CONTROLLED TRIAL COMPARING STANDARDIZED AND INDIVIDUALIZED FEEDBACK IN ONLINE INTERVENTIONS TARGETING DEPRESSION. EFFECTS ON SYMPTOMS, RATES OF RECOVERY AND REMISSION.

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Introduction: Meta-analyses have identified regular feedback by clinicians (“guidance”) as an important predictor of therapeutic outcomes in internet-based interventions targeting depression. However the amount of individualization in feedbacks is usually not operationalized. Experimental comparisons of different levels of guidance or individualization are rare and past studies yielded inconsistent results. Studies so far have focused on short-term changes in sum scores of depression questionnaires. Overall there is a lack of studies on long-term effects of guided and unguided online interventions targeting depression with regard to symptoms and the subsequent rates of recovery and remission. Methods: Patients with mild to moderate depression (N = 1089, 65% female) participated in a cognitive-behavioral online intervention targeting depression over six weeks. Participants were randomized to 1) guided treatment with weekly semi-standardized e-mail feedback by a clinician (individual counseling; IC) or to 2) contact-on-demand-only treatment (CoD) where weekly feedback was automated and fully standardized. In both groups participants received answers to specific questions or technical problems if they actively asked for support. Treatment contents and tasks were the same in both treatment arms. Symptoms of depression (BDI-II; PHQ-9) and anxiety (GAD-7) were assessed pre- and post-intervention and three, six and 12 months later. Changes on outcomes were evaluated using latent change score modeling. Rates of remission and recovery were derived from changes in PHQ-9 scores. Results: Both interventions yielded large pre-post-effects on symptoms of depression (BDI-II: dIC = -1.53, dCoD = -1.37; PHQ-9: dIC = -1.20, dCoD = -1.04) and anxiety (GAD-7: dIC = -.95, dCoD = -.86). Effects remained significant after three, six and 12 months. Between-group effect sizes between the two conditions at post-assessment were very small, favoring IC (|d| = .16 - .17). However they were statistically insignificant when Bonferroni-correction was applied. Across both conditions 72.1% experienced remission and 58.3% recovery immediately after intervention. Rates remained stable in follow-up assessments. From baseline to post-treatment, the rates of individuals experiencing recovery did not differ significantly between groups. However, rates of remission were significantly higher in the IC group compared to the CoD group. No differences in reliable change, remission or recovery emerged at later timepoints. Discussion: The online intervention reduces self-reported symptoms of depression and results in high rates of recovery and remission over a period of 12 months. This is true whether the feedback the patients received was partly individualized by clinicians or automated and fully standardized. However, rates of recovery point to a small advantage of individualized feedback. Conclusion:

When resources are limited, automated and fully standardized feedback may be a suitable way of treating larger amounts of patients with internet-based CBT targeting depression.

1041 - ITSY: A GAMIFIED ONE-SESSION VIRTUAL REALITY APP WITH 12-MONTH FOLLOW-UP DATA

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Introduction: 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 was to compare gold-standard One Session Therapy (OST) for reduction of spider phobia symptoms and avoidance behavior 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. **Method:** 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). **Results:** 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). By the time of the conference there will be 12-month follow-up data including prediction analysis and the effect of treatment credibility and working alliance (with the virtual therapist). **Conclusion:** 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.

FRIDAY, 15 SEPTEMBER 2017

OPEN PAPER SESSION 10- New Wave Therapies

1202 - THE STATE OF MINDFULNESS IS BASED ON SIMULTANEOUS ENHANCED AND REDUCED PSYCHOLOGICAL DISTANCE

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Introduction: Mindfulness interventions are used extensively in current cognitive-behavioral protocols (Hofmann et al., 2010), many of which have been subjected to randomized controlled trials (RCTs; Creswell, 2016). Despite the rapidly growing interest in mindfulness, however, the nature of the beneficial effects it has and the mechanisms that underlie them are still not clear, and there is a need to connect this construct with contemporary, well-established psychological theories (e.g., Chiesa, 2013; Sedlmeier et al., 2012). We propose a conceptualization of mindfulness, which is based on construal-level theory (CLT; Liberman & Trope, 2008). According to CLT, perceived objects or events can be represented at different levels of construal. Lower-level construals are concrete, unstructured and contextualized, whereas higher-level construals are abstract, schematic, and decontextualized representations. Our model suggests that mindfulness is comprised of a unique two-dimensional pattern: Low psychological distance (i.e., lower-level construals) from external or sensory experiences, and high psychological distance (i.e., higher-level construals) from internal or mental experiences (e.g., cognitions, emotions, memories). We present two studies that examined both aspects of this model. Methods: In both studies, participants were randomly assigned to a mindfulness induction or a control condition. In study 1 (n=59), they completed a picture-completion task, which measured the ability to observe details. In Study 2 (n=61), participants completed a self-report scale that assessed decentering from internal events (Lau et al., 2006), and an instrument that assesses low ("how") versus high ("why") identifications of common activities (Vallacher & Wegner, 1989). In this task any answer is acceptable, and therefore increased attention or concentration should not affect performance. Results: In study 1, participants in the mindfulness induction group showed improved performance on the picture-completion task, suggesting that mindfulness increases the tendency towards concrete mode of visual attention (d = 0.60). In Study 2, mindfulness induction resulted simultaneously in a stronger preference for low-level action identification (d = 0.57) and increased scores on the decentering scale (d = 1.14). Discussion and Conclusions: Taken together, these findings provide initial support for the proposed conceptualization of mindfulness, as they suggest that it increases the tendency towards concrete and contextualized mode of processing, while at the same time it enhances perceived distance from one's own internal experiences. The present findings, which strengthen the proposed theoretical perspective this elusive construct, will hopefully lead to the development of more effective mindfulness interventions (Chiesa, 2013).

1179 - COMPARING MINDFULNESS-BASED COGNITIVE THERAPY FOR CHILDREN (MBCT-C) TO COGNITIVE BEHAVIOURAL THERAPY: A RANDOMISED CONTROLLED TRIAL OF AUSTRALIAN SCHOOL CHILDREN

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The University of Adelaide¹

Introduction The application of mindfulness-based practices with children is a rapidly growing research area. Systematic and meta-analytic reviews concluded that the field shows promise, but additional well-designed

randomised controlled trials (RCTs) are needed. Our RCT compared MBCT-C to an established cognitive behavioural therapy (CBT) program, for children experiencing internalising difficulties. The hypotheses were that both programs would improve symptoms of depression, anxiety, and mental health strengths, but that MBCT-C would have greater effects for attention and mindfulness, and that attention would mediate a change in mindfulness for MBCT-C only. Methods Children (Grades 4-7) were recruited from three Australian Primary schools. Teachers identified children experiencing internalising symptoms using set criteria. A pre- to post-participation mixed factorial design was used, with block permuted randomisation by age and gender. Main analyses were multi-level mixed models. The FRIENDS for Life CBT program was the active control condition. Each school had 2 x MBCT-C and 2 x CBT groups, with 10 x weekly sessions during school time. Self-report measures were anxiety and depression, attention control, optimism, and quality of life. Objective measures were shifting and sustained attention. The Strengths and Difficulties Questionnaire (SDQ) provided multi-informant data (child, parent, and teacher reports). Fidelity was measured through structured facilitator records, and participant evaluation forms. Results 110 nominations were received, and consent was provided for 89 children (n=45 MBCT-C, n=44 CBT). One child withdrew from MBCT-C and four from CBT. Results of the main analyses included small improvements in anxiety and depression symptoms, the SDQ total difficulties sub-scale (all respondents), and quality of life. There was no change in resilience, any of the SDQ prosocial scales, or mindfulness. For both programs, there was a small improvement in self-report attention control, but no change in the objective sustained attention test. The shifting attention test produced contrasting results, with CBT participants outperforming MBCT-C on the domain score (a large compared to a moderate improvement), but MBCT-C having a greater reaction time improvement (moderate effect). Attention did not mediate a change in mindfulness. Discussion Overall, the findings demonstrate that MBCT-C performed comparably to a well-established CBT program, a promising result for this newer therapy. Although there was no change in the mindfulness measure, there are well-documented challenges with measuring mindfulness in children, and studies in similar populations also did not detect a change. Findings suggest that attention was not a unique mechanism of change in this study. Future studies could explore whether other attention facets, or other executive processes are involved. Conclusion The results support the application of MBCT-C for the reduction of internalising symptoms in 9-12 year old children in a school setting. Attention was not a unique mechanism of change for mindfulness this study, however as attention is multi-faceted it is possible that other aspects of attention may be responsible.

1004 - EMBEDDING INNOVATION: AVOIDING PITFALLS WHEN INTEGRATING NEW PRACTICES IN THE PUBLIC COMMUNITY MENTAL SERVICES

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Introduction: With the emergence of evidence-based medicine, the push for health professionals to utilise and implement evidence-based practices (EBPs) in the treatment of mental health disorders have boosted. Increasingly, these practices are being adopted with the hope of providing effective and standardised interventions to mental health consumers. Aim(s): In this paper, an identification and description of the challenges posed when disseminating research findings of a novel intervention in clinical practice is examined. It provides an evaluative account of the implementation of a novel mindfulness-based group program for adolescents, known as Taming the Adolescent Mind© (TAM) delivered in the community public mental health services. Whilst from an organisation's perspective, evaluation of program offerings is acknowledged and often prioritised, but less emphasis is given to understanding program implementation. Merely assessing impact in the absence of clear understanding of how the program was actually implemented can result in erroneous findings. Methods: An evaluation of the implementation of an Australian developed evidence-based mindfulness-based group intervention for adolescents was conducted in public mental health services. The

mixed method design included (1) a quantitative collection of participants' outcome measures at two time points (pre- and post-intervention), (2) a qualitative survey of participants' satisfaction, and (3) qualitative responses obtained from interviews of group facilitators/clinicians via focus groups or written feedback. Results and Conclusion: A total of eleven TAM group interventions were offered in the trial period. The Wilcoxon Signed-ranks test indicated that mental health symptoms measured at pre-intervention were higher, and a reduction of its severity were achieved at post-intervention. In terms of mindfulness levels, an increase at post-intervention was also achieved. Adolescent participants rated on their satisfaction, the therapeutic experiences, usefulness of the program, and reflection of what they learnt from the programme. Overall, a majority of participants submitted positive responses and reported a high level of enjoyment and usefulness of the programme; client satisfaction, and expressed a positive sense of connectedness to the others in the group. A discussion of the important insights gained, the challenges and limitations in implementation are outlined, with further suggestions of improvements included.

1239 - ARE MINDFULNESS AND SELF-COMPASSION ASSOCIATED WITH DISTURBED EATING BEHAVIORS AND ATTITUDES IN OVERWEIGHT/OBESE ADOLESCENTS? THE MEDIATING ROLE OF DIFFICULTIES IN EMOTION REGULATION

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Introduction: Psychosocial and emotional processes are critical to understand the development and maintenance of pediatric obesity. Recently, researchers in pediatric obesity have shifted their attention into the emotional regulation processes. Such processes are known to influence maladaptive eating behaviors and attitudes, which are central factors underlying obesity onset and maintenance. Nevertheless, to date, no study has investigated the association between mindfulness and self-compassion skills and disordered eating behaviors and attitudes among obese children and adolescents. Therefore, the objective of this study is to explore whether the associations between mindfulness and self-compassion and disturbed eating behaviors and attitudes (emotional eating, drive for thinness and bulimia) are mediated by difficulties in emotion regulation in a sample of overweight/obese adolescents. Method: The sample included 245 adolescents (12-18 years old), with overweight (85th>Body Mass Index (BMI)<97th percentile) and obesity (BMI≥97th percentile; WHO, 2006), recruited in schools (N = 135) and pediatric hospitals (N = 110). Participants completed self-reported measures of mindfulness (CAMM), self-compassion (SCS-SF), difficulties in emotion regulation (DERS-SF), emotional eating (DEBQ) and eating disorders (EDI-C). Three mediation models were tested using PROCESS computation tool for SPSS. Results: Results demonstrated that difficulties in emotion regulation mediated the associations between mindfulness and self-compassion (independent variables) and disordered eating behaviors and attitudes (outcomes). Specifically, higher levels of mindfulness and self-compassion were associated with less difficulties in emotion regulation, which, in turn, were associated with lower levels of emotional eating, drive for thinness and bulimia. However, the direct effects between self-compassion and emotional eating and between self-compassion and bulimia were not significant, whereas the indirect effects were, suggesting that self-compassion skills are related to emotional eating and bulimia only because they enable a more adaptive emotion regulation. Discussion: This study highlights the role of two positive psychological resources, mindfulness and self-compassion, on the eating behavior and weight-related concerns of overweight/obese adolescents. Developing an emotional awareness with a self-compassionate and non-judgmental stance towards difficult internal experiences may help overweight/obese adolescents develop more adaptive responses to emotional distress, consequently improving their relationship with food and developing more healthier eating habits. Conclusions: Interventions aimed at promoting adaptive eating behaviors and attitudes in these youths should screen and promote mindfulness and self-compassion skills to

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identify which individuals have higher difficulties in regulating emotional states, and therefore, increased risk to develop disordered eating behaviors and attitudes. These results support the adequacy of mindfulness and self-compassion-based approaches for pediatric obesity.

OPEN PAPER SESSION 11- Trauma and related

1207 - THE POSTTRAUMATIC GROWTH AMONG GRIEVING INDIVIDUALS: EXAMINING THE FIVE STAGES OF GRIEF AND INTENSITY OF BEREAVEMENT

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Introduction: Positive effects of trauma, conceptualized by the term as “posttraumatic growth” (PTG; Tedeschi & Calhoun 1996), refers to positive psychological change experienced as a consequence of struggling with a highly disrupting life event (Calhoun and Tedeschi 1999). Today, there has been a growing body of literature focusing on positive effects of stressful life events (earthquake, cancer, cardiovascular diseases, diabetes, HIV infection, combats, and grief etc.) on sufferers. Among these events, grief has been less likely to be examined in relation to posttraumatic growth, despite being accepted as one of the most devastating life event for sufferers. Calhoun and colleagues (2010) revealed that if a loss experience is intense as shattering one’s basic assumptions about oneself, others and/or the World, growth is most likely to be observed. However, in addition to examine this assumption, how the positive transformation happens in the grief process is not so clear. In respect to grief process, several theories have been mentioned in the literature such as phase of grieving, task of grieving or stages of grieving. One of the well-known stage theories conceptualized as stages of dying (denial, anger, bargaining, depression, and acceptance) by Kübler-Ross (1969) on terminally ill patients. Currently, Kübler-Ross and Kessler (2005) reconsidered the model, as five stages of grief, on people who are grieving for loss of loved one. However, empirical studies about the five stages of grief are quite limited. Aim of the present study is to investigate possible associations of PTG with the five stages of grief, and bereaved/loss related variables in grieving individuals. Moreover, associations between the PTG, the five stages of grief are aimed to test by theoretically driven developed model. Method: Individuals who had a significant loss experience (e.g., father, mother, sibling, child, or close friend etc.) (N=501) voluntarily participated in the study. An expanded version of The Posttraumatic Growth Inventory (PTGI-X), The Five Stages of Grief Scale, and The Core Bereavement Inventory (for intensity of bereavement) are asked to participants in addition to demographic information form including questions about the bereaved/loss related variables. Results & Discussion: Results indicated that the better quality of relationship with deceased, acceptance and higher intensity of bereavement positively associated with higher PTG. Moreover, women and lower educated participants experienced more growth more than others. Additionally, gender, education, quality of relationship with deceased, and all stages, except acceptance, were significant predictors for intensity of bereavement. All these associations were discussed in the light of current literature. Additionally, regarding to the PTG, the tested model revealed that the nature of the five stages of grief can be separated into two sub-stages: pre-acceptance and acceptance. While acceptance stage directly and positively associated with the PTG, pre-acceptance stages indirectly and positively (by the way of intensity of bereavement) associated with the PTG. Conclusion: Overall, findings of the present study revealed the importance of acceptance and intensity of bereavement as well as some bereaved/loss related variables for growth and supported both the linear and overlapping nature of the five stages of grief.

1106 - COMBINING RECOVERY TECHNIQUES AND PARENTING SKILLS STRATEGIES TO PROMOTE BETTER MENTAL HEALTH FOR CHILDREN AND FAMILIES THROUGH ARMED CONFLICT AND DISPLACEMENT

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Introduction: The Syrian crisis and the flow of refugees into other countries represents one of the greatest challenges of recent times. The impact of conflict and displacement on the mental health of children and adults is very significant, and the scale of the problem is enormous. There is increasing recognition that families are the first line of defence for children's mental health, but there are very few studies systematically investigating the potential for family-based approaches to prevent mental health difficulties, particularly immediately following flight and in displacement, often into very low resource settings, before families are resettled in stable environments. The need for a public health pyramid of interventions and psychological first aid has been highlighted. Methods: Initially, qualitative research studies identified the needs and current coping strategies of parents in displacement, and highlighted the need for brief, focused ways of providing parenting and family skills information in ways that are appropriate for very low resource settings. This information, together with evidence-based strategies identified in the literature has been used to design a brief parent skills programme to integrate with an existing intervention for traumatic stress, Teaching Recovery Techniques, designed for children post emergency. This has created a new, brief integrated programme for parents and caregivers for use in humanitarian and low resource settings, Teaching Recovery Techniques Plus Parenting. The combined programme has been piloted successfully with families living in displacement close to the border with Syria, followed by a new trial which is ongoing in Lebanon. Results: Qualitative research highlighted parents' coping strategies, and the need they felt for simple advice to cope with the behavioural and emotional changes that they saw in their children through conflict and displacement. A Teaching Recovery Techniques Plus Parenting programme pilot with 14 refugee families living close to the Syrian border found 100% attendance, improvement across a range of parenting variables, and in interviews, parents described positive changes they noticed in their children and their capacity to interact more calmly with them. The main findings from the Lebanon trial will also be summarised. Discussion: This new, integrated approach drawn from a combination of direct qualitative work with refugee families and professionals together with the existing evidence base shows promise as a way of helping families who have lived through conflict and displacement and where children are showing signs of stress. The approach also has the potential to be used with recently arrived families who are resettled in high income countries. Components of the parent skills identified are also presented in brief leaflets and booklets, enabling integrated and coherent information to be disseminated in different ways, depending on local resources and needs. Conclusions: Working with parents and caregivers appears to be a feasible way of providing help to children who have experienced the stresses of conflict and displacement. Interventions designed for low resource settings are important in providing help at the scale required to meet the needs of the very large numbers of people affected by war.

1190 - VSDT VS EMDR

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Introduction: A new form of trauma therapy is indicated as Visual Schema Displacement Therapy (VSDT). The developers claimed this therapy would be quicker and better than other forms of trauma therapy. The therapy

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had some similarities with EMDR but there are also some essential differences. Method: The treatment was protocolized and tested on 36 healthy students. Participants were asked to recall three negative emotional memories under three conditions; EMDR, VSDT and recall only. They rated the disturbance and vividness of the memories on a scale from 0-10 prior to being exposed to the conditions and were asked to re-rate this again after exposure to the conditions. Results: There were significant declines in emotional disturbance in all conditions. VSDT and EMDR outperformed the recall only condition, and VSDT outperformed EMDR. In vividness there was also a significant decline in pre and postscores on all conditions. VSDT and EMDR outperformed the recall only condition. Discussion: The experimental data are very clear, but their explanation is not. Could the working mechanism also unravel the underlying working mechanisms of EMDR? The authors are presently carrying out a replication study. If replicated, the procedure, irrespective of its explanation is promising in the improvement of PTSD treatment and would warrant clinical studies.

FRIDAY, 15 SEPTEMBER 2017

OPEN PAPER 12-Psychosis / Training and Accreditation

1273 - IMAGERY FOCUSED PSYCHOLOGICAL THERAPY FOR PERSECUTORY DELUSIONS IN PSYCHOSIS (IMAPS): A CASE SERIES

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Background: Many people with psychosis experience persecutory delusions and report negative schematic beliefs and intrusive mental images which may be maintaining factors for psychotic symptoms. This study aimed to examine the feasibility and acceptability of a new psychological therapy targeting schemas and images (iMAPS therapy). Methods: Participants with first episode psychosis were randomised using a multiple baseline design with 2-5 assessments. Six sessions of therapy, comprising a combination of imagery techniques and imagery rescripting techniques was used. In each session, participants completed a Mental Imagery in Psychosis Questionnaire (MIPQ) and imagery interview. Mood and delusional beliefs (PSYRATS) were also measured sessionally. Results: Five participants with first episode psychosis completed the baseline visits and attended all therapy sessions. One participant declined the final assessment. Results demonstrated significant improvements in negative schematic beliefs, delusions, characteristics of images, and other measures of schema. Limitations: Although multiple baseline randomisation strengthens the study, it lacked a control arm and blind assessments. Conclusions: iMAPS appears a feasible and acceptable treatment for psychosis and further evaluation is indicated. Funding: UK National Institute for Health Research Fellowships Award (DRF-2012-05-211)

1274 - DETAILED EXAMINATION OF THE ROLE OF NEGATIVE AND POSITIVE SCHEMA IN PREDICTING PSYCHOTIC SYMPTOMS IN PSYCHOSIS: AN EXPERIENCE SAMPLING STUDY

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Introduction: Negative schematic beliefs have been suggested as a putative causal factor of psychosis, which lead to and maintain symptoms such as hallucinations and delusions. These include negative beliefs about the self and others (such as "I am bad"; "other people are devious") and positive beliefs ("I am valuable"; "Other people are good"). This study evaluated the nature of these links in the day-to-day lives of people who had current symptoms of psychosis. Method: Experience sampling methodology was utilised to assess the moment-to-moment links between negative-self schema and negative-other schema with auditory hallucinations and persecutory delusions. Twenty-two participants undertook and completed a six day experience sampling period, with repeated assessments via self-report on core schema and psychotic experiences. Multilevel modelling was used to examine the association between schema and symptoms. Results: The results demonstrated that negative-self and negative-other schematic beliefs predicted the severity of hallucinatory and delusional psychotic experiences, their associated distress and resultant functioning problems. Discussion and Conclusion: The results demonstrate the frequent and daily contribution

that schema make to numerous aspects of delusions and hallucinations in people with psychosis and suggest possible targets for psychological treatments. Funding: UK National Institute for Health Research Fellowships Award (DRF-2012-05-211)

1020 - CHARACTERIZATION OF CLINICAL SUPERVISION IN A MASTER'S PROGRAM IN CLINICAL PSYCHOLOGY

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This study aimed to characterize clinical supervisory practices from a pedagogical and pragmatic perspective. Pedagogical pragmatism places great emphasis in becoming a reflexive practitioner whose teaching is constantly evolving and adapting itself to the educational needs of supervisees by being sensitive and directly involved with the context of practice. For this purpose, I conducted a direct observation of 38 hours of clinical supervision implemented by the supervisors affiliated to a master's program in clinical psychology offered by a privately-funded University at Bogotá, Colombia. Using categorical aggregation (Stake, 1998, 2010) it was possible to identify 12 categories of pedagogical action which, in turn, were further associated with a second level of coding related to formative, normative and restorative functions described in the literature on clinical supervision (Proctor, 1987; Milne, 2009). A systematic characterization of clinical supervision is useful to understand it as a pedagogical practice that is constantly changing and, by reflecting on its previous practices, the supervisor can become a reflexive practitioner that uses its own practice as a valuable resource to improve the quality of their endeavor.

1224 - TRAINING THERAPISTS TO BE 'TRAUMA EXPERTS': RESULTS FROM A TRAINING EVALUATION

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Introduction: Clinical outcomes in routine clinical practice are often poorer than those found in clinical trials. Training interventions are one way to fill the research-practice gap. Post-Traumatic Stress Disorder (PTSD) can be a particularly challenging problem for therapists in primary care settings to treat, and many report feeling under confident in key interventions. A recent training initiative aimed to intensively train therapists in Improving Access to Psychological Therapies (IAPT) services in the UK in trauma-focused CBT for PTSD. Therapists were then encouraged to disseminate the training, and act as 'trauma experts' within their service, providing supervision and consultation to other therapists. Method: Twenty therapists from ten IAPT services attended a training programme comprising workshops, webinars and supervision sessions over a six month period. Measures of therapist knowledge, self-rated and externally-rated competence and client outcomes were compared before and after the training, and one year later. Dissemination attempts and barriers to implementation were also assessed at one-year follow-up. Results: Therapists showed improvements in all measures following the training programme, and improvements were maintained a year later. Clients treated by participating therapists also showed better outcomes on PTSD symptom scales following the training. Therapists reported attempts to disseminate the training within their teams, however, institutional barriers were identified which limited dissemination efforts. Discussion: The results showed that the training intervention was successful in its aim of improving therapist knowledge, skills, and outcomes for treating PTSD, and these results were maintained for a year. Tentative support was found for the 'trauma expert' model, but there were indications that staff turnover and institutional constraints such as high caseloads could limit the sustainability of the approach. The findings are discussed in relation to designing effective training, and the importance of training evaluation, which are key to the effective dissemination of evidence-based treatments. Limitations to the study include the lack of a control group. Conclusions: Relatively brief training interventions

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can lead to improvements in therapist knowledge, skills, confidence and client outcomes. Training experts in specialist areas within primary care services is a promising model, but service pressures are likely to limit the sustainability of the model.

SATURDAY, 16 SEPTEMBER 2017

OPEN PAPER 13-Psychosis / Somatic Symptoms and Illnesses

1129 - SIGNIFICANT EFFECTS OF BODY IMAGE AND FUNCTIONS OVER SEXUAL FUNCTIONS IN PSORIASIS PATIENTS

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Introduction: Psoriasis is a chronic relapsing inflammatory dermatologic disorder of skin, nails and scalp which appears as demarcated plaques and papules with white scaly surface. The prevalence of psoriasis is between 0.5%-4.6% within different countries and races and can be triggered by trauma to skin, psychological stress, infections, medications and obesity. Although, many patients consider stress to play a prominent role in their disease, it is uncertain whether stress is a precipitant or consequence of psoriasis. It is clear that psoriasis patients have significant psychological morbidity and social distress and also had more sexual problems whether they were depressed or not when compared to control group. Body image is another factor which might be associated not only with sexual attitudes but also cognitions about sexuality. Methods: to assess the effects of psoriasis which is a chronic skin illness on body image and contentedness, depression and anxiety as well as sexual dysfunctions and satisfaction. 216 individuals were included in the study. 112 of them were psoriasis patients whom admitted to or being followed by MÜPEAH dermatology clinic. The control group of 104 were individuals without any kind of skin problems who visited their patients in MÜPEAH surgery wards. Golombok Rust Inventory Of Sexual Satisfaction, Body Image Scale, Hospital Anxiety and Depression Scale, Female Sexual Function Index, International Index of Erectile Function were applied to individuals with face to face method by the researcher. Mean, standard deviation, median, frequency, odds ratio were used for descriptive statistics. Student t Test were used for quantitative comparison of two groups with normal distribution, Mann Whitney U test were used for unknown distributions for two groups, Kruskal Wallis test were used to compare for three or more groups with unknown distributions. Spearman's Correlation Test were used to show possible relationships. Linear Backward regression analyze were used as multivariate analyze to evaluate possible risk factors. A "p value" less than .05 and .01 was accepted as significant. Results: There were no significant differences between the psoriasis and the control group in the socio-demographic terms. Both gender with psoriasis showed significant signs of deterioration and differences in sexual functions and quality of sexual relations when compared to controls. Psoriasis patients had significantly more deteriorated body images when compared to controls. It has also seen that depression and anxiety levels in psoriasis group were more severe than controls. Body image were also found to be as deterministic variable regarding sexual functions and dysfunctions in psoriasis patients. Discussion: The most important risk factor that effects sexual functions in psoriasis patients is rather than the objective measure of severity of the psoriasis (PASI), is found to be the body image and satisfaction of the patients' and to this respect when assessing the psoriasis patients sexuality, body image should also be considered by the clinician for better understanding. Conclusions: Therapies and assesments regarding the sexual dysfunctions might consider and evaluate the body image problems near to sexual functions for more holistic approach.

1157 - A COGNITIVE BEHAVIORAL TREATMENT FOR PREMENSTRUAL DYSPHORIC DISORDER: PRELIMINARY FINDINGS OF A RANDOMIZED CONTROLLED TRIAL

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Introduction: Existing work on Premenstrual Dysphoric Disorder (PMDD) and severe Premenstrual Syndrome (PMS) has had a strong focus on biological causes and biologically oriented treatments, while disregarding psychosocial variables. Still, meta-analyses showed small to medium effects for cognitive behavioral therapies (CBT) in women with symptoms of PMDD for different outcomes (e.g., psychological variables, physical symptoms, functional impairment). Nonetheless, women with PMDD are underserved with evidence-based psychotherapeutic interventions. Hence, we developed an internet-based CBT intervention containing psychoeducation, cognitive restructuring, lifestyle-related interventions, and relapse prevention. Method: The efficacy of the intervention was evaluated in comparison to a waitlist control group. For that purpose, 94 women with prospectively-confirmed PMDD were randomly assigned to an intervention (n=46) and a waitlist control group (n=48). The intervention consisted of 14 sections which were presented weekly over eight weeks. Participants received weekly e-mail-support by a psychologist. To assess symptom intensity and interference of the symptoms in everyday life, a prospective symptom diary over two consecutive cycles was administered. Furthermore, functional and psychological impact was assessed with the Premenstrual Impact Questionnaire (PMS-I). Measures were administered in the individually calculated luteal phase at pre and post treatment. Results: Preliminary analyses showed highly significant time x group interaction effects for functional ($F(1,150) = 78.88$; $p < .001$) and psychological impact ($F(1,150) = 22.64$; $p < .001$) in favor of the intervention group. Similarly, in the symptom diary, the symptom intensity ($F(1,131) = 21.20$; $p < .001$) and the interference score ($F(1,131) = 24.22$; $p < .001$) improved significantly from pre to post in the treatment group only. Discussion: Results indicate that premenstrual symptoms improved substantially in the intervention in contrast to the control group. These findings support that CBT is a promising treatment helping women to learn coping with their premenstrual symptoms. Due to its online implementation, the treatment is easily applicable for many women at the same time. Next steps include the verification of the preliminary results with the final data set as well as follow up analysis. In addition program materials will be revised based on participants' feedback. That way, we will improve the existing treatment program even further and look at the question on how to implement it in the regular health care. Conclusion: We developed a highly effective treatment program to reduce the impact of premenstrual symptoms as well as the symptoms themselves in women with PMDD and severe PMS. In our study, symptoms improved substantially, supporting the use of online CBT in PMDD.

1237 - ATTENTION BIAS AND TRAINING IN INDIVIDUALS WITH HIGH DENTAL ANXIETY

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Introduction: Dental anxiety is common and associated with a variety of negative outcomes. Consequently, there is a need for portable, brief interventions to help those with dental phobia manage anxiety in anticipation of a procedure. According to information-processing models, anxiety is maintained by maladaptive patterns of processing threatening information, and there is evidence that dental anxiety is associated with Stroop interference (e.g., Johnsen et al., 2003). Furthermore, attention training interventions reduce other types of anxiety in one session. In this study, we examined attention training in individuals with high levels of dental anxiety. Method: 54 individuals with high dental anxiety completed the Posner (1980)

reaction-time (RT) task, which measures enhanced attention toward, and impaired disengagement from, threatening stimuli, in this case dental pictures. Participants were randomized to attention training or control using a dot-probe task, and then attention bias was re-measured using the Posner task. Results: Before the manipulation, there was a trend indicating biased attention. A 2 (valid/invalid Cue) x 2 (dental/neutral Picture) ANOVA with repeated measures yielded a Cue x Picture interaction ($p = .08$) such that participants were faster to detect validly cued probes that followed dental pictures than neutral ones ($p = .006$). RT for invalidly cued probes did not differ by picture type ($p = .83$). This indicates the presence of facilitated attention toward threat, but not difficulty disengaging attention from threat. There was mixed evidence about the efficacy of attention training. Post-training, there was still a Cue x Picture interaction ($p = .008$) indicating attention bias regardless of condition. Again, participants were quicker to detect validly cued probes that followed dental pictures than neutral ones ($p < .001$), but RT for invalidly cued probes did not differ by picture type ($p = .28$). Hence, training did not eliminate attention bias and there was again evidence of facilitated attention toward threat but not difficulty disengaging attention from threat. There was also a trend for a Group x Cue interaction ($p = .08$) such that the difference in RT following valid versus invalid cues was smaller in the training group regardless of picture type. However, analyses of simple effects did not yield significant group differences for either validly ($p = .12$) or invalidly ($p = .77$) cued probes separately. We also measured cue dependency (CD) by subtracting RTs following validly cued trials from invalidly cued trials (Compton, 2000). In the attention training group, CD scores did not differ between dental and neutral pictures ($p = .12$). In contrast, in the control group, CD scores were larger for dental than for neutral pictures ($p < .03$). Discussion and Conclusion: On the one hand, the CD analyses demonstrate that attention training reduced attention bias. On the other hand, considering that in the ANOVA there was attention bias post-training across both groups, and response latencies differed by group as a function of cue type but not threat relevance, it is possible that the true effect of training was to enhance attentional control, not to reduce bias.

1212 - CBT FOR TINNITUS: SUCCESSFUL REPLICATION OF A STEPPED CARE APPROACH

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Introduction A previous randomised controlled trial (RCT) of specialised stepped care CBT demonstrated significant reductions in the severity and interference experienced by individuals suffering from tinnitus (a common audiological symptom frequently likened to a ringing or buzzing in the ears) (Cima et al., 2012). A replication and external validation study was conducted in order to examine whether this specialised CBT treatment could be implemented within a different, existing audiological rehabilitation practice in The Netherlands and also successfully achieve similar levels of effectiveness. **Method** An uncontrolled, prospective intervention study was conducted between March 2014 and December 2016 at an audiological rehabilitation centre in Eindhoven, The Netherlands. A total of 925 adult participants suffering from tinnitus were included in an intention to treat analysis. Outcome measures included patients': levels of tinnitus related distress and interference (Tinnitus Questionnaire, Tinnitus Handicap Inventory); catastrophizing (Tinnitus Catastrophizing Scale); fear (Fear of Tinnitus Questionnaire); quality of life (Health Utilities Index), and affect (Hospital Anxiety and Depression Scale). Data was collected at baseline, and three, eight and 12-months after baseline (total trial time: 12 months). Psychologists, physical therapists and audiologists underwent training in the specialised treatment prior to the trial commencing and received regular supervision and coaching throughout to promote treatment fidelity. The stepped-care CBT treatment is tailored to patients' needs; those with relatively mild tinnitus distress receive only Step 1 of the treatment and those with more severe interference

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also receive Step 2. Step 1 involves individual psychological and audiometric assessment respectively, a group based education session and a case-by-case interdisciplinary treatment plan discussion. Step 2 involves group based CBT ranging from 12 to 22 sessions (dependent on severity and hearing impairment) with a main focus on exposure with use of mindfulness based methods tailored to tinnitus, and physical and relaxation exercises. Results Intention to treat, multilevel regression analyses indicated ($p < .01$) improvements on all outcome measures at all time points after controlling for tinnitus severity and duration, age and sex. Discussion Results indicate that overall, patients who received the specialised stepped care CBT program for tinnitus, reported similar levels of improvement as those in the earlier RCT. The absence of a control group represents the major limitation of the study. All sessions were video- and audio-recorded to enable a treatment fidelity check with the analyses of protocol adherence and treatment contamination in process. Results of the treatment fidelity analyses will be reported in the near future. Conclusion Specialised stepped care CBT for tinnitus appears to be effective at reducing tinnitus severity and interference in activities of daily living when implemented under “real world” conditions. Wider implementation of this specialised treatment program is likely to be successful without compromising effectiveness and has the potential to be included in future standard treatment protocols for tinnitus. Reference Cima, R.F., Maes, I.H., Joore, M.A., Scheyen, D.J., El Refaie, A., Baguley, D.M., Anteunis, L.J., van Breukelen, G.J., & Vlaeyen, J.W. (2012) Specialised treatment based on cognitive behaviour therapy versus usual care for tinnitus: a randomised controlled trial. *Lancet*, 26:379(9830):1951-9. doi:10.1016/S01040-6736(12)60469-3.

SATURDAY, 16 SEPTEMBER 2017

OPEN PAPER 14-Psychosis / Depression and Suicide

1233 - COMPARING THE EFFICACY OF CBASP WITH TWO VARIATIONS OF CBT FOR DEPRESSION IN A ROUTINE CARE CENTRE: A RANDOMIZED CONTROLLED TRIAL

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Introduction: Different variants of CBT approaches for the treatment of depression exist, while superiority of any one over the others is unclear. Cognitive Behavioral Analysis System of Psychotherapy (CBASP) was developed for the specific treatment of chronic, early onset depression, but it is unclear whether it can be recommended in depression in general. Therefore we wanted to compare two versions of CBT with CBASP in depression. Methods: A randomized controlled trial compared three treatment conditions with a waiting list group (WL): CBASP, CBT with a focus on physical exercise (CBT-E), and CBT with a focus on pleasurable, low energy and mindful activities (CBT-M). We included 173 patients; 41 therapists specifically trained for the corresponding intervention were involved. Treatment consisted of 16 sessions, with baseline, end of treatment, and an intermediate assessment after the CBT-specific Results: Our primary outcome BDI-II indicated a general advantage of the CBT-arms compared to CBASP (general interaction $F=4.2$; $p=.001$ with significant contrasts in particular in favor of CBT-E). A triple interaction with an additional factor "chronic versus episodic depression" was also significant (3-way interaction; $F=2.2$; $p<.05$). In episodic depression, the clearest advantage was found for CBT-E. In chronic depression, no significant advantage of any active treatment could be demonstrated. Responder rates indicated significant improvements for both CBT-arms (56% in both), in contrast to 34% in the CBASP arm, and 3.4 % in WL. As compared to CBASP, response rates were significantly higher in CBT-E (OR = 2.48 [95% CI, 1.02 – 6.00], $p = .044$), and in CBT- M (OR = 2.46 [95% CI, 1.01 – 6.01], $p = .048$). CBT-E was associated with a temporary increase of physical activity, while quality of therapeutic relationship was similar between treatments. Discussion and Conclusion: In general, CBASP was more effective than WL, but less effective than the two CBT arms. This was mainly caused by an advantage in favor of CBT interventions compared to CBASP in episodic depression, while results for persistent depression were less clear. This supports the idea that CBASP should be specifically addressed to chronic depression.

1232 - SYMPTOM-ORIENTED MODELING OF DEPRESSION

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Introduction: Many studies have focused on the psychometric properties of the BDI-II, however, the factor structure is still a topic of debate. During the last years, the number of papers applying full-symmetric bifactor models increased steadily. Although these models yield an improved model fit, parameter estimates are often implausible (insignificant factor loadings/variances, factor loadings changing signs). As a consequence, insight into the specific aspects of certain symptoms is limited. Classical first-order CFA models as well as the bifactor-(S-1) approach show potential in giving the BDI-II an interpretable, symptom-oriented structure and avoiding the problems observed in full-symmetric bifactor models. In addition, both models promise to give new

insights in specific characteristics and specific symptom patterns of depression which are concealed when using the composite score only. However, the applicability and clinical utility of these approaches has not been tested yet. Method: A clinical treatment-seeking sample of 3279 individuals completed online-administered BDI-II and PHQ-9 questionnaires prior to an internet intervention targeting depression. Model fit of classical first-order CFA, bifactor-(S-1) models and full-symmetric bifactor-(S-1) models are compared. In a first step, only BDI-II data are used. In a second step, information covered by the PHQ-9 is integrated to increase the validity of the model. The resulting factors are tested for external validity (psychosocial burden, rumination and tendency for minimization). Results: Consistent with previously published studies, full-symmetric bifactor models result in anomalous model estimates despite showing a good model fit overall (insignificant factor loadings/variances). Classical CFA models and bifactor-(S-1) models with a decreased, symptom-oriented number of items show a good approximate model fit overall (RMSEA < .05, CFI > .97), plausible and well interpretable model estimates (all loadings > .30, significant factor-variances). Including the PHQ-9 items increases the number of represented symptoms within well-fitting models. Most importantly, the modeled symptoms show multiple distinct associations with clinically relevant criteria (aspects of psychosocial burden, rumination and tendency for minimization), while the BDI-II sum-score was uniformly predictive. Discussion: The anomalous results of the fully-symmetric bifactor models indicate that these models should be avoided and if a bifactor model is applied, the bifactor-(S-1) approach should be preferred. Furthermore, the results show that symptom-oriented modeling can be realized using classical first-order CFA. Both approaches allow for a more fine-grained insight into the association of different characteristics of depression with external criteria. In contrast to using general indices of psychological burden such as simple composite scores, these models might help to answer more differentiated questions related to processes present in psychotherapy, e.g. how certain symptoms change during an intervention and which components are the most critical. The approach is flexible and can be extended to other psychiatric conditions. Moving away from sum-score based approaches might help to improve psychotherapy research. Conclusion: First-order CFA models and bifactor-(S-1) models can be used for symptom-oriented modeling of depression and overcome limitations that result from solely relying on composite scores when aiming to gain insight into depression.

1229 - PSYCHOLOGICAL PREDICTORS OF SUICIDE ATTEMPT BASED ON COGNITIVE-BEHAVIOR THEORY IN CLINICAL AND NONCLINICAL POPULATION

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Introduction The nature of suicidal behavior is complex, and many correlates of and risk factors play a role in the occurrence of suicidal behaviors (Mosciki, 1995) such as psychological, demographic, diagnostic and psychiatric history variables. The design of effective suicide prevention strategies depends on the identification of correlates of and risk factors for suicidal behavior in the target population. The primary goals of this study were to determine the risk for suicide attempt associated with psychological variables because these variables are able to be modified through clinical setting and psychotherapeutic interventions. **Method** In this study, 194 inpatients attempted suicide, 168 outpatients without attempted suicide and 192 non-clinical subjects were selected. The data for all three subject groups were provided by Beck hopelessness scale (BHS, 1974), Beck Suicidal Scale (BSSI, 1961), Beck and Weissman Dysfunctional Attitudes (DAS, 1991), Buss and Perry Aggression Scale (AGQ, 1992), Hill Perfectionism Scale (HPI, 2004), Billing and Moos Coping Strategies (CRI, 1981), Barratt Impulsiveness Scale (BIS, 1995), and Emotional Stroop (Made by Researchers). To examine the differences between the three groups, the data were analyzed using classification discriminant function analysis. **Analysis**

Table 1. Sample Characteristics variables inpatient attempted suicide out-patient attempted suicide non-clinical total Mean SD Mean SD Mean SD Mean SD Hopelessness 10.56 5.48 8.13 5.72 2.13 1.98 6.90 5.90 Aggression 101.85 18.55 86.29 19.87 67.33 16.37 85.17 23.24 Perfectionism 169 19.8 163.72 19.08 152.25 18.08 161.59 20.29 Coping Strategy 47.75 9.76 44.73 9.82 38.69 7.97 43.70 9.96 Suicide Ideations 18.81 8.92 5.20 7.14 .57 1.69 8.36 10.32 Impulsivity 73.77 13.02 65.94 12.33 56.17 9.46 65.30 13.76 Dysfunctional Attitudes 179.10 24.54 167.36 32.66 142.88 24.41 162.99 31.2 Emotional Stroop 158.92 27.63 148 8.37 142.03 15.91 149.86 17.72

Table 2. Result of Stepwise Discriminant Analysis of Psychological Variables Related to Suicide Attempt

Step	Predictor Variables	df	Wilks' lambda	f	Sig	Canonical Discriminant Function Coefficients
1	Suicide Ideations	1	.414	389.41	.000	.112 .090
2	Hopelessness	2	.351	189.24	.000	.030 .165
3	Aggression	3	.312	144.46	.000	.019 .013
4	Coping Strategies	4	.282	96.75	.000	.022 .031
	constant					-3.839 -5.74

The results of this analysis are presented in tables 1, 2. While Suicide Ideations, Hopelessness, Aggression and Coping Strategies were predictors of the differences between suicide attempters and non-attempters, Perfectionism, Impulsivity, Dysfunctional Attitudes and Emotional Stroop were not predictors. Discussion The results of this study provide important information about the psychological variables of suicidal behaviors. In function (1, suicide attempters) the presence of suicide ideation is the strongest predictor. However, in function (2, non-suicide attempters) the presence of hopelessness is a stronger predictor than suicide ideations. Conclusion We find that suicide ideation is a risk factor for suicidal behaviors. Our results show that although hopelessness is a central component for suicidal behaviors, aggression is a strong predictor of suicide attempt. Thus the presence of suicide ideation in general, and hopelessness and aggression in particular, are consistently strong predictors of suicidal behaviors.

1134 - WHY DYSFUNCTIONAL EXPECTATIONS IN MAJOR DEPRESSION PERSIST - EXPERIMENTAL INVESTIGATIONS ON COGNITIVE IMMUNIZATION AND IMPLICATIONS FOR CLINICAL PRACTICE

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Introduction: Dysfunctional expectations are considered to be core features of various mental disorders. With regard to major depressive disorder (MDD), it has been shown that people experiencing depressive symptoms hold situation-specific and generalized dysfunctional expectations. Cognitive behavioral therapy (CBT) aims at modifying these expectations by exposing patients to situations where it is likely for them to gain experiences that disconfirm their expectations ("expectation violation"). However, clinical observations suggest that patients with MDD tend to maintain dysfunctional expectations despite expectation-violating experiences by cognitively reappraising the contradictory experience, called "immunization". Thus, people suffering from MDD do not seem to be able to utilize positive environmental information. We conducted three experimental studies to investigate the phenomenon of expectation persistence in major depression and cognitive immunization as possible underlying mechanism. Methods: In Study 1, we developed an EXperimental Paradigm to investigate Expectation Change in major Depression (EXPECD) in a student sample (n=102). The first step in the EXPECD is to induce negative performance expectations by confronting participants with an unknown test which is told to be very difficult. Next, participants receive standardized performance feedback that either confirms or disconfirms their prior expectation. By measuring participants' expectations again after the test completion, expectation change can be examined. In Study 2, we applied the EXPECD to both individuals diagnosed with MDD (n=63) and healthy individuals (n=60) to examine whether expectation maintenance despite expectation-violating performance feedback is indeed more pronounced among people with MDD. In Study 3, we used three experimental groups to vary immunization processes after receiving expectation-violating performance feedback. This study design enabled us to examine whether cognitive immunization could be a core mechanism underlying expectation persistence. In this study, we examined a sample with people reporting elevated levels of depression (n=63). Results: Results of Study 1 indicate that

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healthy individuals significantly changed their performance expectations after receiving expectation-violating feedback ($t(50)=-2.893$; $p=.006$; $d=0.409$), while expectation-confirming feedback did not lead to expectation change ($t(50)=1.198$; $p=.236$; $d=0.181$). Study 2 revealed that people suffering from MDD did not change their expectations after receiving expectation-violating feedback, $t(30)=-0.893$; $p=.259$; $d=-0.163$. Among people with MDD, there was no difference between the expectation-violating and the expectation-confirming condition with regard to expectation change, $t(61)=-0.326$; $p=.746$; $d=0.082$. In Study 3, the three experimental groups significantly differed with regard to the degree of expectation change, $F(2, 60)=5.286$; $p=.008$; $\eta p=.150$. Discussion: These experimental studies confirmed the clinical observation that people with MDD have more problems than healthy individuals with changing their expectations after surprisingly positive experiences. The major process explaining this persistence of expectations might be cognitive immunization, because varying immunization led to differences in expectation change. Conclusion: These studies provide useful information for clinical practice, as it might enable therapists to develop expectation-focused psychological interventions that aim at enhancing expectation change by more rigorously focusing on the prevention of immunization processes. Different therapeutic strategies to prevent immunization are discussed, such as emphasizing the general utility of positive expectation-violating experiences. This could help to break through the disconnection of depressed individuals' self-perception from their environment.

SATURDAY, 16 SEPTEMBER 2017

OPEN PAPER 15-Psychosis / Personality disorders

1204 - EXAMINING THE RELATIONSHIP BETWEEN FLEXIBILITY IN RETRIEVING AUTOBIOGRAPHICAL MEMORIES AND SOCIAL PROBLEM SOLVING IN DEPRESSION

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Previous research has established that dysphoric individuals have difficulty in flexibly retrieving specific autobiographical memories (Dritschel et al., 2013). Specific autobiographical memories refer to memories for highly contextualized events that last less than one day (e.g., going out to dinner for my niece's birthday). Flexible retrieval refers to the ability to retrieve a specific autobiographical immediately after retrieving a more general autobiographical memory that represents a summary of events (e.g., going to play tennis on Friday afternoons). The ability to retrieve specific memories flexibly is deemed to be important for a range of functions including problem-solving and emotion regulation. However the relationship between social problem-solving ability and flexibility in retrieving autobiographical memories as well as general cognitive flexibility has not been tested. A further question is how this relationship varies as a function of depression. The current study investigated these questions. It was predicted that reduced flexibility in retrieving autobiographical memories would be associated with poorer social problem solving. We also predicted that this effect would be more pronounced in our depressed versus non-depressed sample. Twenty depressed and 20 non-depressed took part in the study. Cognitive flexibility on the Brixton spatial appreciation task and flexibility in retrieving autobiographical memories were assessed together with several indices of problem solving performance. The Social Problem Solving Inventory Revised (SPSRI) was used to assess attitudes to problem solving and other process outcomes. The Means Ends Problem Solving task (MEPS) assessed the ability to solve hypothetical social problems. Further individual difference measures of rumination and emotional regulation were also measured. A significant difference was found between the non-clinical and clinically depressed groups on the autobiographical memory flexibility measures and social problem solving measures. Memory flexibility was associated with some aspects of social problem-solving. The implications of the findings for the complex relationship between memory retrieval and social problem solving in depression are discussed.

1142 - THE EFFECT OF PERSONALITY PATHOLOGY ON DEPRESSION OUTCOME AFTER COGNITIVE BEHAVIOURAL THERAPY OR SHORT TERM PSYCHODYNAMIC THERAPY.

David Koppers¹
NPI¹

Introduction Several meta-analyses show that time-limited psychotherapy for depression is effective, with large effect sizes at treatment termination. However, full remission rates after treatment is reported between 23% and 62% and are relatively low, possibly due to the high proportion (45% to 74%) of co-morbid personality disorders. While there is a broad consensus that personality disorders influence negatively depression outcome, studying the role of comorbid personality pathology while directly comparing two treatment modalities are scarce. Method We conducted a randomized clinical trial comparing 16-sessions Cognitive Behavioural Therapy (CBT) and Short Psychodynamic Supportive Psychotherapy (SPSP) in depressed patients (n=196) with or without a comorbid personality disorder (MDD-PD). The presence of personality

pathology was determined by a self-report version of the International Personality Disorder Examination. Primary outcome was symptom improvement of the HAM-D at treatment termination and at one year follow up. Secondary outcome were social functioning according to the OQ-45 scales social role functioning and interpersonal relations and Quality of Life according to the EQ-5D. Results The results on symptom reduction show a large pre-post treatment effect size at treatment termination ($ES=0.88-1.23$) and at one year follow-up ($ES=1.23-1.73$) in both patient-groups. Personality pathology had a significant worse influence at treatment termination ($emd=-2.37$, $SE=1.12$) and follow-up ($emd=-4.47$, $SE=1.21$) and the two patient groups were not ameliorated differentially by treatment modality ($emd=-0.23$, $SE=2.25$). ES for social functioning according to the OQ-45 were medium to large for both patient-groups. This was also the case for Quality of Life. Depressive patients with comorbid personality disorders had significant more problems in social functioning and a significant worse Quality of Life than without comorbidity. Treatment condition has also no differential influence on these results. Discussion The results confirms that personality psychopathology has a negative influence on depression outcome after treatment termination and one year follow up. This is also the case on social functioning and quality of life. While both patient groups profit from the two short term psychotherapies, treatment modality doesn't make difference in treatment outcome. Conclusion CBT and SPSP contributes to improvement depressive symptoms and interpersonal problems for depressed patients with and without comorbid personality pathology. Both treatments are an effective first step in a stepped care approach, but probably not enough for a large amount of patients with comorbid personality pathology.

1068 - THE RELATIONSHIP BETWEEN CLIENTS' PERSONALITY TRAITS, WORKING ALLIANCE AND THERAPY

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Objectives. This study investigated the relationships between client personality traits, and changes in those traits after cognitive behavioral or psychodynamic short-term therapy, and clients' perceived working alliances with their therapists and their clinical outcomes at a university training clinic in Sweden. **Design.** This was a longitudinal study, with the measures collected at pre- and post-therapy. **Methods.** The sample consisted of 138 clients with moderate psychological symptoms. Personality traits were measured using the Health-Relevant Personality Inventory, a health-relevant instrument that measures five factors. **Results.** The results showed that Antagonism, Impulsivity, Hedonic Capacity, and Negative Affectivity improved significantly during therapy, while Alexithymia did not. Pre-therapy personality traits were not related to perceived working alliances (as measured by the Working Alliance Inventory) or therapeutic outcomes (as measured by the Clinical Outcomes in Routine Evaluation Outcome Measure). Post-therapy personality traits negative affectivity, hedonic capacity and alexithymia were related to working alliance, and changes in personality traits were predictive of therapy outcome. The change in Hedonic Capacity and Negative Affectivity explained about 20% of the variance in post-therapy symptoms after controlling for pre-therapy symptoms. **Conclusions.** The results suggest that therapeutic foci on hedonism (extraversion) and negative affectivity (neuroticism) could be important for working alliance formation and symptom reduction in therapy. Future research should examine whether changes in clients' negative affectivity or hedonic capacity mediates the relation between perceived working alliance quality and clinical outcome in training and other psychotherapeutic contexts.

1117 - IMPACT OF COMORBID DEPRESSION ON PERSONALITY DISORDERS AFTER SCHEMA-GROUP THERAPY

David Koppers¹

NPI¹

Impact of comorbid depression on personality disorders after schema-group therapy Introduction Several studies demonstrated the efficacy of schemafocused therapy for borderline patients. However, in clinical practice most personality pathology presents itself 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 address individual therapy while schema grouptherapy might be an (cost) efficuous alternative. Methods In a cohort study short term schema cognitive behavioural therapy in groups and long-term schema grouptherapy were investigated on (follow-up) effectiveness and drop-out. The total sample consisted of 218 referred patients, had at least one cluster B and/or cluster C personality disorder with or without a co-morbid depression. The aim of this study was to determine the impact of co-morbid depression on recovery from personality disorders after schema grouptherapy, measured by a symptom checklist (SCL-90) and the Young Schema Questionnaire (YSQ). Results The drop-out rate among personality disorders with comorbid depression (39%) was significantly higher than without comorbidity (26%). Symptom reduction after schema group therapy for personality disorders alone was $ES= 0.42$ and with comorbid depression was $ES= 0.74$. Reduction of dysfunctional schema's was $ES=0.58$ and with comorbid depression was $ES=0.92$. These results were statistically significant. For the long term schema group therapy there was a significant difference in treatment outcome between personality disorders with comorbid depression and without comorbidity. This was not the case in the short term schema group therapy. Follow-up outcome for all groups remained stable. Conclusion Effect sizes of the schemagroup programs were medium to large and in the same range as earlier studies in individual therapies. This indicates that schema therapy can be succesfully offered in groups for a broad group of patients with personality disorders with comorbidity and may be a cost-effective alternative.

SATURDAY, 16 SEPTEMBER 2017

OPEN PAPER 16-Psychosis / OCD and OCD Spectrum Disorders

1101 - EARLY MALADAPTIVE SCHEMAS AND COPING STYLES IN PATIENTS WITH OBSESSIVE COMPULSIVE DISORDER

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The present study aimed at identifying the early maladaptive schemas (EMS) and coping styles in patients with obsessive compulsive disorder (OCD). Cross-sectional correlational research design was used to carry out the research study. A sample of 127 patients diagnosed with obsessive compulsive disorder within an age range of 18-40 years (M=30.36, SD= 9.48) were recruited for the study through Non-probability purposive sampling strategy from both outdoor and indoor patient wards of different government and private hospitals of Lahore. Urdu translations of Dimensional Obsessive Compulsive Scale (DOCS), Young Schema Questionnaire- short version (YSQ-S3) and Brief COPE scale were administered on the participants. Principal component factor analysis was used to establish psychometric properties of adapted version of DOCS and has identified four

factors of the scale. Pearson product moment correlation showed significant correlation between EMS and OCD. Schemas of subjugation, social isolation, vulnerability to harm, insufficient self-control, self-punitiveness and unrelenting standards were predominately present in patients with OCD. Patients with OCD had significant relationship with problem focused coping strategy while early maladaptive schemas have significant correlation with religious coping, venting and behavioral disengagement. Regression analysis depicts that practical incompetence is significant predictor of problem focused coping while emotional inhibition, pessimism and self-sacrifice are significant predictor of emotion focused coping. The findings of the study will provide useful help for psychologist to understand the role of schemas in causing OCD. Keywords: Early maladaptive schemas, coping styles, obsessive compulsive disorder

1145 - INDUCTION AND REDUCTION OF CONTAMINATION FEARS: AN EXPERIMENTAL ANALYSIS

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Introduction Fear of contamination and resultant washing compulsions are among the most common forms of OCD. While the aetiology of phobias has been well researched, the aetiology of OCD-type contamination fears remains largely unexplored. Rachman's pathways of fear learning suggests there are three routes to the acquisition of fear: a direct pathway, involving direct exposure, and two indirect pathways; vicarious and informational. The aim of the first study was compare the effectiveness of each pathway in inducing the fear of contamination. The aim of the second study was to compare the effectiveness of the pathways in reducing the fear of contamination. Method Induction Study comprised 76 non-clinical participants (50.0% female) with a

mean age of 32.8 years. Participants were randomly allocated to one of three conditions: direct negative experience with a contaminant, vicarious observation of contamination fear or information about contamination. Relevant measures were taken immediately before and after the manipulation and after a 15 minute delay. Reduction Study comprised 55 people who scored 5 and over on the three-item washing subscale of the OCI-R (80% female) with a mean age of 25.8 years. Participants were randomly allocated to direct, vicarious, informational or control (benign tactile task) conditions. Measures were taken before and after the experimental manipulation and an average of 7.68 (SD=1.42) days later. Results Induction Study: There was a significant main effect of time ($F(3, 70) = 6.35, p = .001$) but no significant main effect of condition or time by condition interaction ($F(6, 142) = 1.61, p = .148$ and $F(6, 142) = .65, p = .690$). Reduction Study: There was a significant main effect of time ($F(6, 38) = 2.44, p = .043$) but no significant main effect of condition ($F(9, 129) = 1.74, p = .087$) or time by condition interaction ($F(18, 120) = 1.54, p = .088$) Discussion Fear of becoming contaminated was successfully induced and reduced by each of the three learning pathways and there was little to differentiate between them. Each of these pathways may have an important role to play in the acquisition and overcoming of contamination fears. Further research is required to investigate the effects of combing the three routes both in inducing fears and in their reduction with a view to improving the efficacy of cognitive behavioural treatments of contamination fears and OCD.

1125 - CBT FOR OCD ISLAMIC ABLUTION (WODO). A PROPOSED PROTOCOL

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Ministry of National Gaurd¹

Introduction CBT for OCD is a well established psychological therapy. Yet the vast majority of research and clinical guidelines are done on western population. There is a need for a clinical protocol for common OCD subtypes in Islamic Countries. This paper focus on outlining the CBT for the one of most common OCD subtype in Islamic countries: Ablution (Wodo). 2. Method: A proposed protocol was initially made by the author, based on published western guidelines and local experience. The draft then reviewed by local experts in CBT. The protocol was piloted in the daily clinical practice for feasibility and fine tuning. 3. Results & Discussion: We could not find any published data on CBT for Ablution (Wodo). However there is a huge public data on nonscientific websites. OCD for Ablution was conceptualized as a kind of repeating OCD, with compulsive dominant. A profile of compulsions & control behaviors in OCD for Ablution is elaborated. The main obsessive beliefs in such patients also defined. The protocol consist of cognitive restructuring & response prevention. There is a little room for typical exposure here. The religious teaching in OCD was reviewed, which came to be a highly useful tool to be used in the practice. Therapy obstacle and difficulties in this subgroup of patients were discussed. 4. Conclusion This protocol may be the first detailed one in this highly common yet not researched well OCD type. We encourage Muslim scholars to do more researches on it.

1128 - NEUROTICISM AND RELIGIOSITY: THE ROLE OF OBSESSIVE BELIEFS, THOUGHT-CONTROL STRATEGIES, AND GUILT IN SCRUPULOSITY AND OBSESSIVE-COMPULSIVE SYMPTOMS AMONG MUSLIM UNDERGRADUATES

*Müjgan İnözü*¹, Yasemin Kahya¹, Orcun Yorulmaz²
Hacettepe University¹, Dokuz Eylul University²

Introduction: Recent literature suggests that neuroticism, religiosity, cognitive factors of appraisal, and thought-control strategies are psychological vulnerability factors for both scrupulosity and obsessive-compulsive disorder (OCD). In particular, consistent with cognitive model of OCD, recent cognitive model of scrupulosity proposes the definitive role of obsessive beliefs and dysfunctional thought control strategies in fear of god and fear of sin domains. In the light of the related literature, the present study aimed to test the roles of obsessive beliefs, guilt, and thought-control strategies on the relationship between neuroticism, religiosity, scrupulosity, and OCD symptoms in a Muslim sample via Structural Equation Modeling. **Method:** The sample of the present study consisted of 297 Turkish university students who completed a battery of questionnaires including Eysenck Personality Questionnaire Revised-Abbreviated Form, the Penn Inventory of Scrupulosity, Obsessive-Compulsive Inventory-Revised Form, the Obsessive Beliefs Questionnaire, and Thought Control Questionnaire, the Guilt Inventory. **Results:** The results indicated that the final model reached had an acceptable fit ($\chi^2/df = 2.174$, GFI = .831, CFI = .853, NFI = .762; RMSEA = .06, AGFI = .798). According to significant standardized β coefficients in the final model, neuroticism and the level of religiosity increased OCD relevant beliefs that were positively associated with guilt and punishment thought-control strategy both of which increased scrupulosity and OCD symptoms. The total model explained 61% of variance in scrupulosity and 40% of variance in OCD symptoms. **Discussion:** The results of the study implied that individuals who have neurotic style and high degree of religiosity at the same time may suffer from both scrupulosity and OCD symptoms through obsessive beliefs, associated feelings of guilt, and self-punishment. **Conclusion:** Culturally, in the treatment of patients with OCD and scrupulous tendencies, issues such as religiosity, feelings of guilt, and self-punishment need to be addressed in addition to personality style and obsessive beliefs.

POSTERS



THURSDAY, 14 SEPTEMBER 2017

POSTER SESSION 1

11013 - RELIABILITY AND VALIDITY OF TRAIT SOCIAL ANXIETY SELF-REPORT MEASURES: A SYSTEMATIC REVIEW.

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Introduction: A number of self-report measures have been published that aim to measure levels of trait social anxiety. Given this, it is currently problematic to compare these measures in terms of their psychometric properties, and ultimately select the most reliable and valid measure of this construct. Thus, the aim of this review is to determine the psychometric properties of trait social anxiety self-report measures and make recommendations regarding their use in clinical and research contexts. Method: Relevant studies that have examined the psychometric properties of trait social anxiety self-report measures were identified via a systematic search of recognized electronic databases. The psychometric properties that the included studies reported on were assessed using a recognized quality assessment tool designed for this purpose (Terwee et al. 2007). Results: Initially 3172 studies were identified, with 72 studies meeting the inclusion criteria. The included studies investigated the psychometric properties of 24 trait self-report measures with no single measure meeting criteria for all relevant psychometric properties as set out by the quality assessment tool utilised. The results of this study have previously been published in the Journal of Psychopathology and Behavioral Assessment. Discussion: Further research is needed to establish the psychometric properties of published trait social anxiety self-report measures. Until such a measure can meet criteria for all established psychometric properties, no measure can yet be recommended to be used routinely above all others. The psychometric properties of each investigated measure will be presented.

11017 - THE EFFECT OF MINDFULNESS-BASED RELAPSE PREVENTION (MBRP) ON OPIATE RECOVERY IN EGYPT: A NON-RANDOMIZED STUDY

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Substance abuse is a major relapsing disorder, Intervention are seeking providing patients with skills to stop using and prevent relapse. The efficacy of adding mindfulness to the treatment of substance abuse has been proved in amny studies, but the current study was the first trial to apply MBRP in Egypt. Examined the effect of MBRP on: Psychological variables: Mindfulness state, Self-efficacy, and Readiness for change, Physiological variables: Serum cortisol levels, and vital signs. Sixteen male opiate addicts admitted into Maamoura Mental Health Hospital in Alexandria, divided equally into a study group and a control group, responded to four self-rating scales: The Drug Avoidance Self-efficacy, The Five Facets of Mindfulness, The Mindfulness-Based Self-efficacy Scale-Revised, The SOCRATE Scale. The Study group completed an 8-weeks MBRP Program. Individuals who received MBRP reported significantly higher levels of Mindfulness state, Self-efficacy, and lower levels of Vital signs in comparison to a treatment-as-usual control group, but there were no significant differences in

Readiness for change, and serum cortisol level between the two groups. MBRP Proved to be effective on enhancing the mindfulness state, self-efficacy, and vital signs, further research is required for cortisol level and readiness for change.

11029 - ENTANGLING THE FUNCTIONS OF AGGRESSION IN ADOLESCENTS VIA SELF-REPORT

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Abstract: This work investigated if the two functions of aggression can be disentangled in adolescence, by using self-report questionnaires. The distinction between the proactive and reactive functions of aggression has been controversial, with some arguing for their uniqueness while others propose that their distinction is dubious. A community sample of 1253 (61.3% female) adolescents, aged 12 to 18 years old (M = 15.84, SD = 1.60) filled in the Portuguese version of the Peer Conflict Scale. Proactive and reactive aggression measures were used as clustering variables, in expecting to find four groups: 1) those frequently or 2) unfrequently practicing both functions of aggression; 3) those frequently practicing reactive but not proactive aggression, and 4) those frequently practicing proactive but not reactive aggression. Evidence was found only for the first two groups indicating that, when assessed via self-report, practicing one function of aggression in tangled with practicing the other. Participants frequently practicing both functions of aggression were more likely to be boys, younger, and having had more previous school retentions. Thus, this group is in line with what would be expected from more aggressive adolescents. The differential relevance of proactive and reactive aggression has been established by dissimilar correlates with psychosocial outcomes, and their diverse practice has been noted mostly using observational measures; nevertheless, they seem tangled using self-report questionnaires. Given the time-cost advantages of using self-report questionnaires, it seems important to improve how they are able to grasp and disentangle the functions of aggression, within community and clinical adolescent samples.

11039 - STEPS: CBT BASED GROUP THERAPY-EDUCATIONAL PROGRAM FOR SIBLINGS OF CHILDREN WITH AUTISM SPECTRUM DISORDERS

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In this open paper we would like to present another possibility of use of cognitive-behavioral therapy through presenting the results of groups that will be conducted from February to June 2017 and compare them with results of the pilot study. To live with brother/sister with autism spectrum disorder (ASD) brings number of challenges to everyday life. Healthy child needs to cope with increased level of stress, sibling's problematic behaviour, lack of knowledge about the illness and other myriad of problems that diagnosis of ASD brings. Nevertheless siblings of children with disability are long-term neglected group not only by experts from the field of science but also by practitioners. Experts should take into account that sibling relationship is typically one of the longest and most intensive relationships in life. Therefore our team is creating, implementing and

evaluating program STEPS (CBT based group therapy-educational program for siblings of children with autism spectrum disorders). STEPS program consists of ten 2-hour sessions for groups (6-10 participants) of healthy

siblings (ages 7-11 and 12-16). The main objectives of the program are expanding the knowledge about specific problems participant's siblings have, enable children to share and process emotions associated with living with the sibling with ASD and train how to cope with brother's/sister's problem behaviours. Through fulfilling these objectives program focuses on improving sibling relationship and enhancing participant's overall quality of life. We have already conducted a pilot study on participants age 7-11 (n=7) showing positive results in fields of knowledge, sibling relationship, etc. On the basis of this study we have created final version of STEPS manual and between February to June 2017 we would like to conduct and evaluate 2-4 groups (N=15-30) based on this manual. Data will be acquired from participants (individual administration) and their parents (group administration) in two time points (week before and week after the program). Test battery will focus on knowledge about ASD (Autism knowledge test of own design), sibling relationship (structured interview with participant and Sibling Inventory of Behavior and Sibling Relationship Inventory), problem behavior (Strengths and Difficulties Questionnaire), subjectively perceived Quality of life (PedsQL – child and parent version) and family support (The family support scale) and also program feedback.

11043 - COMPARISON OF EARLY MALADAPTIVE SCHEMAS AND METACOGNITION IN STUDENTS WITH SOCIAL PHOBIA AND NORMAL STUDENTS

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Introduction Social Phobia prevalence have reported 3 up to 13 percent in adults. Reppi and Heimberg suggest cognitive behavioral model of social phobia. The purpose of the present study was to Compare early maladaptive schemas and Metacognition in students with social phobia and normal students. Methods : It was a cross sectional ex-post- facto study. Population included clients of counseling centers in Tehran universities in 2015 with confirmed diagnosis of social phobia by a psychiatrist or clinical psychologist. Control group were university students who claimed that they have no mental disorder in cluster I and II. 60 with social phobia and 60 normal students have been chosen in sampling. Instruments were the short form of the Young Schema Questionnaire and Metacognitive beliefs Inventory and Conver social phobia scale. After collecting information, data were analyzed using SPSS 22 and multivariate analysis of variance and t-test. Findings: Our findings indicated that there were significant differences between early maladaptive schemas and Metacognitive beliefs in students with social phobia and normal students ($P < 0/001$). the results showed that relationship between early maladaptive schemas and Metacognition were significant ($P \leq 0/01$). Discussion: This study showed that the early maladaptive schemas are more prevalent on the students with social phobia and the difference between 2 groups was significant. Abandonment, social withdrawal, Failure and emotional inhibition schemas can predict social phobia. Metacognitive Beliefs are problematic in students with social phobia. There were significant relationships between early maladaptive schemas and metacognitive beliefs. Group or individual counseling or therapy session for students with high scores in EMS and metacognitive beliefs recommend to prevent more dysfunctions specially academic dysfunctions. Conclusion: Identifying

early maladaptive schemas before getting the diagnosis of social phobia, can lead to appropriate intervention strategies to reduce the schemas. Keywords: Early Maladaptive Schema, Metacognition, social phobia, university students.

11061 - HOW MUCH DO PARENTING STYLES AFFECT CHILDREN'S LANGUAGE SKILLS

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How much do parenting styles affect the children's language skills Abstract Beltina Shahini, Genita Shehu, Gresa Haxhikadrija, Elza Tuli & Era Pozhegu Parenting styles are a big influential in the development of language skills in children. Efforts to involve parents in these matters vary widely (Lopez, Scribner, & Mahitivanichcha, 2001). Parenting styles are one of the variables that have been studied extensively in human development (Baldwin, McIntyre & Hardaway, 2007). To get a better analyse about this issue, have been taken 102 children, 52 of them have been with language disorders and 50 without language disorders. The children underwent a standardized questionnaire Construction and Validation of Scale of Parenting Style. Also, 102 questionnaires were completed by teachers which have shown about language skills of these children. The majority of children who have had language skills disorders are males (65.38%) mostly 8 years old. Whereas children who didn't have any language disorders are males (58.00%) mostly around 8 years. The results of this research were analyzed with the Statistical Package for Social Sciences (SPSS). Based on the analysis results are expected, so the parents have impact on children's linguistic development. Keywords: Parents, children, teachers, language skills

11096 - THE EFFECTS OF THE GROWING PRO-SOCIAL PROGRAM ON EARLY MALADAPTIVE SCHEMAS AND SCHEMA-RELATED DISRUPTIVE EMOTIONS: A NON-RANDOMIZED STUDY WITH MALE YOUNG OFFENDERS

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INTRODUCTION: Growing Pro-Social (GPS) is a cognitive-behavioral program designed for the rehabilitation of offenders. It is run in small groups, from 8 to 12 participants, along 40 weekly structured sessions grouped into five sequential modules: Human Communication; Interpersonal Relationships; Cognitive Distortions; Function and Meaning of Emotions; and Early Maladaptive Schemas (EMSs). Based on schema therapy theoretical model, GPS focuses on cognitive, emotional and behavioral change, assuming as ultimate goal the modification of specific EMSs associated with antisocial behavior: emotional deprivation, abandonment, mistrust/abuse, defectiveness/shame, social isolation/alienation, failure, entitlement, and insufficient self-control. A condensed version of the GPS into 25 sessions was developed for young offenders and a non-randomized trial was carried out in eight Portuguese juvenile detention facilities. Specifically, this study's main goal was to test the program's ability to reduce the endorsement of EMSs and EMSs-related disruptive emotions in male young offenders. METHOD: A total of 140 male young offenders were invited to participate voluntarily and allocated to receive GPS (n = 63) or treatment as usual (n = 60). Participants completed a self-report measure on the prominence of EMSs and EMSs-related disruptive emotions, the Schema Assessment Inventory through Activating Scenarios for Antisocial Behavior, at baseline and post-treatment assessments. Treatment effects were tested with Repeated Measures ANOVA. The Reliable Change Index (RCI) was also

computed, in order to assess significant clinical change after intervention. RESULTS: At baseline, no significant differences between groups were found. Repeated Measures ANOVA revealed non-significant differences between groups for the prominence of EMSs. A significant time x interaction effect was found for all the EMSs-related disruptive emotions, with treatment subjects presenting lower scores after GPS completion when compared with controls. Concerning clinical change, no significant differences between groups were found for the prominence of EMSs. Significant differences between groups were found in the distribution by clinical change categories for all the EMSs-related disruptive emotions: While a high percentage of the treatment group subjects presented clinical improvement, an equally high percentage of controls presented clinical deterioration after GPS completion. DISCUSSION: When analysing changes in EMSs, results showed that most participants from both groups showed no change from baseline to post-treatment. This result may be explained by core beliefs' maintenance processes and resistance to change. Another explanation may be related to the fact that not every subject is expected to endorse all the eight EMSs. Taking into account that EMSs maladaptiveness results not only from the amount of cognitive distortions, but also from the arousal of intense negative emotional states, changes observed in EMSs-related disruptive emotions may indicate that some level of change is achieved at an emotional level. CONCLUSION: While previous research demonstrated that the original 40-session of the GPS is capable of changing EMSs in adult offenders, the current study showed that the condensed version of the program was able to produce change at an emotional level but not in the endorsement of EMSs. These findings suggest that longer interventions should be tested in their capability to promote change both a cognitive and emotional level.

11107 - UNDERSTANDING YOUNG CHILDREN'S PERSPECTIVES USING THE IN MY SHOES INTERVIEW

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Introduction: Helping young children talk about their experiences is fundamental to understanding their perspectives in many different settings. Young children can find interviews difficult, and it is important to use approaches that are reliable and valid. This presentation brings together work using In My Shoes (IMS), a computer assisted interview which has been used in a wide range of contexts to help children talk about their emotions and experiences across the settings that they experience, including places they have lived and out-of-home care settings and schools. Validity of the IMS approach, recently established in studies of 4 and 5 year olds in Sweden, will be highlighted (Fangstrom et al, 2016). This presentation provides an example of the application of IMS in understanding the perspectives of children living in families with a parent with serious mental health problems (Backer et al 2016). The paper outlines a qualitative study exploring the experiences of young children of living with a parent with bipolar disorder, and how this impacts on their emotional wellbeing. Method: In My Shoes was used to interview 10 children aged between 4 and 10 years with a parent with bipolar disorder who were identified via self-help groups. Children were asked about their experience of family life. Qualitative methodology was used, with thematic analysis of interview transcripts. Results: Four main themes emerged from thematic analysis of the interview transcripts, which were: perception of parents; knowledge and awareness of bipolar disorder; managing family life with a 'bipolar' parent; and living in a family with bipolar disorder. It is noteworthy that even the youngest children could participate in the interviews. Children talked about their parent's mood and behaviour, giving descriptions of their experiences with their parents when they were experiencing good, and poor mental health. The children described symptoms and the consequences for parenting, and how their parents' condition affected them emotionally and practically. Some children themselves expected to develop bipolar disorder. Discussion: The validity of the In My Shoes approach has been demonstrated in studies in Sweden. The separate study of children of parents

with bipolar disorder further showed that by using age-appropriate tools and approaches, it is possible to elicit the views of young children about their parent's mental health, family life and about the way that they perceive the way that they are parented. Using the IMS approach it was possible to see that even very young children have insight into the impact of bipolar disorder in the family on themselves and family members. Children are able to describe both positive and negative experiences in the family, and have important views on both immediate and long-term consequences. Conclusion: In My Shoes is a valid approach to interviewing which has demonstrated value in hearing the views of young children of their experiences of family life. The example given here illustrates how this kind of approach can help clinicians and researchers to understand the child's perspective.

11110 - COGNITIVE-BEHAVIORAL THERAPY FOR NAIL-PICKING AND PICKING OF SURROUNDING SKIN SURFACE

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Purpose This reports an improved problem behavior three months after conducting of a psycho-educational intervention and self-monitoring. Case Summary A female freshman in public high school. Her parents were concerned about delayed language development and deviation of development since her childhood. Her WISC-III scores were VIQ101, PIQ89, and FIQ95. She picked her nails and skin around them, which, in short, we name "skin-picking." It originally began at age of 10-11 and was exhibited irregularly. Her mother had the same symptom during adolescence. At the baseline, she picked 2 nails on both hands and a piece of skin on a fingertip. At phase 1, behavioral contract was concluded after behavioral interview. The educational intervention was implemented at phase 2, and self-monitoring and environment adjustment were conducted from phase 3 to 6. Results Skin-picking appeared during math class that she felt difficulty with, during bath, and when irritated. Countermeasures were decided together and were exercised. Defining the picked portion at the baseline as 100%, its ratio gradually decreased; at phase 7, it was reduced to only 10%. At this point, we accepted one-time skin-picking as she might start inner-mouth-biting behavior if she completely quits skin-picking. She successfully maintained her condition at three months. Conclusion The treatment goal was not complete elimination of the problem behavior but acquisition of the control over the behavior while reducing it. Accumulation of successful experience with management of behavior appeared to enhance the sense of self-efficacy.

11130 - PROJECT SNIPE: SOCIAL NORMS AND PREDICTORS OF ALCOHOL USE AMONG UNIVERSITY STUDENTS IN TURKEY

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Introduction: Substance use may not only cause health problems, but also leads to negative social, academic, legal and financial problems. Incorrect perceptions of high rates of peer alcohol and tobacco use are predictive of increased personal use in student populations. Methods: The data was obtained from 858 students (454 female, 404 male students with a mean age 21.3±3.1) from Marmara University by self-reported, online

questionnaire developed for the Social Norms Intervention for the prevention of Polydrug use project (SNIPE project) with concurrently other EU countries. Alcohol use behaviors, attitude toward alcohol use, the misperceptions of peer alcohol use and the social acceptability of alcohol use were assessed. Results: Although 90.2% of the students think that most of the students use alcohol in varying degrees, 37.4% of the students were non-drinkers and only 20.2% of students reported drinking alcohol at least once a week. More than half (57.7%) approved alcohol use. In regard to logistic regression analyses; age (OR=1.11; 95% CI:1.00-1.24), giving less importance to religion or no importance (OR=7.66; 95% CI:3.30-17.77), smoking (OR=5.27; 95% CI: 2.68-10.35), approval of alcohol use (OR= 35.33; 95% CI: 20.54-60.77) and misperception of peer alcohol use (OR=3.67; 95% CI: 1.42-9.51) were found to be risk factors for alcohol use. Discussion: Approval of the alcohol use and misperceived alcohol use of their peers were determining factors over alcohol use in university students. In the future, social and perceived norms should be considered while developing health promoting activities and preventive measures for alcohol use among students.

11151 - TREATMENT OF DOG PHOBIA IN NONVERBAL INDIVIDUALS WITH AUTISM AND INTELLECTUAL DISABILITIES

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1. Introduction People with autism spectrum disorders have a high incidence of phobic disorders. Cynophobia or fear of dogs can be very disabling in that it prevents access to communities, because people with cynophobia may be too afraid to go out. When outside the home, encounters with dogs may provoke a variety of behaviours ranging from freezing to running away without taking account of other dangers. The recommended treatments for cynophobia include cognitive restructuring and systematic desensitisation i.e. CBT. Populations with severe intellectual disability (ID) may not be able to access the cognitive aspects of interventions due to the language requirements. 2. Method We describe adaptations to systematic desensitisation which are being used to treat 15 young people with autism and severe intellectual difficulties aged 8 to 20 years of age. Evaluating treatments depends on the availability of appropriate measures. A systematic literature review found that the measures available are either self-report questionnaires or based on distance from the dog. Self-report is inappropriate for those without language. The distance measure does not address other aspects of the fear such as the size of the dog, whether the dog is on a lead or the sounds that the dog makes. We therefore evaluated treatment in terms of whether the participants achieved the goal of being able to meet a dog unexpectedly without showing strong fear reactions as measured through video recordings of sessions. Materials for treatment included augmented communication methods and toy dogs. 3. Results 22 young people were referred to treatment for dog phobia. Of these 15 have started treatment, and 9 have completed. Session duration was limited to 30 minutes by attention difficulties. The aspects of dogs (size, noise, activity level) that provoked fearful responses varied between participants. The number of sessions required to achieve targets varied from 7 to 46. 4. Discussion Systematic desensitisation can be used with people who have little language. Evidence of improvement included being able to groom dogs, approach them and remain calm when dogs encountered unexpectedly. It would be beneficial to use psychophysical measures to assess the fear response more rigorously in a controlled trial 5. Conclusion The behavioural treatment of young people with autism and severe intellectual disability who also have dog phobia requires adaptations to the intellectual level such that language based CBT cannot be used. Measures of dog phobia require further development to include validation against psychophysiological measures of anxiety.

11155 - MEASURING FEAR CONDITIONING: SKIN CONDUCTANCE INCONSISTENCY ACROSS ANXIETY SENSITIVITY LEVELS

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1. Introduction Skin conductance responses (SCRs) collected during fear-conditioning procedures typically confirm fear acquisition to only 50-70% of individuals. Here, we explore if the degree of fear of anxiety symptoms (anxiety sensitivity, AS) impacts fear conditioning and SCRs. 2. Method One hundred and thirty two women completed a fear-conditioning procedure where we collected contingency ratings and SCRs. To uncover the role of AS in the acquisition of fear, we observed its moderation effect between early and late phases of the fear acquisition procedure. 3. Results Acquisition criteria for SCRs reveal that only 46.2% of the participants acquire the fear response, against the 80.3% that declaratively report CS-US contingency awareness. We found a significant moderation effect of AS on the association between SCRs in early and late phases ($N = 113$; $F(3, 109) = 3.80$, $p = .012$, $R^2 = .09$). The conditional effect shows that for high-AS but not for low-AS, moderation is statistically significant ($b = 2.23$, $t(109) = 3.27$, $p = .001$). 4. Discussion For high-AS, the early ability to discriminate between threatening and neutral stimuli predicts later responses, and the conditioning success. Since our results show that the significance boundary for a moderation effect lies on the clinical cut-off value, and AS is a proneness factor to pathological states, we suggest that clinical and non-clinical groups may respond differently to fear-conditioning procedures. Therefore, future translational anxiety-related research should consider alternative measures when comparing between clinical and non-clinical groups.

11159 - EFFECT OF A CBT-BASED “ADOLESCENT COPING WITH DEPRESSION COURSE” TO REDUCE DEPRESSION AMONG ADOLESCENTS

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Introduction: The aim of the present cluster randomized trial was to investigate the extent to which a group-based CBT intervention, “Adolescent Coping with Depression Course” (ACDC) (Børve, 2010) can reduce depressive symptoms among high school students in Norway. ACDC is a course for adolescents with subclinical or mild to moderate depression, funded by the Norwegian Directorate of Health. Based on a quasi-experimental study (Garvik, Idsoe, & Bru, 2013), the intervention has demonstrated effect sizes of medium to large reductions in symptoms of depression. Method: The effectiveness of ACDC was examined within a cluster randomized design, in which administrators were randomized to experimental or control conditions. After randomization, the administrators recruited a maximum of 12 adolescents each from two cohorts during autumn 2015 and autumn 2016. Pre-intervention data were collected from 222 adolescents before the start of the course in January 2016 and January 2017, for 1st and 2nd cohorts respectively. Depressive symptoms were measured with Center for Epidemiologic Studies Depression Scale (CES-D) (Radloff, 1977). The administrators that were supposed to deliver the ACDC were trained as course leaders in the semester before the intervention period. The intervention was delivered in a group format over 10 sessions, each lasting approximately 120 minutes. The administrators that had recruited adolescents for control-conditions administered usual care. Preliminary Results: Post-intervention data from the 1st cohort of participants was collected in June 2016. The preliminary analyses from the 1st cohort demonstrated a larger reduction in self-reported symptomatology for the intervention group. Discussion: The results from the first cohort is promising, however, the difficulties in recruitment in this study also revealed that depressed adolescents may

be avoidant according to help-seeking behaviour. Due to findings that a large group of young people in need of help in Norway do not receive it (Helland & Mathiesen, 2009), more accessible interventions are vital. Conclusion: Due to the small sample size in the 1st cohort, we were not able to make valid conclusions. Post-intervention data from the 2nd cohort will be available in June 2017. The presentation will focus on the findings from the post-intervention for the overall sample.

11163 - SUICIDAL IDEATION AND ATTEMPTS IN DRUG-ADDICTED PATIENTS IN TREATMENT

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1. Introduction: Suicidal behaviour is one of the most worrisome complications in clinical settings. Recent studies indicate that patients with substance dependence have a great risk of suicidal ideation and attempts. In this study, the prevalence rate of suicidal ideation and/or attempts among patients receiving treatment for addiction and the differential characteristics between these patients were studied. 2. Method: A sample of 334 patients (263 men and 71 women) who sought treatment for addiction in a Spanish clinical centre was assessed. Information about socio-demographic characteristics, addiction severity, and psychopathological symptoms was obtained. 3. Results: In total, 43.7% of the patients presented with lifetime suicidal ideation (8.7% in the last month) and 17.7% with suicidal attempts (1.5% in the last month). Patients with suicidal ideation or attempts showed a more severe addiction profile (assessed by the EuropASI) and more psychopathological symptoms (assessed by the SCL-90-R). 4. Discussion: The main contribution of this study is the provision of new data on a phenomenon that has been little studied to date: the relationship between addiction and suicidal ideation and attempts in a clinical setting. In this study, a high prevalence rate of both suicidal ideation and attempts has been found. Patients with suicidal behaviours showed a worse clinical profile. These results highlight the need to establish a systematic screening of suicidal risk when assessing addicted patients in clinical settings.

11192 - ATTENTIONAL AVOIDANCE IN SOCIAL ANXIETY DURING PUBLIC SPEECH

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Introduction: Social anxiety is proposed to be associated with and maintained by biased attentional processing, such as attention avoidance toward various feedback related stimuli. However, previous research has mainly focused on comparing the attention bias between two types of stimuli, while daily-life social situations usually contain multiple stimuli. Thus, little is known about attention distribution patterns in individuals with high trait social anxiety (HSA) or low trait social anxiety (LSA) among positive, neutral, and negative feedback and non-feedback stimuli in high or low state anxiety conditions. Methods: The current study adopted a novel approach to assess participant's eye movement pattern during a speech task (high anxiety condition) or while solely watching audience feedback of the speech (low anxiety condition). Pre-recorded audience who displayed approving, neutral, or disapproving gestures was presented as feedback stimuli, while neutral facial photos were used as non-feedback stimuli. Results: Participants with HSA exhibited longer total fixation on non-feedback stimuli compared to those with LSA. This between-group pattern difference was observed only in the high anxiety condition, while both groups paid more attention to

emotional feedback stimuli in the low anxiety condition. In addition, longer duration of fixation on non-feedback stimuli predicted subjective anxiety during the speech, while longer fixation on negative feedback stimuli predicted subjective anxiety during the watching phase. Discussion and conclusion: These findings suggest that socially anxious individuals are associated with attention avoidance of feedback stimuli in high anxiety social situations, and that such avoidance may increase one's experienced anxiety.

11199 - MINDFULNESS GROUP TRAINING PROGRAM FOR ADOLESCENTS

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Introduction Attention Deficit/Hyperactivity Disorder (ADHD) is characterized by a chronic and developmentally inappropriate levels of inattentiveness, hyperactivity and impulsivity manifesting in early childhood. Children who are diagnosed as ADHD exhibit executive function deficits and externalizing behaviors. Working memory, emotional regulation, planning, organizing, sustained attention deficits are the most common problems in ADHD children. In addition to them, externalizing problems such as conflicts with peers, parents, aggressive behaviors, oppositional or conduct behavior patterns are common in ADHD kids. Pharmacotherapy and cognitive-behavioral therapy are two evidence based treatments for kids with ADHD. But still they have some limitations. Because of that, researchers have focused on new treatment strategies for ADHD kids and their families. Mindfulness training is one of the new treatment approach for ADHD. There is little investigation about the effectiveness for ADHD children and their families. Some researches show that mindfulness training has a significant effect on repairing parent-child relationship, externalizing and attention problems. Therefore, the aim of this pilot study is investigating the effectiveness of a mindfulness group training program for ADHD adolescents and their parents. Method 10 (5 boys and 5 girls; 6 with combined, 4 with inattentive type) participants were between the ages of 12–15 with a diagnosis of ADHD from a child and adolescent psychiatrists were referred to our group program. All parents were asked to participate the group program. Inclusion criterias were an estimated IQ \geq 85, the age range was 12-15 and participants had to attend minimum 6 sessions. The exclusion criterias were severe behavioral problems, inadequate Turkish language and comorbid neurodevelopmental disorder. A quasi-experimental waitlist was used 4 weeks before the group program started. Behavioral symptoms, executive functions, intelligence, adolescents depression, parenting style, parental depression, parental anxiety, parental stress, parental ADHD level, happiness, mindful awareness were assessed. MyMind is an 8 week group treatment program for ADHD adolescents and their families on the basis of mindfulness. The purpose of MYMind program is to develop mindfulness practice in a group setting with formal meditation techniques, integrate mindfulness to daily life, teach adolescents and their parents to cope with ADHD symptoms, stress and improve awareness. For this study, the manual and handouts were translated into Turkish. Adolescents and parents attend parallel groups and each group session is 1.5 hours, consisted of mindfulness, cognitive behavioral therapy, psychoeducation and formal meditation practices and they have home exercises. Adolescent group is facilitated by two child and adolescent clinical psychologist and parent group is facilitated by adult clinical psychologist. Result The group program still continued . The datas will be analyzed with SPSS 16.0. Discussion The group program still continued. But we have some predictions about the results on the basis of literature and participants' feedbacks to us. After the training externalizing problems, internalizing problems and attention problems may reduce. There will be increase in parental mindfulness level and decrease in stress level. Conclusion The group program still continued. But previous investigations show that MYMind program is a promising treatment for ADHD.

11206 - IT'S WHAT YOU SAID, AND HOW YOU SAID IT: THE INFLUENCE OF MODALITY, MOOD AND ANXIETY ON MEMORY FOR POSITIVE AND NEGATIVE SELF-RELEVANT SOCIAL FEEDBACK

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Introduction: Research suggests that healthy individuals exhibit a positive information processing bias in response to self-relevant stimuli, while depressed and anxious individuals exhibit a negativity bias. Cognitive theories purport that mood states and cognitive schemata influence processing of social information, interacting with memory biases to affect beliefs about the self (Beck, 1967; Clark & Wells, 1995). While findings are robust for memory of visual stimuli (D'Argembeau & Van der Linden, 2007; Foa et al., 2000), no study has examined whether these memory biases hold for auditory information processing, another important form of social input. Thus, the objective of our study was to examine the influence of depression, anxiety and sensory modality on memory for positive and negative self-relevant social information. Method: Participants (51 undergraduate students from the University of Ottawa, Canada) first completed the Depression, Anxiety, and Stress Scale-21 (Lovibond & Lovibond, 1995), and the Social Phobia Scale (Mattick & Clarke, 1998). They were then told they would give a short speech and that audience members would provide feedback on their performance (visual: standardized facial expressions (n = 25); auditory: recorded sentences of standardized adjectives (n=26)). Before the speech, ratings of anticipatory anxiety were collected. Participants received feedback and performed a recognition task. Mixed-ANOVAs were conducted to examine main effects and interactions, and step-wise multiple regressions were used to examine the influence of mood variables (anticipatory anxiety, depression, general anxiety, and social anxiety; step-1) and modality (step-2) on positive and negative recognition accuracy. Results: Overall, participants in the auditory condition exhibited greater recognition accuracy compared to the visual condition ($F(1, 49) = 12.40, p = .001, \eta^2 = .20$). Further, participants in the visual condition remembered more positive than negative items, whereas those in the auditory condition remembered more negative compared to positive items ($F(1, 49) = 7.08, p = .01, \eta^2 = .13$). The regression model for positive recognition accuracy was not significant ($F(6, 44) = 1.38, p = .24, R^2 = .16$), suggesting that none of the mood and anxiety variables nor condition influenced memory for positive social feedback. The negative recognition accuracy model, however, was significant ($F(6, 44) = 3.35, p = .01, R^2_{change} = .24$), with condition emerging as the only significant predictor of recognition accuracy ($\beta = .51, t(49) = 3.88, p = .00$). Discussion: Findings suggest that sensory modality influences memory for self-relevant social information, regardless of anticipatory, social, or general anxiety, as well as depression. We propose that this effect may be due to the relative ambiguity each modality affords. Though research has shown that depression and anxiety negatively bias processing of both ambiguous and unambiguous self-relevant stimuli (Disner et al., 2017; Yoon & Zinbar, 2007), the role that feedback modality plays in this effect remains unclear. Conclusion: Future studies should examine how degree of ambiguity interacts with modality in memory for self-relevant social feedback, as the interplay between these factors may provide further insight into the mechanisms responsible for the development and maintenance of anxiety and depressive disorders.

11211 - ADAPTATIONS OF COGNITIVE TECHNIQUES IN CBT OF YOUNGER CHILDREN WITH EXTERNALIZING BEHAVIOR PROBLEMS

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Introduction: Children with externalising behavior problems are referred for mental health services at higher rates than are children with most other forms of psychopathology as their uncontrolled behavior with frequent aggressive outbursts has intense negative effects on the people who interact with them (peers, parents, teachers). The techniques and goals of cognitive-behavioral therapy (CBT) are directed at children's deficiencies and distortions in their cognitive processing of events, and at their regulation of emotions, especially anger. Discussion: Adaptations of CBT are needed to fit younger children with externalising behavior problems and consider their cognitive developmental characteristics such as egocentrism and perspective-taking deficiencies. Concepts must be simplified and made concrete, metacognitive weaknesses and generalization must be addressed from the start of interventions. Suggestions: Adaptations of CBT in younger children with externalising behavior problems include the use of drawings, games, therapeutic metaphors, stories. Also, parents need to be instructed to assist in reminding their children to revisit the troublesome thoughts and deal with them as well as with anger and engage in more constructive behavior.

11247 - THE DOUBLE IMPACT OF ADOLESCENTES INNER BULLYING: THE MEDIATING ROLE OF SELF-CRITICISM IN THE RELATIONSHIP BETWEEN SOCIAL ANXIETY AND DEPRESSION

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Background: Social anxiety disorder (SAD) is the most common comorbid anxiety disorder with major depressive disorder. When comorbidity occurs, SAD almost always precedes depression, often many years prior to its onset. In line with this, previous studies showed that youth level of social anxiety symptoms was a significant predictor of initial depressive symptoms. One of the possible mechanisms to explain this relationship may be the use of self-criticism, often related to both disorders. Objective: This study aimed to explore, in an adolescent sample, how depression could be predicted by social anxiety (SA) and if self-criticism could mediate this relationship. Method: The sample included 790 adolescents from the general population, aged 13 to 17 years old (55,2% female; Mage = 14.69; SDage = 1.507). Self-response scales were administered to assess social anxiety (SPAI-B), depression (EADS-21) and self-criticism (FSCRS-A) Results: Correlations between SA, depression and self-criticism were significant, positive and moderate to high. The final mediation model explained 44,9% of depressive symptomatology, with social anxiety explaining 18,7% of depression, and self-criticism adding 26,1% to this prediction and revealing to be a significant partial mediator. Discussion: The results clearly point to the role of SA in adolescents' depressive symptoms either directly or indirectly, through self-criticism. These results call attention to the importance of discriminating social anxious and depressive symptomatology, offering specific preventive and therapeutic approaches that include different components to address both depression and SA. Furthermore, effective intervention in either condition and when they are comorbid should also target self-criticism.

11248 - WHEN EVERYTHING SEEMS A DISASTER, SELF-LOVE IS THE ANSWER: THE MEDIATING ROLE OF SELF-CRITICISM AND THE MODERATING ROLE OF SELF-COMPASSION IN THE RELATIONSHIP OF CATASTROPHIZING AND SOCIAL ANXIETY IN ADOLESCENTS

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Background: Cognitive models of social anxiety disorder assume that experiencing anxiety in social situations is, in part, due to their catastrophizing and overestimation the potentially negative outcomes of a social interaction. A possible mechanism to explain this relationship may be the use of self-criticism, in which case self-compassion might serve as a buffer in the relationship between catastrophizing and social anxiety (SA). Objectives: This study aimed to explore, in an adolescent sample, if SA could be predicted by catastrophizing, if self-criticism would mediate this relationship, as well as if self-compassion would moderate this relationship. Method: The sample included 790 adolescents from the general population (55.2% girls; Mage = 14.7; SD = 1.51). Self-report scales measuring SA, self-compassion, self-criticism and emotion regulation strategies, specifically catastrophizing, were filled up. Results: SA showed a significant, positive and moderate correlation with catastrophizing and with self-criticism and a significant, negative and moderate correlation with self-compassion. The final mediation model explained 31.9% of SA, with catastrophizing having both a direct and an indirect effect. Self-criticism was the best predictor of SA. Additionally, a moderating effect of self-compassion was found. Discussion: Results suggest that the influence of catastrophizing in SA is, in part, due to the role of self-criticism and that self-compassion may have a buffer effect in the impact of catastrophizing on SA. The present model implies that self-criticism and self-compassion may be important targets in the assessment and intervention in adolescents with SA.

11249 - EMOTIONALLY SMART AND SELF-COMPASSIONATE: THE MEDIATING ROLE OF SELF-COMPASSION IN THE RELATIONSHIP BETWEEN EMOTIONAL INTELLIGENCE AND SOCIAL ANXIETY IN ADOLESCENTS

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Background: Several studies have shown that the presence of emotional intelligence (EI) competencies is associated with lower social anxiety (SA) and with higher self-compassion, possibly because self-compassion includes the ability to regulate one's negative emotions and see them with clarity. Nevertheless, to the best of our knowledge, no study has investigated the relationship between SA, EI and self-compassion. Objectives: This study aimed to explore, in a sample of adolescents, whether SA was predicted by EI and whether self-compassion would mediate this relationship. Method: The sample consisted of 790 adolescents from the general population (55.2% females; Mage = 14.69, SD = 1.507). Self-report instruments measuring social anxiety, emotional intelligence and self-compassion were filled. Results: SA was significantly, negatively correlated with EI and with self-compassion, while EI and self-compassion showed a significant high positive correlation. The exception was the positive factors of self-compassion which presented a very low correlation with the other variables, thus being excluded from the subsequent analysis. The final mediation model explained 42.8% of SA, with EI explaining 29.6% and the negative factors of self-compassion adding another 13.2%. Self-compassion had both a direct and an indirect effect in the relationship between EI and SA. Discussion: The results clearly point to the role of EI in SA symptoms, either directly or indirectly, through (the lack of) self-criticism, over-identification and isolation. Clinical implications include to target EI and self-

compassion, namely, reducing self-criticism, over-identification and isolation, in the treatment of SA, as these seem to work as protective factors of SA.

11250 - I LOVE ME, I LOVE ME NOT: THE MEDIATING ROLE OF SELF-COMPASSION IN THE RELATIONSHIP BETWEEN EARLY MEMORIES OF WARMTH AND SAFENESS AND WELL-BEING IN INSTITUTIONALIZED AND NON-INSTITUTIONALIZED ADOLESCENTS

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Background: Self-compassion seems to have a positive effect in well-being, acting like a protective factor in the emergence of psychopathology. Compassion-focused therapy (CFT) was also considered an effective intervention in adolescents in residential foster care, showing self-compassion as relevant to individuals who went through early life adversity. Objectives: This study compared institutionalized and non-institutionalized adolescents in well-being, early memories of warmth and safeness (EMWS) and self-compassion, and explored if well-being could be predicted by EMWS, and if self-compassion would mediate this relationship, in both samples. Method: The sample included 460 non-institutionalized adolescents (54.1% girls; Mage=15.32; SD=1.42) and 171 institutionalized adolescents (60.2% girls; Mage=15.56; SD=1.49). Well-being, EMWS and self-compassion were assessed. Results: Significant differences between the samples in well-being and self-compassion were not found, except for a significant difference in Common Humanity, with institutionalized adolescents scoring higher. Institutionalized adolescents presented lower EMWS. The positive factors of self-compassion explained 32.5% of well-being in non-institutionalized adolescents (self-compassion adding 5.1%), and 33.8% in institutionalized adolescents (self-compassion adding 10.6%), expressing a partial mediation. Discussion: The samples did not differ on well-being, possibly because, institutionalized adolescents evaluated it considering their early life adversities before institutionalization, reflected in their lower scores on EMWS. They also showed higher scores in Common Humanity, possibly due to their contact with peers with the same background. Self-compassion partially mediated the relationship between EMWS and well-being, with a higher impact of this variable in the institutionalized adolescents, calling attention to the relevance of the use of CFT in preventive or therapeutic approaches.

11251 - FEELING (UN)SAFE WITH SELF AND OTHERS: THE MEDIATING ROLE OF SELF-CRITICISM AND FEARS OF COMPASSION IN THE RELATIONSHIP BETWEEN EARLY MEMORIES OF WARMTH AND SAFENESS AND SOCIAL ANXIETY

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Background: Early critical, dismissive or negligent experiences with parents and peers have been associated with social anxiety (SA). Early memories of warmth and safeness (EMWS) have been negatively associated with self-criticism and fears of compassion. Self-criticism and SA are also strongly associated. However, to the best of our knowledge, no studies have yet established the relationship between EMWS, fears of compassion and SA. Objectives: This study explored if SA could be predicted by EMWS with parents and peers, and if self-

criticism and fears of compassion would mediate this relationship, in college students. Method: The sample included 766 adult students (63.8% females; M age = 20,46; SD = 3,717). Self-report scales measuring EMWS with parents and peers, self-criticism, fears of compassion and SA were filled. Results: EMWS with peers had a greater predictive effect on SA than EMWS with parents. Self-criticism and fear of receiving compassion were significant mediators in the relationship between EMWS and SA. In both models, these variables fully mediated the relationship between EMWS with parents and SA but partially mediated the relationship with EMWS with peers. Discussion: EMWS with peers seems a best predictor of SA than EMWS with parents. Self-criticism and fears of receiving compassion fully mediated the relationship between EWMS with parents and SA and partially mediated the relationship between EWMS with peers and SA. Fear of self-compassion lost its predictor effect, suggesting that fear of receiving compassion may precede and give rise to fear of self-compassion and should also be targeted in clinical interventions.

11260 - PORTRAIT OF ANXIETY DISORDERS IN PRIMARY CARE

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INTRODUCTION: Anxiety disorders are prevalent and present a high risk of recurrence and chronicity, especially if initially undertreated. Although pharmacological and psychological treatments exist, only a minority of anxiety sufferers are diagnosed and treated in primary care according to clinical practice guidelines' recommendations. Objectives: 1) to describe the characteristics of primary care patients with anxiety disorders; 2) to examine mental health services utilisation; 3) to explore pharmacological and psychological treatment adequacy based on clinical practice guidelines' recommendations. METHODS: Data from "Dialogue" project, a large cohort study (N=14833) conducted in 67 primary care clinics. After a mental health screening, 740 adults meeting DSM-IV criteria for panic disorder, generalized anxiety disorder or social anxiety disorder in past 12 months responded to questions on services utilization, medication use for anxiety and socio-demographic data. RESULTS: Among primary care patients, 44% reported significant anxiety symptoms and higher disability levels than the patients without anxiety or depressive symptoms. Psychiatric comorbidity was frequent, with 35% respondents meeting criteria for more than one of the three anxiety disorders and over 50% meeting criteria for comorbid depression. Although service use for mental health problems in the past 12 months was high (86%), treatment adequacy was low to moderate for both psychotherapy and pharmacotherapy. CONCLUSION: Findings emphasize the need to improve access to mental health services and quality of care for individuals with anxiety disorders in primary care.

11263 - TITLE: EFFECTS OF SHORT-TERM-MINDFULNESS ON DEPRESSION IN HIGH SCHOOL STUDENTS AFFECTED BY THE GREAT EAST JAPAN EARTHQUAKE

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Introduction: Psychological support is provided to victims affected by the Great East Japan Earthquake. Effective psychological intervention for children victims is needed to help them recover from disaster-related

posttraumatic stress disorder (PTSD). Mindfulness is effective for trauma treatment. Yoga is one of the procedures of mindfulness and may serve as a subsequent treatment for PTSD. Mindfulness is a useful procedure for individuals and can be conducted at limited places such as shelter. This study aimed to examine the effectiveness of mindfulness-based yoga on depression among high school students who were affected by the Great East Japan Earthquake. Method: Effectiveness was measured using the Mindfulness Attention Awareness Scale (MAAS) and Center for Epidemiologic Studies Depression Scale (CES-D). Participants (N=45) who completed the questionnaire engaged in a 60 min mindfulness-based yoga. Results: After comparing the MAAS total scores, functional change was indicated in 24 participants (Effect Group), and no change or non-functional change was indicated in 21 participants (Non-effect Group). The results of Group \times Time ANOVA indicated significant interaction effects on depression ($F(1, 43) = 4.90; p < .05$). The result of testing simple main effects identified a significant decrease in the CES-D scores after intervention compared to CES-D scores before intervention in the Effect group ($p < .01$). Discussion: This result indicated that a mindfulness-based yoga session had an effect on decreasing depression among almost half of the high school students in Japan. In addition, participants reported that mindfulness-based yoga was non-invasive for the school group.

11266 - FACILITATING APPROACH BEHAVIOR WITH EMOTION REGULATION: A PILOT STUDY OF HEALTHY INDIVIDUALS

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Introduction: How to facilitate approach behavior when anxious? The aim of the present study was to investigate the effect of two different emotion regulation strategies: one relying on the individual's attentional and metacognitive regulatory processes, the other aimed at bypassing these processes by directly manipulating bodily postures. Methods: 33 healthy participants were randomly assigned to either a control condition or one of two emotion regulation strategies: 1) mindfulness-based regulation (i.e., MIND) or 2) body posture manipulation (i.e., BODY). Participants identified a desirable, but difficult action to take, to be completed in the following week. Dependent variables were: Perceived stress (PANAS), perceived difficulty of action (10-point scale), c) self-efficacy (7-point scale), and d) positive emotions (PANAS). Results: A 2 (pre,post) \times 3 (BODY,MIND,CONTROL) RMANOVA revealed no significant interactions, however, a large effect size was detected for self-efficacy ($d=.8$), and medium sizes for stress ($d=.6$), difficulty ($d=.6$), and positive emotions ($d=.4$). Contrasting the conditions, larger effects were found for group differences between BODY and CONTROL, with a significant interaction effect on self-efficacy ($p=0.049, d=.9$) and stress ($p=.023, d=1.1$). Small to medium effect sizes were detected comparing BODY and MIND in favor of the BODY condition. Discussion: These findings are promising for clients with difficulties recruiting attentional capacities and finding a decentered perspective. The results point toward expanding the therapist's toolbox, showing that directly manipulating approach behavior tendencies, one may be as or more likely to facilitate approach behavior compared with mindfulness. The findings have to be replicated in clinical populations.

11269 - ATTENTION CONTROL IN CHILDREN WITH GENERALIZED ANXIETY DISORDER

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The present study investigated attention control in children with generalized anxiety disorder (GAD) using the Attention Control Scale (ACS) and the Attention Network Task (ANT). GAD was diagnosed using the Anxiety

Disorders Interview Schedule (ADIS) and the Revised Child Anxiety and Depression Scale (RCADS). Results from 66 children with GAD (7-13 years old) indicated that attention control abilities significantly improved and GAD symptoms significantly decreased from before treatment to after treatment with cognitive therapy. This was true for both the self-report measure of attention control (ACS) and the experimental measure of attention control (ANT). The present study suggests that attention control deficits related to GAD can be remedied by treatment with cognitive therapy.

11271 - COMPARING THE EFFECT OF TDCS AND CBT ON SMOKING

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This study aimed to compare the effect of Transcranial direct current stimulation (TDCS) and cognitive behavioral therapy (CBT) on cigarette craving, mood and smoking dependence. In a single-subject experimental study, 12 individuals with cigarette dependence, who referred to health centers in Mashhad, were randomly divided into two treatment groups of TDCS (n=6) and CBT (n=6). The participants in both groups were treated for 8 sessions and before and after the intervention, completed the questionnaires on Urge to Smoke (UTS), Positive and Negative Affect Scale (PNAS) and Fagerstrom test for nicotine dependence (FTND). The obtained data was analyzed using Wilcoxon Nonparametric tests, Mann-Whitney U test and Kolmogorov-Smirnov test. The results showed that both TDCS and CBT significantly reduce the cigarette craving and TDCS leads to more reduction. Also, TDCS significantly improves both negative and positive affect of the smokers, but CBT only improves the negative affect. TDCS compared to CBT had a significant effect in reducing the dependence on cigarette. Therefore, TDCS has greater impact on craving, mood and smoking dependence as compared to CBT.

11277 - COGNITIVE BEHAVIORAL THERAPY OF CHRONIC ANXIETY DISORDERS - EFFECTIVENESS OF THE TREATMENT

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Introduction: Anxiety disorders are often accompanied with an insufficient treatment response which may be caused by many factors. The goal of this research was to explore the effectiveness of a CBT program for chronic anxiety disorders and to find significant predictors of the treatment change. Method: 89 patients with anxiety disorders, who were admitted to a psychotherapeutic department for a six-week therapeutic program, participated in the study. There were 54 women, the mean age was 36.2 + 12.8 years, and the participants suffered from the anxiety disorder for average 9.1 + 9.6 years. At the start and in the end of the treatment, all individuals completed Internalized Stigma of Mental Illness Scale (ISMI), Beck Anxiety Inventory (BAI), Beck Depression Inventory-II (BDI-II), and the Clinical Global Impression (CGI; also completed by a senior psychiatrist). The patients received a standard treatment for the anxiety disorders. Results: During the treatment, there was a significant decrease of the overall severity of the psychopathology (subj and objCGI), anxiety (BAI), and depressiveness (BDI-II). According to the results of the linear regression analysis, the most significant predictor of the relative change in the severity of the overall psychopathology (relobjCGI) was the initial level of the self-stigma (ISMI; beta = 0.254, sig. 0.018). Discussion: The self-stigma may be one of the

important factors leading to the treatment resistance and chronicity in the individuals with the anxiety disorders. Destigmatization techniques and schema work could be helpful in tackling this issue.

11278 - SELF-STIGMA AND COGNITIVE BEHAVIORAL THERAPY OF CHRONIC ANXIETY DISORDERS - A MEDIATION ANALYSIS

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Introduction: A part of the patients with anxiety disorders suffer from the self-stigma which may lead to worse treatment results. The goal of this research was to explore pathways in which the self-stigma decreases the treatment effectiveness in individuals with chronic anxiety disorders. **Method:** The study included 89 patients with anxiety disorders, who underwent an inpatient six-week therapeutic program. There were 54 women, the mean age was 36.2 + 12.8 years, and the participants suffered from the anxiety disorder for average 9.1 + 9.6 years. All individuals repeatedly completed Internalized Stigma of Mental Illness Scale (ISMI), Sheehan Disability Scale (SDS), Beck Anxiety Inventory (BAI), Beck Depression Inventory-II (BDI-II), and Clinical Global Impression (also completed by the senior psychiatrist). The patients underwent a standard treatment for the anxiety disorders. **Results:** The overall psychopathology (CGI), depressiveness (BDI-II), and anxiety severity (BAI) significantly improved during the treatment. The relative change of the objective CGI (relobjCGI) was a main indicator of the treatment change. The self-stigma (ISMI) was significantly connected to the relobjCGI (Pearson's $r = 0.25$, $p < 0.05$). Several pathways, explaining this relationship, were evaluated – through the maintenance of the anxiety and depressive symptoms or the disability in social roles. Depressive symptomatology (BDI-II) was the only significant moderator. **Discussion:** The self-stigma is an important factor that lowers the effectiveness of the standard treatment of the anxiety disorders. The patients, who stigmatize themselves, suffer from helplessness, hopelessness, and related depressive symptoms which in turn lead to worse treatment results.

11279 - EXAMINATION OF FUN FRIENDS: CAN WE EVALUATE CBT PROGRAM OUTCOMES BY A YOUNG CHILD SELF-REPORT?

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Japanese society has been concerned about the first grader problems in class that could impair student's psychological well-being and academic attainment. Social support has been recognized as a protective factor (e.g., Walsh et al., 2010) and as a mediation factor (Zhao et al., 2014). This study aimed at investigating a

school-based universal prevention program, Fun FRIENDS (Barrett, 2007), with Japanese first graders. Students aged 5-6 years ($n = 43$: boys 23 and girls 20) participated in the program. The Fun Friends program including 10 sessions wherein students learn social and emotional skills. Before and after the program, and three-month

follow-up period, parents and teachers completed the Strengths and Difficulties Questionnaire (SDQ: Goodman, 1997), and students completed the Social Support Scale for Children (SSSC: Matsumoto, 2013). (1)The parent report on the SDQ revealed no significant time effects in the total difficulties, (2)The teacher report on the SDQ revealed no significant time effects in the total difficulties, and (3)The student report on the SSSC indicated significant time effects. Japanese normative data of the SDQ informed that the total difficulty scores ranging 0-12 are in the low need category (Matsuishi et al., 2008). The total difficulty scores in this study were within the low need, which may partly account for no significant differences between the assessment periods. Students' awareness of social support was increased, which could help students to alleviate their difficulties. The results may suggest potential application of the school-based universal CBT program for young children in Japanese schools.

11281 - WHAT ARE THE ODDS OF ANXIETY DISORDERS RUNNING IN FAMILIES?

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This family study investigated (1) the prevalence of anxiety disorders (ADs) in parents and siblings of children (n = 144) aged 8-18 years with ADs compared to control children (n = 49), and (2) the specificity of relationships between child-mother, child-father, and child-sibling ADs. Clinical interviews were used to assess current DSM-IV-TR ADs in children and siblings, and lifetime and current ADs in parents. Results showed that children with ADs were two to three times more likely to have at least one parent with current and lifetime ADs than control children (odds ratio (OR) = 2.04 and 3.14). Children with ADs were more likely to have mothers with current ADs (OR = 2.51), fathers with lifetime ADs (OR = 2.84), but not siblings with ADs (OR = 0.75). Specific relationships between mother-child ADs were found for Social Anxiety Disorder (SAD, OR = 3.69) and Generalized Anxiety Disorder (OR = 3.47). Remarkably, all fathers and siblings with SAD came from families of children with SAD. Fathers of children with SAD were more likely to have lifetime ADs themselves (OR = 2.86). Findings indicate that children with ADs have parents with ADs, and specifically SAD is more prevalent in families of SAD children.

11282 - THE PICTURE GUIDED BEHAVIORAL APPROACH TEST FOR DENTAL PHOBIA IN CHILDREN AND ADOLESCENTS

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Dental phobia (DP) can be successfully treated using Cognitive Behavior Therapy (CBT). Phobias are usually measured by administering the Behavioral Approach Test (BAT). However, administering the BAT in a dentist-setting requires extensive time and staff-resources. The PG-BAT was developed to be as similar to the regular BAT as possible, except using pictures of situations (e.g. picture of a child receiving local anesthesia) instead of actually exposing to situations. To explore the psychometric properties of the PG-BAT, n=50 children and adolescents first complete the PG-BAT at home, then once again at the clinic to allow measures of test-retest

reliability. Furthermore, the PG-BAT will also be completed by a parent to each patient. After completing the PG-BAT, participants complete the regular BAT. Participants' scores on the PG-BAT and regular BAT will be compared. According to data accumulated in a sample from this study and another ongoing study, both the child and parental versions of the test have shown good internal reliability (Cronbach's α of 0.88 respective 0.86, $n=26$) and validity (significant positive association between the instruments with clinician conducted face-to-face BAT; $r=0.68$, $n=36$; $p<.001$ for the child version respectively $r=0.75$, $n=37$; $p<.001$ for the parent version). Given adequate psychometric properties, the PG-BAT will benefit both patients and clinicians. Patients can take the PG-BAT at any computer connected to the internet, and clinicians can receive patient diagnostics before the meeting the patient. Ultimately, the utilization of a PG-BAT could improve assessment methods, reduce costs for assessment and enhance patient satisfaction.

11285 - HIGHER SENSITIVITY IN SOCIAL ANXIETY FOR NEUTRAL STIMULI DISPLAYED IN LOW SPATIAL FREQUENCIES

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Spatial frequencies (SF) are defined as number of cycles per degree of visual angle and/or number of cycles per image (Horley et al., 2004). Low-SF encode coarse features and support emotion detection, whereas High-SF convey details and contours and facilitate facial identity and object recognition (Morrison & Schyns, 2001). Langner et al. (2015) have shown that High Socially Anxious individuals (HSAi) – with respect to Low Socially Anxious individuals – process faces privileging the use of Low-SFs, are advantaged when processing information in Low-SF condition, and are faster in judging each type of facial expressions. With the aim to investigate this HSA advantage in processing Low-SFs images we considered a sample of HSAi ($N=31$) and LSAi ($N=29$); we conducted two studies requiring a discrimination task in two different conditions of SF (Low-SF manipulation with ≈ 6 cycles per image/unfiltered) with facial expressions (angry/neutral) and non-emotional stimuli (objects/animals). Results show that there are differences between HSAi and LSAi in RTs when judging facial expressions in Low-SF and unfiltered conditions. Specifically, HSAi (but not LSAi) are more accurate and faster with Low-SF neutral faces than with Low-SF angry faces. For non-emotional images, HSAi are faster and more accurate than LSAi in each condition. Our results show that HSAi and LSAi use visual information differently when classifying faces or objects.

11290 - SELECTIVE MUTISM QUESTIONNAIRE - CHILD (SMQ-C): DEVELOPMENT AND PSYCHOMETRIC PROPERTIES

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The Selective Mutism Questionnaire (SMQ) is a psychometrically sound measure of symptoms of selective mutism completed by parents (Bergman, Keller, Piacentini & Bergman, 2008). It is supported by a parallel teacher-report measure, the School Speech Questionnaire (SSQ) (Bergman, Gonzalez, Piacentini & Keller, 2013). The current study reports the development and psychometric properties of a child-report measure to accompany these two existing scales. The Selective Mutism Questionnaire-Child (SMQ-C) provides the child's perspective on how much they talk in select situations with adults and children. It was designed for children aged from 4 years and completion of the measure does not require written or verbal responding. The SMQ-C was administered to three groups of children aged 4 to 8 years: children with Selective Mutism, children with

Social Phobia and a non-clinical control group. Parents and teachers completed questionnaires on speaking, anxiety and externalising behaviour. The three-factor structure from the existing parent measure was retained. Results indicated high internal consistency for all factors and the total score of the SMQ-C. As predicted, the SMQ-C correlated moderately with parent and teacher measures of children's anxiety, and did not correlate significantly with parent and teacher reports of externalising behaviour. High correlations were found between the child SMQ-C, parent SMQ and teacher SSQ. Young children are able to provide a valid picture of their mutism behaviour, providing an additional perspective in the assessment of selective mutism and creating a clinically useful method to engage the child in assessment.

11291 - SOCIAL PHOBIA SYMPTOMATOLOGY AND BEHAVIOURAL INHIBITION IN CHILDREN WITH SELECTIVE MUTISM: A COMPARISON WITH CHILDREN WITH SOCIAL PHOBIA AND NON-CLINICAL CONTROLS

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A growing body of evidence points to a strong overlap between selective mutism (SM) and social phobia (SP) in children on behavioural characteristics such as social reticence and anxiety, yet few studies have directly compared these populations. The current study compared 25 children with SM, 17 children with SP and 15 non-clinical controls on expressions of social anxiety and inhibition. The child's mother, father, teacher and the child completed standard questionnaires, and the child participated in a behavioural assessment with their mother present. Children with SM and SP were similar on most symptoms of social phobia and when they differed, children with SM showed higher scores. Children with SM and children with SP did not differ in non-verbal social anxiety or non-social anxiety and both groups were more anxious than non-clinical controls. On behavioural observation, children with SM were significantly more inhibited verbally and nonverbally than children with SP and nonclinical controls. Both clinical groups had fewer friends than non-clinical children and they experienced difficulties forming friendships. Children with SM also experienced greater difficulties sustaining friendships. The current findings support suggestions of strong similarities between SM and SP, with SM children perhaps showing greater severity than those with more general SP. The findings suggest that inclusion of cognitive behavioural skills to manage anxiety along with social skills training will improve treatment effectiveness for SM.

11292 - RELIABILITY AND VALIDITY OF THE PROBLEMATIC INTERNET USE QUESTIONNAIRE YOUTH VERSION FOR JAPANESE ADOLESCENTS AND UNDERGRADUATE STUDENTS

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This study translated the Problematic Internet Use Questionnaire (PIUQ) Youth version into Japanese and investigated its reliability and validity. The PIUQ Youth version was originally developed for use with adolescents aged under 18 years. However, as the scale items in the PIUQ Youth version use the word 'school' or 'friends' in place of 'work' or 'partner' in the PIUQ Adult version, it seems this scale could also be useful to assess students aged 18 years or more. In this study, we adopted the PIUQ Youth version for both adolescents and undergraduate students. A total of 360 adolescents (aged 15–17) and 222 undergraduate university or college students (aged 18–22) answered an online survey, comprising the Japanese-translated PIUQ Youth

version and the Japanese version of the Internet Addiction Test (IAT). Around one month later, 153 adolescents and 140 undergraduates completed the PIUQ again to examine test-retest reliability. For internal consistency, Cronbach's alpha coefficients were .93 for 18-item full scale and .82-.85 for the subscales in the adolescents group and .95 for full scale and .85-.86 for the subscales in the undergraduates group. Test-retest correlations were .53-.59 for total and subscales in adolescents and .43-.47 in undergraduates. Construct validity, demonstrated by correlations between the PIUQ and IAT, indicated its sufficient validity (adolescents: .82-.88, undergraduates: .79-.88) in both groups. Results showed that the Japanese-translated PIUQ Youth version had adequate reliability and validity not only for adolescents but also for undergraduate students.

11293 - PERSONALISED CBT TECHNIQUES FOR ADOLESCENT WITH BORDERLINE COGNITIVE ABILITIES AND ANXIETY

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15-year-old girl is coming to therapy with her mother who is worried about her daughter's behavioral and emotional difficulties. She does poorly in school, it is hard to have a conversation with her, she is dependent in her everyday life (needs a ride to school, does not prepare her breakfast, does not want to go to shop alone etc.), is avoiding social activities and has some irrational fears. Teachers report of her bad attitude and social inactivity in school. She has a chronic kidney disease and has some health difficulties of which she does not want to talk about with her peers. A psychological evaluation shows borderline cognitive abilities and severe social anxiety. She appears very shy, she shows poor ability for self observation and self disclosure. Nevertheless she agrees to continue therapy. She does not respond well to cognitive interventions and also to behavioral therapeutic tasks due to low motivation and engagement and also strong anxiety in everyday situations. She is interested in horses and likes photography. We use these areas for motivation in creating personalized techniques for behavioral activation and exposure in vivo. With this motivation is lifted, she becomes more engaged and she is able to get some positive experience with her social activity. Parents are very understanding but at the same time overprotective which partly interferes with therapeutic outcome.

11294 - THE ASSOCIATION BETWEEN SHAME, SHAME COPING STRATEGIES AND INTERNALIZING/EXTERNALIZING SYMPTOMS: EXPLORING GENDER DIFFERENCES IN ADOLESCENCE

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Introduction Shame, as a transitory emotional experience, is a self-conscious emotion that plays a central role in social and self-development, particularly in childhood and adolescence. However, shame-proneness is mostly maladaptive and has been positively associated with several mental health problems, both externalizing and internalizing. It has been reported that females tend experience more shame feelings and display more internalizing psychopathologic symptoms than males, which, in turn, seem to display more externalizing psychopathologic symptoms. Nonetheless, recent studies proposed that males and females may differ only in the way they cope with shame feelings, and not in the experience of shame itself. These controversies raise questions about the role of shame, shame coping strategies, and gender in mental health problems. 2.Method. Using a sample of 368 adolescents from the community (34.2% boys), this study aims to

investigate the role of shame and shame coping styles in the endorsement of externalizing and internalizing psychopathological symptoms, controlling the mediating role of gender. 3. Results Preliminary results show that shame feelings impact on shame coping strategies and different shame coping styles are associated with both internalizing and externalizing dimensions. Gender does not seem to impact on shame feelings, but might influence shame coping strategies and psychopathological symptoms. 4. Discussion These results help to clarify the impact of shame, shame coping styles, and gender in the endorsement of internalizing and externalizing psychopathological symptoms. Additionally, these findings may contribute to define fit intervention strategies.

11298 - EXPLORING ANXIOUS CHILDREN'S USE OF MENTAL REGULATION STRATEGIES: RESULTS FROM A QUASI-EXPERIMENT AND A QUALITATIVE INTERVIEW

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Adult literature suggests that maladaptive regulation strategies such as thought suppression and thought substitution may contribute to the maintenance of anxiety and worry. Empirical findings, although mixed, indicate that such strategies are both highly cognitively demanding and that they are not always functional, i.e., they lead to increases in the occurrence of a thought rather than decreases. It may be that such regulation strategies are also present in childhood populations. Yet, very little is known about how anxious children seek to regulate their worries. The aim of this study was to explore anxious children's use of mental regulation strategies. Thirty anxiety-disordered children aged 7 to 13 participated. Children participated in a quasi-experiment followed by a semi-structured interview. The quasi-experiment was designed to induce slight levels of worry. The child was presented with a black mystery box, was told that shortly s/he was to stick his/her hand inside, and was then left alone for four minutes. The interview asked about how the child had managed worry during the time alone, and how the child managed worry in a situation from everyday life. Thematic analysis was used for analyzing the interviews. Six main themes emerged during the analysis. These included 1) internal regulation, e.g., thought suppression and self-reassurance talk, 2) external regulation, e.g., behavioral avoidance and distraction, 3) absence of regulation strategy, 4) perception of the effect of the strategies, 5) shifting between the strategies, and 6) lack of insight about strategies. Results and implications for future research will be discussed.

11303 - VIGILANCE AND AVOIDANCE IN VISUAL ATTENTION OF ANXIOUS YOUTH: AN EYE-TRACKING STUDY

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Introduction: Previous research has shown that cognitive biases play a significant role in the etiology and maintenance of anxiety disorders (e.g., Hadwin and Field, 2010). Eye-tracking research with anxious children has shown inconsistent results investigating the existence of a vigilance-avoidance pattern in visual attention. The current study was designed to examine disorder-specific attentional biases of children with separation anxiety disorder and children with social phobia. Method: Using eye-tracking methodology, 5 to 18-year-old participants with primary DSM-IV-TR diagnosis of separation anxiety disorder (n=23), social phobia (n=27) and nonanxious control children (n=25) viewed pairs of disorder specific pictures. First picture fixations and latencies of first fixations were recorded for each child. The extent of each child's attention to threat was

calculated with a bias score. Results: The findings support our hypothesis based on the vigilance-avoidance model that anxious children deploy their attention first vigilantly, then avoidantly. Regardless of the pictures' content, a strong effect was found for gaze direction: generally participants looked initially at pictures on the left. Since text is read from left to right in European languages, the eyes of the children probably scanned in this direction. This effect needs to be taken in mind when investigating the vigilance-avoidance pattern, as it makes a difference whether the threatening picture is seen first or second. Discussion: As cognitive biases play a significant role in the maintenance of anxiety disorders, future studies should examine the role of attention trainings, which could be included in psychotherapy of children and adolescents with anxiety disorders.

11309 - ADAPTING CBT FOR CHILDREN WITH INTELLECTUAL DISABILITIES, WITH THE EMPHASIS ON ADAPTATION OF COGNITIVE TECHNIQUES

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A number of studies reviewed involvement of CBT interventions in treatment of people with intellectual disabilities with comorbid mental health problems, although the evidence to support the efficacy of these approaches is limited. Even though CBT is one of the most supported psychological therapies for children, it remains largely un-investigated with children with intellectual disabilities, especially regarding the use of cognitive techniques. Children with intellectual disabilities have poorer cognitive abilities, including memory, problem-solving and planning skills. They have difficulties with abstract thinking, critical thinking, sequencing events, prioritizing, tasks breakdown, understanding ambiguity. Their thought process is concrete, they are prone to fixations, cognitive distortions etc. Due to these impairments there is a need for simplification and adaptation of cognitive techniques in CBT when working with children with intellectual disabilities. There are some notions in literature on how cognitive techniques can be adapted for children with intellectual disabilities, but there is considerable lack of evidence about their efficacy. Based on our research of literature and practical experiences, some adaptations of CBT for children with intellectual disabilities, with the emphasis on application of cognitive techniques, are presented.

11319 - SOCIAL ANXIETY AND THE CHANGES THROUGH DIFFERENT TECHNIQUES

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Introduction Social anxiety disorder (SAD) is characterized by tempting concern regarding social performance situations. Patients experience strong distress about how they are perceived by others due to increased self-focused attention. This case report presents four cases of SAD and the effects of cognitive behavioural therapy (CBT) thorough different techniques by differnt cases. The aim of this case study was to demonstrate the changes througuh differnt techniques in 'picturing of self'. Discussion For the four cases the differnt techniques impacted in different cases. Brief video feedback (VF), Behavioural Expriment, assumption by the survey, and just taking a picture by the camera. As the concern differs slightly with each indiviudal. Suggestions For having the CBT of mainly the addoption of the Clark and Well's model(1995), it is very affective though it would be more powerful for seeing the differnces with the individual for the impact and effect of the techniques.

11321 - THE RELIGIOUS FUNDAMENTALISM AND ANXIETY: AN EXPLORATIVE STUDY.

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A growing body of literature on religious fundamentalism was focused on the social components (i.e. prejudice, authoritarianism) and personality traits (i.e. low openness to experience). However, fundamentalism beliefs play an important role on the cognitive information processing: convergent processing, black and white, need for closure, and low complexity of thinking. As suggested by recent neuropsychological findings, strong beliefs provide sense of coherency, a protection against the ambiguity and a rapid doubt resolution and offer relief from distress and uncertain. Our control study examined if fundamentalism and its basic needs component were related to anxiety in a 388 adults from community sample. Religious fundamentalism was predicted by intolerance to ambiguity, preference for order and closed-minded needs; at the same time fundamentalism scores predicted positively state anxiety. When controlling for dogmatism, the fundamentalism-anxiety path becomes not significant. Fundamentalist beliefs, in part, absolved the function of avoid chaos and disorder, maintaining cognitive integrity. Nevertheless, fundamentalism beliefs "per se" did not seem to have played a direct anxiolytic effect.

11322 - DOES REPETITIVE NEGATIVE THINKING IMPACT CRAVING AND ALCOHOL USE? AN ECOLOGICAL MOMENTARY ASSESSMENT IN ALCOHOL USE DISORDER OUTPATIENTS.

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Introduction: Repetitive negative thinking (RNT) refers to a style of recurring, relatively uncontrollable and prolonged thoughts about one's past, current or anticipated negative experiences (Ehring & Watkins, 2008). Patients suffering from an alcohol use disorder (AUD) could use alcohol as a means of avoiding negative affect caused by RNT (Caselli et al., 2010, 2013, Devynck et al., 2016, Grynberg et al., 2016). The current experience sampling study examined the link between momentary repetitive negative thinking, craving and alcohol use in AUD outpatients. Method: Twenty-eight AUD outpatients (Mage = 45.36; SD = 10.6; 15 women) completed five daily computerized ambulatory assessments at quasi-random intervals for one week. Results: Preliminary analyses showed that RNT was concurrently associated with craving after controlling for depressive and anxious symptomatology. Moreover, RNT predicted alcohol consumption at the subsequent daily assessment. Finally, the links between RNT and craving, and between RNT and alcohol use, were moderated by gender, suggesting that women who ruminate were more at risk to consume alcohol when ruminating. Discussion: These results supported the triphasic metacognitive formulation of problem drinking (Spada, Caselli, & Wells, 2013) illustrating the likely use of alcohol by AUD patients to stop their RNT. The current study supports the need to develop RNT-focused therapies (Watkins, 2007, 2011) in the prevention of relapse in this population.

11325 - DELIVERING CBT PROGRAM FOR CHILDREN WITH DEVELOPMENTAL DISORDERS IN A COMMUNITY SETTING

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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, treatments based on CBT are scarce in Japanese special education. The authors utilized the day-care services for children with disabilities (DCCD) in a community setting, and developed the "PEACE" (Program of Emotional Awareness for Child Empowerment) which non-professionals of CBT could deliver for children with disabilities after training (Yamane, Matsumoto, & Ishimoto, 2016). The present study examined the PEACE in a camp setting as a trial prior to DCCD settings. Nine children with ASD (aged 7 - 17; male 5 and female 4) participated in the program. The third author implemented the program with clinical psychologist, and under- and post-graduate students who individually supported each of the participants. While this program consists of 10 sessions each of which takes 20 minutes, the contents were provided within three days (120 minutes per day). Parents completed a series of questionnaires before and after the program; the Spence Children's Anxiety Scale (SCAS; Spence, 1997), the Strength and Difficulties Questionnaire (SDQ; Goodman, 1997), the Problematic Behavior Scale (PBS; Kanayama et al., 2005) and WHO-5 (WHO, 1998). The significant positive changes were found in the GAD of SCAS, the Emotional Symptoms and the Peer Relationships of SDQ, the Internal Problems of PBS, and the WHO-5. Parents and camp staffs reported that children could use the skills after the program.

11326 - THE IMPACT OF AFFECT LABELLING ON CUE-REACTIVE RESPONSES TO AVERSIVE FLYING-CUES

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Individuals with flying phobia experience increases in anxiety in response to flying-related cues. However, the cognitive processes that contribute to such cue-reactive anxiety remain poorly understood. Preliminary research suggests that changes in visual imagery and volitional control may contribute to this cue-reactive anxiety. Engaging in affect labelling during exposure therapy has been shown to reduce cue-reactive anxiety in individuals with fears relating to a variety of stimuli but has not been investigated in the fear of flying. The present study recruited 110 participants with a range of flying-related anxiety scores to complete an online cue-reactivity experiment. The study sought to evaluate whether an aversive flying cue triggered changes in imagery, volitional control and anxiety, and whether changes in imagery and volitional control predicted level of cue-reactive anxiety. Participants were randomly allocated to an affect labelling or non-affect labelling condition to additionally assess whether engaging in labelling one's emotion following exposure to an aversive flying cue would attenuate cue-reactive changes in anxiety relative to a group who did not. Significant cue-reactive changes in anxiety, and volitional control were observed from neutral to aversive flying cue. After accounting for the effects of flying anxiety severity, only volitional control significantly improved the prediction of cue-reactive anxiety. Participants in the affect labelling condition reported significantly smaller increases in anxiety than the non-affect labelling group following exposure to the aversive flight-cue. This is the first study to indicate affect labelling may help to regulate aspects of cue-reactive anxiety in response to aversive flying stimuli.

11330 - TIMING MATTERS: THE EFFECT OF POST-EXPOSURE GLUCOCORTICOID ADMINISTRATION ON EXPOSURE-BASED TREATMENT OUTCOME IN SPECIFIC PHOBIA

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Glucocorticoids (GCs) have been suggested as promising pharmacological enhancers for exposure-based treatments. While GC administration prior to treatment can enhance the efficacy of exposure-based treatments in specific phobia, the exact mechanisms of action are poorly understood. Here, we evaluated whether the enhancing effects of GCs on therapeutic outcome are specifically attributable to an enhancement of extinction memory consolidation. Patients with spider phobia (N = 43) were treated with a single session of in-vivo exposure, followed by GC administration (20mg hydrocortisone) in a double-blind placebo-controlled study design. Exposure was highly effective in reducing fear from pre- to post-treatment on complementary fear-related behavioral, psychophysiological and subjective measures. GC administration did not lead to a more pronounced fear reduction at post-treatment and one-month follow-up relative to placebo. At seven-month follow-up, evidence for a stronger fear renewal was found in GC-treated patients. Our findings suggest that rather than enhancing the consolidation of extinction memories, GCs might exert their beneficial effects on therapeutic outcome by facilitating the formation of new corrective experiences or inhibiting aversive memory retrieval during exposure.

11337 - CIBLE QUALITÉ: IMPROVING QUALITY OF CARE FOR ANXIETY AND DEPRESSION THROUGH A KNOWLEDGE APPLICATION PROGRAM IN PRIMARY CARE

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INTRODUCTION: Although anxiety and depressive disorders are increasingly recognized as a health care policy priority, research indicates that clinical practices do not keep pace with the ever-growing knowledge regarding optimal anxiety and depression management. We developed a knowledge application program to reduce this gap and support the improvement of the organization and delivery of care in community-based primary mental health care teams (CMHTs) in Quebec (Canada). The program was based on the Promoting Action on Research Implementation in Health Services (PARIHS) framework and the Chronic Care Model (CCM), including the decision support component, which underlines the importance of evidence-based guidelines, shared decision-making and integration of specialist expertise. **Objectives:** 1- To implement and evaluate a knowledge application program, 2- to explore barriers and facilitators associated with the implementation of decision support strategies, particularly the uptake of clinical practice guidelines. **METHOD:** Design: mixed-methods multiple case study, with data drawn from the two phases of the project (2008-2010; 2011-2014). Multidisciplinary local working committees in six CMHTs developed and implemented local quality improvement plans with the support of a knowledge broker. **RESULTS:** The CCM provided a systemic vision of the intervention and highlighted the importance of shared responsibility among healthcare professionals. Decision support was one of the components most often targeted in CMHTs' quality improvement plans. **DISCUSSION:** While we observed barriers and facilitators at the clinician level in terms of knowledge (e.g. familiarity) and attitudes (e.g. applicability), contextual factors (e.g. resources) also played an important role in the uptake of clinical practice guidelines.

11338 - MODERATORS OF TREATMENT OUTCOME FOR GENERALIZED ANXIETY DISORDER IN CHILDREN: A COMPARISON OF COGNITIVE BEHAVIORAL THERAPY AND METACOGNITIVE THERAPY

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Anxiety disorders are among the most common psychological problems in children, and cognitive behavioral interventions (CBT) are frequently used in the treatment of childhood anxiety disorders. Although CBT is considered effective, up to 40% of youth remain anxious after intervention (James, James, Cowdrey, Soler, & Choke, 2015). New empirical evidence emerged showing a clinical potential of metacognitive therapy (MCT) as an alternative treatment for generalized anxiety disorder (GAD) in children (Esbjørn, Normann, & Reinholdt-Dunne, 2015). To aid the selection of treatment likely to yield greatest efficacy based on an individual's baseline characteristics, moderation analyses are warranted (Wolitzky-Taylor, Arch, Rosenfield, & Craske, 2012). The aim of the present study was to examine several moderators of outcome in group CBT and group MCT for children with GAD. The selected moderators included: age, gender, symptom severity, presence of social anxiety disorder, as well as completion of previous treatment. Eighty-two children with a diagnosis of GAD (either primary or comorbid) completed either the "Cool Kids" program or metacognitive group therapy, and were assessed before and after treatment using the Anxiety Disorders Interview Schedule for DSM-IV, Child and Parent Versions (ADIS-IV-C/P; Silverman & Albano, 1996), and the Revised Child Anxiety and Depression Scale (RCADS; Chorpita et al. 2000). Preliminary results, as well as recommendations for clinical practice and directions for future research will be discussed.

11339 - AFFECTIVE STYLES AND THEIR CHANGES DURING CBT

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Research has identified three main categories of emotion regulation styles: Concealing, Adjusting, and Tolerating emotions. The Affective Style Questionnaire (ASQ; Hofmann and Kashdan, 2010) as self-rating instrument measures differences in those three affective styles. The aim of the current studies was threefold: First to examine the factor structure of the ASQ in a clinical sample, second to investigate changes of affective styles through psychotherapeutic treatment and third to identify a possible link between emotion regulation strategies and reduction of symptoms. To answer these research questions, two clinical samples were drawn. Exploratory factor analyses were used to investigate the factorial structure of the ASQ in sample one consisting of 1,085 outpatients who suffered from different psychological disorders. Sample two were patients (n = 181) with panic disorders, specific phobia, or agoraphobia who completed the ASQ before and after cognitive behavior therapy (CBT). An analysis of variance was conducted to test for changes due to CBT. Finally, a hierarchical regression analysis was calculated with the patients of sample two to test for the impact of emotion regulation on symptom reduction. Factor analyses showed that the ASQ comprised three factors: Concealing, Adjusting, and Tolerating. Results also revealed significant differences of two affective styles: Adjusting and Tolerating differed significantly after treatment. The findings of the present studies emphasize the interaction of emotion regulation and anxiety disorders. Furthermore, the found changes of affective styles due to CBT might provide a new methodological approach to identify and understand behavior patterns of patients with anxiety disorders.

11341 - «THE CONE MODEL» - STEPPED CARE TREATMENT OF ANXIETY AMONG YOUNGSTERS IN HAUGESUND, NORWAY

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In 2013 we presented a poster with “The Cone model” at the EABCT congress, mainly focusing on developing and implementing the first step, named PEACE. The next step consisted of offering patients group therapy with a CBT-based treatment, FRIENDS. The last step was individually tailored CBT-based treatment. Based on our findings, and in concurrence with national guidelines for mental health services in Norway, we offered to implement the first step (PEACE) in the primary health care services to see whether this could efficiently and effectively be shifted from the specialized health care services to the primary health care services. What would be the challenges and possible benefits? Possible benefits from this would be freeing up resources for more complex and demanding cases in the specialized health care service as well as enabling the primary health care service to provide better care earlier. Having learned from this experience, our current focus is to shift the second step of “the Cone model” to the primary health care services and discuss the possible benefits. This could potentially help to ensure that only the “right patients” get a referral to the specialized health care services, provide the right treatment earlier as well as free up more resources in the specialized health care services. Suggestions on how these resources can be used would be to develop and implement even better and more individually tailored treatment for the most severe cases of anxiety (those referred to us), the third and last step of “the Cone model”.

11343 - IMPLICIT AND EXPLICIT IRRATIONAL BELIEFS IN PATHOLOGICAL GAMBLERS IN THE PSYCHOTHERAPEUTIC CARE

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Irrational beliefs in pathological gambling are one of the focuses in the gambling studies. Some evidence shows that these beliefs can contribute to the illusion of control and therefore influence maintaining of the gambling behavior as well. The aim of our study was to investigate the range of irrational beliefs in different situations than a game itself. We administered 14 attributional tasks to 30 pathological gamblers in the health care and to the control group paired in age and education. We compared also the groups in explicit beliefs in luck scale. The results have shown there was no significant difference in explicitly formulated beliefs in luck. The gambling group however, significantly differed in preferred attributions. Persons in control group chose more often pure chance as the cause of events. Some specific characteristics of our sample could explain this discrepancy. The participants were patients in psychotherapeutic unit of psychiatric care. They already had insight into their problematic gambling behavior. During the treatment, they have discussed some irrational beliefs and challenged them. Our results indicate that the first change in irrational beliefs might happen only at the explicit level and not in actual reasoning in broader context. Further studies are needed.

11344 - THERAPIST-GUIDED INTERNET-BASED CBT FOR CHILDREN WITH DENTAL PHOBIA

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Introduction: Cognitive behavioral therapy (CBT) is an evidence-based method for treating specific phobias. However access to treatment is difficult for children with dental phobia. Internet-based CBT (ICBT) may increase accessibility while maintaining treatment effects. The aim of this study was to test the feasibility and efficacy of ICBT for dental phobia. **Method.** This was an uncontrolled trial with assessments at baseline, post-treatment, and the 1-year follow-up. 18 participants (8–15 years) with a diagnosis of dental phobia were included and treated. The ICBT, which employed exposure therapy, comprised 12 modules of texts, animations, dentistry-related video clips, and an exercise package. Participants accessed the treatment through an Internet-based treatment platform and received online guidance from a psychologist. Treatment also included training at dental clinics. The primary outcome measure was the Picture-Guided Behavior Avoidance Test. **Results:** The results showed statistically significant increased ability to manage dental care, decreased anxiety and increased self-efficacy. Within-group effect sizes for both the primary outcome (Cohen's $d = 1.5$) and other outcomes were large. Improvements were clinically significant, with 60% of participants who had been unable to manage injection of local anesthetics before ICBT reporting having accomplished this task at a dental clinic. **Discussion:** ICBT is a promising and feasible treatment for dental phobia that could increase children's and adolescents' access to an effective, psychological treatment for dental phobia. The results of this open trial need however to be replicated in controlled studies.

11350 - INFLUENCE OF CONDITIONED CONTROL EXPECTATIONS EXERT ON THE FACIAL EXPRESSIONS OF FEAR

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Introduction: Recent research suggests that dysfunctional expectations have a determining impact on the development and maintenance of mental disorders. It is assumed that different control expectations, for example in anxiety-related situations, can affect emotional expressions, while mimic expressions of emotions can be less influenced voluntarily, which is why they are reasonable markers for emotions. By using the Facial Action Coding Systems (FACS, Ekman et al., 2002) and the Maastricht Acute Stress Tests (MAST; Smeets et al., 2012), we aimed to study how increased expectations about control beliefs and positive emotions can lead to different mimic expressions in anxiety-related situations. **Method:** We assigned 60 healthy participants to either a control group which performed a writing task or to one of the following intervention groups: (1) We improved personal control expectations by refreshing former knowledge of coping strategies. (2) We improved positive emotions by a gratitude exercise. Facial expressions were recorded on video for subsequent FACS-analysis. After a baseline (listening to instructions) the participants completed the MAST thrice. **Results:** Preliminary results confirm differences in the temporal course of the mimic expression of anxiety over the different assessment times. Facial reactions of the experimental groups during baseline did not differ. However, from first to second assessments, mimic reactions changed significantly. Compared to the positive emotion group, in which the emotional expression of anxiety increased strongly, the mimic manifestation of anxiety in the expectation group decreased. **Discussion:** In therapy, targeted work with expectations could make emotion detection easier for patients.

11353 - EMOTIONAL RESPONSES TO THE PERSONAL PAST AND THE PERSONAL FUTURE IN SOCIAL ANXIETY

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Thinking of the personal past (i.e., memories) and the personal future may cause emotional reactions and thus a need for emotion regulation. Past research indicates that involuntary memories are associated with greater emotional intensity and emotion regulation than voluntary memories. However, whether or how this may be different when thinking of the personal future, has not been investigated. Furthermore, understanding emotional responses to the personal future, may be critical for understanding emotional disorders, such as anxiety, in which worry and anticipatory cognitions play a critical role. The purpose of the present study was three-folded. First, we sought to replicate previous findings in which involuntary memories provoked a more intense emotional response than voluntary memories. Second, we extended those findings and compared emotional reactions to memories to responses to future events. Lastly, we examined whether socially anxious individuals show a distinct pattern of emotional response to their memories or future events compared to non-socially anxious individuals. We employed a “mental time travel” diary to collect the data. Preliminary results indicate that involuntary memories and future events are more anxiety and embarrassment-provoking than their voluntary counterparts. Involuntary future events also required greater emotion regulation than voluntary future events. Finally, socially anxious responded with more intense anxiety and embarrassment and employed greater “maladaptive” emotion regulation strategies for a variety of memories and future events relative to non-anxious individuals. The implications for understanding involuntary and voluntary mental time travel in social anxiety and healthy cognition will be presented.

11361 - DEVELOPMENT OF THE SPECIFIC AND GENERALIZED INTERNET USE EXPECTATIONS QUESTIONNAIRE

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Introduction: Internet use has become a ubiquitous part of our lives. Whereas most people use the internet in functional ways, a minority shows excessive involvement with the internet in general or with one of its applications. The applications most likely to lead to overuse are social networking sites, online-pornography and online games. Recent models propose that expectations about internet use are implicated in developing and maintaining such pathological use. Validated instruments to assess a wide variety of such expectations are needed. Method: We developed a questionnaire to measure internet use expectations. Items assess expectations independent of the specific applications (general expectations, e.g. avoiding duties or unpleasant feelings) and expectations specific to one of the three major applications such as online-pornography, social networking, gaming (e.g. achieving goals not easily achieved in real life). 150 items were generated including items regarding self-efficacy and behavior outcome expectations. Internet users (n > 1000) were recruited on social networking sites and platforms for online gaming or online-pornography. Item selection based on item-, reliability and factor analyses resulted in a final version, which was validated in a further sample. Results/Discussion: In line with definitions proposed in the literature, we specify internet use expectations as future-directed cognitions focused on the incidence or non-incidence of a specific event or experience caused by internet use. The questionnaire allows comparing expectations between online applications and can be used in therapies to identify potentially dysfunctional expectations and test whether they were changed through an intervention aimed at their modification.

11364 - EMOTION DYSREGULATION AND META-COGNITION AS A PREDICTORS OF ADDICTION SEVERITY IN SUBSTANCE-RELATED DISORDERS

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Introduction: Substance use is a widespread problem that has enormous consequences. Many researchers stated that emotions and their regulation had central role to psychopathology especially substance use. Besides, metacognition may have particular relevance in cognitive analyses of substance abuse and dependence. Literature showed that these factors and addiction severity are important for understanding the onset, maintenance and treatment of substance related disorders. Hence, the aim of this study was to investigate the relationship between meta-cognition, addiction severity and emotion dysregulation in substance-related disorders. Method: The participants in this study consists of 192 males who had been diagnosed with substance related disorders according to DSM-V-TR in Institute on Drug Abuse, Toxicology and Pharmaceutical Science, Ege University, Turkey. Turkish version of Difficulties in Emotion Regulation Scale, Addiction Profile Index- Clinical Form, Meta- Cognitions Questionnaire-30 and demographic information form were used. A regression and correlation analysis was used. It was hypothesized that both emotion dysregulation and meta-cognition scores are predictors of addiction severity in patients with substance-related disorders. Results: Meta-cognition and emotion dysregulation total scores significantly correlate with addiction severity score ($p < .01$). The analysis results are significant ($R^2 = .33$, $F(2,189) = 45.87$, $p < .01$). It has found that meta cognition strategies and emotion dysregulation are predictors of addiction severity. Discussion: Future studies should take into consideration these issues. Treatments may focus specifically on metacognitions and the development of adaptive emotion regulation strategies to help reduce the addiction severity.

11373 - EFFECTS OF MUNCHHAUSEN BY PROXY ON VICTIM'S HEALTH

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Munchausen by proxy (MbP) is a factitious disorder characterized by a distinct behavioral pattern: A caregiver, mostly the mother, induces physical or psychological symptoms in people under their care. So far, the disorder is still poorly understood. Furthermore, it remains infrequently reported in later life, specially concerning the impact on the victim's physical and psychological health. Here, we report a case of an older adult who was raised by a MbP patient and developed herself factitious symptoms. The 54-year-old woman suffered from induced knee pain and stiffness as well as from several anxiety disorders. Cognitive behavior therapy (CBT) of comorbid anxiety disorders also led to a reduction of factitious symptoms. MbP is a serious form of child abuse and has a considerable impact on the victim's health. There is a desperate need for additional research on the effect of CBT on factitious disorders.

11386 - PRE-GAME SPORT RITUALS: A CBT APPROACH

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The use of superstitious behavior is a widespread phenomenon in many sport disciplines. However, athletes often practice at least one superstitious ritual and yet they do not feel superstitious. The aim of this study was to create a literature review on the influence of rituals in sports on elite and non-elite athletes and to try to find the circumstances under which they are especially committed to enacting rituals prior to a game (ritual commitment) while providing a sound explanation via cognitive behavioral approach. Method: The review of researches covered the period from 1999 to 2016. At first ScienceDirect, ResearchGate, ShapeAmerica, Ingenta Connect, PLOS ONE, SPORT SCIENCE databases were searched through. The key words used to search the studies were: sports rituals, sport superstition, religious rituals in sport, cognitive behavior therapy. Conclusion: 41 studies were identified as relevant to the topic. Superstitious behavior was given to connection with type of sport, position in a team, locus of control and anxiety. Gender differences were also suggested. However, significant differences were found in the results. Several studies found that the use of superstitious rituals did not significantly reduce competitive anxiety levels or vary in frequency between genders while others postulate that superstitious rituals can reduce anxiety and increase self-confidence. Discussion: Psychological risks and benefits of rituals in sport are presented. A cognitive behavioral approach to pre-game sport rituals is suggested.

11388 - ANXIETY DISORDERS METACOGNITIVE BELIEFS, EMOTIONAL SCHEMAS AND COGNITIVE FLEXIBILITY IN OBSESSIVE COMPULSIVE DISORDER AND PANIC DISORDER: A COMPARATIVE STUDY

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Introduction: In addition to psychopharmacological approaches, the treatment of obsessive compulsive disorder (OCD) and panic disorder (PD) may also entail cognitive behavioral therapy (CBT). CBT modalities have expanded to include metacognitive beliefs, emotional schemas and cognitive flexibility as a treatment target. The aim of this study was to compare these targets in OCD and PD patients, and to identify whether there were any group differences that might be indicative of a selective treatment approach. Method: The study population consisted of 160 participants (101 women, 63.1 %) aged 18 and older with a primary diagnosis of OCD or PD, or with no current psychiatric diagnosis (NPC). The participants completed the Turkish versions of the Metacognitions Questionnaire-30, the Leahy Emotional Schema Scale (LESS), and the Cognitive Flexibility Inventory. The significance of the difference of the mean scores of the psychometric scales between the groups were analyzed by analysis of variance and by Student's t test. Results: Regarding the metacognitive beliefs, the only statistically significant result was obtained on the need to control thoughts subscale score, where the clinical groups scored higher than the NPC group. On the uncontrollability, rumination, dissimilarity, and dangerousness dimensions of the LESS, and on the total score of the LESS, the clinical groups scored significantly higher than the NPC group. The NPC group obtained higher scores than the clinical groups on the CFI score. Discussion: These results demonstrate that a selective dimensional or a transdiagnostic approach may be suitable for the treatment of OCD and PD.

11392 - ENGAGEMENT OF CHILDREN WITH AUTISM SPECTRUM DISORDER IN ROBOT-ENHANCED THERAPY: RESULTS FROM A SERIES OF SINGLE-CASE EXPERIMENTS

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Introduction: Research shows that the use of social robots in robot-enhanced therapy for children with autism spectrum disorders (ASD) has many potential benefits. However, most of the studies have looked at interaction measures in single intervention sessions, and long term benefits are seldom examined. The objective of this study was to investigate the engagement of ASD children during repeated intervention sessions of interactive games using the NAO robot. Method: Seven ASD children aged between 3 and 5 years participated in several tasks stimulating imitation skills. The performances on social engagement, emotional responses and behavioral patterns were measured during robot-enhanced therapy (8 sessions) and standard therapy (8 sessions) using a single-case experimental design (alternating treatments). Results: Visual and non-parametric statistical analysis were used to compare the two conditions, which generally showed similar outcomes. However, for eye-contact and verbal utterances, the robot-mediated intervention led to better results for most of the children. Also, more positive emotions emerged when the robot was used as the interaction partner. The robot acted as a behavioral activator, so that both adaptive and maladaptive behaviors increased in frequency in its presence. Conclusion: Our results indicate that robot-enhanced therapy has the potential to engage ASD children in therapeutic activities.

POSTER SESSION 2

21011 - INTERACTION OF PARENT- CHILD SCHEMAS IN DIFFERENT TYPES OF PERSONALITY DISORDERS

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Introduction: 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. **Method:** In current descriptive post-hoc study 54 patients with personality disorders were selected by voluntary sampling method from 2 private 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. **Results:** Data was analysed 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. **Discussion:** 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. **Conclusion:** These findings include the implication that parents in Tehran tend to inaccessible and difficult expectations from their children and the necessity of educating parents in order to deliberate the educational methods, is tangible. **Key words:** early maladaptive schema, parent- child relation , personality disorders

21073 - THE ROLE OF MINDFULNESS AND ILLNESS PERCEPTIONS IN PSYCHOLOGICAL OUTCOMES IN PARENTS OF CHILDREN WITH DIABETES

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Background. Kuwait ranks the third country worldwide for the incidence of type 1 diabetes (T1D). It is reported that the incidence is 37.1 per 100,000 children. Standardized incidents of childhood diabetes from 10 to 19.99 per 100,000 are considered high. Hence, the incidence rate in Kuwait is to be considered extremely high. In spite of the high incidence rate, studies examining the psychological impact of diabetes are highly limited. **Objective.** The study sought to investigate the role of mindfulness and illness perceptions in explaining psychological distress and quality of life (QoL) in parents of children with T1D. **Method.** A sample of 122 Kuwaiti parents of children with T1D completed self-report measures of generalized anxiety (GAD-7), depression (PHQ-9), illness perceptions (Brief-IPQ), mindfulness (FFMQ) and QoL (WHOQOL-BREF). **Results.** Considering the levels of anxiety 33.6% mild, 31.1% moderate and 19.7% severe. For depression, 36.1% mild, 24.7% moderate and 18% severe. After controlling for child's age, child's age at diabetes onset and controlling

HbA1c, mindfulness and illness perceptions explained 40% of the variance in QoL, 47% in depression, and 35% in anxiety. Higher levels of mindfulness (Acting with awareness) are associated with lower levels of psychological distress, and better QoL. On the contrary, high levels of illness perceptions are associated with higher levels of psychological distress. Conclusion. Our study demonstrated that high levels of mindfulness might contribute to reduce distress, and better QoL. These findings can be used to generate further research and develop an intervention targeting mindfulness and illness perceptions, which may be helpful for reducing distress.

21090 - THE INFLUENCE BETWEEN SELF-ESTEEM, COGNITIVE BIAS, DEPRESSED MOOD, NEGATIVE RUMINATION TO NURSING STUDENTS –COMPARE WITH THE NURSE USING COVARIANCE STRUCTURE ANALYSIS-

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(Purpose) The purpose of this study was to clarify the influence of nursing student 's self - esteem and cognitive bias on rumination and to compare it with nurses. (Method) We distributed a self-reporting questionnaire to 167 nursing students and 254 nurses, consisting of sex and age, using Rosenberg Self Esteem Scale(RSES) as a test of self-esteem, Negative Rumination Scale(NRS) as a Rumination scale. Beck Depression Inventory (BDI) as a depressed mood scale, and Cognitive Bias Scale (CBS) as a thinking errors scale. First, a Mann- Whitney U test was carried out to assess the depressed mood of students and nurses. Secondly, we made a causal model of "self-esteem, cognitive bias, rumination, and depressed mood." Then a covariance structure analysis was performed. (Results) Nurses were significantly more depressed than nursing students. In the case of nurses, from self-esteem, a significant path from "The fortune teller error", which is one of the subscales of cognitive bias, to depressed mood via rumination was shown. However, in the case of nursing students, from self-esteem, no significant path from rumination to depressed mood via cognitive bias was shown. (discussion) It can be perceived that the vocational characteristic of "acting proactively" required for nurses is the cause of rumination and enhances the depressed mood of nurses. In other words, it was suggested that the cognitive bias has been built up depending upon the environment and affects the mood. This work was supported by JSPS KAKENHI Grant Number JP 15K20793.

21103 - COGNITIVE RESTRUCTURING TECHNIQUES IN DEPRESSION TREATMENT: A COMPARISON BETWEEN TBCT AND REBT PROCEDURES IN ADULTS

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Cognitive behavioral therapists often use specific techniques in order to access clients' mental illness. In depression treatment, cognitive restructuring is considered the most effective technique to change logical errors from which negative thoughts may result (Beck et al., 1979; Beck, 1984; Beck & Greenberg, 1984). In clinical practice, both Trial-based Cognitive Therapy (TBCT; De Oliveira, 2015) and Rational-Emotive Behavior Therapy (REBT; Ellis, 1950; Beck, 1979; Padesky, 1993) procedures use cognitive restructuring based

techniques in order to change dysfunctional automatic thoughts and core beliefs. While the TBCT procedure mostly uses a structured disputing organized in sessions, the REBT is also based on examining the evidence throughout pro-con or cost-benefits analyses. In two single cases, we investigated how these procedures could affect, in terms of efficiency and effectiveness, the treatment of major depressive disorders by collecting clients' responses to several depression scales (i.e., MADRS, CES-d and BDI-2) before and after the treatment. Results showed that TBCT procedure reduces depressive symptoms (e.g., rumination, worry, negative thought, etc.) more effectively (>35%; Jacobson & Truax, 1991) and in a shorter delay (8 vs. 13 sessions) compared to REBT procedure. We could conclude that cognitive restructuring techniques may be more useful in depression treatment when included in a well-structured procedure such as TBCT.

21135 - ATTENTION TRAINING TECHNIQUE – IN SEARCH OF CONTROL CONDITION FOR FMRI PARADIGM

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Attention Training Technique (ATT) is a therapeutic tool in Wells' Metacognitive Therapy. It is designed to achieve a state of detached mindfulness, which is a key construct in the changing of dysfunctional cognitive processes and metacognitive beliefs in people with emotional disorders. There are several studies suggesting that even a single session of ATT may have various significant results in non-clinical samples. However, most of these studies use filler tasks or progressive relaxation as control conditions, which are unsuitable for use in an MR scanner. In this study we explore two possible control tasks for use in a neuroimaging study. 497 participants took part in an online survey which consisted of the Cognitive-Attentional Syndrome questionnaire and Ruminative Responses Scale. 187 of these participants provided their e-mail for further contact and a declaration of will to participate in the second stage of the study. From this group, 66 participants with above-average scores on the CAS-1 and RRS were contacted, of whom, 40 responded to invitation and agreed to take part in the second stage. These participants were randomly allocated to one of four groups – two active ATT groups (with and without conceptualizing conversation) and two control groups (with reversed recording and passive listening). The rumination induction procedure, STAI-state, and PANAS-state questionnaires, as well as self-attention ratings, were administered pre- and post-intervention, as were visual-analogue scales of active and passive participation in experimental tasks post-intervention. An ANCOVA with pre-test as covariate, and randomization tests, analogous to ANOVA due to small sample size, were used to calculate study outcomes. Participation in active groups resulted in a significant reduction of sadness in the rumination induction task and negative emotion in the PANAS, in comparison to control tasks. Present results indicate that ATT with conversation significantly reduces sadness in the rumination induction task in comparison to both control groups, and ATT without conversation does not. There were no observable results for STAI. Conclusions and possibilities for an MRI study are discussed.

21143 - BODY IMAGE PERCEPTIONS AND SYMPTOMS OF DISTURBED EATING BEHAVIOR AMONG CHILDREN AND ADOLESCENTS IN GERMANY

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Theoretical background: Body image distortions are precursors and associates of eating disorders (ED). This study aims to investigate body image perceptions and symptoms of disturbed eating behavior among a sample of 11-17 year-old students in Germany. Method: A cross-sectional survey study was carried out among 1,524 students of twelve secondary schools in North Rhine-Westphalia (Germany). A pictorial photograph-rating consisting of photographs of young women's bodies was used to examine body-image perceptions among

youth (i.e., perceived ideal body size and perceived average body size of young women). Also, symptoms of disturbed eating behavior were examined. Results: Girls and boys generally held a slim female thin ideal (perceived ideal BMI of a young women was approximately 19.5), which exceeds the average body size in the population by nearly three BMI-points. Girls showed a stronger female thin ideal internalization than boys. Also, children and adolescents underestimated the average body size of a young woman by more than two BMI-points (perceived average BMI of a young women was approximately 20), with no differences between boys and girls. Among all subgroups, early-adolescent girls (13-14 years) displayed the strongest thin-ideal internalization (nearly one third perceived a BMI below 18 as ideal female body size). Symptoms of disturbed eating behavior were common among youth, especially among adolescent girls (15-17 years). Girls who displayed an underweight female thin ideal were more likely to report harmful dieting behavior and psychological distress associated with eating, body, and weight. Discussion: Children and adolescents display considerable perceptual biases with regard to body image, which may constitute a risk factor for the development and maintenance of ED. Symptoms of disturbed eating behavior were common and associated with an underweight female thin-ideal. Future research will need to clarify the severity and course of symptoms of disturbed eating behavior among youth.

21147 - NEW ZEALAND PSYCHOLOGISTS' USE OF AND ATTITUDES TOWARDS COGNITIVE BEHAVIOUR THERAPY BASED TECHNOLOGY IN CLINICAL PRACTICE

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Aim Technology is becoming ever present in our personal and professional lives, and the development and use of Cognitive Behaviour Therapy (CBT) based applications and e-Health interventions in clinical practice are increasing. It is only recently that international studies have begun to explore psychologists' attitudes to the increasing use of technology in clinical practice, and indeed, the ways in which they are incorporating technology into their interventions. To date, there is no New Zealand research in this area, and few guidelines to help practitioners make professional and ethical decisions about incorporating technology. This project aimed to elicit clinical psychologists' current use of, and attitudes towards CBT-based technology in their clinical practice. Method A survey gathering both quantitative and qualitative data was developed and distributed to clinical psychologists in New Zealand. Qualitative data explored the current technologies employed in clinical practice, how and for what purpose it is used, and with what kind of frequency. It also explored what the clinical psychologists' perceived to be both the benefits and disadvantages of including technology in their practice. Results Qualitative findings from the 54 participants will be discussed to illustrate the wide range of technology-based tools that New Zealand clinical psychologists' report using in their practice. In addition, participants expressed disparate views in terms of the advantages and disadvantages of technology, and these are also summarised. Focus is given to the CBT based technologies employed. Discussion The findings of the study have begun to expand our understanding of psychologists' use of, and attitudes towards CBT based technologies, and the broader implications for integrating technology into clinical practice have also being further explored. Ultimately, these findings will also be used to develop guidelines for integrating technology into psychological practice. Conclusion Technology is rapidly changing and our ability as practitioners to keep up is going to be increasingly challenged. Focusing more on guidelines for determining helpful, ethical, and safe ways of integrating technology into clinical practice could usefully be prioritised over the specific technologies themselves.

21149 - DOES RUMINATION EFFECT THE DISTRESS, URGE TO NEUTRALISE, AND FREQUENCY OF UNWANTED INTRUSIVE

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Introduction: According to Nolen-Hoeksema (1991) a ruminative thinking style or rumination is characterized by repetitively and unproductively thinking about symptoms, their causes and consequences. The past years of research into rumination have demonstrated nearly consistently that it is involved in the maintenance and symptom severity of various mental disorders (Ehring & Watkins, 2008). Surprisingly, however, its role in obsessive-compulsive disorder has been neglected and remains unclear so far. The aim of this study is to examine the imminent effects of rumination on unwanted intrusive thoughts and on depressive mood in an analogue sample using an experimental design. Method: Following an activation of unwanted intrusive thoughts, N = 79 healthy individuals were asked to monitor the frequency of their intrusive thoughts, and to rate associated distress, urge to neutralize and depressed mood before and after an experimental manipulation (random allocation). During the experimental phase, they were instructed to either think about the intrusive thoughts in a repetitive, unproductive way ('rumination about intrusive thoughts'), to think about negative mood in a repetitive, unproductive way ('dysphoric rumination') or to think about neural events and objects ('distraction'). Frequency of thoughts was measured with a counter app, accompanying distress, urge to neutralize and depressed mood on appraisal ratings (1-10). Results: Manipulation checks indicate that rumination and distraction were successfully induced. Consistent with expectations, rumination about intrusive thoughts increased the urge to neutralise compared to dysphoric rumination and distraction. However, unexpectedly, rumination about intrusive thoughts did not affect frequency of unwanted intrusive thoughts, or associated distress. There was also no effect on depressed mood. Discussion: Results are discussed in light of theoretical models of rumination and intrusive / obsessive thoughts. Additionally, methodological issues related to valid forms of thought assessment and the validity of analogue studies in OCD are considered. Conclusions: Rumination about unwanted intrusive thoughts increase the urge to do something about these thoughts, but does not seem to influence frequency of unwanted intrusive thoughts or associated distress.

21152 - BDD AND OCD PHENOMENOLOGICAL SIMILARITIES: THE ROLE OF UNWANTED INTRUSIVE THOUGHTS

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Introduction. Considering the inclusion of Body Dysmorphic Disorder (BDD) in the Obsessive Compulsive and Related Disorders (OCRD), and the ambiguity in BDD preoccupations operationalization, this study aims to investigate whether patients with BDD experience their appearance defects preoccupations as intrusive thoughts with phenomenological characteristics analogous to those observed in obsessional intrusive thoughts. Methods. Nine patients with a BDD primary diagnosis (55.6% men; $M_{age} \pm SD = 26.67 \pm 4.0$ years; $YBOCS-BDD: 29.11 \pm 4.67$) completed the Appearance Intrusions Questionnaire (AIQ), a self-report with 3 parts: 1st) a list of 27 appearance-related intrusive thoughts (AITs; rated on a 7-point frequency scale); 2nd) the emotional distress, interference, control difficulties and negative appraisals about the most upsetting AIT from the previous list (rated from 0 to 4); and 3rd) the neutralizing/control strategies used to get rid of the most upsetting AIT (rated from 0 to 4). Results. BDD patients reported having on average 23 ± 3.08 AITs, with a moderate frequency ($M = 3.83 \pm 1.00$). The frequency of the most upsetting AIT was high ($5.67 \pm .50$; "I have had this intrusion daily"), produced high unpleasantness ($3.67 \pm .70$), was difficult to control and interfered highly

(3.22±.66), and was negatively appraised (intolerance of uncertainty: 3.44±.72; perfectionism: 3.22±.83). Patients reported using diverse strategies to control their most upsetting AIT, especially touching/staring (3.33±.70) and comparing (3.12±.83). Conclusions. Findings support that BDD patients commonly experience AITs, and these have functional consequences that share phenomenological similarities with obsessional intrusive thoughts. Results also support the current inclusion of BDD within the OCD. Acknowledgments. MINECOPSI2013-44733-R

21153 - THE RELATIONSHIPS BETWEEN METACOGNITIVE ABILITY AND THE EXPERIENCE OF APPEARANCE-RELATED INTRUSIVE THOUGHTS

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Introduction. Metacognition has barely been studied in Body Dysmorphic Disorder (BDD). The aim of this study was to analyze the relationships among metacognitive ability (MA) and Appearance-related Intrusive Thoughts (AITs) in non-clinical individuals. Method. A sample of 554 non-clinical participants (71.6% women; $Age \pm SD = 29.80 \pm 13.23$ years) completed the Metacognitive Ability Questionnaire (MAQ), a 27-item self-report questionnaire assessing: planning & monitoring (PM), lack of memory confidence (MC) and self-focusing on thoughts (SFT), and The Appearance Intrusions Questionnaire (AIQ), a self-report with 3 parts: 1st) a list of 27 appearance-related intrusive thoughts (AITs; rated on a 7-point frequency scale); 2nd) the emotional distress, interference, control difficulties and negative appraisals about the most upsetting AIT from the previous list (rated from 0 to 4); and 3rd) the neutralizing/control strategies used to get rid of the most upsetting AIT (rated from 0 to 4). Results. Correlation analyses showed that PM was negatively associated with the frequency of the most upsetting AIT ($r = -.11$) and its emotional impact ($r = -.23$), and positively associated with thought control and anxiety control strategies ($r = .13$). MC and especially SFT dimensions correlated positively with AITs' negative impact and the strategies used to neutralize the AIT, except for distraction strategies (MC, $r = .10-.24$; SFT, $r = .11-.19$). Discussion. Results indicate that PM dimension might be a protective factor to the experience of AITs, whereas MC and SFT may be an indicator of propensity to BDD psychopathology. Enhancing PM, and reducing MC and SFT might be relevant for BDD patients' treatment. Acknowledgments. MINECO-PSI2013-44733-R

21158 - WHAT ARE THE MOST HELPFUL INGREDIENTS OF CBT FOR OCD FROM THE PATIENT'S POINT OF VIEW?

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Introduction. CBT has been shown to be the most effective treatment for Obsessive-Compulsive Disorder (OCD). Nonetheless, little is known about what treatment ingredients are most valued by patients. The aims of this study were to examine, from the patients' point of view, the CBT tools they consider more helpful throughout treatment, and which strategies were still helpful at post-treatment. Method. Thirty-two OCD patients recovered after CBT responded to an interview at one-year follow-up (52% women; $Age (SD) = 35(10.54)$ years; $MYBOCS$ at pre-treatment = 25.63 (4.82); $MYBOCS$ at one-year follow-up = 5.27(4.95)). The interview had two open questions: which different treatment components did patients find helpful while

undergoing CBT, and which tools/components did they continue to use to maintain their recovered status. Results. The four most helpful components during the treatment were: understanding the problem (OCD cognitive model) (68.75%), the therapeutic alliance (50%), the therapist-guided ERP (43.75%), and cognitive questioning about the appraisals and beliefs underlying the symptoms (31.25%). The strategies that patients continued to apply most after treatment were: let go of the obsessions/do nothing (75%), do not avoid triggers (34.37%), remember what was learned about OCD-related faulty beliefs (21.87%), and remember the OCD cognitive model (18.75%). Discussion. The aspects that patients considered most influential in their treatment process included not only specific ingredients of therapy, but also the therapeutic relationship. The results might serve to improve treatment by enhancing the training of CBT therapists about the non-specific therapeutic ingredients. Acknowledgments. Spanish MINECO-PSI2013-44733-R

21176 - AMELIORATING STRESSFUL, EMOTIONAL MEMORIES WITH EMOTIONALLY VALENCED DUAL TASKING TREATMENTS.

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Introduction: Lab experiments have shown that engaging in a secondary working memory task while simultaneously recalling traumatic memory interferes with reconsolidation. While most of these studies pertain to the amount of working memory taxation of the secondary distracting task, only a few address the emotional valence of the task. Findings in these studies, however, are mixed. Moreover, most dual tasking studies make use of relatively short exposure times in comparison to clinical practice. In the current study, we aim to evaluate differential effectiveness of valenced dual tasks on emotionality and vividness of stressful memories. It is hypothesized that a positive task will do better than a negative task, followed by exposure only. Methods: University students (N = 180) formulated a script of their stressful autobiographical memory with help by test leaders in line with Eye Movement Desensitization and Reprocessing (EMDR) protocol. By reading the script out loud, or asking the participants to think of it themselves, the stressful memory was activated. While the memory was active, participants performed an emotionally charged distracting task (positive and negative) and a no distracting task in a control condition (exposure only). In the picture conditions participants were asked to rate the pictures on valence. Participants were exposed to all three conditions (positive, negative and exposure only). Stimuli were selected so that 1. pictures in both conditions had opposite valence and 2. there were no differences in elicited arousal. Before, after and in between conditions, participants rated their stressful memory on emotionality and vividness. Results: Data collection will be completed in June. By conducting repeated measures ANOVAs differences in effectiveness of both treatment conditions will be assessed on the emotionality and vividness dimensions and compared with the control condition. Discussion: The study has several strong points: a large sample size, a strict procedure for selecting and balancing positive and negative pictures in both distracting tasks, and exposure times that are similar to those used in clinical practice. Conclusion: The current study will contribute to the literature and clinical practice by elucidating the role of dual tasking with a different emotional valence in treating autobiographical stressful memories.

21183 - ARE UNWANTED MENTAL INTRUSIONS A VULNERABILITY FACTOR IN OBSESSIVE-COMPULSIVE DISORDER, BODY DYSMORPHIC DISORDER, HYPOCHONDRIASIS, AND EATING DISORDERS?

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Background. The propensity to experience unwanted mental intrusions (UMI) might explain some of the commonalities observed across clinically different disorders such as Obsessive-Compulsive Disorder (OCD), Body Dysmorphic Disorder (BDD), Hypochondriasis (HYP), and Eating Disorders (EDs). The aim was to explore whether the propensity to experience OCD, BDD, HYP, and ED-related intrusions is associated with clinical indices of these disorders. **Method.** A group of 149 non-clinical participants (Mage= 27.97, SD=11.78 years; 69% women) completed the Questionnaire of Unpleasant Intrusive Thoughts (QUIT) to assess the frequency and discomfort of OCD, BDD, HYP, and ED-related intrusions. The Obsessive-Compulsive Inventory-Revised (OCI-R), Body Dysmorphic Disorder-Questionnaire (BDD-Q), Whiteley Index (WI) and Eating Attitude Test (EAT) were also completed. **Results.** Each set of UMI correlated with its corresponding clinical measures, as follows: OCD-intrusions and OCI-R score (frequency: $r=.405$, $p\leq.01$; discomfort: $r=.424$, $p\leq.01$), BDD-intrusions and BDD-Q score (frequency: $r=.506$, $p\leq.01$; discomfort: $r=.372$, $p\leq.01$), HYP-intrusions and WI (frequency: $r=.504$, $p\leq.01$; discomfort: $r=.379$, $p\leq.01$), and ED-intrusions and EAT score (frequency: $r=.744$, $p\leq.01$; discomfort: $r=.665$, $p\leq.01$). Moreover, cross-associations were also found: OCI-R, BDD-Q, and EAT scores were correlated with the frequency of all UMI. The largest coefficients were between the frequency of BDD-intrusions and the EAT scores ($r=.621$, $p\leq.01$), and between the frequency of EDs-intrusions and the BDD-Q ($r=.571$, $p\leq.01$). **Discussion.** The propensity to experience UMI is related to their specific measures and to clinical measures of other disorders, which suggests that UMI might be a vulnerability factor in clinically different disorders. **Acknowledgments.** Spanish MINECO-PSI2013-44733-R

21184 - UNDERSTANDING COMMON FACTORS AMONG OBSESSIONAL, DYSMORPHIC, HYPOCHONDRIAC, AND EATING DISORDER-RELATED CLINICALLY SIGNIFICANT INTRUSIONS.

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Introduction. Unwanted mental intrusions (UMI) constitute the normal variants of symptom dimensions in Obsessive-Compulsive Disorder (OCD), Body Dysmorphic Disorder (BDD), Hypochondriasis (HYP), and Eating Disorders (EDs). We sought to investigate the relationships among the frequency and discomfort associated with intrusions typically related to OCD, BDD, HYP, and EDs, adopting a within-subject perspective. Our hypothesis was that there would be no differences across the four UMI, given the transdiagnostic nature of UMI. **Method.** A group of 114 undergraduate participants (Mage=29.71, SD=12.84 years; 74%women) completed the Questionnaire of Unpleasant Intrusive Thoughts (QUIT) to assess the frequency and discomfort of OCD, BDD, HYP, and ED-related intrusions. To obtain data closer to the clinical significance of UMI, the four most upsetting intrusions experienced in the last three months were examined. **Results.** Up to 73% of participants reported more than one UMI, and up to 35% ($n=40$) experienced the four most upsetting UMI contents recently. Mean frequency and discomfort were between moderate and high (from 2.33 ± 1.21 to 3.36 ± 1.54). Age was related to BDD-related intrusions (frequency: $r=-.24$, $p\leq.05$; discomfort: $r=-.30$, $p\leq.05$). In within-subject comparisons, the F values were not significant, indicating that the four sets of intrusions were experienced with similar frequency ($F_{3,117}=2.505$, $p\geq.05$; $\eta^2=.060$) and discomfort ($F_{3,117}=.539$, $p\geq.05$; $\eta^2=.014$), regardless of their specific contents. **Discussion.** The rate of participants who experienced all the UMI supports their putative transdiagnostic nature. Similarities in the frequency and discomfort of intrusions typically related to OCD, BDD, HYP, and EDs might contribute to understanding common factors of these disorders. **Acknowledgments.** Spanish MINECO-PSI2013-44733-R

21191 - UNDERSTANDING MECHANISMS OF EMDR: THE EFFECT OF MODALITY SPECIFICITY IN TAXING THE WORKING MEMORY

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Introduction. Reducing the emotionality and vividness of (mainly visual) intrusions is the focus of EMDR therapy. Patients with PTSD suffer not only from visual intrusions. Also auditory intrusions are very common. But how can EMDR therapy be best applied on these auditory intrusions? Should the modality of taxation in EMDR (visual or auditory) be matched to the (visual or auditory) modality of the intrusions? To answer this question we first have to know if taxing the working memory (WM) in the same modality is more taxing than taxing in cross modality. This study tests the effects of modality specific taxing on the working memory using a Reaction Time (RT) test. Method. 96 Healthy students at the Utrecht University conducted a baseline trial, where they reacted as quickly as possible to a visual stimulus (circle) and an auditory stimulus (beep) by pressing a button in a Random Interval Repetition (RIR) task. Then participants were asked to recall a distressing visual and auditory memory (order of which was counterbalanced), whilst reacting as quickly as possible to the same visual and auditory stimuli. Reaction Time (RT) was measured at baseline and while recalling the distressing visual and auditory memory. Using Bayesian statistics, two models were compared. Model 1 states that a modality specific task (visual (auditory) RIR paired with recalling visual (auditory) memory) has more impact on the WM and model 2 states that modality specific and non-modality specific tasks have an equivalent impact on the WM. The impact on WM was measured by the delay in RTs in the experimental conditions compared to the baseline. Results. Results show there is a larger impact on the delay in reaction time when the RIR task is performed in the same modality as the memory that is being recalled. Results also show a large impact of WM taxation in general. Discussion. Taxation in the same modality has a larger impact on WM than cross modality taxation. General WM taxation though – regardless of modality specificity - seems to have the largest impact on the WM, which can be explained by a large contribution of the central executive in the taxation. The findings are in line with earlier research, which also shows a large benefit of WM taxation in general and a smaller modality specific benefit. These results show WM taxation in general is important, and that there is a small advantage of WM taxation in the same modality as the intrusion.

21200 - EVALUATION OF MECHANISMS OF CHANGE IN TRANSDIAGNOSTIC CBT USING SINGLE CASE EXPERIMENTAL DESIGN WITH THREE PATIENTS

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Introduction: Mechanisms of change (MOC) in cognitive behavioural therapy (CBT) remain poorly understood. Data on transdiagnostic MOC (TMOC) when CBT is applied (mechanisms that are specific to CBT but applicable to more than one disorder) are non-existent. Salkovskis (1996) has though proposed one such mechanism. He framed it as “the belief change from theory A (the belief the patients holds before he attends treatment, e.g., chest pains interpreted as indications about impending heart attack in panic disorder) to theory B (the more realistic alternative belief the patients learns in treatment, e.g., that the patient is worried about having a heart attack because of his chest pains but no such catastrophe is taking place)”. What’s also vital is that the alternative is believable and fits with the patient experience. The cognitive theory of psychopathology (Beck and Haigh, 2014) explicitly states that people suffer from emotional disorders because of their exaggerated

interpretations of their experience. Hence, a treatment where patients are taught to come up with an alternative and less threatening interpretation of their experience could be a vital part of treatment. According to Salkovskis (1996), all interventions in treatment, should aim to help the patient to evaluate and distinguish between those two competing interpretations (theory A vs. theory B). Salkovskis therefore proposes that “the belief change from theory A to theory B” is a TMOC in CBT and the goal of this research is to use single case experimental designs (Barlow, Nock and Hersen, 2009) to evaluate this hypothesis. By using such research design better experimental control is hopefully achieved compared to other research designs. Method: Efficacy of a TCBT manual and hypothesized MOC was evaluated using non-concurrent multiple baseline (Barlow et al., 2009) with three patients; one suffering from major depression, one suffering from OCD and one suffering from panic disorder A TCCT manual built on Salkovskis (1996) hypothesis was developed by the research group and used in this trial. Participants were evaluated in terms of diagnosis with the MINI diagnostic interview. The treatments efficacy and the hypothesized MOC where evaluated using various self-report measures. Results: Our results, using visual analysis, indicate that for these three individuals the MOC hypothesized by Salkovskis (1996) partly mediates TCBT efficacy but the results for each participant varied. Discussion: These results indicate that a TMOC exist that might be responsible for efficacy of CBT for various disorders. The lecture will finish by discussing pros and cons of the trial and especially why the treatment was more efficacious for some participants than others. Conclusion: This is the second study of three conducted by this research group that aims at evaluating Salkovskis hypothesis. The hypothesis seems to mediate treatments efficacy differently and these different results needs to be analyzed further.

21201 - EXPANDING THE LIMITS OF IMPLICIT PERSONALITY AND CLINICAL ASSESSMENT: THE NEW QUESTIONNAIRE-BASED IMPLICIT ASSOCIATION TEST (QIAT)

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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, and a rapidly growing body of literature demonstrates the added value it brings to psychopathology research. Accumulating findings suggest that implicit measures often provide information that is incremental to other forms of assessment in a wide variety of clinical contexts, ranging from therapy outcome studies in which clients may feel pressured to show improvement as treatment progresses, to evaluations of adolescents who deny suicidal ideation or pedophiles who disguise their sexual attraction towards children. However, the scope of implicit personality assessment has been restricted due to methodological limitations of these tasks. Therefore, we have recently developed the questionnaire-based implicit association test (qIAT), a method that allows an implicit assessment of constructs measured by ordinary self-report instruments. Previously, we were able to provide support for the internal consistency, test-retest reliability, predictive validity and incremental utility of the qIAT. However, the current version of the qIAT has two notable limitations. First, it does not allow the implicit assessment of numerous scales that do not include reversed items. In addition, similarly to other versions of the IAT, it is based on the classification of items into categories, while self-report assessment is not based on any such categorization (i.e., respondents merely respond to specific items). In many cases it is difficult to create meaningful categories that would be used by the task, and moreover, it has been found that the nature of the categories in the IAT may affect the outcome. Here we will present three studies in which we examined improved and more flexible versions of the qIAT, which have been designed specifically to address these limitations. In the first study, we tested the feasibility of assessing in the qIAT constructs that are tapped

by existing scales that do not include reversed items. To do that, we created for each existing original item an ad-hoc reversed item. In the second and third study, we tested a new version of this paradigm, the Generic Categories qIAT (GC-qIAT), which allows an IAT-based assessment that is based in generic, non-construct related categories (e.g., "Type 1" vs. "Type 2", rather than "Extrovert" vs. "Introvert"). In all three studies, the implicit assessment yielded by the qIAT was reliable (internally consistent). In addition, in all three studies the qIAT score showed excellent convergent and discriminant validity, as in each study it correlated with the parallel explicit self-report questionnaire, and this correlation was significantly larger than the correlations with other self-report scales. Taken together, the findings of these studies provide support for the utility of the new version of the qIAT, which opens the door for the implicit assessment of a wide range of constructs associated with personality and psychopathology tapped by existing self-report questionnaires.

21205 - EVIDENCE-BASED TREATMENT FOR ETHNIC MINORITY PATIENTS – THE EFFECTIVENESS OF CBT AND IPT IN NATIVE, TURKISH- AND MOROCCAN-DUTCH PATIENTS WITH DEPRESSIVE SYMPTOMS

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1.Introduction: Turkish- and Moroccan-Dutch populations show higher prevalence of depression than native Dutch. Cognitive behavioral therapy (CBT) and interpersonal psychotherapy (IPT) are evidence-based treatments for depression; however, little is known about their effectiveness taking ethnicity and other sociodemographic factors into consideration. 2.Method: To examine treatment and ethnic differences in effectiveness, we assessed with mixed linear regression modeling the pre- and post-treatment levels of depressive symptoms, psychological distress, quality of life, functional status and client satisfaction of 325 patients, extracted from the routine outcome measurements (ROM). 3.Results: All ethnic groups showed a decrease of depressive symptoms over time. Native and Turkish-Dutch patients showed lower psychological distress after IPT than CBT. Overall, Turkish- and Moroccan-Dutch showed higher depressive symptoms and psychological distress, and lower quality of life than native-Dutch. Functional status and quality of life were closely related to employment and education rather than ethnicity. 4.Discussion: Results of this study are preliminary due to modest sample sizes of ethnic minority patients, the case-control retrospective design, and the impossibility of checking treatment integrity, or controlling for number of sessions, or therapeutic trajectory. However, this study has a good ecological validity due to the use of naturalistic data collected from a large mental health institution. It also assessed functional outcomes and quality of life besides symptom change. 5.Conclusions: IPT and, to a lesser extent, CBT can be effective for treating depression, regardless of ethnicity. However, ethnic minorities show overall higher psychopathology and less favorable outcomes for quality of life and functional status. Intersectionality of ethnicity and other sociodemographic factors influence the outcomes of treatment and should be further studied.

21223 - A PILOT TRIAL OF ACCEPTANCE AND COMMITMENT THERAPY (ACT) TRAINING FOR IMPROVING ABILITY AMONG PSYCHOTHERAPISTS IN TRAINING

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1. Introduction The psychological flexibility is a base concept of the ACT - Acceptance and Commitment Therapy. The training ACT includes experiential elements aimed to increase the psychological flexibility, but

only a few studies have investigated the effect of the training ACT on training therapist. This preliminary study examines the effects of a training ACT on the psychological flexibility of psychotherapists and ACT training therapist. Furthermore this research investigates the effects of ACT training on the personal acquisition of ACT strategies, on value - directed behaviours, on mindfulness ability and on psychological and somatic well being.

2. Method The participants at this study were 29 trainant psychotherapist. The participants included 6 mans and 23 women between 26 and 55 years ($M= 32$; $SD= 6.78$). The sample completed a 7- days residential ACT training, which consisted in ACT theoretical training and experiential exercises. 24 psychotherapist completed a set of tests in three different moments: at the beginning, at the end of the training and at a follow - up after 3 months. The changes have been measured with validated tests: - ACT Self evaluation and skills; - the Symptom Checklist SCL-90, - Mindfulness Attention Awareness Scale (MAAS); - Acceptance and Action Questionnaire II (AAQ-II); - Valued Living Questionnaire (VLQ). We hypothesized that the ACT training increases the ACT skills, the psychological flexibility and increases the value directed behaviors; we also evaluated if these changes remained stable after 3 months.

3. Results Data were collected during a ACT training of seven days. Statistics have been made to verify the hypothesis of the research. The results seem to be encouraging on that side. Improvements emerged in ACT knowledge, acceptance, cognitive defusion, present moment awareness, self as context, committed action and defining valued directions; this increase remained stable in the long term. The group showed symptom reduction on SCL- 90 R scales (somatization, obsessive – compulsive, interpersonal sensivity, depression, anxiety, hostility, paranoid ideation and sleeping disorders). The participation at the training didn't show any increase on focused attention/mindfulness capability at MAAS.

4. Discussion Pairwise t - tests showed that training psychotherapists reported improvements in the ACT skills after the training such as acceptance, defusion, mindful awareness and values. These facts support the main concept of the Theory of Psychological Flexibility, that is, to be committed in values - oriented behaviours reduces disease.

5. Conclusion This study gives information on the use of ACT strategies on training therapists. Like other studies, the results offer evidences on the development of the knowledge and personal benefits that the training therapists can obtain from a ACT training that integrates the acquisition of knowledge with self - care. In conclusion, it seems that the ACT training modifies the psychological flexibility of therapists, but also their ability of mindfulness. To promote mindfulness on psychologists might influence in a positive way the training course. The results agree with international studies. However, additional studies are needed to validate these results.

21227 - THE URGE TO RESTRICT MEDIATES THE EFFECT OF EMOTION REGULATION DIFFICULTIES ON BINGE EATING AMONG WOMEN

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Introduction. Binge eating has received more and more attention in the eating behavior field as it is common both among clinical and nonclinical population. Even so, the mechanisms of binge eating are still unclear. One of the proposed theories is Herman's and Polivy's restriction theory which posits that restrained eaters are susceptible to overeating due to the cognitive load of the restriction. Thus restrained eaters may be more vulnerable to the effects of emotions as the experience of strong affect disrupts cognitive control in restrained eaters, reducing their ability and/or desire to maintain dietary control. Growing evidence support the notion that binge eating may represent an attempt to regulate emotions. It is plausible that both restriction and difficulties in emotion regulation play a role in the occurrence of binge eating as they are cognitively demanding. The current study seeks to investigate the interplay of emotion regulation difficulties and restricting on binge eating.

Method. 97 women (mean age of 21.44, $SD = 3.04$) participated in a three-day Experience Sampling (ESM) study. Participants were semi-randomly signaled 7 times a day to fill out a questionnaire regarding emotional experience and eating behavior. They also filled out Eating Disorders

Assessment Scale (EDAS) and Difficulties in Emotion Regulation Scale (DERS) beforehand. Results. Binge eating measured via ESM was best predicted by a model of DERS total score and the mean urge to restrict measured via ESM. To assess the relation between emotion regulation difficulties and urge to restrict in relation to binge eating, a path analysis was conducted. The results indicate that the effect of DERS on binge eating was significantly mediated by the urge to restrict. Discussion. The results indicate that when one has difficulties regulating emotions, he or she is more likely to binge eat when restricting. It may be that emotion regulation difficulties serve as a vulnerability as it may lead to using dysfunctional strategies such as eating to regulate emotions. Furthermore restricting or even the urge to restrict posits another cognitive load on an individual making it difficult for the individual to choose adaptive behavior. Conclusion. The effect of emotion regulation difficulties on binge eating is mediated by the urge to restrict among women. It may indicate that restricting interferes with choosing adaptive emotion-regulating strategy when one has emotion regulation difficulties. These results give implications for both treatment and prevention.

21235 - SHORT-TERM EFFECTS OF BARIATRIC SURGERY ON PSYCHOLOGICAL VARIABLES RELATED TO WEIGHT, EATING AND SELF-ESTEEM

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Introduction. Bariatric surgery is the treatment of choice for extreme obesity. It affects psychological variables of the patients to great extent, but the effects may be rather variable. In this report, social and behavioural changes during the process of assessment and treatment of obesity using bariatric surgery were investigated. We compared the pre-surgical assessments and the post-surgical assessments of motivation, self-esteem and risk situations of overeating. Method. Psychometric instruments used in the assessments that have been conducted on two occasions, two months before the operation and two months after it, were the following: (1) The Stages of Change Algorithm, (2) Motivation Scale, (3) Rosenberg Self-Esteem Scale, and (4) Questionnaire of Risk Situations for Overeating. Results. Data from about 90 patients have been collected and analysed before the surgical operation. BMI of the whole group was reduced from 42.1 to 37.0, $F = 26.46$ (1, 85), $p = .000005$. From pre-surgical to post-surgical phase, (1) the patients were further moving from contemplation phase to action phase in their motivation. (2) The motivation for weight maintenance had increased markedly from pre- to post, $F = 20.1$ (1, 88), $p = .00002$. (3) Self-esteem had changed in two ways in different variables: Some responses had improved for all patients and some responses produced more variable results after the surgery compared to before. (4) The risk for overeating was reduced significantly in general, $F = 4.76$ (1, 74), $p = .032$. Different ages were compared regarding the risk: The younger the age of the patients, the better the risk had been reduced. Discussion and conclusions. The patients who have undergone bariatric surgery have changed in many ways for the better, but self-esteem showed more variable results and the older people (especially those over 55) had difficult to reduce their risk for overeating. Consequently in interventions, it will be important to help those whose self-esteem has reduced and the older people who have difficulties in reducing the risks. In general, however, bariatric surgery in Finland seems to produce very good short-term results in psychological variables.

21240 - RELATIONSHIP BETWEEN COGNITIVE DISTORTIONS AND DEPRESSIVE OR ANXIOUS ADJUSTMENT DISORDER AMONG PATIENTS NEWLY DIAGNOSED MULTIPLE SCLEROSIS

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INTRODUCTION: Depression and anxiety are the most common psychiatric symptoms in Multiple Sclerosis (MS). As much as biological factors, psychological factors also has been found to be associated with adjustment difficulties, depression and anxiety. One of the significant factors associated with adjustment disorder in the early stages of the disease are cognitive distortions. We investigated the relationship between cognitive distortions that predict the development of anxiety and depression symptoms in patients with early stage MS and presence and levels of anxiety and depression symptoms in this study. We aimed to display whether there are factors that can make difference on CBT practise in adjustment disorders in newly diagnosed MS. **METHODS:** Sixty-three MS patients diagnosed in last six months and fifty-eight controls enrolled in the study. A sociodemographic Data Form, SCID-I, Hamilton Depression Scale (HAM-D) and Hamilton Anxiety Scale (HAM-A), Dysfunctional Attitudes Scale (DAS), Automatic Thoughts Questionnaire (ATQ), Symptom Interpretation Questionnaire (SIQ) were applied to all participants. The findings were compared with the data obtained from the healthy controls. **RESULTS:** Prevalance of psychiatric disorders (% 60. 8) in the case group was significantly higher than the control group(% 31) ($p<0.05$). Levels of anxiety and depression in the case group were significantly higher ($p<0.05$). Significant correlation was found between the total DAS score and depression levels in the case group ($p<0.05$), there was no statistically significant relationship in the control group ($p>0.05$). Both depressive and anxious adjustment disorders were found to be related significantly higher score in DAS perfectionist subscale ($p<0.05$). In the control group there was no significant difference according to SCID-1 diagnosis. Although DAS Need for others' approval subscale scores was found significantly correlate with depression levels in the control group, in the case group there was significantly correlate anxiety levels between need for others'approval subcale's higher scores ($p<0.05$). **DISCUSSION:** Cognitive distortions was found to be related with depression, anxiety and adjustment disorders among patients newly diagnosed multiple sclerosis in our study. **CONCLUSION:** Considering that CBT is the most effective psychotherapeutic approach in MS patients, these findings contribute to CBT practise of MS patients.

21241 - CONSIDERATION OF THE INFLUENCE BETWEEN SELF-ESTEEM, COPING, AND MOOD TO THE NURSE FOR MAKING USE OF COGNITIVE BEHAVIOR THERAPY

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(Purpose) The purpose of this study was to clarify the influence of self-esteem on mood via coping, with nurses. (Method) We distributed a self-reporting questionnaire to 1024 nurses, consisting of the Rosenberg Self Esteem Scale(RSES) as a test of self-esteem, Coping Inventory for Stressful Situations(CISS) as a coping scale, Profile of Mood States-Brief Form Japanese Version(POMS) as a mood scale, as well as age and sex. 507 data without defects were used for the analysis. First, we made a causal model of "self-esteem, coping, mood," Then a covariance structure analysis was performed. Secondly, a Mann-Whitney U test was carried out to assess the difference in self-esteem, coping and mood by sex. (Results) There was a significant influence on "negative self-esteem", "Depression-Dejection", "Tension-Anxiety" and "Confusion" via "emotional priority response". On the other hand, "positive self-esteem", had a weak positive effect on "Vigor" via "task priority handling". Coping is affected by sex, especially for women. Scores for "Fatigue", "coping with avoidance

priority", and "coping with emotional priority" were significantly higher than the scores for men. (Discussion) It is inferred that the rise of negative self-esteem leads to emotional priority handling and invites deterioration of mood. High self-esteem is important for good coping choices.

21242 - IRRATIONAL BELIEFS AND COUNTRY-LEVEL FUNCTIONING: A CROSS-SECTIONAL ANALYSIS ON 60 COUNTRIES

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In this cross-cultural study we investigated if citizens' aggregated irrational beliefs, derived from the cognitive-behavioral model, are associated with country-level functioning. Using a similar methodology as the one employed by cross-cultural personality research, we aggregated individual scores on two measures of irrationality that we have identified in the 6th wave of World Values Survey and correlated them across $n = 60$ countries ($N = 86,272$ respondents) with several aggregated or standalone indicators of country-level functioning. Namely, we investigated the association of irrational beliefs with country-level autonomy, human development, healthy life expectancy, state of democracy and peacefulness. Given that at individual level irrational beliefs are not mainly related to the valence of our emotions, the relationship between happiness, life satisfaction and irrational beliefs was investigated only exploratory. Also, as a secondary analysis, we investigated the association between irrationality and secular and emancipative cultural values. Results showed that both irrationality measures were negatively associated with Autonomy Index, Human Development Index, Healthy Life Expectancy at Birth, Democracy Index and Global Peace Index. Irrationality measures were also related to both secular and emancipative values. No significant associations were found in relation to happiness and satisfaction with life. With few exceptions, the observed correlations were in the medium to large effect size interval. Our findings sustains the hypothesis that the irrational/ dysfunctional beliefs derived from the cognitive-behavioral model can be used to study cross-cultural differences in country-level functioning and set the stage for a new field of research covering this topic.

21244 - VIRTUAL REALITY BASED INTERVENTIONS FOR PAIN INTENSITY AND DISABILITY: A META-ANALYSIS

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Background and aims: Studies on pain management involving virtual reality (VR) based interventions has garnered a lot of attention in the last two decades. Virtual reality (VR) systems are devices where users are engaged in a fully immersive 3D experience through a combination of technologies. The aim of this meta-analytic review was to quantify the effectiveness of VR-based interventions compared with treatment as usual for two clinically relevant outcomes: pain intensity and disability, along with quality of included studies, the publication bias and potential moderators. Method: We included 20 randomized controlled trials (RCTs) which analyze the efficiency of VR-based interventions on pain management. We used the Cochrane Risk of Bias tool to assess the risk of bias and publication. Random effects model was used to compute the values of effect sizes (Hedges' g). Subgroup and meta-regression analyses were conducted to assess the potential moderators.

Results: All studies revealed that, across all pain condition, VR interventions reduced pain intensity at post-treatment, $g = 0.77$ 95% CI 0.47 to 1.06 and pain disability, $g = 0.75$ 95% CI 0.30 to 1.20. None of the analyzed moderators were statistical significant. Most trials had uncertain risk of bias. Conclusions: VR interventions on pain are more effective than treatment as usual for reducing intensity of pain and associated disability. Future trials should incorporate well-validated measurement to assess disability outcomes and should analyze the maintenance of treatment gains of VR interventions for pain management.

21267 - INTEGRATING SITUATION-SPECIFIC DYSFUNCTIONAL EXPECTATIONS AND DISPOSITIONAL OPTIMISM INTO THE COGNITIVE MODEL OF DEPRESSION - A PATH-ANALYTIC APPROACH

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Introduction: The cognitive model of depression highlights the importance of dysfunctional cognitions for the development of major depressive disorder (MDD). Of note, patients' expectations are considered implicitly but they have so far not explicitly been integrated into this model. However, patients' expectations have recently been considered to be core features of various mental disorders, hence playing an important role for the treatment outcome. Thus, the current study aimed at integrating dispositional optimism and situation-specific dysfunctional expectations (SDE) as two types of expectations into the cognitive model of depression. Method: In a cross-sectional design, 57 patients (mean age in years = 41.37, SD = 13.82; 64.9% female) suffering from MDD (50.9% with BDI II > 29) being treated in in- and outpatient clinics were examined. SDE, dispositional optimism, intermediate beliefs, and depressive symptoms were assessed using self-report questionnaires. A path model (maximum-likelihood estimation) was analyzed, and bias-corrected bootstrap confidence intervals were computed. Results: The relationship between dispositional optimism and depressive symptoms was partially mediated via SDE ($\beta = -.12$, BCa 95% KI [-.26, -.01]). The influence of intermediate beliefs on depressive symptoms was fully mediated via SDE ($\beta = .25$, BCa 95% KI [.13, .45]). Discussion: The present study stresses the crucial role of SDEs for the development of MDD, as SDEs mediated the influence of both intermediate beliefs and dispositional optimism on depressive symptoms. Given their high level of situational specificity, SDEs are highly relevant for psychotherapeutic interventions. For instance, they can provide a basis for planning behavioral experiments.

21270 - EFFECTIVENESS OF GROUP METACOGNITIVE THERAPY IN IMPROVING METACOGNITIONS, FUNCTIONING AND THOUGHT CONTROL STRATEGIES OF PATIENTS WITH MAJOR DEPRESSIVE DISORDER

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The aim of this study was to compare the effectiveness of group metacognitive therapy (GMCT) to a waitlist control condition in improving depression, anxiety, metacognitions, thought control strategies, global function and self focused attention of patients with major depressive disorder (MDD). In a pre-posttreatment experimental design with control group, 20 patients with MDD were selected from outpatient psychology clinics in Tehran, Iran in 2016. Subjects were assigned to experimental and waitlist control groups randomly. Experimental group experienced 8 weeks of GMCT. The Beck Anxiety Inventory (BAI), Metacognitions Questionnaire-30 (MCQ-30), Thought Control Questionnaire (TCQ), and Global Assessment of Functioning (GAF) were administered at pre and post-treatment. In addition, the Self Attention Rating Scale (SARS) was completed in all sessions before and after attention training technique. Clinically significant change criteria

were considered, percentage improvements for all outcome measures were calculated and data were analyzed by one way analysis of covariance. Results showed that GMCT compared to waiting list group lead to significant improvement in anxiety, metacognitive beliefs and thought control strategies ($P < .001$). GMCT could be effective in improving functions and metacognitions of patients with MDD.

21272 - PSYCHOMETRIC PROPERTIES OF THE ITALIAN VERSION OF THE YOUNG SCHEMA QUESTIONNAIRE L-3: PRELIMINARY RESULTS

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Schema Therapy (ST) is a well-known approach for the treatment of personality disorders. It consists in an integrative therapy that mixes different theories and techniques up into an original and systematic model. The Young Schema Questionnaire L-3 (YSQ-L3) is a self-report instrument, based on the ST model, designed to assess 18 Early Maladaptive Schemas (EMSs). During the last decade, it has been translated and validated in different countries and languages. The aim of this paper was the study of the psychometric properties of the Italian Version of the YSQ-L3. We enrolled two groups: a clinical ($n=148$) and a nonclinical one ($n=918$). We investigated the factor structure, reliability, and convergent validity with anxiety and depression between clinical and non clinical groups. The results highlighted a few relevant findings. Cronbach's alpha showed significant values for all the schemas. All the factor models seem not to be highly adequate, even if the hierarchical model has proven to be the most significant one. Furthermore, the questionnaire confirms the ability of discriminating between clinical and non clinical groups and could represent an useful tool in the clinical practice. Limitations and future directions are discussed.

21275 - SELF-REFERENTIAL AND OVERGENERAL THOUGHTS DURING AUTOBIOGRAPHICAL MEMORY RETRIEVAL

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Introduction Overgeneral autobiographical memory is a vulnerability factor for depression. Based on the capture hypothesis, excessive activation of self-representations and “mnemonic interlock” prevent specific memory retrieval. However, variables to promote and inhibit self-referential processing and mnemonic interlock are insufficiently examined. This study measured thoughts related to self-reference and categoric memory during autobiographical memory retrieval, and examined which variables influenced such thoughts. Method Participants were 94 undergraduate and graduate students. We measured self-referential thoughts during an Autobiographical Memory Test using thought sampling method. After a cue word was presented on computer screen, thought sampling probes were presented at 12 sec intervals until 60 sec was reached. The thought sampling probe had 7 categories, including self-referential and categoric memory thoughts. Participants were asked to recall another memory, if they recalled a specific memory. We used 8 positive and 8 negative trait adjective cues. Depressive symptoms, cue self-relevance, and verbal fluency task were also measured. Results Hierarchical generalized linear modeling for thoughts related to self-reference and

categoric memory on each thought sampling was conducted (present = 1, absent = 0). The results indicated positive significant main effects of depressive symptoms and cue self-relevance. A significant interaction between cue self-relevance and cue valence was observed, suggesting that negative self-relevant cues were more associated with increasing self-referential and categoric memory thoughts. Discussion Participants with high depressive symptoms usually think of themselves, regardless of cue characteristics. Therefore, negative self-relevant cues were likely to directly induce negative self-representations, even if participants were not depressed.

21276 - EFFECTIVENESS OF GROUP COGNITIVE BEHAVIOR THERAPY ON ATTACHMENT STYLES, DYSFUNCTIONAL ATTITUDES AND MARITAL ADJUSTMENT

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Introduction: This study was carried out to investigate the effectiveness of group cognitive behavior therapy (GCBT) on attachment styles, dysfunctional attitudes and marital adjustment of married people. Methods: In a randomized control trial, 22 married subjects were selected from outpatient psychology clinics in Tehran, Iran in 2016. Subjects were assigned to experimental (GCBT, n=11) and control (life skills training, n=11) groups randomly. each group received intervention over 8 weeks. The Adult Attachment Questionnaire, Loek-Wallace Marital Adjustment Scale, and Dysfunctional Attitude Scale were administered at pre-treatment and post-treatment. Also, all subjects responded to Client Satisfaction Questionnaire (CSQ) and Clinical Global Index (CGI) at post treatment. Results: ANCOVA showed that GCBT lead to a more significant improvement in attachment styles, dysfunctional attitudes and marital adjustment ($P < .001$). Experimental group subjects showed significantly more pre- treatment to post-treatment percentage improvements in all variables ($p < 0.001$) and they were more satisfied with treatment method and reported more global improvement ($p < 0.001$) than control group subjects. Discussion: GCBT could be effective in improving attachment styles, dysfunctional attitudes and marital adjustment.

21283 - A META-ANALYSIS ON THE EFFICACY OF VIRTUAL REALITY BASED INTERVENTIONS FOR ANXIETY AND DEPRESSIVE SYMPTOMATOLOGY

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Introduction: Virtual reality (VR) interventions were found to be effective for anxiety disorders. However, findings are unclear regarding comparisons with other active interventions, trial risk of bias, publication bias and potential moderators. This is the rationale for conducting an updated meta-analysis of VR-based interventions for anxiety and depressive symptomatology. Method: We included randomized controlled trials comparing VR interventions, alone or in combination, to passive control conditions or other active psychological interventions. We examined trial risk of bias, as well publication bias. Effects sizes (Hedges' g) for anxiety and depression outcomes, at post-test and follow-up, were pooled with a random-effects model. We conducted subgroup and meta-regression analyses. Results: We identified 36 trials from which we extracted 47 comparisons. Trial risk of bias was unclear for most domains, and very high for incomplete outcome data. VR-based therapies were more effective than control at post-test for anxiety, $g = 0.81$, 95% CI 0.57 to 1.05, and depression, $g = 0.84$, 95% CI 0.15 to 1.53. There were no significant differences with other active psychological interventions. Heterogeneity was high and there was consistent evidence of publication bias across outcomes

and comparisons. Conclusions: Virtual reality interventions are largely more effective than passive control conditions for anxiety and depressive symptomatology. The quality of most VR trials remains for the most part unknown. Thus, high heterogeneity overall, consistent evidence of publication bias and high or uncertain risk of bias for most of the trials raise doubts about the reliability of these effects.

21287 - COGNITIVE PROFILE OF UNIVERSITY STUDENTS WITH A PREVIOUS SUICIDE ATTEMPT

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Introduction: 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. Method: 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. Results: 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. Discussion: 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.

21288 - INTERPERSONAL PROBLEMS AND BODY-RELATED EMOTIONS IN BODY DYSMORPHIC DISORDER AND IN OLFACTORY REFERENCE DISORDER

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Introduction: Body Dysmorphic Disorder (BDD) and Olfactory Reference Disorder (ORD) are two different conditions, characterized by some similarities, such as a focus on a physical blemish (appearance vs. smell) and obsessive compulsive behaviour, and some differences. However, there is little research comparing BDD and ORD. It is still unknown, for example, how individuals with ORD interact with others and how they feel about their own body in contrast to those affected with BDD. Our questions were, if individuals with ORD differ from individuals with BDD concerning their interaction styles and if there are differences in their body-related emotions. Method: 12 individuals with ORD and 18 individuals with BDD are compared using self-report measures (Interpersonal Problems Inventory IIP; Differential Emotions Scale-body; DES-body). For this purpose, the data were evaluated using a nonparametric test. Results: Individuals with BDD show higher manifestations for a "repellent / cold" and "introverted / socially avoided" interaction style than individuals with ORD. With regard to the body-related emotions, differences arise for joy, grief, anger and contempt. Individuals with ORD report joy more frequently while grief, rage, and contempt were reported by them less often. Discussion: The way individuals with BDD and ORD interact with others underlines a similarity between

both disorders. The differences in body-related emotions imply that there is no negative attitude towards the body in ORD (in contrast to BDD) which underscores a difference between the two conditions.

21299 - CORE BELIEFS IN DIFFERENT DIAGNOSES

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Core beliefs are part of the cognitive model of cognitive behavior therapy. Little is known about how many patients with different diagnoses report such core beliefs at the begin of psychotherapy spontaneously. 234 consecutive reports, which have to be written in Germany after two or three anamnestic sessions and which are then sent to an expert of the health insurance-company as request for therapy of 28 different therapists, were looked through whether in these first reports core beliefs were reported spontaneously by the patients. In 88% of these reports core beliefs were directly reported. No specific patterns of core beliefs were found for the different diagnoses (anxiety disorders, OCD, depression, schizophrenia, personality disorders, eating disorders). This is in line with genetic (Cross-Disorder Group of the Psychiatric Genomics Consortium, 2013) and structural brain changes studies in psychiatric disorders (Goodwind et al., 2013), which also show that there is a common biological denominator. The role of core beliefs as starting point across different diagnosis in CBT will be discussed

21305 - EFFECTIVENESS OF GROUP MINDFULNESS-BASED COGNITIVE BEHAVIOR THERAPY ON DEPRESSION, ANXIETY, QUALITY OF LIFE AND BODY IMAGE OF PATIENTS WITH BREAST CANCER

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Introduction: This study was conducted to investigate the effectiveness of group mindfulness-based cognitive behavior therapy (GMBCT) on depression, anxiety, quality of life and body image of women with breast cancer. Method: In a randomized clinical trial, 30 patients with breast cancer were selected from Omid hospital and Imam Reza Educational, Research and Treatment Center in Mashhad, Iran in 2016. Subjects were randomly assigned to the experimental (n = 15) or waiting-list control condition (n = 15). Experimental group received GMBCT 120-minute sessions over 8 weeks. The Beck Depression Inventory-II (BDI-II), Beck Anxiety Inventory (BAI), 36-Item Short Form Health Survey (SF-36), and EROTIC QOL-Br23 were administered pre-treatment and post-treatment. The covariance analysis was done using SPSS package version 23. Results: GMBCT has been shown to be more effective compared to waitlist control in group-format for depression, anxiety, quality of life and body image (P<.001). Conclusion: GMBCT could be effective in improving mood, quality of life and body image of women with breast cancer.

21306 - EFFECTIVENESS OF MINDFULNESS-BASED STRESS REDUCTION IN IMPROVING DEAF DEPRESSION AND SOCIAL ANXIETY

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Aim: The aim of this study was to evaluate the effectiveness of mindfulness-based stress reduction (MBSR) in improving deaf depression and social anxiety. **Methods:** In a pretest-posttest experimental design with control group, 24 deaf subjects were selected from deaf clinics in Tehran, Iran in 2016. Subjects were randomly assigned to experimental (n=12) and control (n=12) groups. Experimental group received MBSR over 8 weeks. All subjects completed Beck Depression Inventory-II (BDI-II) and Social Phobia Inventory (SPIN) at pre-treatment and post-treatment. **Results:** ANCOVA showed that MBSR compared to control group lead to a more significant improvement in depression and total social anxiety score followed by a reduction in physiological indigence related to social anxiety ($p < 0.001$). **Conclusion:** MBSR could be effective in improving deaf depression and social anxiety.

21308 - ATTENTIONAL BIASES TO POSITIVE AND NEGATIVE INFORMATION IN DEPRESSION: ARE THERE REALLY RELATED TO RUMINATION AND INTERPERSONAL PROBLEMS?

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Introduction. Research has shown that depression is associated with attentional biases towards negatively and positively-valenced stimuli. Yet, symptoms of depression as well as cognitive mechanisms of depression are characterized by a huge heterogeneity in their expression. As a consequence, this study investigates the association of attentional biases to positive and negative information with rumination and interpersonal problems. **Method.** Attentional biases for sad and happy materials were examined in three different modified version of the exogenous cueing paradigm (i.e. facial expression, pictures, and words). Sixty-five participants were assigned in three groups based on a semi-structured diagnostic interview and a completion of depressive symptoms scale (i.e. BDI-II), resulting in 17 individuals with major depressive disorder, 17 with dysphoric mood, and 31 with nondysphoric mood. Interpersonal problems, rumination, and anxiety were also assessed. **Result.** There was no significant Group x Emotion effect. Irrespective of the task, relation between attentional biases and other variables were globally inconsistent in each group. Further data will be collected to enhance the statistical power. **Discussion.** Given the absence of association between depression and attentional bias for negative and positive materials, our findings are at odds with the extant literature and cognitive models of depression. Implications for further research on the heterogeneous nature of depression will be discussed. **Keywords:** Experimental psychopathology, depression, mood disorders, attentional biases

21311 - TRANSDIAGNOSTIC GROUP CBT VS. STANDARD GROUP CBT FOR DEPRESSION, SOCIAL ANXIETY DISORDER AND AGORAPHOBIA/PANIC DISORDER: STUDY PROTOCOL FOR A PRAGMATIC, MULTICENTER NON-INFERIORITY RANDOMIZED CONTROLLED TRIAL.

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Background: Transdiagnostic Cognitive Behavior Therapy (TCBT) manuals delivered in individual format have been reported to be just as effective as traditional diagnosis specific CBT manuals. We have translated and modified the “The Unified Protocol for Transdiagnostic Treatment of Emotional Disorders” (UP-CBT) for group delivery in Mental Health Service (MHS), and shown effects comparable to traditional CBT in a naturalistic study. The use of one manual instead of several diagnosis-specific manuals could simplify logistics, reduce waiting time, and increase therapist expertise compared to diagnosis specific CBT, we aim to test the relative efficacy of group UP-CBT and diagnosis specific group CBT. Methods/design: The study is a partially blinded, pragmatic, non-inferiority, parallel, multi-center randomized controlled trial (RCT) of UP-CBT vs diagnosis specific CBT for Unipolar Depression, Social Anxiety Disorder and Agoraphobia/Panic Disorder. In total, 248 patients are recruited from three regional MHS centers across Denmark and included in two intervention arms. The primary outcome is patient-ratings of well-being (WHO Well-being Index, WHO-5), secondary outcomes include level of depressive and anxious symptoms, personality variables, emotion regulation, reflective functioning, and social adjustment. Assessments are conducted before and after therapy and at 6 months follow-up. Discussion: The current study is the first RCT investigating the dissemination of UP in a MHS setting, delivered in groups. The results are expected to add substantially to the evidence base for rational group psychotherapy in MHS. The planned moderator/mediator analyses could spur new hypotheses about mechanisms of change in psychotherapy and the association between patient characteristics and treatment effect.

21312 - INDIVIDUAL DIFFERENCES IN PERCEPTUAL DECISION-MAKING : DIFFUSION MODEL ANALYSES

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Introduction: Obsessive-compulsive disorder (OCD) and obsessive-compulsive (OC) personality is often characterized by too cautious decision-making strategies. In this study, we compare decision-making processes in participants with high and low OC features, and consider the effects of an approach or an avoidant goal settings. Method: Participants who completed two sessions (pre- and post-instruction session) were non-clinical 30 undergraduate students. They are measured their OC features by Japanese-version Obsessive-

Compulsive Inventory and grouped into high-OC and low-OC by its cut-off point. In all sessions, they are measured choice-response time (RT) and correct percent in perceptual two-alternative forced-choice (2AFC) task (random-dot motion direction discrimination task). After pre-instruction session, they were presented an approach or an avoidant goal settings in experimental task, and asked to finish one more session (post-instruction session). Their choice RT and correct percent are fitted with the Diffusion Decision Model and evaluated their cautiousness (decision thresholds). Results: In pre-instruction session, participants with high-OC and low-OC showed opposite tendency only when the stimulus is ambiguous. Higher OC total scores in low-OC groups predicted higher decision threshold ($p < .01$), but vice versa in high-OC groups ($p < .05$). In post-instruction session, that tendency remains only when participants are presented an avoidant goal setting. Discussion: The present study suggested the different behavior in people with high- or low-OC features. But the small number of high-OC participants or participants who instructed an approach goal settings should be taken into account.

21315 - MECHANISMS OF ACTION IN MINDFULNESS-BASED COGNITIVE THERAPY (MBCT) AND MINDFULNESS-BASED STRESS REDUCTION (MBSR) IN PEOPLE WITH PHYSICAL AND/OR PSYCHOLOGICAL CONDITIONS: A SYSTEMATIC REVIEW

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Background: Recently, there has been an increased interest in studying the effects of mindfulness-based interventions for people with psychological and physical problems. However, the mechanisms of action in these interventions that lead to beneficial physical and psychological outcomes have yet to be clearly identified. Purpose: The aim of this paper is to review, systematically, the evidence to date on the mechanisms of action in mindfulness interventions in populations with physical and/or psychological conditions. Method: Searches of seven databases (PsycINFO, Medline (Ovid), Cochrane Central Register of Controlled Trials, EMBASE, CINAHL, AMED, clinicaltrials.gov) were undertaken in June 2014 and July 2015. We evaluated to what extent the studies we identified met the criteria suggested by Kazdin for establishing mechanisms of action within a psychological treatment (2007, 2009). Results: We identified four trials examining mechanisms of mindfulness interventions in those with comorbid psychological and physical health problems and 14 in those with psychological conditions. These studies examined a diverse range of potential mindfulness mechanisms, including mindfulness and rumination. Of these candidate mechanisms, the most consistent finding was that greater self-reported change in mindfulness mediated superior clinical outcomes. However, very few studies fully met the Kazdin criteria for examining treatment mechanisms. Conclusion: There was evidence that global changes in mindfulness are linked to better outcomes. While there is promising evidence that MBCT/MBSR intervention effects are mediated by hypothesised mechanisms, there is a lack of methodological rigour in the field.

21320 - POSITIVE AFFECT AND PSYCHOLOGICAL WELL-BEING STUDY: AN INVESTIGATION OF WHICH COGNITIVE PROCESSES BUILD OR HINDER POSITIVE AFFECT IN YOUTH.

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Anhedonia defined as diminished interest in anticipation and consumption of pleasure is a core symptom of Major Depression and is associated with depression severity and less optimal treatment outcomes. We know little about the cognitive vulnerability factors that contribute to the development of anhedonia. This

longitudinal study addressed this gap and investigated the link between anhedonia symptoms and cognitive appraisal of PA including enhancing and dampening thoughts of PA and fear of positive emotion. Participants were 367 adolescents (Mean age = 14.80, SD = 0.38). Adolescents completed paper-and-pencil questionnaires at two separate points with a three-months interval. Our findings suggested that greater self-reported anhedonia is concurrently associated with decreased engagement with enhancing and increased dampening of PA. Prospective data indicated that symptoms of increased anhedonia were only associated with enhancing of PA. However, self-reported PA enhancing thoughts did not continue to predict anhedonia when baseline anhedonia symptoms were ruled out. These findings provide partial support for the possible role of cognitive reappraisal of positive affect, particularly rumination of positive affect, in predicting future anhedonia symptoms in young people. If these findings are replicated, future experimental studies should investigate the causal relationships between given cognitive appraisal styles and anhedonic symptoms. Clinically, by targeting these potential cognitive processes, it might be possible to improve clinical management of anhedonic symptoms and depression in adolescence.

21323 - PSYCHOLOGICAL CONSTRUCTS AND QUALITY OF LIFE IN SYSTEMIC AUTOINFLAMMATORY DISEASES: AN EXPLORATIVE STUDY

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Systemic autoinflammatory diseases (SAID) are rare disorders characterized by a genetic mutation that alters the innate immunity without involving the T-lymphocytes or specific autoantibodies typical of autoimmune diseases. This alteration causes an inflammatory state due to the release of inflammatory molecules (in particular Tumor Necrosis Factor-alpha, and Interleukin-1) and triggering events. A common consequence is amyloidosis. There are many form of SAID which are still relatively unknown and occur mainly in childhood, with great diagnostic delays; some of these are Familial Mediterranean Fever (FMF), Tumor Necrosis Factor (TNF) Receptor-Associated Periodic syndrome (TRAPS), and Behçet's syndrome (BS). The aims of this preliminary study was to identify both psychological and psychopathological features that coexist with SAID, and to investigate the compromised areas of life resulting from the disease. For these purposes, a clinical sample of 23 subjects (20 females), recruited from in-patients of Padua General Hospital, completed a set of self-report questionnaires: The Revised Illness Perception Questionnaire (IPQ-R), Coping Orientations to Problems Experienced-Nuova Versione Italiana (COPE-NVI), Millon Clinical Multiaxial Inventory III (MCMI-III). They also completed the Carta Semantica to explore which areas of their lives are most severely affected by the disease. Based on the preliminary results, our sample was mainly characterized by the presence of anxiety symptoms (52%), narcissistic and negativistic (35%), masochistic (30%), and dependent traits (26%). We expect to find statistically significant correlations between the psychological constructs; we also presume to highlight a patients' relationship difficulties and a limited leisure activities caused by the constant presence of physical pain.

21328 - THE CONCEPT OF QUARTER LIFE CRISIS IN COGNITIVE BEHAVIORAL THERAPY

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The concept of quarter life crisis is quite new, it refers to an emotionally unstable and stressful period that may occur in early adulthood, as a consequence of experiencing long-term effects of previous life choices regarding careers, relationships, finances etc. When people between the ages of 25 and 40 develop anxiety or mood related problems, or obsessive compulsive disorder, they often question their hitherto path of life. They reflect it as imposed by social environment and not adapted to their individual characteristics, which they start to recognize. The poster will present three case studies of clients between the ages of 32 and 37, two of them with anxiety disorders (generalised and social) and one with depressive episode. Besides symptoms of diagnosed disorders, the clients reported problems typical for quarter life crisis. Two of them realised they are highly sensitive persons and struggled to deal with this knowledge, all of them needed to reconcile with their past and find ways to re-engage in their lives. Conceptualization of these cases will take into consideration quarter life crisis theory formulated by Oliver Robbinson. Cognitive behavioral therapists can confine themselves to treatment of specific disorders, such as generalised anxiety or depression. They can also help their clients to deal with problems typical for quarter life crisis: to recognize their needs, personal traits and preferences, to accept their „lost” time (relations, opportunities), and to work out new, more adequate ways of living. Treatment opportunities of the other option will be discussed.

21329 - DOES EMOTION REGULATION PREDICT IMPULSE TO EAT IN OBESITY?

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Obesity is not classified as a mental disorder. However, the psychological implications in the development and the maintenance are well known. It has been observed that eating is used as an affect regulating mechanism, but the specific role of the emotional dysregulation has been scarcely studied in people with obesity. Objective: to analyse if emotion regulation predicts the urge to eat in people with obesity without binge eating disorder. Method: Thirty-nine obese women (age: $M=43.48$, $SD=12.92$, range=19-71; Body Mass Index: $M=41.25$, $SD=9.23$, range=30.80-65.99) completed the Situational Appetite Measure (SAM) and the Difficulties in Emotion Regulation Scale (DERS). Results: SAM-Urge was correlated with the following DERS' factors: Confusion ($r=.47$; $p=.003$), Rejection ($r=.46$; $p=.004$), Interference ($r=.48$; $p=.002$), Out of control ($r=.53$; $p=.001$). SAM-Control was significantly associated with DERS-Confusion ($r=.38$; $p=.02$). DERS' factors were included as predictors variables of SAM-Urge and SAM-Control separately in two stepwise regression analysis. DERS-Out of Control predicted the 22% of the variance of SAM-Urge $F(1,36)=13.91$; $p=0.001$; $Beta=0.53$; $t=3.73$; $p=0.001$. Whereas DERS-Confusion predicted the 14% of the variance of SAM-Control, $F(1,35)=5.77$; $p=0.02$; $Beta=-.38$; $t=-2.40$; $p=0.002$. Discussion: Emotional dysregulation is an important factor which makes obese patient vulnerable to eat with a function of manage emotional state. Results showed that the limited access to emotion regulation strategies trigger the urge to eat, whereas the lack of emotion clarity predicted having a low self-confidence in controlling eating. These two factors have been associated to binge eating in patients with binge eating disorder and non-clinical populations. Further research of emotion processing in obesity is required

21332 - HOW I FEEL WHEN I SEE (POSITIVE OR NEGATIVE) SOCIAL IMAGES. A COMPARISON AMONG EATING DISORDERS, OBESITY PATIENTS AND HEALTHY CONTROLS IN THEIR EMOTIONAL REACTIONS

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Interpersonal processes, social cognition and emotion dysregulation form a key part of conceptual models of eating disorders(ED). The study of these difficulties become focus of interest in patients with obesity. Objective: to analyze the emotional reactions to pictures of social content with positive or negative valence, in ED patients, patients with obesity and healthy controls. Method: Participats: 1)Sixty-seven ED patients in two groups:“Restrictive group”(RG): n=39(AN-R and EDNOS.AN), and“Bingeing/purging group”(BPG): n=28(AN-P, BN and EDNOS.BN); 2)51 obesity(BMI>30;OB-G); 3)51 healthy women (HG, healthy group). Seventeen pictures from International Affective Picture System(IAPS) were shown using E-prime software: social content, positive valence(4); social content, negative valence(3); and neutral content and valence(10). Pictures were rated along valence, arousal, and dominance with the Self-Assessment Manikin(SAM). Results. There were no differences among groups in the valence. There was a significant group X category interaction effect in dominance (Pillai=0.169;F(6,3409)=5.22;p=0.001). Clinical participants showed the least dominance in negative-social-pictures(p<.001). HG had the major dominance in negative-social-pictures(p<.001). Regarding arousal dimension, there was a significant group X category interaction (Pillai=.079;F(6,340)=2.34;p=0.03). Only HG showed more arousal in positive images(p<.001). The clinical sample, especially the OB-G, showed the same arousal in both social pictures. OB-G was the slowest group in determining activation or dominance. Discussion. Differences between ED and obese groups raised in their perception of dominance(less) of those of negative valence, or arousal(more) on both type of valences. It was notable the delay of patients with obesity in the affective dimension. The association with the social cognition and theory of mind require more research.

21336 - THE RELATIONSHIP BETWEEN COGNITIVE DISTORTIONS, QUALITY OF RELATIONSHIP AND WELL-BEING AMONG PARTICIPANTS FROM NONCLINICAL POPULATION

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Two correlational studies were conducted with psychology undergraduate students and their family members (N = 196 and N = 90, respectively). Participants completed a paper-pencil set of questionnaires that contained cognitive distortions scale (CDS), and measure of relationship quality (relationship strength and quality) (study 1), and scales related to perceived quality of life and psychological well-being (trait anxiety, satisfaction with the respondent's life, self-esteem, self-concept clarity) (study 2). In general, the results of two studies confirm that CDS is a measure of the cognitive errors closely associated with maladaptive self-constructs and self-perception (i.e. lower self-concept clarity and self-esteem), lower quality of life and perceived relationship quality, and higher trait anxiety. Negative correlations obtained with measures of perceived quality of life, self-esteem and the CDS, indicate that the frequency of cognitive errors displayed by an individual is related to lower level of self-reported well-being.

21340 - CUT THE CRAP: WHAT ARE THE EFFECTS OF COSMETIC SURGERY ON BODY IMAGE CONCERNS?

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Cosmetic surgery has become increasingly popular in the past decades. People with certain psychopathology, for example Body Dysmorphic Disorder (BDD), are dissatisfied with their physical appearance and a significant number try to receive cosmetic medical treatment for their complaints. It seems relatively easy for them to receive this type of surgery, despite the fact that it has no or even adverse effects on the symptoms. The present study aimed to investigate the psychological condition and especially the presence of psychopathological symptoms such as BDD in a prospective sample of aesthetic cosmetic surgery patients, to detect predictors of positive and negative outcome of aesthetic surgery, especially with respect to body image satisfaction. Furthermore, we sought to determine whether certain types of psychopathology or personality characteristics could be associated with the wish for (a specific type of) cosmetic surgery, and if the use of certain mechanisms of comparison (e.g., upward or downward social comparison) is specifically associated with the wish for cosmetic surgery. To this end, N=66 cosmetic (appearance enhancing) surgery seeking individuals from two clinics for cosmetic surgery in The Netherlands filled out questionnaires about psychopathology - including BDD, eating disorders, sexual disorders, mood disorders, and personality disorders - besides self-esteem, and social and temporal comparison. Measurements were taken before surgery (N=66), 6 weeks after the surgery (N=57), and at 1-year follow-up (N=40). In the short term (pre-post surgery), measures of self-esteem, general psychopathology, and body image improved significantly. Data on 1-year follow-up and subquestions will be presented at the EABCT.

21345 - ATTENTIONAL BIAS TO BODY SIZE AND BODY IMAGE: AN ERP STUDY OF THE ROLE OF SOCIAL COMPARISON AND AUTOMATICITY

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Disturbances in body image are characteristic features of eating disorders. We aimed to examine the relations between the perceptual (accuracy of body size estimation) and cognitive (preoccupation with body image) part of body image in relation to attentional biases by simultaneously considering the role of social comparison and automatic vs. more controlled processes as measured by event-related potentials (ERP) and its four sub-components N170, P2, P3, LPP. The sample consisted of 36 women (age M=20.3, SD=2.01; BMI M=21.7, SD=2.56) who were presented altered pictures (from -10% to +10% in 2% intervals) of themselves and a size-matched model with the task to compare each image to their actual body size ("smaller/bigger than me"). Among highly preoccupied women N170 responses were increased to enlarged (+4% to +10%) relative to realistic body images (-2%, 0, +2%), indicating automatic body size processing. The analyses of later ERP components suggest that at more deliberate processing stages highly preoccupied women attend selectively to size-modifications of their own images. Specifically, during the P3 window, their brain responses were increased in response to enlarged, and during the LPP window also in response to reduced (-10% to -4%) images of themselves, but not of the model. By contrast, among women with low preoccupation, the body size differentiation occurred later, was independent of stimulus identity, and apparent only for enlarged images. Our findings indicate that social comparison processes may affect later attention biases to body size and that levels of body concerns influence the sensitivity to the context.

21349 - ACCESSIBILITY OF THE MENTAL REPRESENTATION OF ATTACHMENT FIGURES IN PATIENTS WITH ANXIETY AND DEPRESSIVE SYMPTOMS

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Introduction: The mechanism of deactivating and hyperactivating attachment-related responses to threat in individuals with affect regulation disorders needs to be further addressed. Therefore, in this study we examined attachment-related patterns of accessibility of attachment figure representations under threat in patients with anxiety and depressive symptoms. **Method:** We applied an experimental Stroop procedure in 60 patients with anxiety and depressive symptoms. Participants were exposed to the name of a person preceded by a subliminal neutral prime, attachment-unrelated threatening prime or attachment-related threatening prime. Attachment styles, trait anxiety, and depressive symptoms were measured by means of self-reports. **Results:** Participants who scored higher on attachment avoidance showed a pattern of reduced accessibility of persons in a neutral context and in response to attachment-unrelated threat, but a pattern of heightened accessibility of persons in response to attachment-related threat. These effects were found for all kinds of persons, not only attachment figures, and were independent of trait anxiety and depressive symptoms. Attachment anxiety was not associated with accessibility of persons in a neutral context or under threat. **Discussion:** These data support the hypothesis that highly avoidantly attached patients with anxiety and depressive symptoms are not able to apply deactivating strategies when confronted with attachment-related threat. Our findings were not indicative of anticipated hyperactivating strategies in highly anxiously attached patients. The mechanism of deactivating and hyperactivating attachment-related responses to threat might not pertain to individuals with affect regulation disorders.

21351 - PRETTY, UGLY OR PLAYFUL? PILOT STUDY FOR VIRTUAL REALITY EXPOSURE TARGETING PERFORMANCE ANXIETY

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Introduction. Virtual reality (VR) exposure has been reported as an effective treatment for social anxiety more than 10 years. However, there are no studies using several comparable conditions which would give hints about the functional components of VR exposure or how reality-like the VR environment should be. **Method.** In this short-term pilot study with nonclinical sample of students (with relative everyday equality for public speaking exposure), subjects were randomly assigned to three exposure groups: the "Nice" condition (n=32) with fully developed VR public speaking exposure program; the "Ugly" (n=32) where the quality was downgraded significantly; the "Play" condition (n=26) where subjects spent the same time playing VR games. **Results.** In the whole sample, the scores of Emotional State Questionnaire (EEK-2) depressiveness ($p < 0.001$) and anxiety ($p = 0.032$), and Liebowitz Social Anxiety Scale fear ($p < 0.001$) and avoidance ($p = 0.022$) decreased after two exposure sessions. The Igroup Presence Questionnaire total score ($p = .348$) as well as scales reality ($p = .314$) and spatial presence (SP, $p = .365$) were significantly associated with the bettering of the Social Phobia Weekly Summary Scale score in the Ugly group only. In the Play group, SP was associated with improvement in total EEK-2 score ($p = .413$). There were no significant associations of IPQ with other outcome measures in the Nice group. **Discussion.** The preliminary results suggest that a) a mere exposure has an effect on mood and anxiety; b) there is no need for endless improvement of the VR therapy programs; c) playing VR games occasionally might improve depressiveness and anxiety probably by behavioural activation.

21355 - DECENTERING PROMOTES SWITCHING FROM PRECEDING NEGATIVE INFORMATION.

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Previous studies have been advocated that decentering promotes caution control, but control of attention and promotion of switching to the next task have not been considered. Although the relation with switching was measured by the survey method, relation with the results of actual switching was not studied in the experiment. The aim was to examine whether the difference in switching function caused by the presence or absence of emotional value of depressed person and whether decentering could promote change of task. Depression, decentering, and rumination were measured with a questionnaire. Letter naming task which calls the stolen task which calls out a color with words and the number or alphabet in the direction indicated by the left and right cue is repeated two trials on the basis of the task switching paradigm. As a result of the experiment, when we used the usual Stroop task as a result of the experiment, the decentering did not promote the task switching. On the other hand, when we performed an emotional Stroop task using words with emotional value in the Stroop task, the random effect of item was significant. In addition, the effect of decentering random effect was significant, and the depressive tendency who could not decentering the center decreased the reaction time of switching to the letter naming task immediately after the name of the color of the negative word. This result suggested that decentering promotes switching of thoughts and behaviors from negative information and contributes to prevention of deterioration of depression.

21356 - A SYSTEMATIC REVIEW AND META-ANALYSIS OF COUPLE THERAPY INTERVENTIONS – PRELIMINARY DATA

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Introduction Couple therapy represents a form of psychotherapy which involves the presence of both partners in sessions lead by a therapist. The objective of this systematic review is to assess the efficiency of couple psychotherapy on different types of couple or individual outcomes. Methods We conducted a search of MEDLINE, the Cochrane registry, PsycINFO and EMBASE, using “couple” or “marital” and “therapy” or “counselling” or “interventions”, limiting our search results to clinical trials. Primary outcome was defined as couple satisfaction, while secondary outcomes included mental health problems. Data extraction and coding of moderator variables was done manually. Two review authors coded the data (including risk of bias), and disagreements were resolved through discussion. We shall perform random effect model analyses. Continuous outcomes will be analyzed using weighted or standardized mean differences (with 95% CI). The study will be the considered unit of analysis. Heterogeneity and publication bias will also be assessed. Sensitivity analyses will be performed on missing data and risk of bias. Results Based on existing literature, we expect a) couple interventions to be more efficient than no intervention controls on couple satisfaction, b) couple interventions to be as effective as individual interventions on mental health problems. Comparisons between different types of couple interventions will be explored. Discussion Couple therapy interventions have increasingly been used as tools to increase couple satisfaction, as well as to treat individual mental health problems. We seek to explore the effectiveness of these interventions, and draw conclusions for future research studies and practice.

21363 - HOMEWORK COMPLIANCE AS A PREDICTOR OF CHANGE IN COGNITIVE BEHAVIORAL GROUP THERAPY FOR TREATMENT OF DEPRESSIVE SYMPTOMS

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Ege University¹

Introduction: Cognitive Behavioral Group Therapy (CBT) is widely used treatment for depression. Homework is important part of CBGT so clients are able to apply the skills learned during sessions to multiple different situations that arise in everyday life. While homework assignments are an integral part of this treatment package, few studies have investigated the potential effects of homework compliance on treatment outcome. Hence, the aim of this study was to investigate homework compliance as a predictor of change for treatment of depressive symptoms. Method: 11-session CBGT program has been developed and implemented by researchers. 19 Participants completed the therapy program and pre and post-test evaluations from Ege University Student Psychological Counseling Services. Hamilton Depression Rating Scale, Automatic Thoughts Questionnaire and Dysfunctional Attitude Scale were used. Also, Homework Compliance Scale were used at the end of the program. It was hypothesized that homework compliance is a predictor of change in both depressive mood and cognitions scores. Results: Depressive mood and cognitions scores significantly correlate with homework compliance. While Homework Compliance didn't predict the change in negative cognition, it significantly predicts the change in depressive mood ($R^2=.34$, $F(1,16)= 9.78$, $p<.01$). This finding suggests that homework compliance explained 34% of the variance of change in depressive mood. Discussion: The importance of homeworks in CBGT was highlighted in this study once more. Homeworks about activity are given in every session explained change in depressive mood. Also, the reluctance of clients to the homeworks about cognitive abilities was reflected to the results.

21368 - INTERNET PSYCHOEDUCATIONAL PROGRAM FOR THE BIPOLAR DISORDER PATIENTS (E-PROBAD)

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Internet psychoeducation program s-PROBAD is cognitive behavioral therapy based intervention addresses needs of patients suffering from BAD. It is designed to promote confidence and reduce the number of episodes of the disorder by providing skills of cognitive restructuring, monitoring warning signs, planning daily activities, and practicing communication skills. The purpose of this open study will be to test the efficacy of therapist-assisted internet 12 module 4 month long self-help program based on cognitive behavioral approach (e-PROBAD) with the treatment as usual (TAU) for bipolar affective disorder patients who are medicated with mood stabilisers. 86 participants suffering with bipolar affective disorder, who recruit from the patients of the Psychiatric clinic Olomouc at time of the maintenance pharmacological phase of the treatment of bipolar affective disorder were randomized to the TAU (treatment as usual) and e-PROBAD (12 modules of internet based CBT+ TAU). All participants completed a clinical diagnostic interview, and a set of questionnaires to assess affective symptoms at four time periods (start of the maintenance treatment period and at follow up: 6 month, and 12 month. 32 participants finished psychoeducational program, 35 collaborated in TAU group. The comparison of both group according the rate of relapses and re-hospitalizations did not significantly differ in 6-month follow up, but there was statistically significantly less relapses in e-PROBAD group than in TAU one in 12-month follow up. Internet psychoeducation program e-PROBAD is an effective intervention designed for needs of patients suffering from the bipolar affective disorder. Patients enjoy the program.

21371 - COGNITIVE BEHAVIORAL THERAPY ADDED TO PHARMACOTHERAPY IN PATIENTS SUFFERING FROM PHARMACORESISTANT OBSESSIVE-COMPULSIVE DISORDER

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The objective of the investigation was to determine whether patients with obsessive-compulsive disorder (OCD) resistant to drug therapy may improve their condition using intensive, systematic cognitive behavioral therapy (CBT) lasting six weeks. Method: There were 66 OCD patients included in the study. Fifty-seven patients completed the program. The diagnosis was confirmed using the structured Mini International Neuropsychiatric Interview. Patients were rated using the objective and subjective forms of the Yale-Brown Obsessive Compulsive Scale (Y-BOCS), objective and subjective forms of the Clinical Global Impression (CGI), Beck Anxiety Inventory (BAI), Beck Depression Inventory (BDI), Dissociative Experiences Scale, and Sheehan Disability Scale before their treatment, and with subjective Y-BOCS, objective and subjective CGI, BAI and BDI at the end of the treatment. Patients were treated with antidepressants and daily intensive group CBT for the period of six weeks. Results: During the 6-week intensive CBT program in combination with pharmacotherapy, there was a significant improvement in patients suffering from OCD resistant to drug treatment. There were statistically significantly decreased scores of the scales assessing the severity of OCD symptoms, anxiety, and depressive feelings. A lower treatment effect was achieved specifically in patients who (a) showed fewer OCD themes in symptomatology, (b) showed a higher level of somatoform dissociation, (c) had poor insight and (d) had a higher initial level of overall severity of the disorder. Remission of the disorder was more likely in patients who (a) had good insight, (b) had a lower initial level of anxiety and (c) had no comorbid depressive disorder.

21375 - DEVELOPMENT AND VALIDATION OF BODY-DIRECTED DISGUST SCALE IN A PORTUGUESE COLLEGE SAMPLE

Paula Castilho¹, Sara Loureiro¹, Lara Palmeira¹

Background: One form of negative affect that has received attention in recent times is disgust. Disgust is a basic emotion that operates as an instinctive response to stop us from smelling, ingesting, or touching a potentially harmful substance (Rozin & Fallon, 1987). Self-disgust as negative and defense emotional experience involves the extreme experiences of loathing directed towards our self, the body in general or particular body parts and our own action (Moncrieff-Boyd & Nunn., 2014). In fact, in recent years self-disgust has gained empirical attention because their impact in several psychological condition. The role of self-disgust within disordered eating is a relatively under-researched area, requiring further research. In other words, the relation between self-disgust, body difficulties (weight, shape and size) and eating disorders are not known. Ille et al. (2014) proposed to study self-disgust in eating disorders, but this study was based on a generic scale, in which other disorders were evaluated. So, it is useful to study this subject in a more objective and deeper way. Objectives: The objectives we propose are: 1. Construct a scale that contributes to the state of the art about the relationship between self-disgust and aspects related to the body (weight, size and form); 2. Analyze the psychometric properties of this new scale. Methods: The study included 400 subjects, that was collected: 200 via the internet and 200 in the community, who completed the protocol, including the new scale. Results & Discussion: Since we are still in the process of collecting & processing data, there are no results. However, the analysis will allow a psychometric study of the scale.

21378 - IMAGERY RESCRIPTING OF AVERSIVE EMOTIONAL MEMORIES: TESTING A NEW PARADIGM.

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Imagery Rescripting (ImRs) has been shown to be a promising therapeutic technique for psychological disorders that are associated with aversive emotional memories. While there is first empirical evidence for the efficacy of ImRs, research on the underlying mechanisms is only in its beginnings. To test hypothesized mechanisms of ImRs, current analogue research designs are primarily based on the trauma film paradigm, which uses aversive films as an analogue for traumatic events. However, in this paradigm the personal relevance of the “traumatic” event is rather limited and individuals are in a passive third person perspective experiencing a high level of control. Therefore, this study tested the effects of ImRs on subjectively meaningful autobiographical memories in a new analogue research paradigm. Sixty-six healthy participants, who had experienced a distressing life-event, were randomly assigned to ImRs or to a no-intervention control condition. Measures of distress, emotionality, feelings of control and stress symptoms were administered before and after treatment and at one-week follow-up. There were no group differences regarding state affect and distress from pre to post intervention. When the memory was reactivated at follow-up, participants in the ImRs group reported higher levels of control, less negative emotions and less distress, compared to the control group. Regarding stress symptoms both groups improved significantly from baseline to follow-up. The results indicate that ImRs is effective in reducing memory distress and in enhancing feelings of control. The tested paradigm might be a promising approach to systematically test mechanisms of ImRs in the analogue setting.

21380 - RELATIONSHIPS BETWEEN EARLY MALADAPTIVE SCHEMAS, RELATIONSHIP BELIEFS, AND ROMANTIC RELATIONSHIP OBSESSIONS AND COMPULSIONS: ALTERNATIVE MODELS

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Anadolu University¹, Muş Alparslan University²

The purpose of this study is to examine the relations between early maladaptive schemas, relationship beliefs, and romantic relationship obsessions and compulsions. In the pursuit of revealing possible outcomes of the study, two models will be tested. The first is the model in which the mediator role of relationship beliefs in the relationship between early maladaptive schemas and romantic relationship obsessions and compulsions will be tested; the latter is the model in which the mediator role of relationship obsessions and compulsions in the relationship between early maladaptive schemas and relationship beliefs will be tested. The study group consisted of 290 university students. As data collection tools, Relationship Obsessive-Compulsive Inventory, Relationship Beliefs Questionnaire and Young Schema Questionnaire were used. In the analysis of the data, structural equation modeling will be employed. The research is in the process of analyzing the data.

21383 - TWO-YEAR RECORDING SENSE OF BURDEN IN DAILY ACTIVITIES TO MANAGE SEASONAL AFFECTIVE DISORDER: A CASE REPORT.

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In managing seasonal affective disorder, Cognitive Behavioral Therapy (CBT), Light Therapy, or a combination of both are known to be effective. The current study reports that depression symptoms improved in a Japanese woman in her forties, who found it difficult to monitor her thoughts and emotions, when she recorded her sense of burden in engaging in daily activities. Informed consent was obtained. Her depression

symptoms had improved with Light Therapy and medicines since year X. However, she complained of overwork, depressed mood in winter, guilt about inability to do housework, and began individual CBT from X + 3 years. In the beginning, her treatment focused on enhancing her coping using CBT, but she found it difficult to notice and thereby record her thoughts, emotions, and stress reactions. We devised a plan to record the daily behavior by assigning points to the burden of engaging in each activity (for example, shopping: 50 points), the total points, and daily reflections. Through monitoring, she realized that when the total burden of action exceeds 200 points, she feels exhausted and rests on the following day, and her capacity to engage in daily activities reduced in winter. During the second winter after starting CBT, she could perform daily activities without feeling depressed. This suggests that patients who have difficulty in recording thoughts and emotions due to seasonal change can control the amount of activity by describing the burden in daily activities for about 2 years and contribute to improvement in their depression symptoms.

21387 - INSIGHTS INTO THE DEVELOPMENT PROCESS OF A CBT BASED VIRTUAL REALITY TRAINING FOR THEORY OF MIND (TOM) DEFICITS IN SCHIZOPHRENIA

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Virtual reality (VR), including virtual humans (or avatars) makes possible to simulate social interactions, in an easily replicable and controllable way, where the complexity of the simulated interactions can be increased gradually. It allows the patient to deepen in realistic situations, and learn Theory of Mind (ToM) skills in real-time interactions with an avatar. VR Training also keeps the possibility of human interruption if necessary, which may contribute to the sense of security among the patients. Our research group is currently developing a VR Training, which primarily focuses on ToM deficits in schizophrenia. We chose to use vTime, which is a freely accessible VR software. vTime allows users to interact in Virtual Reality, by using a smartphone and a VR headset with wifi connection, no matter, how far they are from each other. During the short training sessions pre-written structured interviews will be used, where ToM relevant contents and vMotion (controllable virtual gestures) based systematic reinforcements are built in. During the training the patient and the Trigger person are going to interact through their avatar and a headphone in various situations and breathtaking (but still realistic) scenes. This approach can be a good alternative to classical social cognitive remediations (including targeted ToM interventions), where commonly used interventions incline patients to analyze presented situations, without active participation in them.

21391 - PSYCHOLOGICAL PREDICTORS OF QUALITY OF LIFE AFTER LARYNGECTOMY: A SYSTEMATIC REVIEW AND META-ANALYSIS

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Introduction: Quality of life is considered an important indicator for the efficacy of rehabilitation methods for patients that have undergone laryngectomy. However, little is known about prior psychological characteristics of patients that might impact quality of life after the surgical procedure. Psychological interventions before or after laryngectomy might target such factors to improve outcomes in terms of adaptation to the new condition, reduce distress, and increase the quality of life of the patients. Method: Seven hundred and three

potential studies were identified searching the scientific databases and 16 additional studies were found in the references of relevant literature. Twelve studies, comprising 573 subjects, met our inclusion criteria: (1) the study measured quality of life following total laryngectomy; (3) the study measured at least one psychosocial variable as a predictor of post-surgery quality of life; (4) sufficient data was reported to allow the computation of the effect size; (5) the study was written in English. Results: We obtained a small overall effect size of Hedges $g = .36$; 95% CI [.05; .68], $Q(11) = 35.27$, $p < .001$, $I^2=68.81$. Prior presence of mental disorders emerged to be the best predictor for quality of life after laryngectomy. Conclusion: Potential psychosocial predictors of quality of life in totally laryngectomized patients are poorly represented in the literature. Investigation of these relationships should be integrated in routine clinical practice.

21393 - USING ROBOTS TO FACILITATE ADAPTIVE EMOTION REGULATION: PRELIMINARY EVIDENCE FROM TWO EXPERIMENTAL STUDIES

*Silviu Matu*¹, Monica Bartucz¹, Victor Cruceanu¹, Simona Stefan¹

Introduction: Robotic agents have been proposed as cost-effective alternatives for delivering psychological interventions in special populations. However, there is little research investigating if robots could be used for approaching common mental health problems, such as anxiety. Method: This paper presents two pilot experimental studies on a student population investigated if robotic agents would be effective in facilitating adaptive emotion regulation. In experiment 1, participants ($N = 37$) were asked to perform an impromptu speech task with negative feedback and were randomly assigned to three conditions: a control condition with no interaction with the robot, a feedback condition, where the robot provided practical suggestions, and a feedback plus emotion regulation instruction condition. In experiment 2, participants ($N = 32$) were asked to recall a real-life event in which they felt social anxiety. The robot provided emotional support or performed a cognitive restructuring procedure, participants being unaware of the fact that the robot was remotely control by a therapist. Results: In experiment 1 we found no significant group or interaction effects. In experiment 2, the participants going through the cognitive restructuring procedure reported steadier decreases in irrational beliefs, as compared to controls, F interaction (1, 30) = 6.67, $p = .015$. Also, participants in the cognitive restructuring group reported higher levels of therapeutic alliance in relation to the robot, $t(30) = 2.88$, $p = .007$. Conclusion: Implications for the use of robots as agents for promoting adaptive emotion regulation are discussed in terms of psychological mechanisms and technological limitations.

21394 - THE POTENTIAL OF SYNTHETIC VOICES TO FACILITATE COMMUNICATION AND ADAPTATION OF PATIENT WITH LARYNGECTOMY

*Silviu Matu*¹, Radu Soflau¹, Daniel David¹, Magdalena Chirila², Cristina Tiple², Florina Veronica Dinescu², Rodica Muresan³, Mircea Giurgiu⁴, Adriana Stan⁴

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Synthetic voices generated through technological means are a considered a possible solution for patients that underwent total laryngectomy. Although previous studies have investigated how synthetic voices are perceived by the general population, it is still unclear whether these voices are perceived differently than those generated through standards methods of vocal rehabilitation. Given the impact that these perceptions might have on the quality of the social interactions of these patients, we aimed to analyze comparatively the perceptions of healthy people upon synthetic and prostheses generated speech. Participants from the general population were asked to evaluate a voice belonging to a patient with vocal prosthesis and one of the four

synthetic voices we created through a text to speech system. The content of the delivered messages was manipulated to suggest different valences (negative, neutral, and positive) as well as different levels of familiarity with the communication partner (a close person, a stranger and a medical context). The main outcomes for the comparison between the two types of voices were clarity, naturalness, concordance with the emotion and the context suggested by the message. The results showed that both valence and context familiarity had an impact on the comparative perception of the voices. The perception of the synthetic voices could benefit from and increase in naturalness and by improving the correspondence with the emotional valence of the message, especially in the case of neutral and negative messages. Implications for the vocal rehabilitation of patients with laryngectomy and future challenges are discussed.

21395 - POSTER: PATHOLOGICAL ANGER: THE FORGOTTEN EMOTION

Juan Sevilla and Carmen Pastor¹

Centro de Terapia de Conducta¹

PATHOLOGICAL ANGER: THE FORGOTTEN EMOTION. AUTHORS: JUAN SEVILLÁ AND CARMEN PASTOR. CENTRO DE TERAPIA DE CONDUCTA. VALENCIA. SPAIN Even knowing that anger is a masterpiece of a lot of psychological disorders, including PTSD, Depression, Bipolar Disorder, BPD, ...and others, Psychology and Psychiatry have ignored this important field. There are just a few studies of anger, not only in terms of treatment, but to understand it as a basic emotion. At this poster we will present a cognitive-behavioural model to understand pathological anger. This way of understanding anger includes predispositional biological factors, cultural influences and learning experiences as the roots of the disorder; Inflammatory thoughts and aggressive behaviors as maintenance factors. The poster will also include a recent meta-analysis of the techniques to treat anger. Keeping this in mind, the authors will propose a specific therapy protocol to treat anger. We have recently published in Spain this conceptualization to treat anger in the book *Domando al dragón. Terapia cognitivo-conductual para el enfado patológico* (Taming the dragon. CBT for pathological anger).

21400 - TIME-INTENSIVE CBT FOR OCD: WHAT DOES IT LOOK LIKE AND IS IT BEING USED IN CLINICAL PRACTICE?

Josie Millar¹, Paul Salkovskis¹

University of Bath¹

Introduction CBT is an effective treatment for OCD, however a large proportion of clients remain symptomatic following the completion of treatment, with the average symptom reduction across studies being 48% (Abramowitz et al., 2002). The UK National Institute for Health and Clinical Excellence (NICE) guidelines recommend an intensive version of CBT be offered to individuals who have not responded to one or more trials of CBT or one or more adequate trials of a SSRI or Clomipramine (NICE, 2005). How therapists define intensive treatment and its utilisation in the UK has not been investigated. Therapist's perceptions about the feasibility and acceptability of intensive CBT are yet to be explored. Method A questionnaire was used to investigate how therapists define intensive treatment and to examine their beliefs about the advantages and disadvantages of intensive CBT. The questionnaire sought to understand how therapists perceived various elements of this approach in clinical practice. One hundred qualified therapists with a commitment to CBT for OCD took part in the study. Results Therapists defined intensive treatment diversely. Only 6% of therapists were currently providing intensive treatment in clinical practice, despite this fact 72% of therapists thought

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that clients were more likely to respond to an intensive treatment and 93% would like to provide intensive CBT. A range of factors involved in the perception of time intensive treatment were identified. Discussion Therapists had a relatively poor understanding of intensive treatments. Whilst intensive CBT is not being widely offered, therapists are interested in this format of delivery. Conclusion Further research is required to examine feasibility, relative efficacy and ways of overcoming obstacles in the provision of intensive treatment.

SATURDAY, 16 SEPTEMBER 2017

POSTER SESSION 3

31005 - RESEARCH POSTERS

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Mashhad University of Medical Sciences Psychiatric and

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Introduction: According to the high prevalence of burn and its psychological consequences, the present study conducted to assess the effect of guided imagery on reducing anxiety and pain due to dressing in burn patients. Materials and Methods: The statistical community of this clinical trial concluded all of burned patients (grade 1 and 2 but not self-burn) who admitted in burn departments of Imam Reza Hospital in Mashhad (the second biggest city in Iran) during September 2012- March 2013. Number of 40 patients selected by available sampling and divided randomized equally into interventional and control groups. The interventional group received guided imagery treatment (15 minutes per day for 8 days) additionally to routine care, but the control group only received routine care. The data gathered through demographic form, Beck anxiety inventory, McGill pain inventory. The data analyzed by SPSS software, descriptive statistics such as prevalence, mean and standard deviation and analytical statistics such as independent t test. Results: The comparison of anxiety and pain in pre-test had no significant differences (P=0.310 and P=0.120 respectively) but in post-test there are significant differences in scores of anxiety and pain between two groups (P=0.001 and P=0.001 respectively). Conclusion: It seems that guided imagery leads to reduction in anxiety and pain due to the change dressing in burn patients. Keywords: Anxiety, Burn, Guided imagery, Pain

31006 - RESEARCH POSTER

Neqar Asgharipour¹, Farhad Faridhoseini¹, Mohammad Reza, Fayyazi Bordbar¹

Mashhad University of Medical Sciences Psychiatric and Behavioural Research Center - ¹

Abstract Background: 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. Methodology: 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. Findings: 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. Conclusion: 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. Keywords: bipolar disorder, psychoeducation, quality of life

31019 - CHARACTERISTICS OF CLINICAL SUPERVISION IMPLEMENTED IN AN UNDERGRADUATE PROGRAM IN PSYCHOLOGY

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This study aimed to characterize clinical supervision from a pedagogical and pragmatic perspective. Pedagogical pragmatism places great emphasis in becoming a reflexive practitioner whose teaching is constantly evolving and adapting itself to the educational needs of supervisees by being sensitive and directly involved with the context of practice. For this purpose, I conducted a direct observation of 46 hours of clinical supervision implemented by the supervisors affiliated to an undergraduate program in psychology offered by a privately-funded University at Bogotá, Colombia. Using categorical aggregation (Stake, 1998, 2010) it was possible to identify 18 categories of pedagogical action which, in turn, were further associated with a second level of coding aligned with clinical supervision functions described in the literature (Proctor, 1987; Milne, 2009). Systematically characterizing clinical supervision from a pedagogical perspective is useful to understand supervision as a pedagogical practice that is constantly changing and, by reflecting on its previous practices, the supervisor can become a reflexive practitioner that uses its own practice as a valuable resource to improve the quality of their supervising.

31022 - A BIBLIOMETRIC STUDY OF THE CONCEPT OF SCHIZOPHRENIA

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Introduction: The concept of schizophrenia has been analyzed from various philosophical and epistemological points of view for at least two and a half thousands of years. In order to summarize the different approaches, a systematic review of the last ten years of publications has been realized. Method: This review was carried out following the guidelines of the PRISMA Statement. In order to collect the maximum number of different approaches, the following resources have been used: Medline, PsycInfo, Web of Science, Scopus and Philosopher's Index. Search strategies have been added to make possible replication. 330 papers have been collected, of which 188 have been included in this work after a preliminary screening. With the aim of writing in the most clear and synthetic way possible, we have analyzed on the one hand the revisions included and on the other the papers that defend a philosophical perspective. The authors of this paper have included author, title, date, type of publication, publication journal, methodology, abstract, participants, interventions, comparisons, results, study design, funding sources, work objective, philosophical point of view and schizophrenia concept. Results: The papers included deal with 4 big questions: What is schizophrenia? What

causes the symptoms? How are these symptoms?, What diagnostic classification should be used? A bibliometric study has been conducted to determine which papers included in this review have had the most impact. Discussion: The clinical and practical implications of these results are discussed in this paper.

31023 - COGNITIVE TECHNIQUES AND LANGUAGE

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Introduction: In this work, cognitive techniques are analyzed from a behavioral standpoint, proposing the associative learning processes that may explain their functioning, as opposed to the problems created by their traditional conceptualization. Method: As a first step, a brief historical overview of the incorporation of these techniques to Behavior Modification is presented, followed by a revision of the concepts of language, cognition and behavior, basing our proposal on the contributions of analytic philosophy. Results: From this reworking of the concepts of language and cognition in behavioral terms, we develop a proposal for an analysis of cognitive techniques as eminently verbal procedures that can be explained by classic and operant learning processes. Discussion: We will emphasize pavlovian conditioning and Mowrer's (1954) contributions and his explanations of meaning transference, which have inexplicably remained ignored when, from our perspective, they can be the perfect complement to the operant explanations which have been indeed recovered by Third Generation therapies.

31024 - 'DOES IT MATTER?': DOES THE WAY OF INSTRUCT HOMEWORK INFLUENCE THE CLIENT COMPLIANCE IN PSYCHOLOGICAL TREATMENTS?

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Introduction: the use of homework in psychological treatments is a suitable way for clients to applying skills learned during the clinical sessions to daily life. However, the non-compliance rate is one of the most frequent problems reported by some researchers (Helibg & Fehm, 2004). Against this problem many researchers suggest some recommendations about the way of instructing homework in order to enhance therapeutic compliance. Nevertheless, there is no data that support these recommendations. Aim: to assess the relationship between the way of instructing homework by therapists and the clients tasks compliance throughout behavioral treatment. Method: nineteen treated clinical cases (211 clinical sessions) were observed and coded according to the Categorization System of the Client and Therapist Verbal Behavior in the Emission of Instructions and in the Review of Homework Compliance (SIST-INTER-INSTR) by using The Observer XT software. Procedure: after the categories of the SIST-INTER-INSTR were deputed, clinical session were coded with periodic inter and intra-judgement reliability tests to guarantee its psychometric properties. Categories referred to the way of instructing by therapists were put into relationship with the clients compliance (or non-compliance) verbalizations by using contingency tables and the Chi-Square test.

31070 - ASSESSMENT OF BARRIERS TO ACCESS PSYCHOTHERAPY IN ADOLESCENTS: THE INFLUENCE OF STIGMA, FEARS, AND KNOWLEDGE ON HELP-SEEKING INTENTIONS IN AN ADOLESCENT SAMPLE

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Background: Despite the efficacy of psychotherapy for mental disorders in children and adolescents, the gap between prevalence rates and treatment rates is still high. Only about 21% of adolescents with mental disorders seek professional help. However, early treatment reduces the risk for the development of comorbid disorders and the risk of chronic manifestation of psychological symptoms. The assessment for barriers to access psychotherapy is therefore an important step to increase help-seeking intentions. Methods: As a first step, a literature research to identify possible barriers to access psychotherapy was conducted and second, a questionnaire based on these results developed. The questionnaire assesses knowledge of psychotherapy and mental disorders, stigmata, fears, formal barriers, and help-seeking intention using open and closed response pattern. Psycho-metric properties were also assessed and demonstrated satisfying results. Third, we conducted a pilot study with 176 adolescents between 14 and 21 years (M=18.14, SD=1.45; 75,4 % fe-male). Results: Results demonstrated low stigma scores in the evaluation of individuals with mental health problems, but high scores in self-stigma. Shame associated barriers were reported and a lack of knowledge concerning facts about psychotherapy. Higher knowledge was associated with lower stigma-scores. Conclusion: Additional results will be presented. Practical implications to reduce barriers to access psychotherapy for adolescents will be discussed and presented. Keywords: psychotherapy, adolescents, barriers, treatment rate, dissemination

31115 - THE EFFECT OF COGNITIVE BEHAVIORAL GROUP THERAPY ON THE SELF-ESTEEM OF MENTALLY ILL PEOPLE LIVING IN DIFFERENT REGIONS OF JAPAN

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Introduction: The aim of this research was to verify whether the outcomes of people with mental illnesses living in different regions of Japan who underwent Cognitive Behavioral Group Therapy for Recovery of Self-esteem (CBGTRS) program had improved over the 18-month period after the program. Method: The research was a pre and post design conducted with a single group of 24 participants who had mental illnesses. The intervention method included 12 sessions of CBGTRS. Outcome measures included subjective indicators self-esteem, mood, cognition, and subjective well-being, and objective indicators psychiatric symptoms and behavior. Measurement of the indicators was carried out before the intervention (T0), immediately after it ended (T1), three months after (T2), 12 months after (T3), and 18 months after (T4). Behavior was measured at T4. The linear mixed model analysis was used. Results: Self-esteem had a significantly high score at T3 and T4, and tension-anxiety measured as a mood indicator had a significantly low score at T2. At T2, scores on the use of cognitive distortions such as "should thinking," "labeling and mislabeling," "personalization," and "all-or-nothing thinking" were significantly low; at T4, subjective well-being had a significantly high score. In terms of behavior, there was an expansion in the scope of interpersonal exchanges and work, commencement of new activities, and the gaining of a new role in society. Discussion: The intervention of CBGTRS improved self-esteem and biases in perception, expanded adaptive behavior, and the results suggest that expansion of adaptive behavior has the potential to improve subjective well-being.

31146 - COGNITIVE BEHAVIOR THERAPY IN EARLY PSYCHOSIS: A RANDOMIZED CONTROLLED TRIAL OF COGNITIVE BEHAVIOR THERAPY ON EMOTIONAL DYSFUNCTION

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Introduction: CBT is an evidence-based method in the treatment of schizophrenia. Few studies have been performed in patients with early psychosis. This study explored the effect of CBT on depressive symptoms and self-esteem in early psychosis patients. Method: 63 patients were included from the TOP study at the Oslo University Hospital. Patients were randomly assigned to receive either CBT plus TAU or TAU alone for up to 6 months. The groups were measured on their main symptoms BDI and Self-esteem at five measurement times. The groups were also compared on GAF F, GAF S and PANSS'5 components. Results: The 1. hypothesis that the CBT group will display better self-esteem and less depressive symptoms than the TAU group has not been confirmed. The 2. hypothesis that the CBT group will improve more than the TAU on PANSS symptom components and GAF has been partially confirmed. Both groups improved in these variables over time but the CBT group improved significantly better in GAF F ($p=0.024$) and PANSS negative component ($p=0.002$). Discussion: CBT has not contributed to significant improvement in depressive symptoms and self-esteem. However, CBT did significantly contribute to better functioning and less negative symptoms in the CBT patients compared to the TAU ones. This is an interesting finding since these two factors may have profound effect on early psychosis patients' quality of life. However, it should be conducted further studies to explore the specific elements of CBT which may contribute to better self-esteem and less depressive symptoms in these patients.

31164 - HOW A COMMUNITY BASED SAMPLE RATED COMPONENTS OF A MINDFULNESS BASED STRESS REDUCTION PROGRAM (MBSR)

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Introduction: A wealth of research demonstrates the beneficial effects of Mindfulness Based Stress Reduction (MBSR), including reductions in stress, depression and anxiety and improvements in well-being in clinical and non-clinical samples. MBSR is an 8-week program that integrates three modes of formal meditation practice: The body scan, sitting meditation, and gentle hatha yoga. Clinical experience suggests that MBSR participants may express a preference for one mode of practice over others leading to questions about the relative perceived utility of the various program components and non-specific factors such as teacher personality and group support. The purpose of this study was to explore how MBSR is helpful in a community-based sample and which mindfulness strategies and MBSR components participants find most useful. Method: Community residents 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 a feedback questionnaire (unpublished) developed by the Center for Mindfulness at the University of Massachusetts Medical School. The questionnaire assesses changes including well-being (1= much worse, 2= somewhat worse, 3=unchanged, 4=somewhat better, 5 = much better); and 2) usefulness of MBSR components (1= no use and 10= very useful) including body scan, sitting meditation, yoga as well as non-specific factors (personality of the teacher, group discussions). Results: 158 community-based participants who participated in

an 8-week MBSR course completed the questionnaire. From pre- to post-MBSR, 67% of participants reported they felt “somewhat better,” 24% felt “great improvement.” 68% reported “somewhat better” and 22% reported “great improvement” in ability to cope with stress. 40% reported “somewhat better” and 9% “great improvement” in energy level and stamina. Participants rated the “usefulness” of the formal meditation practices as follows: guided body scan (M=7.6), guided sitting meditation (M=7.4), and guided yoga (M= 6.5), and non-specific factors as follows: personality of the teacher (M=9.1), awareness of breathing (M=8.8), and small group discussions (M= 7.9). 93% of the participants reported “lasting value or importance” from participating in MBSR. Discussion: Overall, participants reported benefits in terms of physical and psychological well-being at the end of the 8 week MBSR program. Participants also found each of the formal meditation practices (body scan, sitting meditation, yoga) useful supporting the clinical utility of a stress-reduction program that teaches multiple strategies of mindfulness meditation. The participants appeared to find the guided meditation as somewhat more useful than practicing on their own, suggesting that developing comfort with self-guided meditation may be a target for improving participants’ experience with this program in the future. Of note, the participants rated non-specific factors of MBSR as highly useful including the personality of the teacher and group discussions. Conclusion: With increased appeal and growing dissemination of MBSR it is helpful for practitioners to identify and learn what participants find helpful in taking the course. Awareness of the attractiveness of the various components of MBSR may help both practitioners and participants learn to manage challenges, overcome obstacles, and address participant expectations.

31187 - UPSETTING THOUGHTS ABOUT ILLNESS: HOW ARE THEY EXPERIENCED?

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Introduction: Illness anxiety disorder is characterized by the presence of thoughts about having or acquiring a serious illness (IATs). We sought to analyze how IATs are experienced: as an intrusion, as a chain of worrisome thoughts, or as a chain of worrisome thoughts triggered by an intrusion, and the differences in their respective functional consequences. Method: 260 undergraduates (76.2% women, Mage=23.35, SD=8.22) completed the Health Intrusive Thoughts Inventory, which has three parts: the frequency of IATs, the functional links of the most upsetting IAT experienced in the past 3 months, and the way the IAT was experienced. Results: Up to 60% of participants reported an IAT in the past three months. Of them, 58.3% experienced their most upsetting IAT as a worry, 23.7% as an intrusion, and 22.34% as a chain of worrisome thoughts triggered by an intrusion. When the IAT was experienced as a worry, it caused more interference ($F(2,152) = 4.543$; $p = .012$; $\eta^2 = .056$), was more difficult to control ($F(2,152) = 3.094$; $p = .048$; $\eta^2 = .039$), and was assessed as being more irrational ($F(2,152) = 4.478$; $p = .013$; $\eta^2 = .056$), than when it was experienced as an intrusion. Individuals who experienced their most upsetting IAT as an intrusion attached less importance to the thought than those who experienced it as a worry or as a chain of worrisome thoughts triggered by an intrusion ($F(2,152) = 5.218$; $p = .006$; $\eta^2 = .064$). Discussion: IATs are mainly experienced as worrisome thoughts, and their consequences are generally worse than IATs experienced as intrusive thoughts. Acknowledgments. Spanish MINECOPSI2013-44733-R

31188 - DO PARENTS' DYSFUNCTIONAL BELIEFS ABOUT ILLNESS INFLUENCE THE ILLNESS BELIEFS OF THEIR OFFSPRING?

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Introduction: Illness anxiety disorder (IAD) is related to dysfunctional beliefs about illness and dysfunctional beliefs about obsessions, such as intolerance to uncertainty and overestimation of threat. This study sought to examine the relationship between the parents' dysfunctional beliefs and their offspring's IAD. Method: Forty undergraduate university students (Mage= 21.88, SD= 4.345 years; 65% women), and 27 fathers (Mage= 54.37, SD= 5.759 years) and 36 mothers (Mage= 51.94, SD= 6.334 years) of these students, completed self-reports assessing dysfunctional beliefs about illness (IBHS), dysfunctional beliefs about obsessions (ICO-R), and health anxiety (SHAI). Results: Moderate significant associations were found between the dysfunctional beliefs about illness ($r=.48$) and overestimation of threat ($r=.43$) held by fathers and those of their offspring. No significant associations were noted between mothers and their offspring. Separate correlation analyses of sons and daughters showed a strong significant association between dysfunctional beliefs about illness of fathers and sons ($r=.73$). Although there were no significant associations for health anxiety and overestimation of threat between fathers and sons, the coefficient of determination was high ($r^2=.14$ and $r^2=.31$, respectively). Similarly, moderate associations were observed between the fathers' and daughters' scores on health anxiety, intolerance to uncertainty, and overestimation of threat (from $r^2=.18$ to $r^2=.20$). Discussion: Fathers (but not mothers) seem to play an important role in the dysfunctional beliefs about illness and dysfunctional beliefs about obsessive thoughts of their offspring. The possibility that father's beliefs about illness might be a vulnerability factor to IAD in their offspring should be investigated. Acknowledgments. Spanish MINECOPSI2013-44733-R

31194 - USE OF CORE-OM IN COGNITIVE BEHAVIOURAL THERAPY PRACTICE

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CBT greatly values the scientific method, and CBT therapists evaluate change at the level of the individual patient. From their experimental orientation, CBT therapists generate hypotheses about an individual's cognitive and behaviour patterns, intervene according to that hypothesis, observe the resulting behaviour, modify their hypothesis on the basis of this observation. This experimental approach is also apparent in the large number of randomised, controlled psychotherapy outcome research studies of the efficacy of CBT. Evaluation is beneficial for diagnosing, tracking the progress of therapy and as a teaching tool (prevention of recurrence of symptoms). The CORE-OM is a 34-item generic measure of psychological distress, which is pan-theoretical (i.e., not associated with a school of therapy), pan-diagnostic (i.e. not focused on a single presenting problem), and draws upon the views of what practitioners considered to be the most important generic aspects of psychological wellbeing health to measure. The CORE-OM comprises 4 domains: Well-being (4 items), Symptoms (12 items), Functioning (12 items) and Risk (6 items). It takes between 5-10 minutes to complete. We will show quantitative and qualitative use of CORE-OM in psychotherapy practice; as well as the attitudes of clients towards the CORE-OM via a short questionnaire. Clients complete CORE-OM (Croatian form, which was developed in collaboration with the author of CORE-OM) before the beginning of every session. We will give an example of the use of CORE-OM in a case of cognitive behavioural therapy for anxiety; tracking the clients progress but also the effect of everyday stress. We will also discuss the qualitative

information the measure supplies the therapist and its use in therapy. A short questionnaire regarding the attitudes of clients towards the CORE-OM was administered, and its results will be discussed. 47 clients have been surveyed, and asked to rate the difficulty of completing CORE-OM (on a scale of 1 to 7) and the benefit of CORE-OM (on a scale of 1 to 7). They were asked if they recommend applying CORE-OM in future therapy sessions. CORE-OM gives quantitative information about a particular client, and helps the therapist modify therapy if needed. It supplies qualitative information, which is very useful in therapy. It can be used as a teaching tool, helping the client keep track of their progress but also help understand the connection of stressful events and our mood. Clients respond very well to the questionnaire, they find it beneficial, not difficult to complete and wish to keep it in practice.

31198 - THERAPIST BELIEFS ABOUT EXPOSURE THERAPY

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Introduction: There is a lot of empirical evidence confirming the effectiveness of exposure based cognitive-behavioral therapy. It is considered as a treatment of choice for the most anxiety disorders, but many clients hesitate to accept it due to their negative expectations. Some therapists also have negative attitudes toward this technique fearing that exposure might harm their clients (lead to cognitive decompensation, symptom exacerbation or drop-out of treatment), which makes them less willing to use the technique. The aim of this research is to check the therapists' beliefs about exposure therapy. Method: Therapist Beliefs about Exposure Scale – TBES (Dacon et al., 2013.) was translated into Croatian. It is a one-factor scale with 21 items, on which respondents indicated their agreement on a 5-point scale. An on-line survey with 160 therapists of different psychotherapy orientation was conducted. Results: The results showed that CBT oriented therapists and those with more experience in using exposure therapy have more positive attitude comparing to the therapists of other therapeutic orientations and those that do not use exposure treatment with their clients. Among CBT oriented therapists, accredited therapists and supervisors have more positive attitude, while CBT trainees have less positive attitude. Discussion: Results fit well within CBT framework. Positive beliefs and more knowledge about the exposure therapy encourage therapists to use it in the treatment, while positive experience with it reinforce positive expectations about its effectiveness and encourages further use. On the other hand, less knowledge about the exposure therapy may facilitate negative expectations, leading to avoidance of its use. It is encouraging that therapists of other orientations, in average, do not have negative, but neutral beliefs about exposure therapy, which means that they might be more ready to refer clients to a CBT therapist when indicated. Conclusions and implications: Therapist may have different beliefs about exposure therapy. To ensure that more clients will get the appropriate treatment, it is recommended to inform the potential clients and therapists of other therapeutic orientation about the efficacy of exposure therapy. In CBT training, it is also important to recognize possible therapists' negative attitudes and fears about exposure therapy that might be a barrier for using it in the treatment, as well as for the competent delivery of the technique.

31210 - A CRITICAL REVIEW OF KETAMINE AND COGNITIVE BEHAVIOURAL THERAPY FOR TREATMENT RESISTANT DEPRESSION: A CONCEPTUAL FRAMEWORK FOR A BIOPSYCHOSOCIAL INTERVENTION

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Introduction: Major Depressive Disorder is a major public health concern and the leading cause of disability in the developed world. Despite treatments for Major Depressive Disorder advancing considerably in recent years, approximately 20% of patients continue to experience debilitating symptoms after completing several rounds of antidepressants. This group is said to have a form of Major Depressive Disorder called Treatment Resistant Depression. Individuals with this form of depression report feeling discouraged and hopeless after trialling multiple antidepressant medications without significant improvement, can have longstanding psychological issues, depressive symptoms, as well as interpersonal problems, and are at increased risk of engagement in self-injurious behaviour. This debilitating and often chronic condition presents a significant burden for individuals, families, communities, and the economy and is a major challenge for clinicians. There is a lack of consensus on definitions and conceptualizations of Treatment Resistant Depression, a lack of evidence for the effectiveness of existing treatments, and a need for the development of new and innovative treatment approaches. Method: The aim of this study was (1) to critically review the literature on definitions, conceptualizations, and existing treatment approaches for Treatment Resistant Depression, (2) to develop a conceptual framework for Treatment Resistant Depression that could encourage the development of novel interventions for this patient group, and (3) to develop a manualised treatment programme based on this conceptualization, which includes the delivery of both ketamine and Cognitive Behavioural Therapy. Results: Contemporary definitions, conceptualizations, and treatment approaches for Treatment Resistant Depression appear to be primarily pharmacological/ biological in nature. However, there is a growing body of literature suggesting that psychological and social factors, as well as biological factors, play a significant role in the development and maintenance of Treatment Resistant Depression. Based on these findings, a multifactorial, biopsychosocial conceptualization of Treatment Resistant Depression is proposed. This working conceptualisation informed the development of a novel treatment programme; combined ketamine and Cognitive Behavioural Therapy, which targets biological, psychological, and social factors implicated in the development and maintenance of Treatment Resistant Depression. Discussion: Existing definitions, conceptualizations, and treatment approaches may be limited by the lack of consideration of psychosocial factors. Consideration of social and psychological factors, as well as biological factors, in the conceptualization of Treatment Resistant Depression may aid the development of interventions for this group. Interventions developed in accordance with this may be more effective than existing approaches and lead to longer-term improvements for patients with this debilitating form of depression. Conclusion: Defining and conceptualizing Treating Resistant Depression through a biopsychosocial framework rather than through a purely pharmacological/ biological lens may lead to improved outcomes for patients with this difficult-to-treat form of depression.

31214 - A RANDOMIZED CONTROLLED TRIAL COMPARING MEMORY FLEXIBILITY TRAINING (MEMFLEX) TO PSYCHOEDUCATION TO ENHANCE MEMORY FLEXIBILITY AND REDUCE DEPRESSIVE SYMPTOMATOLOGY IN INDIVIDUALS WITH MAJOR DEPRESSIVE DISORDER

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Introduction Major Depressive Disorder (MDD) is associated with chronic biases in the recollection of personal memories. Distortions in autobiographical memory retrieval are seen to both maintain the overgeneralisation

of negative self-beliefs that characterise depression, and predict future symptoms. Development of low-intensity interventions to reduce maladaptive biases and improve cognitive flexibility in the domain of memory may therefore advance current treatment approaches for depression. This trial sought to estimate the efficacy of one such programme, MemFlex, provide data on feasibility, and begin to explore mechanisms of change. Method We completed a single-blind randomised controlled trial in which 60 individuals with Major Depressive Disorder completed either Psychoeducation (n = 28) or MemFlex (n = 32). After completing pre-treatment measures and an orientation session, participants completed eight workbook-based sessions at home. Participants were then assessed at post-treatment and at three-month follow-up. Results Results demonstrated large effects of intervention type on memory retrieval, and some evidence of superior effects of MemFlex on depressive outcomes. Discussion Overall, the study provided promising results for MemFlex as a low-intensity intervention that may shift both cognitive risk factors and depressive symptoms. Conclusion These findings provide a solid foundation for a later stage trial of intervention efficacy. Trial Registration: NCT02371291 (ClinicalTrials.gov), registered 9 February 2015.

31220 - EFFECTIVENESS OF A PEER-TO-PEER INTERVENTION CONCERNING STUDENT STRESS LEVELS AND INFLUENCE OF THERAPISTS' PERSONAL CHARACTERISTICS

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Introduction: The mental health of students has received growing attention over the last years. Several studies report a high stress level among students. Furthermore, high general psychological distress as well as depressive mood and anxiousness have been described. Focusing on the person of the therapists, the existing empirical findings about the relationship between therapists' personal characteristics and the clinical outcome are still rather vague and heterogeneous. Additionally, there are less empirical findings about beneficial and adverse person-related characteristics of therapists in general. We investigated the effectiveness of a peer-to-peer intervention for students who were seeking help. Furthermore, we analyzed the relationship between the outcome of the intervention and the personal characteristics of the student therapists. Method: In a naturalistic study, we investigated the effectiveness of a novel peer-to-peer intervention for reducing students' stress levels associated with time pressure or learning difficulties. Master-level students were trained as student therapists and provided ten sessions to two fellow (non-psychology) students. We investigated student clients' stress levels before and after the peer-to-peer intervention (Ten one-hour weekly sessions). Students stress levels were operationalized using primary outcome measurements (stress level (PSQ-20), depressive mood (BDI-II), psychological distress (BSI), study relevant working behavior and procrastination (API)) and secondary outcome measurements (emotion regulation (CERQ), self-efficacy (SWE) and self-management (LSA)). In addition, we explored personal characteristics of student therapists' that were postulated to have an impact on the outcome (interpersonal style (IIP-C), personality factors (NEO-FFI), self-esteem (RSES), self-efficacy (SWE), empathy (SPF), self-care (ISCS)). Results: Clients demonstrated a significant improvement in their levels of stress, distress and all other outcome measures. Calculating percentages of clinical significant pre-post changes (reliable change index, RCI), 40.2% of clients reported a clinical significant reduction in perceived stress (PSQ-20), 37% in depressive mood (BDI-II) and 30.5% in psychological distress (BSI). There were only few correlations between therapists' personal characteristics and therapeutic outcome. Discussion: We conclude that a peer-to-peer intervention is a promising approach for reducing students' stress levels which is cost-effective and can rather easily be implemented. Interestingly, student therapists' personal characteristics were only weakly related to the outcome. At the very beginning of conducting sessions, personal characteristic of therapists seems to have a different influence on the therapeutic outcome than later. The outcome at the beginning of the training seems to be more influenced by the therapists' characteristics than the outcome in later phases of the training process. The later developed professionalism

and therapeutic competence may decrease the influence of personal characteristics. Conclusion: There is an obvious win-win situation of the peer-to-peer intervention. The peer-to-peer intervention represents an efficient low-threshold offer for student clients suffering from study related problems. On the other hand, the practical experience gained by student therapists is very valuable to their future career.

31234 - EXECUTIVE FUNCTIONS, DYSFUNCTIONAL ATTITUDES AND FUNCTIONAL IMPAIRMENT IN BIPOLAR DISORDER. IS THERE A RELATIONSHIP?

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Introduction: Patients with bipolar disorder(BD) may experience significant impairments in general functioning and a reduction in quality of life despite euthymia and adequate treatment. Traditionally, functional impairment has received little attention in BD, despite the fact that many patients experience significant impairments in daily life (Jose Sanchez-Moreno et al. 2017). Cognitive(executive functions, memory, attention) disturbance has impact on the patient's ability to cope with the demands of daily living. In addition cognitive impairment is thought to be a main mediator of disability and functional impairment in BD. (Elias et al. 2017). Dysfunctional attitudes generally represent intermediate beliefs related to depression. (Batmaz and Özdel, 2016) and they are considered to be important risk factors in the onset and maintenance of depression. In this ongoing study we aimed to investigate possible relationships between functional impairments, executive functions and dysfunctional attitudes in BD patients in remission. Method: BD patients were diagnosed according to DSM-IV by using Structured Clinical Interview for DSM-IV Axis I Disorders(SCID-1). Hamilton Depression Scale(HDRS) and Young Mania Rating Scale(YMRS) were used for evaluating patient's episode. Demographic and clinical characteristics of the sample were collected. Dysfunctional Attitude Scale revised form(DAS-R) was used for evaluating attitudes;Trail Making Test A and B(TMT A/B) and Stroop Test for executive functions and Sheehan Disability Scale(SDS) for evaluating functional impairment. All statistical tests were performed using SPSS version 20. For all tests, the significance level was set at $p < 0.05$. Student's t-test analysis, Mann-Whitney U test analysis and Pearson correlation analysis were used for statistical analysis. Results: 38 BD patients (18 females and 20 males) were recruited in remission phase. Mean age of patients 38.15 ± 12.04 years and mean duration of disorder is 12.36 ± 9.76 years. Duration of BD is positively correlated with SDS scores($p=0.03$), DAS-R total score significantly related with Stroop test part 4($p=0.005$) and part 5($p=0.03$). SDS is only significantly correlated with age of patients ($p=0.03$). Discussion: SDS scores were not significantly correlated with Stroop test and Trail Making Test A/B and DAS-R total scores but there was a significant relationship between executive functions and dysfunctional attitudes. There is considerable evidence that persistent cognitive impairments are related to poor illness outcome and that some BP do not reach their former level of psychosocial functioning even during euthymia(Veeh et al. 2017). But we didn't find a relationship between psychosocial functioning and executive functions or between psychosocial functioning and dysfunctional attitudes. Due to our results interventions for dysfunctional attitudes could be an option for improving cognitive functions. Conclusion: The present ongoing study suggests that dysfunctional attitudes may exacerbate the tendency for individuals with BDs to have cognitive impairments and it may corroborate the utility of cognitive behavioral therapy for cognitive functions of patients.

31264 - WORKING WITH VOICES IN PATIENT WITH PARANOID SCHIZOPHRENIA - CASE REPORT

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Presenting problem 27 years old patient, diagnosed with paranoid schizophrenia, with constant presence of different voices, entered CBT with a goal to reduce the impact of the voices on his life. In spite of good compliance, none of the medication and prior hospitalisations succeeded in reducing the voices. Case conceptualization and intervention At the beginning patient completed the BAVQ-R (Chadwick et al, 2000). He believed that his voices were malevolent (12 points) and omnipotent (15 points). He felt pressured to engage into communication with them and into carrying out actions that he felt would satisfy the voices, so that nothing bad would happen. When he followed the voices' instructions, his anxiety dropped. He saw other people as dominant, exploitative, constantly monitoring his actions and himself as vulnerable, exposed and powerless in following his own interests. Because of the patients' fears direct work on voices was not possible, only specific techniques were introduced to help him cope with voices (mindful activity, distraction techniques). Most of the interventions focused on developing the feeling of his own agency, self-confidence, trust in interpersonal relationships and reduction of self-criticism. Outcome After 45 sessions the patient completed the BAVQ-R again. His conviction of the malevolence (7 points) and omnipotence (9 points) of voices dropped. Voices reduced from being constant to just 2-3 short episodes per month. Review and evaluation Patient reported significantly better quality of life and terminated the therapy, though work on his delusional interpretations and trust in interpersonal relationships would still be needed.

31268 - METACOGNITIVE THERAPY FOR A CASE WITH POST-TRAUMATIC STRESS SYMPTOMS

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Traumatic events that do not meet the A criterion of DSM-5's post-traumatic stress disorder (PTSD) diagnosis may cause severe post-traumatic stress symptoms that can be quite distressing and impairing for the patients. In this poster, I will present such a case who has found out that her husband was cheating on her. She realised that when she found his lover's naked photographs in his laptop computer. She developed intrusive thoughts about seeing those photos and she also began to experience intrusive images of her naked body. She reported anger and frustration towards her husband whom she thought of as a loving husband who was totally devoted to her prior to this incident. She considered this as a huge trauma that made trusting people in general very difficult for her. She also began to avoid anything associated with her husband. She left the house immediately and moved into her sister's flat. She reported trying to suppress anything associated with this traumatic event and with her husband in general. She also reported irritability and hypervigilance. We began treatment with prolonged exposure but at the third session she reported that she could no longer continue treatment because she thought she could not tolerate the anxiety and anger provoked by imaginal exposure. Therefore a trial of metacognitive therapy was offered and she agreed to participate upon being given the treatment rationale. Metacognitive therapy was successful for alleviating her symptoms and its' process will be presented in a detailed fashion in the poster.

31280 - COGNITIVE BEHAVIORAL GROUP THERAPY FOR CLINICALLY SIGNIFICANT SYMPTOMS OF PTSD IN WOMEN AFTER THE FLOOD IN BOSNIA AND HERZEGOVINA – REVIEW OF GROUP TREATMENT

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Purpose The purpose of this paper is to describe the applied techniques and evaluated the effectiveness of cognitive behavioral therapy (CBT) group treatment among women with clinically significant symptoms of PTSD after the flood in Bosnia and Herzegovina. **Methods** Four months after the flood, 14 women participated in group treatment focused on reducing PTSD symptoms according to CBT principles. They were as a case group evaluated with the PTSD check list (PCL-C). Two therapists trained in CBT in 10 group sessions provided CBT group treatment (Used techniques: psychoeducation, exposure, problem solving, decision making, relaxation, cognitive restructuring etc.) After conducting CBT in the case group, group was evaluated again with PCL-C. **Results** The severity of posttraumatic stress symptoms are decreased among the subjects given CBT in the case group. The improvement in posttraumatic stress symptoms was attributable to improvement in each of three-symptom categories (intrusion, avoidance, and arousal) and in the total score of posttraumatic stress disorder. ($p < .05$). **Discussion** The findings implicate the efficacy of CBT group treatment in alleviating posttraumatic stress symptoms after a catastrophic disaster. Further studies with stronger methodologies are needed.

31289 - EMOTION REGULATION STRATEGIES AND MOOD EPISODES IN BIPOLAR I DISORDER

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Introduction : Emotion Regulation (ER) is defined both as strategic and automatic process that influences the occurrence, magnitude, duration and expression of an emotional response. Depression has been associated with an increased proneness to use dysfunctional ER strategies, mainly in studies of patients with major depressive disorder. The aim of our study was to explore whether dysfunctional ER strategies were associated with polarity of mood episodes in patients with Bipolar I disorder (BDI). **Method :** We conducted a cross-sectional descriptive study of 60 patients with BDI, currently normothymic, who presented to psychiatry department A at Razi Hospital. We evaluated past mood episodes using DSM IV criteria, and ER strategies using The Regulation of Emotion Questionnaire (REQ). This 19-item measure assesses both internal and external functional and dysfunctional ER strategies. SPSS 21 was used for statistical analysis. **Results:** Depressive episodes were significantly correlated with internal dysfunctional strategies ($p < 0,001$), but not with external dysfunctional strategies. **Discussion:** Studies found that rumination and catastrophizing, which could be considered as internal dysfunctional strategies, were significantly correlated with depressive symptoms. Beck theory could explain the link between these cognitive ER strategies and depression as the depressed patient would proceed to an extremely pessimistic world reading by selecting the information that generates the most negative emotions to further amplify their negative character. Our study underlines the relevance of cognitive and mindfulness techniques for the maintenance treatment in bipolar patients.

31296 - DIMENSIONALITY AND GENDER-BASED MEASUREMENT INVARIANCE OF THE COMPASSION SCALE IN A PORTUGUESE COMMUNITY SAMPLE

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1.Introduction Compassion has been proposed as a relevant mental health marker. The Compassion Scale (CS) assesses compassion for others, encompassing the dimensions: Kindness, Common humanity, Mindfulness, Indifference, Separation, Disengagement and a total score. This study aims to test for the CS dimensionality and gender invariance of the measurement model in an adult non-clinical sample. 2.Method Mplus v7.4 was used to conduct CFA procedures and multi-group analyses in a sample of 610 healthy adults, 258 men (42.3%) and 352 women (57.7%), aged between 18 and 60 years old (M = 39.22, SD = 11.42). Effect sizes for gender differences were examined with Cohen's criteria. Temporal and construct validity were analyzed using the Spearman product-moment correlation coefficient. 3.Results Results showed the acceptability of a two higher-order factor solution representing a negative and a positive valence of compassion (named Compassion and Disconnectedness), with Compassion grouping Kindness, Common humanity and Mindfulness and Disconnectedness grouping Indifference, Separation and Disengagement. Multi-group analyses established measurement invariance across gender. Mean comparison analyses showed that women presented higher levels of the positive dimensions of compassion, whereas men showed higher levels of the negative ones. The CS demonstrated good internal consistency, test-retest reliability, and limited validity in relation to external variables. 4.Discussion Overall, these findings contribute to the validation of the CS in a non-clinical adult sample, supporting a new measurement model that partially concurs with the original one, providing the user with a new way of assessing/interpreting compassion towards others, with usefulness both in research and clinical settings.

31297 - USING EXPERIENCE SAMPLING TO ASSESS EMOTION REGULATION FLEXIBILITY AS AN OUTCOME IN A RANDOMIZED CONTROLLED TRIAL OF A PSYCHOLOGICAL INTERVENTION FOR FEAR OF CANCER RECURRENCE

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No emotion regulation (ER) strategy is inherently adaptive or maladaptive. Rather, adaptive ER concerns the ability to be flexible in the employment of ER strategies, referring to the ability to choose and apply contextually appropriate ER strategies. However, most psychotherapy research continues to focus on the in- or decrease of specific ER strategies, thereby not capturing the client's ability to adapt their ER strategy to the current situation. ER is commonly measured with questionnaires inquiring about habitual ER tendencies, not capturing the dynamic nature of ER. Instead, this study uses an experience sampling methodology to measure changes in ER flexibility in a randomized controlled trial (RCT), evaluating the efficacy of a psychological intervention developed to target fear of cancer recurrence among breast cancer survivors (n=53). Four times a day for 7 days both before and after the intervention, participants will rate their current emotions and eight different ER strategies. To quantify ER flexibility, a Pearson correlation will be calculated for all possible pairs of ER strategies. The average of a Fisher's z transformed correlations will provide an index of ER flexibility, where a larger average correlation points to less ER flexibility. This study is ongoing with an expected completion date of December 2020. This is the first study to employ experience sampling to evaluate ER flexibility as an

outcome in a RCT of a psychological intervention. The study adds to the literature by continuing research on ER flexibility in emotional disorders and extending this development into the intervention efficacy evaluation.

31300 - EXPECTATION FOCUSED EXPOSURE - BELIEF DISCONFIRMATION IN AN EXPERIMENTAL PARADIGM

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Dysfunctional expectations are thought to be core features of mental disorders. Changing these expectations (e.g. in the treatment of anxiety) is considered as a crucial mechanism for therapeutic success. A common method for challenging expectations is exposure, i.e. visiting expectation violating situations. However, clinical observations suggest, that even after expectation violating situations, patients often do not change their expectations. Whether patients change their expectations following an expectation violating experience is assumed to be influenced by a different information processing. This different processing is thought to maximize the experienced violation. One method of maximizing the expectation violation is through active testing of expectations in order to falsify the expectation. We investigated the difference in effectiveness of a habituation-based exposure, i.e. the confrontation with changing contingencies, and an enhanced exposure, in which participants challenged their expectations. A learning paradigm was used to apply these therapeutic concepts to an experimental setting. The participants underwent learning phase, followed by an exposure phase. Two experimental groups received a manipulation of information processing. Group 1 received a highlight of the expectation they had formed during acquisition. Group 2 received the same manipulation and additionally they challenged their expectation during extinction. Preliminary data suggest that a) the contingencies are more salient in the experimental groups as compared to the control group and b) they become salient faster than in the control group. This implies a faster learning of changing contingencies when manipulating the information processing in a learning paradigm analogous to an enhanced exposure paradigm.

31301 - PAIN-RELATED ACCEPTANCE: A FACTOR TO CONSIDER IN PERSISTENT PAIN AFTER NECK TRAUMA

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Introduction: A wide range of biological, psychological and social factors have been identified as important in the recovery process after neck trauma. However, studies on the interaction between pain-related processes and psychological mechanisms are sparse. The aim of the present study is to investigate how trauma characteristics, demographic and psychological factors relate to persistent pain in patients after neck trauma. **Method:** The 565 consecutive patients all had persistent pain and disability after neck trauma and were assessed by a pain rehabilitation team at a specialized clinic. Separate regression analyses were conducted with three outcomes: pain distribution, pain interference, and pain severity. Predictors were age, sex, educational attainment, months since trauma, type of trauma/accident, anxiety, depression, and pain-related acceptance. **Results:** Overall pain-related acceptance stood out as the most important factor for the different outcomes and lower pain-acceptance was indicative of more widespread pain distribution, worse severity of pain and greater pain interference. Our results also showed that higher depression was associated with

greater pain interference and worse pain severity, whilst anxiety only mattered for pain severity and not pain interference. Female sex was related to more widespread pain and greater pain interference. Discussion: The findings of this study add to a growing body of literature confirming that the development of chronicity in neck trauma should be understood as a multidimensional process, best described by a biopsychosocial model. The results also suggest that psychological factors and especially pain-related acceptance might be important processes with implications for recovery after neck trauma.

31307 - TRANSFERENCE, COUNTERTRANSFERENCE, AND SCHEMA MODES IN COGNITIVE BEHAVIORAL THERAPY AND SUPERVISION.

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Transference and countertransference could be significant sources of insight about the patient's, therapist's and supervisor's inner worlds. Transference phenomena are viewed as a reenactment in the treatment relationship of key elements of previous significant relationships. Countertransference occurs in CBT when the relationship with the patient activates automatic thoughts and schemas in the clinician, and these cognitions have the potential for influencing the therapy process. Countertransference also occurs during supervision and is an indispensable part of the supervisor's response to the supervisee. CBT is typically short-term treatment – intensity of transference is usually much lower than in longer-term, dynamically oriented psychotherapy. Nevertheless during the long-term CBT of the personality disorder or other complex cases, high intensity of transference and countertransference can develop. SCHEMA MODES AND COUNTERTRANSFERENCE: Schema therapy shares the view that schemas are crucial to understanding of personality disorders, but also can help to understand the emotional reaction of therapist. A mode is the set of schema operations that are in one moment functioning for a person. It is a circumscribed complex pattern of emotional, cognitive and behavioral experiences, which operate in typical situations. When therapist suspects that countertransference may be developing, he/she could try to identify her/his automatic thoughts and schemas. More comprehensive approach is to quickly identify in which mode him/her are at that moment and reflect it such reaction is for the patient benefit or not. Self-reflection and realizing the countertransference can therapist help to overcome it and may be necessary for overcoming stagnation in therapy.

31310 - ALEXITHYMIC TRAIT INTERACTS WITH THE EFFECT OF BODILY ACTION ON EMOTIONAL ATTENTION

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Introduction Previous studies have reported metaphorical connectivity between bodily action and affective processing. In the present study, the effect of bodily action on attention to emotional stimuli was examined. Moreover, we hypothesized that the effect of bodily action on affective processing is weakened by alexithymic trait, which is a tendency of insensitivity to one's feeling. Method A total of 18 university students participated to the present study. Alexithymic trait was measured with Toronto Alexithymia Scale in the present study. Dot-probe task was applied to measure attention to negative stimuli and positive stimuli. Negative words and positive words were paired with neutral words, and these word pairs were used as emotional stimuli. Word pairs were presented after upward or downward lever operation in the present dot-probe task. Result As a result of correlation analysis, attentional bias to negative stimuli after downward lever operation was negatively correlated with alexithymia ($r = -.67, p < .01$). However, there were no other significant correlation

between bodily action and attention. Discussion The present results partially supported the hypothesis that assumed alexithymia decreases the effect of bodily action on attention. However, it was unexpected that attention to negative words was increased after upward motion. This is the first study that investigated the effect of bodily action on attention, thus the present results should be further examined in the future studies.

31313 - UNCONDITIONAL SELF-ACCEPTANCE, SELF-COMPASSION AND SELF-ESTEEM AS PREDICTORS OF WELL BEING

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Self-compassion, self-esteem and unconditional self-acceptance are taken together in order to compare them as correlates and predictors of well-being. Explorative goal is examination of unique contribution of each construct in predicting well-being. Indicators of well-being are happiness, life satisfaction, positive affect, negative affect, purpose in life, anxiety and depression. Earlier research rarely examined this subject on the younger population. Therefore, the sample consisted of 292 college students from Serbia. Canonical analysis of covariance shows that combination of unconditional self-acceptance, self-esteem and self-compassion predicts 41.1% of well-being. Results of stepwise regression indicate that with controlling self-esteem, self-compassion and unconditional self-acceptance stay significant predictors of well being. Findings suggested that although self-esteem has strongest positive correlation with meaning of life, happiness, life satisfaction and positive emotions it has strongest negative correlation with depression. Its instability may lead to feelings of anxiety and depression. Persons with high self-compassion experience less anxiety and negative emotions. Outcome of this study indicates that self-compassion and unconditional self-acceptance may be significant in strengthening well being in youth especially in periods of hardship and failure. Practical and prevention activities are proposed.

31316 - PERFECTIONISM, EXPLICIT OR IMPLICIT, GENERAL OR BODY-FOCUSED: WHICH ONE IS THE BEST PREDICTOR OF BODY DISSATISFACTION?

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Introduction: Perfectionism is defined as the tendency to establish and pursue performance standards or very high personal goals, with a strong tend to self-criticism (Burns, 1980). Many studies highlighted perfectionism as a process involved in eating disorders (ED), especially in body dissatisfaction (Wade & Tiggemann, 2013). However, most studies examining the links between perfectionism and ED-symptoms use self-reported measures (questionnaires). In response to the issues related to this type of measure, implicit measures have been developed, with the aim to assess some associations, regardless of what the participant affirms/denies. More, this would make it possible to reveal the automatic process, without intention, without being conscious of the evaluated dimension, and without the possibility of deliberately controlling responses (De Houwer, 2006). To our knowledge, only one study focused on an implicit assessing of perfectionism, without measuring ED-symptoms (De Cuyper et al., 2013). Method: We have investigated the links between implicit perfectionism (using the Relational Responding Task), explicit perfectionism, and body dissatisfaction. Moreover, we focused on the difference between general perfectionism and perfectionism related to food, body and shape, to determine which type of perfectionism is the most related to body dissatisfaction. Results: Preliminary results highlighted significant positive correlations between implicit perfectionism score and some explicit

perfectionism dimensions (i.e., doubt about action dimension of the Frost Multidimensional Perfectionism Scale, and worry dimension of the Physical Appearance Perfectionism Scale) and also with body dissatisfaction. Discussion: These results point out research and clinical implications about the link between perfectionism and body dissatisfaction.

31317 - GENDER AND AGE DIFFERENCES ON DIFFERENT TYPES OF SELF-DISCREPANCIES

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According to Higgins's (1989) self-discrepancy theory, one's self consists of three different domains, namely actual, ideal, and ought selves. Apart from these three types of self, Ogilvie (1987) described undesired self as the attributes the person would not like to own. Individuals try to get closer to their ideal and ought selves, and distant from their undesired selves to construct healthy and strong personality. The primary aim of the study was to investigate how gender and age differ on four domains of self-discrepancy. The sample consisted of 572 participants, 365 of whom were female, with an average age of 23.88 (SD = 5.08). Integrated Self-Discrepancy Index was used to evaluate four different types of self-discrepancies. 2 (Gender [Male, Female]) x 2 (Age Group [Early Adulthood, Adulthood]) between subjects factorial MANOVA was conducted with four domains of self-discrepancy. Results indicated a significant main effect of gender only for the undesired self-discrepancy, which indicated that females participants reported lower levels of undesired self-discrepancies than males. As for the interaction effect, female participants in their adulthood period had lower levels of ought/other self-discrepancy than male participants. Furthermore, female participants in their early adulthood period reported higher levels of ought/other self-discrepancies than those in their adulthood period. Therefore, it can be asserted that in clinical applications during the phases of case formulation and treatment plan, it would be valuable to take into consideration one's gender and age as potential predispositions for different types of self-discrepancies.

31318 - PSYCHOLOGICAL SYMPTOMS AND EFFECTIVENESS OF COGNITIVE BEHAVIORAL INTERVENTIONS ASSOCIATED WITH WORK-RELATED STRESSFUL EVENTS IN EMPLOYEES ON SICK LEAVES WITH MOOD DISORDERS IN JAPAN.

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【Introduction】 Absenteeism due to mood disorders in Japan is on the substantial increase. Furthermore, high rate of repetitive absence is reported after returning to work with treatment as usual for mood disorders. Specific programs to absenteeism due to mood disorders, mostly combined CBT (Return to Work Program: Re-Work Program), are recently being conducted. Most of those employees have work-related stressful events (WRSE) associated with the onset of mood disorders. A recent study demonstrated that patients with treatment-refractory depression perceive their onset-related life events as serious psychological distress symptoms (Kimura et al., 2015). The aim of this study is to investigate psychological distress symptoms after WRSE in employees on sick leaves with mood disorders and effects of Re-Work Program to those symptoms.

【Method】 Thirty-two participants who are on sick leaves for mood disorders conducted Impact of Event Scale-Revised (IES-R) to assess the psychological symptoms associated with WRSE. 22 participants who

participated Re-Work Program for 1 month conducted IES-R again to assess the effects of the program on symptoms. Re-Work Program included exposure and cognitive restructuring about reminders and memories of WRSE.

[Results] The mean score of IES-R was 25.59(SD=17.77), which is above the cut off for broadly defined PTSD-positive group(Asukai et al., 2002) . 14 participants (43%) are above the cut off (M=42.21, SD=12.59). The scores of IES-R after 1 month Re-Work Program (N= was significantly improved($t(21)=1.77$, $p<.05$).

[Discussion] Psychological symptoms associated with WRSE of the patients on sick leaves with mood disorders may be the significant target in treatments for improving absenteeism due to mood disorders.

31324 - PERFECTIONISM IN NORTH AFRICAN UNIVERSITY STUDENTS

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Introduction : A growing base of literature shows that perfectionism (P) is a multidimensional construct, with some dimensions being adaptive (perfectionistic strivings) and others maladaptive (perfectionistic concerns). The majority of studies on P was conducted in Western and East Asian societies, whereas almost no research on this topic exists from Arab societies. The aim of our study was therefore to explore perfectionism and its relationship with negative emotions in a Tunisian student sample.

Method : This is a cross-sectional descriptive study on a sample of 416 students from Tunis-El Manar University. Students filled in the Revised Almost Perfect Scale (Short form) (SAPS) and the Depression, Anxiety and Stress Scale (DASS 21), as well as a questionnaire containing socio-demographic variables. Statistical analysis was performed using SPSS 20.

Results : Our sample had a sex ratio of 0,58, with a mean age of 22,5 years. 23 % of the sample had an adaptive P, whereas 20,1% had a maladaptive P and 30% had a mixed adaptive/maladaptive P. Students presenting with maladaptive P and mixed adaptive/maladaptive P were more prone to stress, anxiety and depression than their non-perfectionistic counterparts and students with adaptive P.

Discussion : More than half of the students had maladaptive perfectionistic traits which seem to have a negative impact on the students' psychological wellbeing. These findings underline the need for specific psychoeducational measures and psychologic counseling at universities.

31327 - EFFECTIVENESS OF BRIEF COGNITIVE AND BEHAVIORAL INTERVENTION FOCUSED ON TRAUMATIC MEMORY RECALL IN JAPANESE PEOPLE WITH INTRUSION SYMPTOMS OF PTSD.

Kaori Osawa¹
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Introduction Several researches indicate that the risk of psycho-social problems appearing because of trauma cannot be ignored and the early solution of trauma-related problems is extremely important. However, it is pointed out that many traumatized people who need treatments may not receive mental health services (Wang et al., 2005). Previous studies (e.g., Ehlers & Steil, 1995; Michael et al., 2005) have shown that the pain caused by traumatic memory recall may be a factor causing the maintenance or exacerbation of posttraumatic stress. This study intended to investigate the effect of brief intervention focused on traumatic memory recall on posttraumatic stress responses and resistance to trauma-focused treatment. 2. **Method** The participants met at least the criteria B of posttraumatic stress disorder (PTSD) of DSM-4-TR (APA, 2000) and had not received trauma-focused treatments. Six Japanese adults (male = 2, female = 4, mean age =36.33, SD = 12.23) completed the intervention and 1- and 3-month follow-up. A total of 6 sessions was conducted. 3. **Results** The Friedman test results showed that the severity of PTSD symptoms assessed by PDS decreased at post-

intervention and follow-up significantly (all: $p < .05$). The findings of Friedman test also revealed that the subjective resistance to treatments (0-100) decreased at 3-month follow-up compared with pre-intervention ($p < .05$). 4. Discussion The results of this study suggest that the intervention may have an effectiveness on reducing both posttraumatic stress and resistance to trauma-focused treatment. The results also indicate that the intervention may contribute to prevention of chronic posttraumatic symptoms.

31331 - ASSOCIATION OF SLEEP-RELATED ANXIETY WITH SEVERITY OF INSOMNIA IN THE PATIENT WITH INSOMNIA.

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Sleep-related anxiety, sleep reactivity, sleep-related cognition, hyperarousal, depression, and trait anxiety play an important role in insomnia. However, there is no study to investigate which factor is most associated with severity of insomnia. The aim of this study was to search for associations between severity of insomnia and sleep-related psychological variables. We studied patients with insomnia who completed the Insomnia Severity Index (ISI: insomnia), Anxiety and Preoccupation about Sleep Questionnaire (APSQ: sleep-related anxiety), Ford Insomnia Response to Stress Test (FIRST: sleep reactivity), Dysfunctional Beliefs and Attitudes about Sleep (DBAS: sleep-related cognition), Pre-Sleep Arousal Scale (PSAS: hyperarousal), Beck Depression Inventory-II (BDI: depression), and State-Trait Anxiety Inventory (STAI: trait anxiety). Data from 175 patients with insomnia were analyzed (females 56.6%, mean age 43.9 \pm 15.8 years). Multiple linear regression was performed. The results of multiple regression analysis revealed that the higher scores of both APSQ and BDI were significantly associated with the increase in ISI score (APSQ: $B = 0.38$, $p < .01$); insomnia: $B = 0.41$, $p < .01$). Findings suggest psychological factors may influence severity of insomnia. In specific, sleep-related anxiety measured by APSQ may most associated with severity of insomnia. The implication suggest sleep-related anxiety may core pathology of insomnia relative to other sleep-related psychological variables.

31333 - COGNITIVE BEHAVIOURAL GROUP THERAPY FOR LOW SELF-ESTEEM: AN OUTCOME STUDY

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Background: Self-esteem is considered to be a significant influential factor concerning well-being. Low self-esteem (LSE) is known to be associated with various mental disorders as an etiological- or maintaining factor and as a consequence. Cognitive Behavioural Therapy (CBT) has been found to be effective in improving LSE. Aims: The study aim was to evaluate the effectiveness of a group CBT designed to treat LSE. Method: Data from 104 adult participants attending a four-week (8 sessions) group CBT for LSE from 2014 to 2017 at Reykjalundur Rehabilitation Center in Iceland were evaluated. Participants completed pre- and post-treatment questionnaires on the level of self-esteem, quality of life, depression, anxiety and stress. Results: Pre-post differences were statistically significant on all measurements. Self-esteem improved, quality of life increased and depression, anxiety and stress decreased. Effect sizes were large on the measurements of self-esteem ($d = 0.92$), quality of life ($d = 0.80$) and moderate for depression, anxiety and stress ($d = 0.59 - 0.62$). On the primary outcome measures of self-esteem, 42% of the participants either indicated a clinically significant change or a reliable improvement. On the secondary outcome measures, these figures were 49% for quality of life, 53% for depression, 43% for anxiety and 52% for stress. Conclusions: These results entail that group CBT for LSE is potentially an effective treatment for low self-esteem and may have additional effects

leading to improvement in quality of life and associated psychological problems such as depression, anxiety and stress.

31334 - CONE - MODEL

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Bup Haugesund¹

«The cone - model» Evaluation of the implementation of PEACE in the primary health care services in Helse-Fonna, BUP Haugesund In 2013 we presented a poster with “The Cone-model” at the EABCT congress, mainly focusing on evaluating user experience during a continually ongoing psychoeducation course for parents or legal guardian, of children with symptoms of anxiety (PEACE). Based on our findings, and in concurrence with national guidelines for mental health services in Norway, we offered to implement the first step (PEACE) in the primary health care services to see whether this step could efficiently and effectively be shifted from the specialized health care services to the primary health care services. What would be the challenges and possible benefits? Our goals are to evaluate whether PEACE is being used on a regular basis, does it has any useful value and how has it affected their need for referring cases to the specialized health care services. We have developed our own questionnaire for evaluating the following: • How are healthcare workers in the primary health care service using PEACE after attending the workshop organized by the specialized health care services. • How useful PEACE is in working with parents/legal guardians of children with symptoms of anxiety. To get more useful information for further improvements in the implementation, we will also be using semistructured interviews. The results will be used to discuss if the implementation has been sufficiently successful or whether we need to make changes to in order to succeed with any further implementation in the primary health care services.

31342 - EFFECTIVENESS OF PSYCHO-EDUCATIONAL INTERVENTION FOCUSED ON TRAUMATIC MEMORY RECALL IN JAPANESE UNDERGRADUATES : A CONTROLLED TRIAL.

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1. Introduction This study investigated the effects of psycho-educational intervention focused on traumatic memory recall on fear of recall, self-efficacy for coping with recall and supporting traumatized people.
2. Method All participants were healthy Japanese undergraduates. The intervention group (N=34) participated in the psycho-educational intervention (2 sessions in total). The intervention group rated the degree of fear of recall (0–100), the degree of probability of coping with recall (0–100), the degree of probability of supporting traumatized people (0–100) and the items of Cognitive Appraisal Rating Scale (CARS; Suzuki & Sakano, 1998) at pre-sessions and a one-month follow-up. The control group (N=31) only rated these indices.
3. Results The amounts of change of all rates/scores were calculated. The independent t-test results showed that the intervention group’s degree of fear of recall significantly decreased a month after the intervention and it was lower than that of the control group’s ($t(63) = -2.04, p < .05, d = .51$). The independent t-test results also revealed that the intervention group’s degree of probability of supporting traumatized people and the score on “appraisal of controllability” from CARS significantly increased a month after the intervention and those were higher than the control group’s degree/score (both: $t(63) = 2.58, p < .05, d = .64$).

4. Discussion The results of this study suggested that the psycho-educational intervention focused on traumatic memory recall may have had medium- to long-term effects of decreasing the fear of recall and promoting the self-efficacy for coping with recall and supporting traumatized people.

31346 - EFFICACY OF LOW INTENSITY CBT INTERVENTIONS FOR DEPRESSION AND ANXIETY AMONG TURKISH ADULTS: A SYSTEMATIC REVIEW

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University of Warwick, Department of Psychology - 2 Depression and anxiety disorders are severe and highly prevalent mental health disorders, which are highly comorbid with each other. People with depression or anxiety can experience difficulties in several areas such as psychological well-being, social relationships, quality of life, work and academic performance. Although individual CBT is highly effective, it can be expensive and hard to access. Low-intensity CBT interventions offer low-cost and more easily. WHO reports indicate that people living in Turkey experience significant levels of depression and anxiety. This review aims to identify and describe studies that use low-intensity CBT among the Turkish-speaking population. A systematic literature search of five databases including MEDLINE, EMBASE, PsycINFO, Web of Science and CINAHL was performed. Additionally, Turkish database ULAKBIM, reference lists and grey literature are examined. A narrative synthesis was used to organise and present the data from the included studies. According to preliminary results, six studies, targeting anxiety and depression disorders, were identified. Five studies used group based and one study used computer-based delivery modality. Four studies indicated that depression levels decreased after the intervention. One study did not find any significant difference between control and intervention groups in depression scores. One presented significant improvement in social phobia. However, inadequate number of papers and low quality studies affected the results. Consequently, further high quality studies may contribute to improving the acceptability and effectiveness of low-intensity CBT interventions among Turkish adults.

31347 - COMBINED PSYCHOTHERAPY AND PHARMACOTHERAPY FOR TRICHOTILLOMANIA WITH COMORBIDITY IN ADOLESCENT: A CASE REPORT

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Trichotillomania is a chronic disorder characterized by repetitive hair pulling, leading to variable hair loss that may be visible to others. Significant comorbidity is found between hair-pulling disorder and various psychiatric disorders. We report the case of an 17-year-old female with trichotillomania with comorbid Depression and Social Phobia. There was significant hair loss on her scalp because of repeated pulling. Laboratory results were all normal. The patient was sent to a psychiatrist and was diagnosed with trichotillomania with comorbid Depression, and Social Phobia then, Sertraline (50 mg/d and gradually increased 200 mg/d), and risperidon (0,5 mg/d) were prescribed. Risperidon changed to Aripiprazol (5 mg/d) because of weight gain. After 8 weeks of treatment partial remission occurred, and planned to combine Cognitive Behavioral Therapy and pharmacotherapy. Therapeutic effect was evidenced by complete decrease in the symptoms of trichotillomania, depression and social phobia after 4 weeks of treatment. To the best of our knowledge this is the first case combined psychotherapy and pharmacotherapy used effectively for trichotillomania with comorbid depression and social phobia in adolescent. A combination of psychotherapy and pharmacotherapy may be the best treatment option for trichotillomania, a disorder in which comorbidity is so common.

31348 - BURN-OUT, EMOTIONAL COMPETENCIES AND THERAPEUTIC ALLIANCE IN MIDWIVES

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Midwives provide care in a context where stressful events can occur (Sheen, Spiby, & Slade, 2015). A midwife is a responsible and accountable professional, who works in partnership with women to support and provide care (International Confederation of Midwives, 2011). As mentioned by Sheen, Spiby, & Slade (2015), it is essential to study aspects of midwifery that may hold adverse implications for midwife's psychological health and subsequently impact upon capacity to provide sensitive maternity care. The aim of this study was to identify professional exhaustion's symptoms and the link between emotional competencies and therapeutic alliance. Method: 56 midwives completed scales assessing emotional competencies (PEC - Brasseur et al., 2013), therapeutic alliance (QEPP, Calaber & Denis, 2017) and burnout (MBI-Maslach & Jackson, 1981). Results: Correlation analyses showed a significant link between burn-out, all the dimensions of emotional competencies (intra- and interpersonal emotional regulation, intra- and interpersonal emotional competencies) and therapeutic alliance. Multiple regression analyses showed 1) that emotional competencies were predictive of burn-out symptoms; and 2) that burn-out symptoms were predictive of therapeutic alliance. Discussion: Connections between these variables demonstrate why emotional management is crucial among caregivers and specifically midwives. This study holds important implications for both midwives' personal and, subsequently, mothers who are in interaction with midwives in the crucial period of maternity.

31352 - SELF-DISGUST: EMOTIONAL PROCESSING AND FACIAL RECOGNITION IN A SAMPLE OF COLLEGE STUDENTS

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Self-disgust: Emotional processing and facial recognition in a sample of college students R. Ferreira, P. Castilho, I. Santos, P. Vagos and D. João BACKGROUND: Some studies highlight that self-disgust may have a mediator role between dysfunctional cognitions and emotional disorders (Overton et al., 2008). Facial expressions of disgust may be perceived more intensely than other expressions in some individuals (Surguladze et al., 2010), due to the internalisation of the disgust reaction to self-aspects seen as repulsive by others during childhood (Powell et al., 2013). Therefore, the emotional activation for facial expressions of disgust represents an emotional processing bias, which is relevant to the understanding of some emotional difficulties (Overton et al., 2008; Ille et al., 2014). OBJECTIVES: To test the emotional processing bias of the facial expressions of disgust in subjects with high self-disgust level, comparatively to other emotional expressions (e.g. happiness, sadness, fear. METHODS: Our study included 60 subjects (30 with high self-disgust level and 30 with low self-disgust level) and tested the identification of emotions by a video task, measuring subjects' responses, reaction time and psychophysiological responses (e.g. ECG, corrugator and zygomatic responses and breath. RESULTS AND DISCUSSION: Data are currently under analysis. Results will be presented further, however if hypothesis of the study are confirmed, facial expression of disgust will affect both the response and the psychophysiological measures in high self-disgust level subjects.

31354 - POSTTRAUMATIC STRESS DISORDER AND CHILDBIRTH: CAN WE CONSIDER POST-PARTUM PTSD AS A "SPECIFIC" DISORDER AND WHAT LINK WITH THE SENSE OF COHERENCE IN THE MOTHERS?

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While pregnancy and birth are largely physiological experiences, they also represent psychological stress which can lead to vulnerability in the mothers (Denis, Ponsin, & Callahan, 2012). Authors suggest that 5% of French women develop a posttraumatic stress disorder (PTSD) after childbirth (Denis, Parant, & Callahan, 2011). It is essential to study specific aspects of PTSD in perinatal field. The objective of this study were 1) to explore the specificity of post-partum PTSD (can we consider post-partum PTSD symptoms as specific to delivery or more as a reactivation of traumatic past events?) and 2) explore the potential protective link of sense of coherence in the mothers. Method: 61 women completed scales assessing sociodemographic data, past traumatic history (Life Event Checklist) and PTSD symptoms (PCLS-5) in the first year post-partum. Results: Correlation analyses showed 1) no significant link between past history of trauma and post-partum PTSD symptoms but 2) significant link between post-partum PTSD symptoms and a lack of sense of coherence. Discussion: Results suggest that we could consider delivery as a specific event of post-partum PTSD. In a second way, the assumption that the sense of coherence would be a vulnerability of traumatic symptoms in perinatal period is confirmed. This study holds important implications both in the conceptualization of perinatal trauma and prevention of this disorder. Results may provide insight into how to better organize prevention and intervention strategies in this population.

31357 - EFFECTS OF TRANSCRANIAL DIRECT CURRENT STIMULATION ON INTRUSIONS UND RUMINATION

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Individual differences in cognitive control have been associated with the experience of intrusions and rumination after a traumatic life event. However, the causal relations are still unclear. One approach for clarifying them might be to influence cognitive control via transcranial direct current stimulation (tDCS) over the dorsolateral prefrontal cortex (dlPFC), a brain region associated with cognitive control. In this randomized double-blind analogue study we investigated the effects of tDCS over the left dlPFC on cognitive control as well as intrusions and rumination after a trauma film. We especially focused on one aspect of cognitive control: resistance to proactive interference. We hypothesized that anodal tDCS ameliorates resistance to proactive interference and decreases intrusions and rumination whereas cathodal tDCS diminishes resistance to proactive interference and increases intrusions and rumination. Healthy individuals (N = 120) were assigned to a tDCS condition (sham vs. cathodal vs. anodal) and completed the modified California Verbal Learning Test, a measure of proactive interference. One week later, participants were stimulated for 20 min (1mA), repeated the California Verbal Learning Test and watched a trauma film. Intrusions and rumination were measured after a 10 minutes resting period as well as on the following two days via smartphones. tDCS to the left dlPFC did neither affect resistance to proactive interference nor film-related intrusions or rumination. The findings indicate that individual differences in the activity of at least one brain region associated with cognitive control, the left dlPFC, are not a risk factor for experiencing intrusions or rumination.

31358 - COGNITIVE-BEHAVIORAL THERAPY AT A TUNISIAN MENTAL HOSPITAL

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Introduction Although a comprehensive Cognitive-Behavioral Therapy (CBT) training in Tunisia has started only in 2011, CBT has now become the most frequently learned form of psychotherapy among young Psychiatrists in Tunisia. Also, there is growing awareness of the benefits of CBT within the Tunisian population. Methods: To explore the profile of patients receiving CBT at a public mental hospital, we conducted a descriptive, retrospective study on all patients that received CBT at department Psychiatry A of Razi Hospital. Socio-demographic, clinical and therapeutic data were collected from patients' medical records and by questioning the three CBT-therapists of the department. Results: A total of 101 patients received CBT, with a yearly increase in patient numbers. Two thirds were female. Half of patients had university education, and half were health professionals. About one third of patients knew about CBT before consulting, and a majority of these patients specifically asked for it. Most patients were treated for anxiety or mood disorders. Co-morbidity between DSM 5 - axis I disorders was high; moreover, one third of patients had a co-morbid personality disorder. More than half of patients received a pharmacological treatment in addition to CBT. Discussion: Demand for CBT is at the rise in Tunisia. There is need for more therapists to offer these services in the public sector, and the need for therapists to specialize in a specific range of disorders or techniques.

31359 - EMPIRICAL ANALYSIS OF SPANISH INVENTORY OF HYPOCHONDRIACAL CONCERNS (IPHA) IN A CLINICALS SAMPLE.

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INTRODUCTION. This study aims to provide the empirical analysis of a psychometric instrument to reliable assess the hypochondriacal worries and fears in a clinical sample: the Spanish Inventory of Hypochondriacal Concerns (IPHA). METHOD. Participants. Twenty non-clinical and seventy five patients attending a Mental-Health Outpatient Clinic were assessed using the structured clinical interview for DSM-IV Axis I Disorders (SCID-I): 20 somatization disorder (SD); 21 HYP diagnosis; 21 Panic Disorder (PD) and 13 with other somatoform disorders. Instruments. All patients completed self-reports assessing depression (BDI), Whiteley Index, (WI) and Spanish Inventory of Hypochondriacal Concerns (IPHA) RESULTS. The alpha values to each factor were equal or higher than 0.80; the ROC curve for diagnosis of hypochondria was for IPHA (W = 0,92; IC 95%: 0,85 a 0,99) and for IW (W = 0,84; IC 95%: 0,74 a 0,94). The optimal threshold value (cutoff point) is 96 with an Youden's index of 0,71. Significant differences among groups were obtained (all F values p < .05). Post-hoc tests (HSD Tukey) indicated that HYP patients obtained the highest scores on four IPHA subscales (Panic-fear to disease, Self-recognition of hypochondriasis, Vigilance, Worry by health). By contrast, HYP patients did not differ from SD patients on the IPHA-Distrust with doctors subscale. CONCLUSIONS. The IPHA is a Reliable and accurate inventory for the diagnosis of hypochondriasis. Compared to the PD and SD patient groups, the HYP patient group shows a differential psychological profile characterized by an Panic-fear to disease, Self-recognition of hypochondriasis, Vigilance, Worry by health.

31360 - TOWARDS AN IMPLICIT MEASURE OF SELF-COMPASSION?

Di Vincenzo Simon¹, Rusinek Stéphane¹
Lille3¹

Introduction: Self-compassion is defined as an attitude which consist in treating oneself kindly, to be mindful with one suffering, and to recognize that one defaults and inadequacy is shared by all humans (Neff, 2003). There is growing evidence that self-compassion is considered as a protective factor against psychopathology (MacBeth & Gumley, 2012). Also, this has been shown to be a predictive factor of wellbeing (Zessin, Dickhäuser, & Garbade, 2015). The most widely used instrument to assess self-compassion is the Self Compassion Scale (SCS, Neff, 2003). As most of explicit measures, there are several biases in this questionnaire, as social desirability, intentionally faking or limited capacity for introspection (De Houwer, 2006). Thus, implicit measures have been developed to overcome these limitations. Implicit tasks assess cognitions without participant's intention, without conscious of what it is being measured and without the possibility of deliberately controlling responses. To the best of our knowledge, there is currently no implicit task existing to measure self-compassion. Consequently, the aim of our study was to develop one. Method: We used an adapted version of the Relational Responding Task (RRT, De Houwer, 2015) to assess self-compassion dimensions with an implicit measure. Participants also completed the SCS, the Beck Depression Inventory, the Mindfulness Awareness Attention Scale and the Satisfaction With Life Scale. Results: Our preliminary results highlighted interesting links between implicit self-compassion dimensions, explicit self-compassion dimensions and related outcomes. Discussion: Finally, these findings suggest that this adapted RRT could be used as a less biased measure of self-compassion.

31362 - CLIENTS' OPINIONS ON HOMEWORK ASSIGNMENTS IN COGNITIVE BEHAVIORAL THERAPY: A PHENOMENOLOGICAL STUDY

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In therapeutic processes based on Cognitive Behavioral Therapy (CBT) homework assignments is important both for the implementation of the CBT approach in the counseling process and for the therapeutic development of the clients. The aim of this study is to evaluate the opinions of clients who have experience in the individual psychological counseling session based on the Cognitive-Behavioral approach with respect to homework during the counseling process. The study was conducted with the twelve clients who participated in the individual counseling session based on Cognitive Behavioral Therapy. Qualitative research methodology was used for this study. "Phenomenological Study" was chosen as a research design. A semi-structured interview form developed by researchers was used as a data collection tool in the study. The study is in the reporting stage. In the analysis of the data obtained as a result of the research, coding will be made depending on the inductive method of analysis. After coding, relations between codes, in other words, themes will be reached. It is envisaged that the themes reached as a result of the content analysis will contain important assessments of the perceptions of the clients regarding the homework in the counseling process.

31365 - THE DEVELOPMENT OF POSITIVE RELATIONSHIP BEHAVIORS ACROSS THE TRANSITION TO PARENTHOOD AND THEIR ASSOCIATION WITH RELATIONSHIP SATISFACTION

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Becoming parents is often described as a highlight of romantic relationships and as an event of pride, joy and happiness. Nevertheless, many parents find that parenthood can be stressful and highly demanding due to the many changes accompanying parenthood and report a steep and significant decline in relationship. This decline in relationship satisfaction is more rapid and steeper than in childless couples and persists for up to 7 years. Relationship skills may help couples to sustain relationship satisfaction across the transition to parenthood. Using longitudinal data from a national randomized controlled trial with 280 Swiss couples becoming parents, we examined the course of positive relationship behaviors (i.e., communication, dyadic coping and relationship self-regulation) across the transition to parenthood and their association with relationship satisfaction. In addition, the effect of Couple Care and Coping Program (CCC-P), the effects of an intervention for couples becoming parents, were being tested. Results of unconditional growth models suggest a decrease of positive relationship behaviors across the transition to parenthood and their positive association with relationship satisfaction. More detailed results and are being discussed with regard to the potential value of enhancing positive relationship behaviors and the role of relationship education across the transition to parenthood.

31366 - ODYSSEA – INTERNATIONAL CBT INSTITUTE – CZECH MODEL OF CBT TRAINING

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Training integrates second and third wave CBT approaches. The program consists of the self-experience part, lasting two years and training section also for 2 years and 1 year of advanced supervision. Trainee's self-experience and therapeutic skills are an essential part of CBT training; it is intended to learn and define, according to the structured program, one's own life problems, to solve them. The training part consists of lectures, practical training with various role-playing and supervision of 4 cases. Trainees practice providing therapy to their own clients between individual course blocks. The supervision part consists of advance continual supervision of 8 cases. There are altogether 12 case reports covering the whole spectrum of mental disorders. At the 5th year of training, supervision module is going solely for supervisions. Supervision (SV) is held under these conditions: Individual SV: case report is being discussed with a supervisor, patient documentation file is needed, audio or video tape recording would be suitable, with a role play. Group SV: case report is being shared and discussed within the group. The trainees are obliged to pass 8 essays altogether during five years of the training course (on a particular topic of 3000 words). The final paper is supposed to be a research work, chosen after careful discussion with trainers. It shall be structured and will be reviewed during the final examination. The final examination consists of an evaluation of the final paper, 12 case reports, and 8 essays.

31367 - EMOTIONAL REGULATION IN PSYCHOSIS: FEARS OF COMPASSION PREDICT SOCIAL SAFENESS BEYOND POSITIVE AND NEGATIVE SYMPTOMS

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Background: Social impairment is a common feature of psychotic disorders with shame and stigma often culminating in social isolation or exclusion. Positive symptoms, such as delusions and hallucinations, are known to negatively influence social interactions and negative symptoms include the lack of interest and/or the passive involvement in social relationships. Fears of compassion (FOC) relate to experiencing defensive responses when receiving and giving compassion and may constitute major blocks to recovery. We aim to explore the role of FOC in predicting social safeness (experience of the social world as safe and soothing) beyond the role of positive and negative symptoms in a sample of people with psychosis. Method: Patients diagnosed with a psychosis-spectrum disorder were recruited, assessed with the Positive and Negative Syndrome Scale and filled the Fears of Compassion Scales and Social Safeness and Pleasure Scale. Results: The sample is still being collected, nevertheless preliminary results (n=26) showed that FOC (of receiving compassion and self-compassion) had a significant contribution in predicting social safeness. Considering the small sample size, two separate regression models were performed (one for fear of receiving compassion and other for fear of self-compassion). In the final models only negative symptoms and FOC were significant (first model) and fear of self-compassion (second model). Discussion: This is an ongoing study. Nevertheless, the results seem to indicate the relevant contribution of FOC to the difficulties in social connectedness. FOC may be an important therapeutic target in promoting recovery in people with psychosis.

31369 - RELATION BETWEEN BELIEFS AND ATTITUDES TOWARD SUPERVISION IN COGNITIVE BEHAVIORAL THERAPY AND COMPETENCIES OF THE TRAINEES IN COGNITIVE BEHAVIORAL TRAINING

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Cognitive behavioral therapy emphasize the role of supervision during the training of the therapists Our study measured the trainees' expectations from the supervision and relation of the expectations with the therapeutic competencies. Method: Beliefs and attitudes toward supervision were assessed by the Attitudes and Beliefs about Supervision Scale (ABSS). It is 25-item questionnaire which measures the attitudes in 5 domains of therapy and supervision (therapeutic relation, skills, self-reflection, structure and process). Trainers and supervisors rate the level of competencies of trainees in Therapy Competencies Questionnaire (TCQ). Results: The trainees (n=50, mean age 34.8 + 7.3 years) prefer helping with self-reflection and understanding of therapeutic relation (mainly counter-transference) during supervision slightly (but significantly) more, than supervision of classical CBT domains like skills, structure and process. There were not the correlations of the most of ABSS domains with the trainees' therapeutic competencies measured by TCQ with the exception of domain "skills", which statistically highly correlate with some specific CBT competencies like skill to reward patient, using conceptualization and leadership of the social skills training, Conclusion: The trainees of cognitive-behavioral therapy courses expect from the supervision helping in the understanding of the therapeutic relation (mostly counter-transference) and the improvement of the self-reflection and these expectations are higher than the expectations about supervision of skills and therapy structure. Nevertheless, on the other side, only level of expectations of the supervision of domain "skills" highly correlate with the level of some competencies of the trainees rated by their trainers and supervisors.

31370 - METACOGNITION AND SCHIZOPHRENIA: AN INVESTIGATION OF METACOGNITIVE BELIEFS AND COURSE OF ILLNESS IN FIRST EPISODE PSYCHOSIS

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Introduction The S-REF model 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. **Method** 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 metacognitive belief ratings on the MCQ-30 were collected. **Results** Data obtained from 367 participants revealed that levels of maladaptive metacognitive beliefs 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. In addition, 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. **Discussion** Elevations in metacognitive beliefs were associated with the severity and duration of psychotic symptoms, consistent with the S-REF model. Clinical interventions that modify metacognitive beliefs may also impact on positive symptoms and course of illness within schizophrenia.

31372 - ETHICS IN COGNITIVE BEHAVIORAL THERAPY SUPERVISION

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The task of supervision is obvious – to increase the value of the therapeutic process in the client's best interest. There are many ethical questions rising in supervisors thinking about patients and also about therapist during CBT supervision. **Aims:** The first aim was review the literature about ethics of CBT supervision and to compare the attitudes and belief about ethical questions in trainees of CBT a CBT supervision. The second aim was to find if there were any relations between ethical self-reflection and therapeutic skills of CBT trainee. **Methods:** The first method was narrative review. A literature review was performed using the National Library of Medicine PubMed database, Scopus and Web of Science, additional references was found through bibliography reviews of relevant articles up to September 2013. Databases were searched for articles containing the following keywords: cognitive behavioral therapy, therapeutic relationship, training, supervision, ethics, self-reflection. The review also includes information from monographs referred to by other reviews. The second step was using the self-reflect questionnaire about ethical questions and assessment of the therapeutic skills of CBT trainees by their CBT trainers. **Results:** Strengthening ethical self-reflections in supervisees is a valuable way of improving the development of ethical aspects of professional growth throughout all stages of their career. Training and supervision focused on self-reflection on ethical aspects are beneficial to both supervisees and their patients. Preliminary results show, that therapist with high level of ethical self-reflection are significantly better in therapeutic skills assessed by trainees.

31374 - PRENATAL ATTACHMENT INVENTORY AND MATERNAL ATTACHMENT INVENTORY: PSYCHOMETRIC STUDY WITH MOTHERS AND FATHERS.

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Prenatal Attachment Inventory and Maternal Attachment Inventory: Psychometric Study with mothers and fathers. R. Paulino, V. Martins, A. T. Pereira and P. Castilho BACKGROUND: Several studies have shown that the quality of mother-infant attachment is a mediator of the adverse effects of perinatal depression and anxiety on children's cognitive and emotional development (Stein et al., 2014). On the other hand, it is known that father-fetus/baby attachment, although much less studied, may relieve the harmful effects of the difficulties of attachment of the mother to the fetus/baby (Benoit, 2004). The Prenatal Attachment Inventory (PAI, Muller, 1993) and the Maternal Attachment Inventory (MAI, Muller, 1996) measure the affective attachment between the mother and fetus/baby, supporting their study throughout the perinatal period. OBJECTIVES: To study the psychometric properties of the portuguese versions of PAI and MAI in both parents, and to analyze the relationship between pre and postnatal attachment of the mother and father to the fetus/baby and their role in the psychological well-being of both the parents. METHODS: Our study included 200 pregnant women (in the second and third trimesters of pregnancy, starting at the 20th week of gestation) and their mates, aged over 18 years, whom self-response questionnaires were administered. RESULTS AND DISCUSSION: Data are currently under analysis. The results will be presented further, however it is expected that the scales will be useful for future studies on Postpartum Depression, Attachment and Emotional Well-being.

31376 - TRAINING OF THE COGNITIVE BEHAVIORAL SUPERVISION

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The training of cognitive behavioral (CBT) supervision is organized in accordance with the basic principles of CBT. The trainees learn how to develop adequate conceptualization of the supervision, improve self-reflection of supervisory process and how to help supervisee to better self-reflection into the therapy. The training of using CBT strategies in supervision like mapping of thoughts, challenge them, emotional processing, using experiential techniques, role playing, imagination are significant part of the supervision training. Trainees learn to appreciate their fundamental attitudes that they enter into the supervision process. The core work in supervision training is the direct supervision of trainees of the cognitive behavioral training. The supervisions are recorded and supervised by trainers of supervision training and during the peer supervision of supervisors. The theoretical part of the supervision training consist of 50 hours of lectures about supervision models, approaches, conceptualization, measurements of competencies, and 100 hour of self-study of literature and preparation of 3 lectures for the peers about supervision, ethics and related topics. The practical part includes 200 hours of direct training (role playing, supervision under supervision, supervision of video tapes of supervision) . The requirement for the completion of the supervision training is presentation of the continuous supervision (minimum 10 sessions) of 4 trainees of CBT. For the final examination the videos of 4 individual supervision sessions and 2 from group supervision is required; the opponency of the thesis with personal self-reflection of the supervisory training is needed.

31377 - SELF-REFLECTION AND PERSONAL THERAPY DURING CBT TRAINING

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Self-reflection in cognitive behavioral therapy is a continuous process which is essential for the establishment of a therapeutic relationship, the professional growth of the therapist, and the ongoing development of therapeutic skills. Recognizing one's own emotions is a basic skill from which other skills necessary for both therapy and emotional self-control stem. Therapists who are skilled in understanding their inner emotions during their encounters with clients are better at making decisions, distinguishing their needs from their clients' needs, understanding transference and countertransference, and considering an optimal response at any time during a session. Self-reflection may be practiced by the therapists themselves using traditional cognitive behavioral therapy techniques, or it may be learned in the course of supervision. Recordings the therapeutic sessions and dialogue with the supervisor may be important for self-reflection. Very important part of self-reflection is personal therapy of the therapist. Experiential training and personal therapy have rich traditions in various therapies as strategies to enhance self-awareness and therapist skills. We organized weekends for group CBT for trainees with problem solving of their own problems. Mostly the group works on interpersonal relations with partners or parents or interpersonal relations in job. Other important topic, which attendant chose were improving or of self-confidence and improving of assertivity, schema therapy with stressful live events and work with values. Structured approach to self-practice of CT techniques on their own problem seem very effective not only for solving the problems, but also for better understanding what happened with the clients during therapy.

31379 - VALIDATION OF A PORTUGUESE VERSION OF THE PSYCHOLOGICAL INFLEXIBILITY IN PAIN SCALE (PIPS) IN GENERAL AND CHRONIC PAIN POPULATION

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BACKGROUND: Chronic pain (CP) is a prevalent condition in Portuguese population (Azevedo et al., 2012). Although several studies reveal the efficacy of CBT in CP, recently there has been growing interest in the ACT model in this area, with promising results (McCracken & Vowles, 2014; Sturgeon, 2014). Although there are already, for Portuguese population, validated measure for PI – e.g. AAQ-II (Pinto-Gouveia et al., 2012) -, in context of CP, to date only one measure related to PI are validated for this population – CPAQ (McCracken et al., 2004; Costa & Pinto-Gouveia, 2009). PIPS assesses the PI in individuals with CP, showing good psychometric properties in several studies (Trompetter et al., 2014; Wicksell et al., 2010; Rodero et al., 2013; Barke et al., 2015). OBJECTIVES: To Study psychometric properties, and validation of the Portuguese version of PIPS in a CP and in a general population sample. METHODS: The PIPS was translated to Portuguese and back-translated into English to assess for equivalence. The final Portuguese version was administrated to 600 subjects (400 from general population and 200 with CP diagnosis). RESULTS AND DISCUSSION: The data are currently under collection and for analysis. Results will be presented further, however this study will allow the validation of this measure for the Portuguese population and their use in research and clinical practice, filling a gap in the context of ACT interventions assessment in DC, in Portugal.]

31381 - RESULTS OF COGNITIVE BEHAVIORAL THERAPY EDUCATION FOR OCCUPATIONAL THERAPISTS

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Introduction: Cognitive Behavior Therapy (CBT) is a therapy which is time-sensitive, structured, present-oriented therapy directed toward solving current problems and helps teaching clients skills to modify dysfunctional thinking and behavior during occupational therapy sessions. The aim of the study was to present the results of two module CBT training programme for occupational therapists which was funded by European Union Technical Assistance for Increasing the Employability of People with Disabilities" Project(Europe Aid/136449/IH/SER/TR. Method: Using a basic CBT theoretical framework the participants attended 96 hour face to face training modules with written materials including fundamental features, preconditions and methods used in CBT. Additionally participants trained their skills under supervision and have to send the the results to the educators. Before and after the training the participants filled the CBT Knowledge Assessment. Quality of training was assessed after the training. The results were analyzed statistically. Results: 32 Ot's mostly PhD were participated. The quality of the education was high and the CBT knowledge of the participants were statistically increased ($p < 0.001$). The areas that OT's prefer to use CBT were daily living education, stress/anxiety management, life re-design and patient/parent education in their practice($p < 0.05$). Conclusion: CBT certification programs for occupational therapists how to use CBT and do practice are key steps in supporting occupational engagement and participation in solving psychological problems of individuals with disabilities. Our result support the fact that researchers and clinicians from different areas should collaborate to share ideas, develop guidelines and promote good practice examples in client-centered and holistic rehabilitation care.

31382 - CBT TRAINING IN SLOVAKIA

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CBT training provided by ABC Slovak institute for training in CBT is devoted to healthcare professionals and counselors in Slovak Republic. The curriculum is based on the principles of learning in an experimental way that promotes independent thinking, the development of knowledge and competence in motivated training participants who take responsibility for their learning. The training program consists of lectures and practical exercises supplemented by supervision and further development in the clinical practice of each course participant. The goal of the training is to provide the participants with the knowledge and experience they need to perform cognitive behavioral psychotherapy to the extent that they can safely, effectively and professionally treat their clients. Training in CBT lasts 4 calendar years. In the course of each calendar year, two 5-day study blocks and one 4-day experience block will take place. One 5-day block corresponds to 50 training lessons, which include theory, practice (supervision experience) and supervision (case report in slideshow presentation). One 4 - day block is oriented poorly experientially and corresponds to 40 training hours. ABC Slovak institute for training in CBT was establish in 1994 and during that time more than 250 CBT therapist has finished the education. Institute is a part of organized psychotherapeutic education under the

umbrella of Slovak institute for training in psychotherapy which provided general psychotherapeutic education, guaranteed the quality and delaminated the trainees under the criteria of Slovak ministry of Health.

31384 - CBT TRAINING IN LITHUANIA: LATE START BUT RAPID DEVELOPMENT

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In this poster, we will present the history and data on the development of CBT training programmes in Lithuania with the hope that our experience can be useful for other countries undergoing a similar process. Cognitive Behavioural Therapy has been introduced in Lithuania relatively recently. As late as 2007 there were only a couple of certified CBT therapists in Lithuania. That same year the first cohort of CBT therapists started their training. The training programme was managed and delivered by the Lithuanian CBT Association, which is a member of EABCT. Since 2014, a 3-year postgraduate training programme in CBT has been taught at the Lithuanian University of Health Sciences. At the moment, 128 professionals (medical doctors and psychologists) are enrolled in the programme, while another 58 have already graduated from it. Even in a small country like ours, there is a big and growing interest for evidence-based approaches in psychotherapy. Our experience has also shown that even in countries where other psychotherapeutic approaches have dominated in the past, there is a place for CBT-based interventions.

31385 - HOPE ENHANCEMENT IN THE THERAPY SETTING

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Hope is considered as particular set of beliefs, which constitute an important psychical resource and the specific form of coping in case of the reverse. It has long been recognized as an important component of psychological growth and change. The aim of the presentation is to present cognitive based hope theories and a meta-analysis of hope enhancement strategies in clinical setting. To be included in the meta-analysis, each study met the following criteria: (a) examined the effectiveness of a psychological intervention designed to increase hope in children, adolescents, or adults; (b) measured hope quantitatively, using a valid self-report rating scale; (c) employed hope-enhancing techniques based on hope theory, (d) contained sufficient information to compute an effect size. The issue of the interdependence between a therapists' level of hope and an efficiency of their interventions will be also discussed.