44th NATIONAL CONFERENCE OF THE AUSTRALIAN ASSOCIATION FOR COGNITIVE AND BEHAVIOUR THERAPY

ABSTRACT HANDBOOK

17-19 October 2024

Royal on the Park, Brisbane / Meeanjin, Qld

AACBT

AUSTRALIAN ASSOCIATION FOR COGNITIVE AND BEHAVIOUR THERAPY

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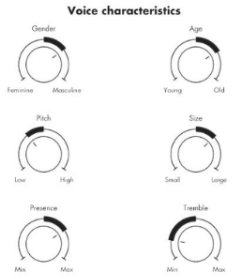
AMETHYST
THERAPIES FOR VOICE HEARING

Australia-wide therapy trial for hearing voices

The AMETHYST study aims to increase our understanding of the best ways to help individuals who experience hearing voices, by comparing Avatar Therapy with CBT.



What is Avatar therapy?

Avatar Therapy is very similar to CBT, but the process of therapy is aided by the use of a computer-generated avatar to represent one of the voices that is experienced. The use of the avatar creates a more vivid experience during therapy, which allows the client to role play different methods of coping and responding with the support and guidance of the therapist.

What will clients be asked to do?

Following an initial research assessment, clients will be randomised to receive seven one-to-one sessions of either Avatar Therapy or CBT. Clients will complete a further assessment at the end of therapy and at three- and six-month follow-ups.

Clients will receive a $50 gift card following each research assessment (four in total) as acknowledgement for their time and contribution.

Where does it take place?

All research assessments and therapy sessions will be conducted online via Zoom.

Who is eligible to take part?

The trial is suitable for people who have current persisting and distressing voices and meet diagnostic criteria for a schizophrenia spectrum disorder or a mood disorder with psychotic symptoms. This can be discussed and assessed by our intake team.

How do I refer a client?

Please scan the QR code to visit our website.
Here you can find a referral form for clinicians and self registration form for clients.

Or please see our website and contact details below.

For more information:

Phone: +61 3 9214 4365
Website: www.voicestherapy.com
Email: amethyst@swin.edu.au

Investigators: A/Prof Neil Thomas, Prof Susan Rossell, Dr Rachel Brand, Dr Imogen Bell, Prof Andrew Thompson, Prof David Castle, Prof Denny Meyer, Prof Cathrine Mihalopoulos, Dr Eleanor Longden, Dr Greg Wadley, A/Prof Georgie Paulik & A/Prof Louise Glenthøj

The AMETHYST trial has been funded by a National Health and Medical Research Council Grant (GNT2015133) and is registered with ClinicalTrials.gov (NCT05982158). Approval to conduct the project has been granted by Swinburne University Human Research Ethics Committees.

SWINBURNE UNIVERSITY OF TECHNOLOGY · THE UNIVERSITY OF MELBOURNE · MONASH University · USC · Australian Government National Health and Medical Research Council

Welcome

AACBT acknowledges the traditional custodians of the lands on which we will meet. We pay our respect to their ancestors and their descendants, who continue cultural and spiritual connections to Country. We recognise the valuable contribution to Australian and global society of the Turrbal and Jagera (Yuggera) Peoples.

On behalf of the Organising Committee, we are delighted to welcome you to the 44th National Conference of the Australian Association for Cognitive and Behaviour Therapy (AACBT).

Our national conference will provide a great opportunity to engage with national and international thought leaders from across the family of the cognitive behavioural therapies. With this conference we bring together innovative clinical researchers and research clinicians working across the life span. Coming from research, community, and private practice settings, they will present recent evidence-based advances and emerging ideas in their fields for working with cognitions, behaviours, schemas, and emotions for common and complex psychological and health conditions.

This year's conference theme is:
"Making meaning with cognitive and behavioural therapies".

The widespread loss of valued activities and personal agency during the COVID-19 pandemic highlighted the importance of meaning and meaning making for mental health. Working with meaning has always been at the core of the cognitive and behavioural family of therapies. Despite differences in formulation and therapeutic techniques, the overarching aim of all the cognitive and behavioural approaches is to help people we work with find more hopeful, more purposeful, and less threatening ways to live in the world. Understanding and working with meaning is fundamental to this aim. Meaning is also central to culture and offers a trans-therapeutic and transdiagnostic lens for improving our field's capacity to meet the changing needs of our diverse Australian community.

Extending the very best traditions of previous conferences, we are bringing together high quality and innovative work using evidence-based methods to identify or work with meaning-making. Meaning comes in many forms, including through language, imagery, behaviour, emotions, and connections. We champion basic mechanism science through to clinical outcome and translational studies across the range of meaning domains as relevant to the cognitive and behavioural family of therapies.

We welcome you to our 44th national conference.

AACBT National Conference Committee (NCC) Members

Dr Fiona Maccallum *(Scientific Convenor 2024)*
Dr Heidi Saunders *(Convenor 2024, Director Qld Branch Chair)*
Professor Peter McEvoy *(Director National Conferences – NCC Chair)*
Professor Ross G Menzies *(AACBT National President)*
Ms Natasha Dean *(Director National Workshops Coordinator)*
Dr Carolina Gonzalez *(Director Marketing)*
Dr Rebecca Anderson *(Convenor 2025, Director WA Branch Chair)*
Miss Adela Kiveric *(Social Events Coordinator)*
Ms Renee Calligeros *(Volunteer Coordinator)*
Dr Luke Ney *(Early Career Research Chair)*
Ms Gia Nhi (Nhi) Lam *(Sponsorship Coordinator)*
Dr Danielle C Mathersul *(Scientific Convenor 2025 – WA)*

The conference is supported by Mr Peter Pohlman *(Conference Secretariat)*.

The AACBT Board is grateful for the assistance of the many volunteers it takes to put on a successful conference of this scale.

Venue and General Information

DISCLAIMER
The information in this document is correct at the time of production. AACBT and the conference secretariat reserves the right to change any aspect of the program without notice.

Venue

Royal on the Park
152 Alice Street Brisbane, QLD 4000.
Tel: +61 7 3221 3411
Web: www.royalonthepark.com.au

Registration desk

All enquiries should be directed to the registration desk located in the hallway as you approach the ballroom area. The registration desk will be open at the following times:

- Thursday 19 October 7:00am-6:00pm
- Friday 20 October 7:45am-6:00pm
- Saturday 21 October 8:00am-5:00pm

Speaker preparation

Speakers will be required to load their presentation prior to their session. Please ensure you make yourself known to the AV technician at least one hour prior to the session commencing. Please refer to the program to correctly indicate your scheduled presentation time to AV desk (in Avro Room). *Please name your file using which day, your surname, and abstract ID# - e.g. "Thursday_Pohlman_2499".*

Poster displays

Posters will be displayed for the duration of the scientific program. We recommend poster presenters be available at their poster during at the following times:

Thursday:

Lunch & Afternoon Tea

Friday:

Morning Tea & Lunch

Please note that not all short-form presentations include a static poster – please refer to the poster listing for details of participants.

Catering

All catering is included with your registration. Dietary requirements noted in your registration have been passed on to the catering staff. Please liaise with hotel staff in regard your specific dietary requirements such as vegan, gluten intolerance, allergies etc.

Special dietary people are noted with a “dot” on their badge, and they should attend the special catering section in breaks for their reserved food.

If you requested special dietary, and do not have a “dot” on your badge – the chef has assured us that you will have choice from the general buffet. Please do not attend the reserved catering station.

All catering breaks are in the Southern Cross Pavilion.

Please note that delegates are free to spread out into the courtyard, or use Avro Room and Bristol Room if preferred.

Please do not enter the pool area.

Emergency and evacuation procedures

In the event of an emergency, such as a fire, the hotel staff will direct delegates accordingly. The assembly area is directly across Alice St in the Botanic Gardens.

Smoking

The hotel has a no smoking policy.

Mobile phones/electronic devices

As a courtesy to all delegates and speakers, please set your phone or electronic devices off or on to silent during all sessions.

Wi-Fi connection

The hotel has advised that the password for the in-house Wi-Fi is:

Network: Royal_Park_Conference	Password: Royal50

Luggage/storage
Please see hotel reception located at in the foyer.

Car parking
There is limited parking available at the conference venue, and there are many alternate options within the CBD.
Please refer to the operators' websites for current details.

Taxis
Taxis are readily available from the hotel main entrance.
Reception can assist by booking taxis for you.

Delegate badges
All delegates should report to the registration desk upon arrival to collect a name badge.

This badge is the official pass and must be always worn to obtain entry to all conference sessions, social events, and associated activities. If you misplace your name badge, please see the conference secretariat at the registration desk.

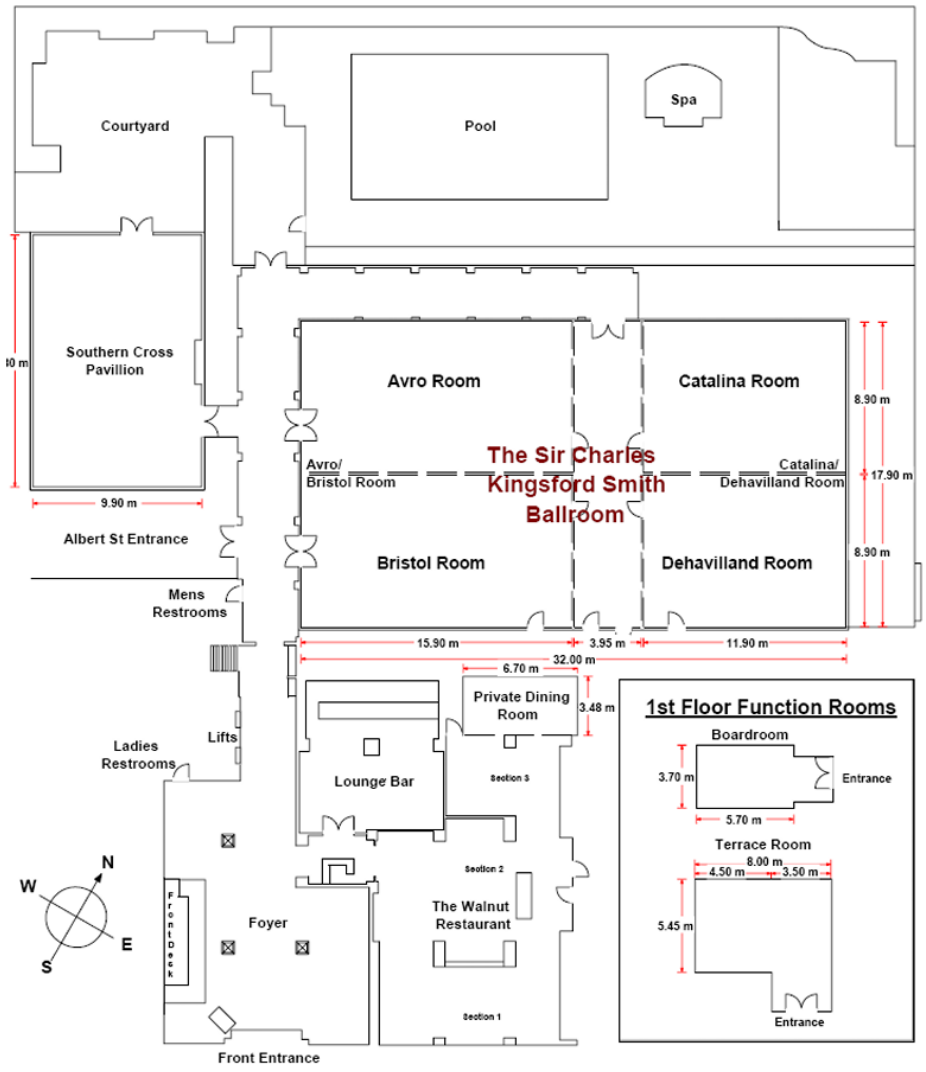
Certificates of attendance
All delegates receive their certificate of attendance on the reverse of their name badge. Please contact the registration desk with any queries.

Evaluation survey
All delegates will be emailed with the online survey link after the conference. To improve the conference, we kindly request your feedback.

Liability/insurance
In the event of industrial disruptions or natural disasters AACBT and the conference secretariat cannot not accept responsibility for any financial or other losses incurred by delegates. Nor can AACBT or the conference secretariat take responsibility for injury or damage to property or persons occurring during the conference or associated activities. Insurance is the delegate’s responsibility.

Venue floor plan

Ground Floor Function Room Floor Plan



Royal on the Park Hotel & Suites
152 Alice Street, Brisbane City
www.royalonthepark.com.au | meet@royalonthepark.com.au | 07 3221 3411

Plenary sessions are in Catalina and Dehavilland Rooms *(the internal wall will be removed and inserted as required)*.

Breakout sessions are hosted in Avro Room, Bristol Room, Catalina Room, and Dehavilland Room – refer to the program for details.

Posters are on display throughout the venue.

Social events

A welcome event for all scientific program delegates will be held on Thursday night, and the program has regular breaks throughout all days of conference.

Conference Social Event (Dinner and Networking) – ‘Friendly Feud’

Friday 18 October 2024

Time: After close of Day 2 (Friday) from 7pm start until 10pm
Location: Bar Pacino, 175 Eagle St, Brisbane City, just a short stroll away from the conference venue.

This will be an exciting opportunity to connect with your CBT community at the welcoming Bar Pacino. Take in the views of the city’s iconic Story Bridge, Brisbane River, and Customs House while sipping on your favourite drink and networking with a wide range of interesting people.

The package includes:

- Wide assortment of delicious Italian dishes including special dietary options
- 3-hour drinks package including beer, wine, sparkling, and non-alcoholic options
- CBT "Friendly Feud" - an interactive game to get us socialising and testing out how well we know our CBT community!
- Photo and networking opportunities
- Dancefloor and music

Located in the heart of the Eagle Street precinct, only minutes away from the conference venue. Join us for an exciting night of food, drinks, and great company!

Early Career Mentoring/Networking Event

Supported by the Psychology Registrar Endorsement Program (PREP)

PSYCHOLOGY
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This is a networking event for PhD students, Post-Doctoral fellows, Honours students, clinicians in training, clinicians and anyone who may be early in their career. The networking event will provide an opportunity for people to chat with senior clinicians and researchers who will share their knowledge and tips for success! There will also be the opportunity for networking with peers.

Our panel members include:

- Tim Dalgleish - A highly decorated clinical psychologist and international researcher. He is the director of the Cambridge Centre for Affective Disorders
- Melissa Day - An endorsed Australian Clinical and Health Psychologist, and a mid-career researcher in non-pharmacological treatment options for chronic pain at the University of Queensland. Has played a major role in the Australian SHAPE Futures EMCR Network.
- Caitlin Hitchcock - An emerging leader in Australian trauma research and a clinical psychologist. Caitlin is an early-mid career researcher and has recently been awarded significant NHMRC and MRFF research funding both as CI and CIA.
- Aaron Frost - A very successful Australian Clinical Psychologist and plays a significant role in training and supervision of psychologists in Australia.
- Leanne Hides - A clinical psychologist with a highly decorated research career in Australia (>$46M in grants) and Deputy Director of the National Centre for Youth Substance Use Research
- Lara Farrell - Clinical psychologist, deputy director for Griffith Centre for Mental Health, and a regular member of NHMRC and MRFF grant review panels.

This event is organised by the AACBT ECR sub-committee and is **free** for delegates who are registered for the scientific program.

Benchmark Psychology

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AACBT Supporters

We would like to thank our supporters of this year's conference:

- Woodslane Health
- Rethink Psychology
- Benchmark Psychology
- School of Psychology and Wellbeing, University of Southern Queensland
- AMETHYST Study
- Queensland Mental Health Commission

Book Supporter

Woodslane Health

Woodslane Health stocks an extensive range of psychology, clinical psychology, psychiatry and counselling resources for mental health professionals, academics, and researchers. We also have a wide selection of self-help and client recommendation books for children, adolescents, parents, families, and adults. We are proud to distribute these titles on behalf of highly regarded global publishers including Guilford Press, American Psychological Association, American Psychiatric Association, Springer Publishing and Jessica Kingsley Publishers.

Conference Major Partner

Rethink Psychology

Rethink Psychology is a boutique psychology clinic based in Greenslopes, Brisbane. We provide tailored therapy, assessment, and supervision services.

Our therapy is designed for teenagers and adults, addressing a wide range of needs through a personalised and holistic approach. Each session is guided by screening measures and outcome tracking and emphasises collaborative care.

We offer Diagnostic and Functional Capacity Assessments. Our assessments are comprehensive, easy to read, and offer practical and realistic recommendations.

At Rethink Psychology, we are committed to ongoing professional development. We offer supervision for psychologists and behaviour support practitioners to foster growth and excellence in the field.

We look forward to welcoming you to our clinic and supporting you on your journey of rethinking and personal growth.

Conference Major Partner & Early Career Supporter

Benchmark Psychology

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Benchmark Psychology is passionate about preparing psychologists for their next step through supervision, training, consulting and support for every stage of a successful psychology career. Our mission is to elevate our profession at every stage and in every setting by improving client outcomes with ethical and evidence-based practice.

We have partnered with exceptional industry leaders to ensure you can access the highest quality training possible through our programs;

PREP: Join a clear and supportive pathway to successfully launch your career with the Psychology Registrar Endorsement Program (PREP) with flexible or comprehensive options to guide your first steps.

STAP: When you are ready to take the next step and become a supervisor with STAP, you can be assured of highly trained and engaging facilitators and learning real practical skills that will improve your performance as a supervisor.

At any step!: General training and supervision in every aspect of clinical work with a focus on high quality, evidence-based service delivery and ethical practice.

Conference Lanyard Supporter

The School of Psychology and Wellbeing, University of Southern Queensland

The School of Psychology and Wellbeing is dedicated to developing accredited psychology and human services professionals. The School's focus is on teaching, research, and engagement which are of the highest standard to ensure that our graduates have relevant knowledge and transferable skills that are useful in addressing complex problems.

We offer professionally accredited programs in psychology (undergraduate, honours, postgraduate) and human services/counselling (undergraduate) as well as drug and alcohol studies (postgraduate). The School of Psychology and Wellbeing is a leader in incorporating work-integrated learning and applied research in its undergraduate and post graduate programs through collaboration with a wide range of employers and community organisations.

Our staff members are practising professionals and researchers who are experienced and skilled in teaching a wide variety of students, in a range of study modes, anywhere in the world.

Conference Advertiser

AMETHYST study

The AMETHYST study is a psychological therapies trial run by Swinburne University. It compares two therapies for people with persistent experiences of hearing voices. It aims to increase our understanding of the best ways to help individuals who hear voices to provide better care in the future. All participants enrolled in the trial will receive a specialist talking therapy for hearing voices. This will be delivered via video conferencing (Zoom) and is available to people throughout Australia.

Supported by the Queensland Government

Queensland Mental Health Commission

About the QMHC:

We drive reform of the mental health and alcohol and other drugs systems in Queensland.

Our job is to encourage and facilitate change to improve the mental health and wellbeing of all Queenslanders, with a focus on:

- improving the mental health and wellbeing of all Queenslanders
- preventing and reducing the impact of mental illness
- preventing and reducing the impact of problematic alcohol and other drug use
- preventing and reducing the impact of suicide.

We actively seek the views and experiences of people with a lived experience to help shape the reform agenda. The collective effort of all stakeholders is essential to bring about reform and better outcomes for all Queenslanders. We work across a broad range of portfolio areas including health, communities, education, child safety, employment, police, corrections, the economy and justice.

The Commission is a statutory body established under the Queensland Mental Health Commission Act 2013.

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16-18 OCTOBER 2025
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NEURODIVERSITY
CBT FOR SUBSTANCE USE
GENDER DIVERSITY
CHILDHOOD GRIEF
FUNCTIONAL NEUROLOGICAL DISORDER
WHO ARE OUR HIGHLIGHTS?
Keynote Speakers
• Judith Beck
• Pat Dudgeon
• Liz Pellicano
Invited Speakers
• Nicole Lee
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• Lauren Breen
Masterclass
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AUSTRALIAN ASSOCIATION FOR COGNITIVE AND BEHAVIOUR THERAPY

Keynote Speaker

Professor Emily Holmes

Uppsala University, Sweden

Keynote address - plenary session (60 min)

Just imagine: using mental imagery within CBT

Professor Emily Holmes holds a doctorate in clinical psychology from Royal Holloway University of London. She further received a PhD in Cognitive Neuroscience at the University of Cambridge, UK. She set up the Experimental Psychopathology & Cognitive Therapies Research Group at the University of Oxford where she became Professor in 2010. She is currently Professor of Psychology at Uppsala University in the Department of Women's and Children's Health.

Holmes' work as a clinical psychologist has fuelled her research questions. She is interested in psychological treatment innovation in mental health – both in creating new techniques and reaching more people. Under the wider umbrella of mental health science, her approach brings together psychology, neuroscience, psychiatry, maths, arts and more.

Her specialization is mental imagery, and has demonstrated that mental imagery has a more powerful impact on emotion than does words. Current research focuses on developing innovative interventions and preventive approaches for distressing (intrusive image-based) memories after psychological trauma.

She is a Fellow of the Royal Swedish Academy of Sciences, and Honorary Fellow of the Royal Academy of Arts (UK).

Professor Holmes is also presenting a full-day workshop on Saturday.

Keynote Speaker

Professor Tim Dalgleish

MRC Cognition and Brain Sciences Unit, University of Cambridge, United Kingdom

Keynote address - plenary session (60 min)

Shattered lives: understanding and treating posttraumatic stress in children and adolescents

Professor Tim Dalgleish is a clinical psychologist at the University of Cambridge, UK.

He works both as a research scientist for the Medical Research Council and as a practitioner in the UK National Health Service. His research focuses on understanding and developing psychological preventions and treatments for common mental health problems, such as depression, anxiety, and post-traumatic stress. He adopts a translational approach, seeking to utilise insights from basic cognitive neuroscience to enhance clinical interventions for these conditions.

His work employs a range of scientific methods from brain imaging through to the use of large-scale clinical trials.

Invited Speaker

Professor Maree Toombs

UNSW - Sydney

Plenary address (45 min)

Get in the back seat, I am driving. Translating research into action.

Image: UNSW

Maree is a leading researcher in Aboriginal and Torres Strait Islander health, is a proud Euralayie/Kooma woman from North-Western NSW, and a distinguished researcher with a depth of experience in leadership roles. Working across research, health and education, Professor Toombs has a track record of impactful work, improving the lives of Aboriginal and Torres Strait Islander people.

Professor Toombs is highly recognised for her work, and in 2023 she was awarded the prestigious Australian Mental Health Prize. As a leader in the field of Indigenous health, Professor Toombs was invited to join a 2023 Australian Mission delegation to the United Nations, in New York.

Partnering locally and internationally, Professor Toombs's expertise in codesign and culturally safe practices is foundational to her global impact. She has developed models of care with over 94 different Aboriginal and Torres Strait Islander communities, improving the health of Aboriginal and Torres Strait Islander people.

Invited Speaker

Associate Professor Melissa Day

University of Queensland

Plenary address (45 min)

Chronic pain: we can do better

Dr Day completed her MA and Ph.D. in Clinical Health Psychology with a focus on pain management, and then completed a post-doctoral research fellowship in pain psychology. She is now an endorsed Clinical Psychologist and Health Psychologist in Australia, and works as an Associate Professor in the School of Psychology at The University of Queensland and is an affiliate Associate Professor at the University of Washington. Dr Day's program of research has received over $15 million USD in funding and is focused on implementing randomised controlled trials to evaluate the efficacy and mechanisms of cognitive-behavioural and mindfulness-based interventions for chronic pain conditions. She has published over 70 peer reviewed journal articles, and recently published a sole authored book with Wiley titled, "Mindfulness-Based Cognitive Therapy for Chronic Pain: A Clinical Manual and Guide".

Associate Professor Day is also presenting a full-day workshop on Saturday.

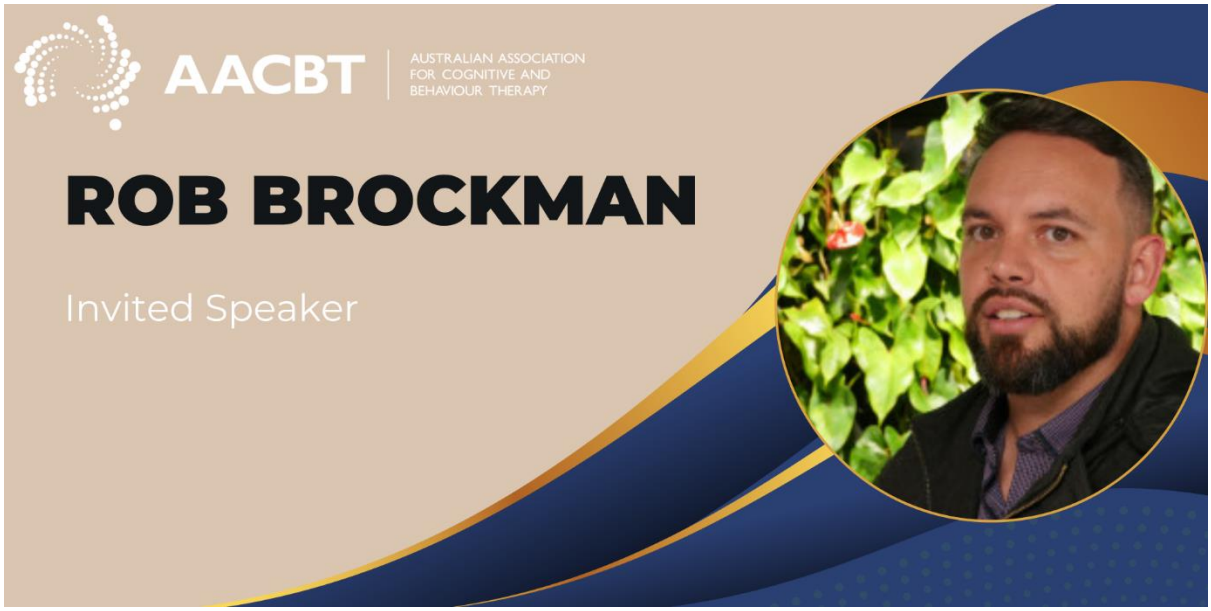
Invited Speaker

Dr Rob Brockman

Schema Therapy Sydney

Plenary address (45 min)

Advances in the practice of schema therapy in 2024 and beyond: trends, opportunities, and challenges



Robert is a clinical psychologist and researcher working out of Sydney, Australia.

From 2010-2017 Rob's work life consisted of supervising and lecturing on Clinical Psychology Masters programs (Western Sydney University; University of Technology) and running a small private practice – Schema Therapy Sydney.

Rob has authored and co-authored numerous scientific articles, book chapters, and books related to Schema Therapy and Emotion Regulation, most recently - The Cambridge Guide to Schema Therapy published in 2023. Rob has been affiliated with the training institute; Schema Therapy Training Australia for over 10 years and regularly provides ISST (International Society for Schema Therapy) accredited schema therapy trainings to therapists across Australia, New Zealand, Singapore, and Bali.

Rob is co-director of SchemaTherapyTrainingOnline.com - an online training hub for schema therapy practice.

Invited Speaker

Dr Aaron Frost

Benchmark Psychology

Plenary address (45 min)

Deliberate practice - the pathway to ongoing improvement in a changing landscape

Dr Aaron Frost is an accomplished clinical psychologist and director of Benchmark Psychology, formerly a large clinical practice, and currently an international training organisation that delivers STAP Supervisor Training, PREP registrar training, and is responsible for the Find a Supervisor website. With over two decades of clinical experience, Aaron is a well-respected figure in the psychology industry and an advocate for mental health support.

As a certified trainer for the International Centre for Clinical Excellence (ICCE) and the Supervisor Training and Accreditation Program (STAP), Aaron has trained over 1600 psychologists as part of their accreditation process, and he has supervised and mentored many more.

Currently, Aaron leads a team of 20 psychologists where he focuses on providing high-quality, evidence-based care to his patients.

Aaron has held leadership positions in several professional societies, including as a Non-Executive Director of the Australian Psychological Society.

Throughout his career, Aaron has remained committed to providing the best possible care to his patients and advocating for mental health support in the wider community. His dedication and compassion have made a significant impact on the lives of many Australians, and he continues to inspire and train the next generation of psychologists.

Invited Speaker – Master Clinician Session

Professor Mark Dadds

Sydney University

Master Clinician Session (90 min)

Beyond the manual; fundamental ideas and strategies for working with families and child mental health

Image: Clinical Insight

Mark Dadds is Director of Growing Minds Australia, Australia's Clinical Trials Network in Child and Youth Mental Health, a Principal Research Fellow of the NHMRC, Professor of Psychology at the University of Sydney and Founding Co-Director of the Child Behaviour Research Clinic, which develops state-of-the-art treatments for children and adolescents with MH problems. He has developed and directed several national intervention programs for children, youth, and their families, at risk for MH problems. His expertise and interests are in child and family MH, parenting/family processes, prevention, and early intervention.

He has been the recipient of several awards for his work in child and youth mental health including an Early Career Award from the Division of Scientific Affairs of the Australian Psychological Society, the Ian Matthew Campbell Award for Excellence in Clinical Psychology, Distinguished Career Award of the Australian Association of Cognitive and Behavioural Therapy, and in 2021, the APS President's Award for Distinguished Contributions to Psychology. He has authored 4 books and over 280 papers on child and family psychology, and has given invited keynote addresses and skills training workshops to international audiences throughout the world. His innovative treatment methods were the subject of an ABC TV 3-part documentary for which he was awarded the Inaugural APS Award for Media Engagement with Science. In 2021 he established Australia's first Clinical Trials Network in Child and Youth Mental Health funded by the federal government and tasked with developing innovative methods for identifying and responding to early mental health problems in children.

2024 National Award Winners

AACBT Early Career Award
Dr Madelyne Bisby

Ultra-brief treatments: current evidence and new directions

Various ultra-brief treatments have been developed for youth and adults with mental health difficulties, from stand-alone unguided online modules to therapist-guided treatments. This talk will review the evidence for ultra-brief treatments for depression and anxiety, with a focus on the factors that may predict their efficacy. The potential for ultra-brief treatments to improve the accessibility and uptake of mental health care will be discussed.

AACBT Mid-career Award
Professor Viviana Wuthrich

Ageing wisely – a short tour of older adult mental health

Image: Macquarie University

Within 25 years more than a quarter of the Australian population will be over the age of 65 years, and so there will be more older adults living with mental disorders. Mood and anxiety disorders are the most common mental disorders in later life, yet our understanding of these disorders, and how to detect and treat them in later life is very limited. Research shows some age-related changes in the nature and presentation of mental disorders in later life that have implications for how we assess and treat these disorders. Theoretical models of ageing also highlight changes in motivational processes that influence processing of social and emotional information. This talk will give an overview of key findings regarding the nature of mental disorders in later life, and how we can adjust our assessment and treatment of these conditions to help people to age well.

Workshop (all-day)

Professor Emily Holmes

Uppsala University, Sweden

Using mental imagery with CBT

From a cognitive science perspective, mental imagery involves an experience like perception in the absence of a percept: seeing in our mind's eye, for example. Imagery has extremely interesting properties - recruits similar brain areas to actual perception, enhances memory and learning and, compared to verbal processing, mental imagery has a more powerful impact on emotion.

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

Workshop (all-day)

Associate Professor Melissa Day
University of Queensland

Mindfulness-based cognitive therapy for chronic pain, other health conditions and comorbidities: a clinician's training workshop

Psychological treatments have been shown to be efficacious for managing and coping with chronic health conditions, including chronic pain. While cognitive-behavioural therapy is the current gold standard treatment, there is individual variability in treatment response and not all individuals achieve meaningful improvement. Thus, there is a need for a "menu of evidence-based options" to be available for clients, such that they can choose their preferred treatment approach. One more recently developed treatment that has a building body of evidence to support its efficacy is Mindfulness-Based Cognitive Therapy (MBCT), which is an innovative approach that seamlessly integrates mindfulness- and cognitive-behavioural principles. Research has demonstrated that MBCT is efficacious for a number of conditions, and the evidence-base regarding the application of this approach to chronic pain and associated co-morbid mental health conditions is promising.

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Symposiums

Symposium 01: Advances in treating common mental disorders (2447)

Chair: Suzanna Azevedo, UNSW Sydney

Paper 1

A Randomised Clinical Trial of Augmenting Trauma-Focused Psychotherapy with Memory Specificity Training

Suzanna Azevedo[1], Dharani Keyan[1], Katie Dawson[1], Srishti Yadav[1], Julia Tockar[1], Natasha Rawson[1], and Richard Bryant[1]
[1] University of New South Wales

Introduction/Background:
Trauma-focused psychotherapy (TF-psychotherapy) is the treatment of choice for PTSD but nearly half of patients do not respond to treatment. One of the key factors associated with PTSD is problems in retrieving specific autobiographical memories, which can contribute to rumination and impede treatment response. This study tested the extent to which TF-psychotherapy of emergency service personnel with PTSD can be augmented by providing personnel with memory training (TF-psychotherapy/MT) in retrieving specific autobiographical memories of mastery and success because this can promote mood repair and reduce distress.

Methods:
A total of 100 emergency service personnel with PTSD were randomised to once-weekly 60-minute individual sessions for 12 weeks. TF-psychotherapy comprised prolonged exposure to trauma memories, in vivo exposure to avoided situations, and cognitive therapy. TF-psychotherapy/MT comprised the same components plus training in retrieving specific positive memories. The primary outcome was change in PTSD severity independently assessed at baseline, 1-week posttreatment, and 6-months after treatment, as well as secondary outcome measures of depression, trauma-related cognitions, and quality of life.

Results:
The trial comprised 50 participants in the TF-psychotherapy/MT condition and 50 in the TF-psychotherapy condition. At the 6-month assessment participants in TF-psychotherapy/MT showed greater reduction of PTSD severity relative to those TF-psychotherapy (mean difference 7.1 [95% CI, 1.6 to 12.5], *P* = .01), with large between-group effect size. Participants in GF-CBT also demonstrated greater reductions in self-blame cognitions and alcohol use. There were no other significant differences between treatment arms and no reported adverse events.

Conclusion:
This trial highlights that training PTSD participants to retrieve specific positive memories can augment TF-psychotherapy, potentially because it reduces

rumination, improves self-esteem, reduces negative mood, and can enhance optimism.

Disclosure of Interest Statement:
The author has no conflicts of interest to disclose.

Short biography of presenter:

Suzanna Azevedo is a clinical psychologist and PhD candidate at the UNSW Traumatic Stress Clinic.

Paper 2

Do clinicians overestimate patient concerns about exposure therapy?: comparing clinician perceptions vs. patient lived experience of intensive ERP for OCD

Deacon, BJ[1] & Pearse, S

[1] University of Melbourne, Melbourne VIC

Introduction/Background:
Many clinicians are concerned that exposure therapy is not adequately ethical, tolerable, and safe. Although previous research has demonstrated that patients perceive exposure therapy as acceptable, research has not examined the extent to which patients who undergo exposure therapy share these specific therapist concerns. The present study was conducted to compare the lived experience of patients undergoing intensive exposure vs. therapist perceptions of patient lived experience.

Methods:
The 15-item “Perceptions of Exposure Therapy Scale” (PETS) was administered to a sample of 193 practicing clinicians in the US as well as 85 inpatients participating in intensive ERP for OCD at Rogers Memorial Hospital. Patients completed the PETS approximately two weeks following the initiation of exposure therapy. Therapists answered PETS items based on how they expected the average patient with an anxiety disorder to respond.

Results:
Patients endorsed relatively few concerns about exposure therapy. The mean PETS score among patients was 11.44 (*SD* = 8.94), indicating average endorsement of each item of less than 1 on a 0-4 scale. In contrast, the mean therapist PETS score was 28.32 (*SD* = 9.61). Thus, therapists dramatically overestimated (*d* = 1.79) the extent to which patients participating in exposure therapy perceive this treatment as unethical, intolerable, and harmful.

Conclusion:
Patients undergoing intensive exposure therapy regard this treatment quite positively, particularly in comparison to therapists' expectations. Thus, clinicians appear far more concerned about exposure than patients who participate in it. Implications of the present findings for clinical training and practice are discussed.

Disclosure of Interest Statement:
The author has no conflicts of interest to disclose.

Short biography of presenter:

Brett Deacon is Director of the Clinical Training Program at the University of Melbourne, and has specific expertise in exposure therapy.

Paper 3

A randomised clinical trial of the role of specific and non-specific factors in a brief group psychological intervention for psychological distress

Dharani Keyan[1], Katie Dawson[1], Suzanna Azevedo[1], Srishti Yadav[1], Jasmine Choi-Christou[1], Deepthi Maliakkal [2], Mohan K. Pillai[2], Elizabeth Thomas[2], Tony George[2], & Richard Bryant[1]
[1]University of New South Wales
[2] Christ University

Introduction/Background:
Most people around the world do not have access to evidence-based treatments because of a scarcity of mental health specialists. This has led to scalable interventions in which trained non-specialists deliver transdiagnostic programs. Meta-analyses indicate that these interventions are effective, demonstrating a moderate effect size. These studies have been compared against no-treatment or treatment as usual, and therefore have not distinguished between specific and non-specific components of treatment. To this end, this trial compared an adaptation of the World Health Organization's Problem Management Plus (PM+) program against a control condition that controlled for non-specific effects.

Methods:
A total of 213 adults college students in Bangalore, India, who screened positive for psychological distress during the COVID-19 pandemic were randomised to group PM+ or nondirective group support. PM+ comprised 6 sessions that trained participants in arousal reduction, problem management, behavioural activation, accessing social support, and worry management. The control condition comprised 6 sessions of small group support led by trained peers, thereby controlling for counsellor attention and group support. Primary outcome was anxiety and depression assessed at baseline, posttreatment, 2-month, and 6-month assessments.

Results:

The trial resulted in participants in both arms displaying marked reductions in anxiety and depression at each follow-up assessment. There were also reductions in suicidal ideation and COVID-related distress. Importantly, there were no differences between treatment conditions in reductions of any outcomes.

Conclusion:
This trial highlights that the benefits of a scalable intervention such as PM+ can be attributed to non-specific effects of treatment, such as therapist attention or group support. This interpretation highlights the need to adopt caution in presuming that treatment components the actual mechanism of change.

Disclosure of Interest Statement:
The author has no conflicts of interest to disclose.

Short biography of presenter:

Dharani Keyan is a postdoctoral research fellow at the UNSW Traumatic Stress Clinic, and has specific expertise in scalable interventions and implementation science.

Paper 4

A randomised trial of stepped care for anxiety and depression

Richard Bryant[1], Rand Habashn[2], Ibrahim Aqel[2], Adnan Abualhaija[2], and Dharani Keyan[1]
[1]University of New South Wales
[2] Institute for Family Health, Jordan

Speaker: Eileen Stech, University of New South Wales

Introduction/Background:
To accommodate the scarcity of mental health specialists in low-and-middle-income-countries, transdiagnostic behavioural programs delivered by trained non-specialists are increasingly popular. These programs are offered as single programs, typically lasting 5-7 weeks. Although these programs have been shown to be effective, many people do not respond to them. The goal of this study was to conduct a trial of stepped care in which we evaluated the relative efficacy of a single low-intensity program relative to a stepped care program in which participants who did not respond to the initial program additionally received a more intensive program.

Methods:
A total of 800 distressed adults across Jordan were randomised to the single program or Stepped Care. All participants initially received *Doing What Matters* (a WHO self-help program that is augmented by assistance from helpers via telephone). Participants in the single intervention who still met criteria for distress then received either usual care. Participants in the Stepped Care condition then

received *Problem Management Plus* (a 5-session WHO group-based intervention that taught behavioural skills in stress management). Assessments were conducted at baseline, posttreatment, and 6 months follow-up, and primary outcomes were anxiety and depression.

Results:

The trial resulted in the majority (82%) of participants still meeting criteria for psychological distress following the *Doing What Matters* intervention. Results will focus on intent-to-treat analyses of participants at the 3-month follow-up, which is the primary outcome timepoint. At the 3-month assessment participants in the Stepped Care program reported less anxiety and less depression than those in the single intervention program.

Conclusion:

These findings highlight that the current practice of providing single transdiagnostic behavioural programs may be better delivered as part of a stepped care framework that offers people who are persistently distressed additional treatments that target persistent needs.

Disclosure of Interest Statement:

The author has no conflicts of interest to disclose.

Short biography of presenter:

Richard Bryant is a psychologist.

Symposium 02: Advances in understanding and treating depression and anxiety in later life (2411)

Symposium Description:
The objective of this symposium is to increase our knowledge of the factors that have the potential to improve identification and treatment of depression, anxiety, and loneliness in older adulthood. This symposium will first report the findings from a systematic review and meta-analysis of remission, response, attrition, and relapse rates following psychological and pharmacological treatment for older adults with anxiety disorders. The second study will report the findings from a systematic review and meta-analysis of randomised control trials of low-intensity psychological interventions for anxiety and/or depression against any control condition. The third study will present the findings of an experimental investigation of the underlying mechanisms of social connectedness in later life. Finally, the fourth presentation will report the findings from a focus group study aimed at understanding cultural barriers to engaging in psychological interventions – including specific cultural barriers related to skills taught in cognitive and behavioural therapy – among older Chinese-speaking older adults with lived experiences of anxiety and depression and self-reported limited English proficiency.

Chair: Jessamine, Chen, Macquarie University Lifespan Health and Wellbeing Research Centre

Paper 1
What is the treatment of choice for late-life anxiety? A systematic review and meta-analysis of remission, response, attrition and relapse rates for after psychological and pharmacological treatment

Authors:
Johnco CJ[1,2], Dickson S[1,2] and Seaton A[1,2]
[1]Macquarie University Lifespan Health & Wellbeing Research Centre, Macquarie University, Sydney, Australia, [2]School of Psychological Sciences, Macquarie University, Sydney, Australia

Speaker: Carly Johnco

Introduction/Background:
This study examined the rates of diagnostic remission, treatment response, attrition and relapse following psychological and pharmacological treatment for anxiety in older adults.

Methods:
This preregistered systematic review and meta-analysis adhered to PRISMA guidelines. 19 randomised controlled trials of psychotherapy (CBT) or pharmacotherapy compared to active or inactive control were included, comprising 2,321 older adults (≥60 years) with a primary anxiety disorder.

Results:
Pooled weighted remission following CBT was 53% (95%CI=45-60%). Remission was significantly higher following CBT compared to inactive control (58% vs. 18%)

with systematic review showing similar patterns compared to active control (44-48% vs. 19-50%). There was significantly higher remission following pharmacotherapy (38%) compared to placebo (20%).

Pooled response rate following CBT was 51% (95%CI=46-56%). Response was significantly higher for CBT vs. inactive control (45% vs. 25%), but not significantly different to active control (68% vs. 44%). Response was significantly higher following pharmacotherapy (65%) vs. placebo (36%).

Pooled attrition for CBT was 18% (95%CI=15-22%), with no difference between CBT and inactive control (18% vs. 15%) or active control (22% vs. 19%), and no difference between pharmacotherapy and placebo (18% vs. 15%).

Pooled relapse rate after CBT was 33% (95%CI=18-49%). Systematic review showed relapse rates of 10% after CBT vs. 0% for inactive control, and 10-43% after CBT vs. 17-43% for active control. No pharmacotherapy trials reported relapse rates.

Conclusion:
Results provide a benchmark to compare clinical implementation and/or future efforts to optimise treatment for older adults with anxiety disorders.

Disclosure of Interest Statement:
This paper was funded by an NHMRC Investigator Fellowship (GNT2007904) awarded to Carly Johnco.

Short biography of presenter:
Carly Johnco is an Associate Professor in the School of Psychological Sciences at Macquarie University and NHMRC Emerging Leadership Fellow. She is also the Deputy Director of the Macquarie University Lifespan Health and Wellbeing Research Centre. Her research examines the mechanisms of treatment for anxiety disorders across the lifespan.

Paper 2
Efficacy of low intensity interventions for geriatric depression and anxiety

Authors:
Wuthrich VM[1], Dickson SJ[1], Pehlivan M[1], Chen JTH[1], Zagic D[1], Ghai I[1], Neelakandan A[1] & Johnco CJ[1]
[1]Macquarie University Lifespan Health & Wellbeing Research Centre, Macquarie University, Sydney, Australia

Speaker: Viviana Wuthrich

Introduction/Background:
The is limited understanding of the efficacy of low intensity interventions for treating depression and anxiety in older adults.

Methods:
Systematic review and meta-analysis of randomised control trials of low-intensity psychological interventions for anxiety and/or depression against any control

condition in any setting. Inclusion criteria: the study examined low intensity psychological interventions that were primarily self-help, included support from trained practitioners/facilitators with <6 hours total contact time (typically <30 min p/contact) and targeted anxiety and/or depression as primary outcomes. The review was preregistered on PROSPERO.

Results:
Seven studies consisting of 304 older adults (65–78 years, M_{age} = 70, *SD* = 4) were identified and six included in the meta-analysis of depression outcomes and three for anxiety. Five studies compared a low-intensity intervention to a waitlist control, one to general supportive email. All low intensity interventions utilised cognitive behavioural therapy. A random effects meta-analysis of group differences in symptom change from pre-post treatment found evidence favouring low intensity psychological interventions over passive control groups for the treatment of depressive and anxiety symptoms, with moderate effect sizes for depression (Cohen's *d* = 0.62) and large effect sizes for anxiety (Cohen's *d* = 0.84) at post-treatment.

Conclusion:
There is some evidence supporting the clinical benefits of low intensity psychological interventions for depressive and anxiety symptoms in older adults compared to passive controls. Results are limited due to the small sample size. The efficacy of low intensity interventions compared to treatment-as-usual, non-CBT approaches, in adults >80 years and long-term effects are unknown.

Disclosure of Interest Statement:
This paper was funded by the Medial Research Future Fund (MRFF). Viviana Wuthrich is supported by an MRFF Emerging Leadership Fellowship APP1197846, and Carly Johnco is supported by an NHMRC Emerging Leadership Fellowship GNT2007904.

Short biography of presenter:
Viviana Wuthrich is a Professor of Clinical Psychology, MRFF Emerging Leadership Fellowship holder, and Director of the Lifespan Health & Wellbeing Research Centre at Macquarie University. Her research expertise is in understanding and treating depression and anxiety in older adults, and in youth.

Paper 3
Experimental investigation of mechanisms underlying social connectedness in later life

Authors:
Chen JTH[1], Matovic, D[1], Wuthrich VM[1]
[1]Macquarie University Lifespan Health & Wellbeing Research Centre, Macquarie University, Sydney, Australia

Speaker: Jessamine Chen

Introduction/Background:
Understanding the way in which social relationships contribute to feelings of connectedness in later life has emerged as a significant ageing research priority in light of the increased focus on the negative impact of loneliness on older adults. While research has focused on examining factors associated with enhancing the frequency and varieties of social participation, the way in which social relationships contribute to feelings of connectedness is unknown. One possible mechanism underlying social connectedness is reciprocal social support, that is, giving and receiving emotional or practical support. This study examined the relationship between reciprocal social support and social connectedness using a cross-sectional experimental study design.

Methods:
Sixty adults aged ≥60 years were randomly allocated to either a Giving Support or Receiving Support condition. Each participant read a total of six vignettes describing scenarios relating to providing and receiving support. Participants then provided ratings on how connected they would feel to the fictious character in the scenario, as well as rating on how valued they would feel by the fictious character.

Results & Conclusion:
Preliminary data regarding the association of giving/receiving support with feeling of connectedness will be presented during the conference. Clinical implications will also be discussed.

Disclosure of Interest Statement:
This paper was funded by the Medial Research Future Fund (MRFF). Viviana Wuthrich is supported by an MRFF Emerging Leadership Fellowship APP1197846.

Short biography of presenter:
Jessamine Chen is an early career researcher and practising clinical psychologist at the Macquarie University Lifespan Health & Wellbeing Research Centre. Her research is focused on in understanding and treating depression and anxiety in older adults, reducing loneliness, and improving social connectedness in later life.

Paper 4
Ageing Wisely for Chinese-speaking older adults: culturally and linguistically appropriate adaptation and pilot study

Authors:
Chen JTH[1], Chik A[1,2], Orlando, M[1,3], Johnco CJ[1], Wuthrich VM[1]
[1]Macquarie University Lifespan Health & Wellbeing Research Centre, Macquarie University, Sydney, Australia
[2]Macquarie University Centre for Reading, Macquarie University, Sydney, Australia
[3]Department of Linguistics | Faculty of Medicine, Health and Human Sciences Macquarie University, Sydney, Australia

Speaker: Jessamine Chen

Introduction/Background:
Approximately 62% of older Australians (≥65 years) who speak Chinese (Mandarin Chinese or Cantonese) at home report not speaking English well or at all. Limited English language proficiency can alienate these older adults from accessing mental health services, as well as disrupting their social engagement. Currently there are no evidence-based psychological interventions for older Chinese-speaking adults and the rate of access to mental health services among this group is low. *Ageing Wisely* is one of the few evidence-based English-language cognitive behavioural therapy programs for treating late-life anxiety and depression, and it may be a good candidate to adapt for older Chinese-speaking populations. This study drew upon older Chinese-speaking adults' lived experiences of depression and anxiety to guide a culturally and linguistically appropriate adaptation of *Ageing Wisely* for older Chinese-speaking adults while maintaining fidelity to the original programs to maximise clinical effectiveness. This project brings together a multidisciplinary team comprising expertise in psychological interventions for late-life anxiety and depression, multilingualism, translation and interpreting, engagement with Chinese-speaking older adults in the community and understanding of Chinese culture, and clinical trials.

Methods:
Twelve older Chinese-speaking (50% Cantonese-speaking 50% Mandarin-speaking) adults aged ≥65 years with lived experiences of anxiety and/or depression and self-report limited English proficiency participated in 90-minute focus groups to provide feedback on cultural barriers to engaging in psychological interventions, including specific cultural barriers related to the treatment skills taught in *Ageing Wisely*.

Results & Conclusion:
Qualitative data and implications will be presented during the conference.

Disclosure of Interest Statement:
This paper was funded by the Macquarie University Lifespan Health and Wellbeing Research Centre Innovation Grant awarded to Jessamine Chen.

Short biography of presenter:
Jessamine Chen is an early career researcher and practising clinical psychologist at the Macquarie University Lifespan Health & Wellbeing Research Centre. Her research is focused on understanding and treating depression and anxiety in older adults, reducing loneliness, and improving social connectedness in later life.

Symposium 03: The role of the family in improving outcomes for victims of school bullying (2442)

Symposium Description:
School bullying has serious ongoing adverse impacts on the mental health of children and adolescents who are bullied. Previous intervention research has focused almost exclusively on the effectiveness of whole-school anti-bullying programs. Extensive research has found that school anti-bullying programs provide minimal benefits to victims and recent evidence suggests they may even exacerbate adverse impacts for some victims. The family system offers an alternative, or at least complementary, intervention point for children and adolescents who are bullied. Children's own social and emotional skills, their responses to peer behaviour, and the quality of their friendships, all impact their risk of being bullied. The parenting they receive impacts both children's risk of being bullied and risk of mental illness following bullying. Parenting also affects children's social skills, opportunities to develop friendships, and acceptance by peers. There is therefore potential for cognitive behavioural therapy (CBT) interventions targeting child and parenting factors to improve outcomes for children and adolescents who are bullied. Our initial randomised controlled trial (RCT) of a CBT family program in 2014 (Resilience Triple P) found that children whose families were allocated to the family program had greater reductions in bullying victimisation and depression over time than controls. Our research since has focused on the impact of CBT parenting and family interventions on bullying victimisation and associated mental illness. This symposium explores the evidence of impact of family interventions on bullying victimisation and mental health problems of children and adolescents, through results of RCTs, longitudinal studies and a structured review.

Chair: Matthew R Sanders, Parenting and Family Support Centre, The University of Queensland

Discussant : Matthew R Sanders, Parenting and Family Support Centre, The University of Queensland

Paper 1
The protective role of supportive relationships in mitigating bullying victimisation and psychological distress in adolescents

Authors:
Healy, K.L.[1,3,4,5]; Scott, J.G.[3,2,1,5]; Thomas, H.J.[1,2,5]
[1] QIMR Berghofer Medical Research Institute, Brisbane, Queensland; [2] Queensland Centre for Mental Health Research, Wacol, Queensland; [3] Child and Youth Mental Health Service, Queensland Children's Hospital and Health Service, South Brisbane, Queensland; [4] The University of Queensland (School of Psychology), Brisbane, Queensland; [5] The University of Queensland (Child Health Research Centre), South Brisbane, Queensland, Australia

Speaker: Karyn L Healy

Introduction/Background:
Supportive relationships have been hypothesised to protect against psychological distress in general, and to reduce the impacts of adversity on distress. Bullying victimisation by peers is a salient adverse experience for many adolescents. Being bullied increases the risk of psychological distress which in turn increases the risk of further bullying victimisation. There is minimal previous research on whether and how supportive relationships protect adolescents from the adverse emotional impacts of bullying.

Methods:
This study investigated the direct and moderating effects of supportive relationships with parents, peers and teachers on later psychological distress and bullying victimisation of adolescents. This longitudinal study involved 1425 Australian adolescents aged 12-18 years (mostly male, 74.3%), using questionnaires on bullying victimisation, psychological distress, and supportive relationships at two time points, 6 months apart.

Results:
All types of supportive relationships reduced the risk of later psychological distress predicted from earlier psychological distress, suggesting a direct compensatory effect. Support from classmates and parents also protected adolescents against ongoing bullying victimisation and mitigated the impact of bullying victimisation on later psychological distress, consistent with a stress-buffering hypothesis. The pattern of results confirms the important role that supportive relationships play in protecting adolescents from psychological distress and bullying victimisation.

Conclusion:
Persistent bullying victimisation and later psychological distress are less likely to occur for victimised adolescents supported by parents and classmates. Strategies and programs that improve parental support may enhance the effectiveness of school bullying preventative programs and improve outcomes for victims.

Disclosure of Interest Statement:
Data collection for this study was supported by a philanthropic PhD scholarship awarded to the third author by the Bryan Foundation (2013-2016). The authors declare no conflict of interest.

Short biography of presenter:
Dr Thomas is a practicing clinical psychologist and researcher with special interest in child, adolescent and family mental health. Her research aims to raise the profile of the harms of adverse childhood experiences, like bullying victimisation on lifelong mental health, and contribute to the enhancement of prevention and intervention efforts.

Paper 2
Pilot randomised controlled trial of a family intervention for adolescents experiencing peer problems and emotional distress

Authors:
Healy, K.L.[1,2,3], Thomas, H.J.[4,1,2], Cobham, V.E.[2,3], Sanders, M.R.[2], Malacova, E.[1], Pelecanos, A.[1], Gordan, L.[1] & Scott, J.G.[1,3,2]
[1] QIMR Berghofer Medical Research Institute, Herston, Qld; [2] The University of Queensland, Brisbane, Qld; [3] Children's Health Queensland, Brisbane, Qld; [4] Queensland Centre for Mental Health Research, Wacol, Qld

Speaker: Karyn L Healy

Introduction/Background:
Bullying by peers in adolescence greatly increases the risk of ongoing mental health problems, including internalising problems of depression and anxiety. It is unclear whether school anti-bullying programs benefit adolescents who are bullied. Existing cognitive behavioural programs target internalising problems, but not bullying victimisation. This pilot randomised controlled trial (RCT) evaluates a new program, Teen Connect Triple P, that aims to reduce both bullying victimisation and internalising problems by engaging adolescents and their parents in strategies to strengthen the adolescent's supportive relationships.

Methods:
Outcomes for bullying victimisation and internalising problems for Teen Connect Triple P were compared to a standard cognitive behavioural program. Families of adolescents (95), with co-occurring peer problems and internalising problems, were randomly allocated to one of the two programs. Both programs were delivered over six sessions to small groups of six adolescents through an online platform; the Teen Connect Triple P program also included six sessions for parents, also delivered online in small groups. Adolescents and parents completed online questionnaire assessments prior to the program, 3 months and then 12 months after randomisation.

Results:
At 3 months, there were large reductions in adolescent depression across both conditions and greater reductions in bullying victimisation for adolescents whose families were allocated to the Teen Connect Triple P condition. Results at 12 months are currently being analysed, and will be reported for the first time at the conference.

Conclusion:
(Pending 12-month results), interventions with the family can reduce bullying victimisation as well as depression of adolescents.

Disclosure of Interest Statement:
This study was funded by QIMR Berghofer Medical Research Institute. Healy, Thomas, Sanders and Scott are authors of Teen Connect Triple P, an unpublished program. The Triple P – Positive Parenting Program is developed and owned by The University of Queensland (UQ). Triple P International (TPI) Pty Ltd is licensed by UniQuest Pty Ltd, a commercialisation company of UQ, to publish and disseminate Triple P worldwide. Royalties stemming from any published Triple P resources are distributed to the Faculty of Health and Behavioural Sciences; Parenting and Family Support Centre (UQ) and authors. The authors of this paper have no share or

ownership of TPI. TPI had no involvement in the writing of this manuscript. All other authors declare no conflict of interest.

Short biography of presenter:
Dr Karyn Healy is a psychologist with extensive experience working with schools and families to improve relationships. She served in the Queensland Anti-Cyberbullying Committee and developed a PD resource for Australian schools about working with parents to address bullying. She is Associate Editor of Journal of Child and Family Studies.

Paper 3
Interventions for Autistic Children Who Experience Bullying Victimisation

Authors:
Johnstone AM[1], Healy KL[1], Sanders MR[1]
[1] The University of Queensland, Brisbane, Qld

Speaker: Alex M Johnstone

Introduction/Background:
A growing body of literature suggests autistic children are approximately three times more at risk of experiencing bullying victimisation at school than their typically developing peers. Autistic children who experience bullying victimisation have been reported to have higher levels of mental health problems and be more likely to refuse to attend school. Existing reviews have largely focused on bullying victimisation interventions for general school populations. Our review sheds light on the current state of the body of literature on bullying victimisation interventions for autistic children, limitations in the conduct of previous studies that might be addressed in a new study, and the scope for future intervention development.

Methods:
We conducted a systematic review on evidence of the effectiveness of bullying victimisation interventions for autistic children following the Cochrane Handbook for Systematic Reviews of Interventions Version 6.4. We used vote counting based on the direction of effect to synthesise results because effect measures and data reported varied across studies.

Results:
Studies examining the specific impact of interventions with autistic children are rare. A few small-scale studies have investigated the effectiveness of social-emotional skills training programs for autistic children who experience bullying victimisation; their results are promising but limited due to non-randomised designs. The effectiveness of family interventions for autistic children who experience bullying victimisation has not been investigated.

Conclusion:
Given that parenting influences children's risk of experiencing bullying victimisation, combining child social-emotional skills training with parenting support could optimise outcomes for autistic children who experience bullying victimisation.

Disclosure of Interest Statement:
The authors have no conflicts of interest to disclose.

Short biography of presenter:
Miss Johnstone is a Doctor of Psychology (Clinical) Student at the University of Queensland and Provisional Psychologist. She is particularly interested in working with neurodiverse individuals and young people and their families.

Paper 4
Can a brief parenting seminar provide parents with skills to support their children's peer relationships and prevent bullying?

Authors:
Boyle C[1], Sanders MR[2], Hodges J[1,2], Ma T[1,2,] Healy KL[2,4] ,Warton W[3]
[1] The University of Adelaide, Adelaide, SA, [2] The University of Queensland, Brisbane, QLD, [3] Monash University, Clayton, VIC, [4]QIMR Berghofer Medical Research Institute, Brisbane, QLD

Speaker: Julie Hodges

Introduction/Background:
As young people transitioned back to school following the COVID-19 pandemic, both families and schools experienced challenges, with heightened levels of mental health problems and peer relationship difficulties evident. Given the widespread nature of these challenges, an integrated public health model of intervention was required to address these problems. The Thriving Kids and Parents Schools Project (TKPSP) seminar series is a low-intensity, prevention-focused program that was implemented in 380 Australian schools.

Methods:
The "Keeping your Child Safe from Bullying" was one of three seminars delivered online by experienced presenters as part of the TKPSP. Over 900 parents completed measures about their confidence in supporting their child's peer relationships and their social and emotional development, their behaviour and wellbeing at baseline, six weeks post baseline, and 12 weeks after baseline. Data were analysed using a latent growth curve modelling approach.

Results:
Significant intervention effects were identified for both parents' self-efficacy for promoting their child's social and emotional and behavioural development and for reductions in children's depression and anxiety, with small-to-medium effect sizes noted. Significant improvements were noted for specific parenting skills related to preventing bullying.

Conclusion:
The findings from this project will extend the current knowledge of the effectiveness of brief, low intensity, universally offered, prevention-focused, evidence-based parenting support to promote children's peer relationships, prevent bullying and in so doing support school priorities e.g., anti-bullying policies.

Disclosure of Interest Statement:
This research was funded by the Australian Government Department of Education through the Emerging Priority Program. Hodges, Boyle, Martin and Warton have no conflict of interest to declare. Healy and Sanders are authors of the “Keeping your child safe from bullying” seminar, an unpublished program. The Triple P – Positive Parenting Program is developed and owned by The University of Queensland (UQ). Triple P International (TPI) Pty Ltd is licensed by UniQuest Pty Ltd, a commercialisation company of UQ, to publish and disseminate Triple P worldwide. Royalties stemming from any published Triple P resources are distributed to the Faculty of Health and Behavioural Sciences; Parenting and Family Support Centre (UQ) and authors. The authors of this paper have no share or ownership of TPI. TPI had no involvement in the writing of this manuscript.

Short biography of presenter:
Dr Julie Hodges is a Senior Research Fellow at the Parenting and Family Support Centre at the University of Queensland. Her background as a clinical psychologist, a teacher and a parenting educator has motivated her research focused on the wellbeing and self-regulatory capacity of young people, and on the home-school partnership.

Symposium 04: Burnout in health professionals: identifying the signs and getting support (2422)

Symposium Description:
Burnout is identified in ICD-11 as a syndrome specific to the occupational context, resulting from chronic workplace stress that has not been successfully managed. It is a combination of emotional exhaustion, mental distance/negativity about one's job, and reduced work effectiveness or sense of personal accomplishment. It can occur following persistent and unrelenting stress. Healthcare workers are at an increased risk of burnout due to the demands and nature of their jobs. Recent research has found 60% of Australian health professionals (HPs) reported significant burnout (Smallwood et al., 2021).

This symposium aims to explain and destigmatise occupational burnout and help-seeking specifically for HPs. It will examine:

- the development of The Essential Network (TEN) – a multifaceted e-health hub developed by HPs, for HPs;
- TEN's Navigating Burnout program, including signs of burnout, self-guided CBT strategies, and how it has been tailored to meet the help-seeking needs of HPs;
- initial findings from Navigating Burnout Group Training Workshops provided to HPs by the Black Dog Institute Education Team over the past 2 years; and
- clinical and lived experience insights (deidentified and respectfully shared) from individual therapy and support.

The symposium objectives are to:

- increase knowledge about burnout and the signs to notice to engage in early help-seeking;
- destigmatise burnout and increase access to support via awareness of the development process of TEN; and
- increase awareness of confidential support options for self and others.

Rotating Chair: Pamela Withey, Sarah Barker, Matthew Coleshill, Laura Kampel

Paper 1
The development and evaluation of The Essential Network (TEN): A blended care mental health service for health professionals in Australia

Authors:
Matthew Coleshill[1,2], Melissa Black[1,3], Jill Newby[1,3], Samuel Harvey [1,2], Helen Christensen [1,2], & Peter Baldwin[1,2],
[1] Black Dog Institute, Randwick NSW, [2] School of Medicine, UNSW Sydney, Randwick, NSW, [3] School of Psychology, UNSW Sydney, Randwick, NSW

Speaker: Matthew Coleshill

Introduction/Background:
The already high risk of poor mental health among health professionals (HPs) has been exacerbated by the COVID-19 pandemic. Mental health services are available,

but many are not sensitive to the needs and workplace culture of HPs. ‘Blended care’, which integrates digital and person-to-person care, may leverage the scalability and anonymity of digital health while offering a choice of care options. To these ends, Black Dog Institute partnered with peak industry bodies to develop The Essential Network (TEN), a blended mental health service created for HPs in Australia.

Methods: We outline the rationale and development of TEN and service design methodologies, including an audit of service analytics, prospective evaluation of TEN, stakeholder and user consultation, and strategies for adaptive service delivery.

Results: Since May 2020, TEN has serviced over 100,000 HPs, including over 22,000 digital mental health assessments and over 2200 person-to-person clinical sessions. TEN’s early iteration was associated with small but significant improvements in mental health outcomes and high acceptability, but no improvement in burnout.

Conclusion: TEN united peak professional bodies and service providers to create a digital hub offering HPs a range of mental health resources and help-seeking options. The flexibility of blended care to adapt to emerging needs, such as burnout, and provide scalable support highlights the advantages of this model of care. To leverage blended care, such services must be implemented in a way that ensures HPs feel safe to use them – with peer endorsement and trust being key components to service engagement.

Disclosure of Interest Statement:
TEN is funded by the Australian Federal Department of Health and Aged Care. Dr Matthew Coleshill is supported by funding from the Australian Federal Department of Health and Aged Care

Short biography of presenter:
Dr Matthew Coleshill is an early-career researcher and Postdoctoral Fellow at Black Dog Institute, UNSW Sydney, with a background in health psychology and intervention evaluation. Dr Coleshill is currently evaluating the effectiveness and implementation of The Essential Network (TEN).

Paper 2
The Essential Network (TEN): Adapting a blended care mental health support service to Navigate Burnout in health professionals

Authors:
Black Dog Institute, Barker, S[1].
[1]Black Dog Institute, Randwick NSW

Speaker: Sarah Barker

Introduction/Background:
Navigating Burnout is an online module designed for health professionals (HPs), by HPs in Australia. Launched in 2022, it is free, confidential, and anonymously

accessed via the TEN website. It provides HPs with safe, evidence-based information and learning activities to improve their mental health.

Methods:
The program has nine sections that can be selected and completed in any order. Users are encouraged to complete the *Introduction* section, and the *Understanding more about burnout* section, which includes burnout signs to notice in HPs. There are five independent topics with self-guided CBT strategies for improved coping and skill building, with CBT worksheets and worked examples to assist applying strategies into a HPs' life. There is a *Leading a team through burnout* section, and a final independent section with *Additional resources and support*. The program has been tailored to the help-seeking needs of HPs. It can be accessed 24/7, privately and anonymously, with information relevant to HPs' unique challenges and experiences. It considers the time and content preferences of HPs with sections/topics that can be done in any order, any time. To increase meaning, engagement, and to reduce stigma, information and strategies are presented in writing, with examples relevant to HP contexts, as well as via short videos by lived experience presenters from different health professions.

Results:
Website analytics will be shared and user surveys results will be summarised.

Conclusion:
Navigating Burnout is an online module designed specifically for HPs, using consultation and feedback from HPs. It can be easily accessed any time by all HPs in Australia.

Disclosure of Interest Statement:
TEN is funded by The Australian Department of Health and Aged Care.

Short biography of presenter:
Dr Sarah Barker is a Clinical Psychologist who has worked in Health Professional Education and Workplace Mental Health Education at Black Dog Institute for 10 years. She moderates Black Dog Institute's *Mental Health Community of Practice* and *Expert Insights* series for health professionals.

Paper 3
Navigating Burnout Workshops

Authors:
Black Dog Institute[1], Withey P[1]
[1] Black Dog Institute, Randwick NSW

Speaker: Pamela Withey

Introduction/Background:
Burnout in ICD-11 is categorised as a syndrome specific to the occupational context, resulting from chronic workplace stress that has not been successfully managed. For burnout prevention and/or early intervention, it is important that information is presented in a group format (e.g. teams/organisations, health professional groups) to

normalise and destigmatise difficulties and help-seeking. This allows workplace stressors that have not been successfully managed to be highlighted, with opportunities for increased collaboration, support, and work towards improved management.

Methods
Workshops were arranged via request from health organisations or health professionals (HPs) could register for public workshops via Black Dog Institute's Health Professional training portal. Multiple 60- or 90-minute interactive webinar workshops were conducted by Black Dog Institute Health Professional Facilitators over two years. Workshops covered three main topics: information about causes, signs and impact of burnout; introduction to resources and supports for HPs to manage burnout; and exploring one or two of the practical strategies from the Navigating Burnout program. Participants completed a post-workshop evaluation.

Results:
Overall participant demographics and collated workshop outcome ratings will be shared. Trends will be highlighted.

Conclusion:
The Navigating Burnout workshops have been delivered to HPs all over Australia with promising outcomes.

Disclosure of Interest Statement:
TEN is funded by the Australian Federal Department of Health and Aged Care.

Short biography of presenter:
Pam Withey is a Clinical Psychologist working in private practice and an education/workplace facilitator for Black Dog Institute. With nearly 25 years' experience working in health, Pam has a special interest in promotion, prevention, and early intervention of mental health conditions, and invites action for a mentally healthier world.

Paper 4
Clinical and Lived Experience Insights from the TEN Clinic

Authors:
Black Dog Institute[1], Kampel L[1]
[1] Black Dog Institute, Randwick NSW

Speaker: Laura Kampel

Introduction/Background:
Health professionals (HPs) work in challenging roles with a unique set of working conditions that prioritise privacy and confidentiality. This can result in HPs becoming isolated in their work experiences and vulnerable to mental health concerns and burnout. HPs can be reluctant to reach out for professional support, and frequently prioritise patient/client care at the expense of their own self-care. Challenging workplace conditions, high emotional labour, and financial stress can further amplify difficulties. This can lead to developing an unhelpful thinking bias, personalising, and

using unhelpful comparisons which can exacerbate the experience of HP burnout, lead to presenteeism, and hinder help-seeking.

Methods:
HPs participated in individual sessions with a Black Dog Institute Clinical Psychologist or Psychiatrist. Sessions were free, did not require a referral or involve Medicare or other funding sources that would identify the individual health provider.

Results:
With the utmost regard for privacy and confidentiality, general clinical insights and observations will be shared.

Conclusion:
HPs are encouraged to monitor their personal and professional coping for signs of occupational burnout and seek help early with a qualified HP using evidence-based approaches.

Disclosure of Interest Statement:
Black Dog Institute Clinic is funded through patient fees and Medicare. Black Dog Institute Clinic is also supported by NSW Health government grants and projects funded by the Australian Federal Department of Health and Aged Care (for example TEN).

Short biography of presenter:
Laura Kampel is the Head of Clinical Services/Senior Clinical Psychologist at Black Dog Institute. She leads a team of 13 clinical psychologists, psychiatrists, and registrars. She completed a PhD at Black Dog Institute/UNSW in digital mindfulness. She has 30 years of experience working in community health, tertiary education, and private practice.

Symposium 05: Advances in the prevention and treatment of obsessive-compulsive disorder (2460)

Symposium Description:
This symposium presents research that can potentially inform advances in the prevention and treatment of obsessive-compulsive disorder (OCD). We will show that the feared self, OCD-related beliefs, and factors underpinning exposure implementation are concepts that are pivotal to these efforts.

The first presentation examines how negative early life experiences, such as childhood trauma and dysfunctional parenting styles, contribute to the formation of the feared self (traits and characteristics an individual dreads embodying) through the mediating role of self-ambivalence. The second paper explores the malleability of the feared self, demonstrating that a brief imagery rescripting intervention can effectively reduce these maladaptive self-views among individuals with elevated OCD symptoms.

The third paper investigates the interplay between OCD-related beliefs, perceptions of parenting, and perinatal OCD, highlighting potential gender differences and the influence of societal norms on symptom manifestation. The fourth presentation introduces a novel cognitive intervention aimed at reappraising beliefs about losing control, a key cognitive factor implicated in OCD's maintenance.

Finally, a systematic review synthesises the determinants of exposure therapy implementation for anxiety-related disorders, including OCD, underscoring the need for specialised training to enhance clinicians' uptake of this evidence-based treatment, particularly for complex presentations.

Chair: Shiu Fung (Kelvin) Wong, Swinburne University of Technology

Discussant: Lara Farrell, Griffith University

Paper 1
Self-ambivalence and fear-of-self mediates the relationship between self-concept disruption in early life and obsessive-compulsive symptoms

Authors:
Gomez I[1], Peck M[2], Marques MD[2], & Wong SF[1]
[1]Swinburne University of Technology, Melbourne, VIC
[2]La Trobe University, Bundoora, VIC

Speaker: Isabella Gomez

Introduction/Background:
The feared self, or the self that a person fears they might be or become, has been increasingly shown to drive the development and maintenance of Obsessive-Compulsive Disorder (OCD). However, there is little empirical research on how this feared self develops in the first place. Aardema and Wong's (2020) cognitive-behavioural theory of OCD proposes that negative early life experiences (e.g.,

childhood trauma) lead to self-ambivalence which then results in the feared self and OCD symptoms.

Methods:
A cross-sectional design was used to examine the hypothesised relationships. That is, non-clinical participants (*N* = 246) completed online self-report measures of negative early life experiences (childhood trauma, risky family environment, experiences with authoritarian and permissive parenting styles, negative perceptions of pubertal timing, and loneliness), self-ambivalence, fear-of-self, and OCD symptoms.

Results:
Results from the path analysis indicated that while the proposed model did not have acceptable model fit, there were several significant indirect effects. Risky family environments, receiving authoritarian parenting (from mothers and fathers), mother's permissive parenting, and negative perceptions of pubertal timing significantly predicted greater OCD symptoms. These relationships were mediated by self-ambivalence and the corrupted feared self.

Conclusion:
These findings provide support for the role of the feared self in OCD and preliminary evidence of how the feared self develops. These findings could inform prevention strategies for OCD.

Disclosure of Interest Statement:
The authors have no conflicts of interest to disclose.

Short biography of presenter:
Isabella is completing a PhD in Health Sciences at Swinburne University of Technology. Her research interests are in understanding the mechanisms underlying psychopathology, particularly obsessive-compulsive and related disorders.

Paper 2
Changes in feared self-perceptions among a high obsessive-compulsive sample following brief imagery rescripting

Authors:
Cooper DDJ[1], Ferguson E[1], & Grisham JR[1]
[1]UNSW Sydney, Sydney, NSW

Speaker: Jessica Grisham

Introduction/Background:
Emerging evidence suggests that imagery rescripting for memories can help to reduce symptoms in obsessive-compulsive disorder (OCD). One explanation for these findings is that aversive early experiences can influence self-concept, which is implicated in OCD. A feared possible self (such as negligent or disgusting) describes the traits a person worries about having, which can lead to compulsive efforts to prevent their expression. This study aimed to test whether such feared self-perceptions were amenable to change through imagery rescripting.

Methods:
Participants on Prolific.com who were high in OC-symptom traits (*n* = 112) were guided, using pre-recorded instructions, to identify a salient memory. Participants were then randomly assigned to one of two conditions: audio-guided imagery rescripting or a thought-listing control. We measured feared self-perceptions pre- and post-manipulation and at a one-week follow-up using two standardised scales (state and trait) and an idiopathic measure (certainty of feared self).

Results:
Participants in the rescripting condition reported pre-post reductions in their feared self-perceptions on all three measures. These changes were maintained at a one-week follow-up on two of the measures (state feared self and certainty of feared self). There was strong evidence for between group differences. Participants in the thought-listing control condition reported stability in feared self-perceptions from pre- to follow-up.

Conclusion:
Imagery rescripting is a promising adjunctive intervention to target feared self-perceptions implicated in OCD. Future research should seek to replicate these changes in the context of standard treatment for OCD and examine the additive effect of imagery rescripting on symptom change.

Disclosure of Interest Statement:
The authors have no conflicts of interest to disclose.

Short biography of presenter:
David Cooper is a clinical psychologist who completed his PhD examining imagery-rescripting for OCD through the Scientia program at UNSW Sydney. His private practice work focuses on OCD and related issues, and he remains actively involved in research.

Paper 3
An examination of the relationship between obsessive-compulsive disorder related beliefs, perceptions of parenting and perinatal OCD

Authors:
Walker R[1], Nedeljkovic M[1], & Ludlow C[1]
[1]Swinburne University of Technology, Melbourne, VIC

Speaker: Raina Walker

Introduction/Background:
This study delves into the complex interactions between parental attitudes, OCD-related beliefs, and perinatal OCD (pOCD), aiming to highlight how these elements differ between mothers and fathers. It seeks to broaden the understanding of pOCD by examining how gender-specific experiences and societal roles influence the manifestation and severity of the disorder. Recognising that both mothers and fathers are affected by pOCD, the research focuses on the unique pressures and expectations placed on each gender, which may contribute to the development of the

disorder. Through this, the study intends to uncover insights that could lead to more targeted and nuanced treatment approaches, acknowledging the varied challenges faced by parents during the perinatal period.

Methods:
The study employed a cross-sectional design, done through an online self-report questionnaire which engaged 385 participants (197 fathers and 188 mothers).

Results:
The findings indicated no significant gender differences in essentialist beliefs about parenting, but a strong correlation between heightened OCD-related beliefs and increased distress from intrusions.

Conclusion:
The study underscores the influence of societal and cultural norms on pOCD, highlighting the importance of inclusive research and clinical practices for both mothers and fathers. It suggests future research directions, including the exploration of the long-term progression of pOCD symptoms and the potential modification of essentialist beliefs to alleviate symptoms.

Disclosure of Interest Statement:
The authors have no conflicts of interest to disclose.

Short biography of presenter:
Raina Walker is a Doctor of Philosophy (Clinical Psychology) candidate at Swinburne University of Technology. Her research focuses on perinatal OCD (pOCD) in parents, specifically how obsessive beliefs and parental attitudes influence pOCD distress. Additionally, she published a systematic review in 2021 on fathers' experiences with perinatal OCD symptoms.

Paper 4
Reappraising beliefs about losing control: An experimental investigation

Authors:
Fridgen, CPEA[1], & Radomsky, AS[1]
[1]Concordia University, Montréal, Québec

Speaker: Cailyn Fridgen

Introduction/Background:
Individuals with obsessive-compulsive disorder (OCD) often endorse negative beliefs about the over-importance of and the need to control thoughts, leading to negative emotions and compulsive efforts to prevent dreaded outcomes. However, psychometric and causal evidence support that current conceptualisations of control related beliefs should be broadened to include beliefs about *losing* control (BALC) over one's thoughts, emotions, behaviours, and/or bodily functions. Although these beliefs have been successfully manipulated (such that individuals can come to believe that they are at a higher or lower likelihood of losing control), it has yet to be determined whether high levels of negative BALC can be reduced. To address this gap in the literature, the current experiment tested the efficacy of a novel brief

cognitive intervention aimed at reappraising a previous perceived instance of a loss of control.

Methods:
Participants (*N* = 52) were asked to recount a memory of a time in which they believe themselves to have lost control. Participants were then randomly assigned to the experimental or control condition where they subsequently underwent a brief cognitive reappraisal intervention or control memory task, respectively.

Results:
Mixed-method analysis revealed that the cognitive intervention was successful such that maladaptive BALC significantly decreased in the experimental condition compared to control, $F(1) = 17.01$, $p < .001$, $\eta_p^2 = .164$.

Conclusion:
The findings will be discussed in terms of their potential consequences and implications, and support that the cognitive intervention employed in this study potentially provides clinicians with a novel strategy for targeting BALC in OCD and related problems.

Disclosure of Interest Statement:
This study was funded by Social Sciences and Humanities Research Council (SSHRC) Research Fund (435-2017-0922). The first author is supported by the Graduate Scholarships – Master's (CGS M).

Short biography of presenter:
Cailyn Fridgen is completing her Master of Arts Degree in Clinical Psychology at Concordia University, under the supervision of Dr. Adam Radomsky. Her research broadly focuses on developing evidence-based treatments for OCD and related disorders. Specifically, she is researching cognitive behavioural interventions aimed at reducing maladaptive beliefs about losing control.

Paper 5
Determinants of exposure therapy implementation in clinical practice for the treatment of anxiety, OCD, and PTSD: A systematic review

Authors:
Racz JI[1], Bialocerkowski A[2], Calteaux I[1], & Farrell LJ[1]
[1] School of Applied Psychology, Griffith University, Gold Coast, QLD
[2] Griffith Health, Griffith University, Gold Coast, QLD

Speaker: Jason Racz

Introduction/Background:
Exposure therapy (ET) forms a vital part of effective psychotherapy for anxiety-related presentations including anxiety disorders, obsessive-compulsive disorder (OCD), and post-traumatic stress disorder (PTSD), but remains underutilised.

Methods:

This systematic review synthesised existing literature on determinants of ET implementation for anxiety-related presentations and examined differences between client presentations and developmental subgroups. Fifty-two eligible studies were identified, and their results were mapped onto an implementation science framework, the Theoretical Domains Framework.

Results:
Most of the literature focused on a subset of determinant domains (e.g., social/professional role and identity). Moreover, specific presentations and developmental subgroups (i.e., PTSD and adults) represented a greater proportion of results than others (i.e., OCD and youth). Results suggested clinicians' negative beliefs about the consequences of ET were frequently associated with reduced implementation. Moreover, whilst broad ET training may be related to improved implementation for anxiety disorders; improving uptake for complex presentations, including PTSD and OCD, likely requires specialised and practical training.

Conclusion:
Clinicians should consider the influence of their own beliefs on their use of ET and the benefits of engaging in specialised and practical ET training for more complex presentations.

Disclosure of Interest Statement:
The authors have no conflicts of interest to disclose.

Short biography of presenter:
Jason is a Doctor of Philosophy (Clinical Psychology) candidate at Griffith University and a psychologist. His research is exploring the implementation of exposure therapy with a focus on the use of exposure and response prevention among Australian mental health clinicians treating youth with obsessive-compulsive disorder.

Symposium 06: Meaning through measurement: making accurate appraisals in clinical child mental health (2465)

Symposium Description:
Use of measures is a cornerstone of evidence-based psychological practice, but measures are often not well utilised in clinical practice. The aim of this symposium is to describe the findings of four studies on measurement in child and youth mental health, discussing innovative strategies to increase appropriate measure use as a means for improving the quality of service provision. The first presentation will report data from a national survey of Australian child and youth mental health practitioners regarding use of measures and perceptions of facilitators to increase measure use. In the second presentation, findings from the first study to provide Australian normative data for the Preschool Pediatric Symptom Checklist and the Pediatric Symptom Checklist-17 will be discussed. The third presentation will present pilot data from an innovative trial investigating the use of Measurement-Based Care for improving symptoms of childhood conduct problems and parent engagement in behavioural parenting interventions. The final presentation will report data on the development of a novel new measurement tool for evaluating practice competencies of therapists delivering behavioural parent training interventions. The symposium will conclude with a discussion of policy and practice implications and future directions pertaining to the use of measures in child and youth mental health practice.

Chair: Adrienne Turnell, University of Sydney

Discussant: Mark Dadds

Paper 1
Use of Measures and Measurement-Based Care: A survey of Australian Child and Youth practitioners

Authors:
Tully LA[1], Kan J[1], McLean R[1], Turnell A[1], Nowland T[1], Liew O[1], McFarlane L[1], Hawes DJ[1] & Dadds MR[1]

[1] Child Behaviour Research Clinic, University of Sydney, Sydney, NSW

Speaker: Lucy Tully

Introduction/Background:
Use of measures by practitioners in mental health (MH) is a cornerstone of evidence-base practice and essential to high quality service provision. Measurement-Based Care (MBC) involves session-by-session measurement and feedback to clients to inform collaborative decisions about treatment. There is evidence that use of MBC improves engagement and outcomes for adult and child/youth MH, but that use of MBC by practitioners may be low. The aim of this study was to survey child MH practitioners to examine: (1) the frequency of use of measures and MBC, (2) what outcomes practitioners measure, and (3) what facilitators would increase use of measures.

Methods:
A survey was conducted with Australian practitioners (N = 205) working in child and youth MH.

Results:
The majority of practitioners reported using measures at some stage during treatment, but around 1 in 7 did not use measures at all. Of those who reported using measures only a minority (6%) used measures every session, which is characteristic of MBC. The main outcome measured was symptom severity, but outcomes such as goal attainment and therapeutic alliance were measured by only a small proportion of practitioners. The top three facilitators endorsed included free measures, better tools/platforms to administer measures, and briefer measures.

Conclusion:
There is room for improvement in overall use of measures by Australian child and youth MH practitioners, and specifically in use of MBC, which may improve client engagement and outcomes. Some of the facilitators endorsed can be easily addressed, for example, disseminating information about free and brief child MH measures, such as the Pediatric Symptom Checklist.

Disclosure of Interest Statement:
This research is supported by the Medical Research Future Fund, MRF2006438 *Growing Minds Australia: A National Trials Strategy to Transform Child and Youth Mental Health Services*.

The authors have no conflicts of interest to disclose.

Short biography of presenter:
Lucy Tully is a Senior Lecturer, Psychologist and Director of Flagship Trials for Growing Minds Australia, working at the Child Behaviour Research Clinic at the University of Sydney. She has over 20 years of experience in child and youth mental health, and more than 50 publications in the field.

Paper 2
Normative Data for the Preschool PSC and PSC-17 in a national Australian sample

Authors:
McLean R K[1], Tully L A[1], Dadds M R[1]
[1] University of Sydney, NSW

Speaker: Rebecca McLean

Introduction/Background:
Parents face difficulties identifying emerging mental health (MH) problems in children due low levels of mental health literacy, which means many children do not access the services they need. Valid screening measures are needed to help identify at-risk children. These measures should provide an overall assessment of child wellbeing, be free, brief, valid, cover broad age ranges, and have clinical cutoffs and normative data. There are several widely used measures of child MH with varying psychometric

strength, however, existing measures are lengthy and do not have strong psychometrics for all age groups. The aim of this study was to validate and establish normative data for two measures of child MH: the *Preschool Pediatric Symptom Checklist (Preschool PSC)* and the *Pediatric Symptom Checklist-17* (PSC-17).

Methods:
A large, national sample of Australian parents (*N* = 2,070) completed a demographic questionnaire and the two PSC measures. Using a sub-sample of parents, the PSC measures were validated against the *Child Behaviour Checklist* for ages 1.5-5 and 6-18.

Results:
Specific age, gender and informant-version normative data were established for the Preschool PSC and PSC-17 in Australia for children aged 3-17 years. The sample was compared to normative data for the PSC-17 from the United States including total scores and subscales (internalising, externalising and attention).

Conclusion:
This study is the first to establish Australian norms for PSC measures, and normative data for the Preschool PSC. Findings from this study support the use of the PSC measures as screening and assessment tools in research and clinical settings.

Disclosure of Interest Statement:
This research is supported by the Medical Research Future Fund, MRF2006438 *Growing Minds Australia: A National Trials Strategy to Transform Child and Youth Mental Health Services* and an *RTP Stipend*.

Short biography of presenter:
Rebecca McLean is a PhD candidate (Psychology) currently investigating early interventions to improve child MH and wellbeing, and a Research Assistant on the Growing Minds Check-In, a universal MH identification and referral system for parents. She also has experience working with at-risk adolescents and children in out of home care.

Paper 3

Examining the effects of Measurement-Based Care on child externalizing behaviours in behavioural parent training.

Authors:
Turnell A[1], Tully LA[1], Roach A[1], Leonard B[1], Northam J[1], Nowland T[1], Liew O[1], McFarlane L[1], Carl T[1], Hawes DJ[1] & Dadds MR[1]
[1] Child Behaviour Research Clinic, University of Sydney, Sydney, NSW

Speaker: Adrienne Turnell

Introduction/Background:
Despite the efficacy of Behavioural Parent Training (BPT) interventions for conduct problems, rates of non-response and dropout are high. Measurement-Based Care (MBC) involves the collection of measures throughout treatment about symptoms,

functioning, and the therapeutic relationship, to facilitate collaborative decision-making between clinicians and clients. Considerable research on adult mental health interventions has found MBC significantly improves mental health outcomes, reduces drop out and deterioration rates, and reduces the length of treatment and cost of care. However, little research has been conducted on MBC for interventions in child mental health and this approach has not yet been applied to parenting interventions. The aim of this study was to conduct the first RCT to examine the efficacy of MBC versus Monitoring-As-Usual (MAU; measures completed pre, post and at three-month follow-up) for improving symptoms of child conduct problems and parent engagement in a BPT intervention.

Methods:
The study is a 2 (group: MBC intervention vs. MAU control) x 3 (time: pre-, post-, three month follow-up) RCT aimed a evaluating the efficacy of MBC for improving symptoms of childhood conduct problems and parental engagement in a BPT intervention. All families completed an evidence-based 8-10 week BPT intervention. Families were randomly allocated to either MBC or MAU. MBC included weekly measures of symptoms, goals, skill implementation, and therapeutic alliance via an online platform, NovoPsych. These measures were reviewed collaboratively by clinicians and caregivers to inform treatment decisions.

Results:
Preliminary data from the RCT will be presented, along with clinician and supervisor perspectives about the process of delivering MBC as an adjunct intervention.

Conclusion:
MBC has the potential to improve outcomes from parenting interventions and to reduce non-responders and drop-outs. Therefore, if effective, MBC may offer a framework for an improved model of care for child mental health in Australia.

Disclosure of Interest Statement:
This research is funded by *Australian Rotary Health* and an *RTP Stipend*. The authors have no conflicts of interest to disclose.

Short biography of presenter:
Adrienne Turnell is a Clinical Psychologist and PhD candidate working at the Child Behaviour Research Clinic at the University of Sydney. She has 8 years of experience working in child and youth mental health and is currently investigating methods to improve the efficacy of evidence-based parenting interventions.

Paper 4
Development of a Reflective-Practice Measure of Core Competencies for the Evidence-based Treatment of Child Conduct Problems

Authors:
Barker JM[1], Northam J[2] & Hawes DJ[2]
[2]School of Psychology, University of Sydney, NSW
[1] Child Behaviour Research Clinic, University of Sydney, NSW

Speaker: Jessica Barker

Introduction/Background:
Social learning-based parenting Interventions (SLT-PIs) for conduct problems are amongst the most effective psychosocial interventions in clinical psychology. These interventions are nonetheless underutilised in community settings and their effectiveness may be decreased due to inadequate therapist training, with still 30-50% of children showing clinically significant conduct problems following intervention. One major barrier to effective training is a current lack of tools to measure therapist competencies in SLT-PIs. Our aim was to develop a measurement tool of this kind to enhance supervision and self-reflection among therapists delivering these interventions.

Methods:
Drawing on experience-based co-design and an existing model of core therapist competencies for parenting interventions for conduct problems, the Measure of Therapist Competencies in Parenting Interventions for Conduct Problems (MTCP-CP) was designed. The MTCP-CP development involved focus groups and individual interviews with 16 supervising therapists in SLT-PIs. The acceptability and feasibility of the MTCP-CP according to supervising therapists and trainee therapists in SLT-PIs was then examined through online testing.

Results:
The final version of the Measure of Therapist Competencies in Parenting Interventions for Conduct Problems (MTCP-CP) will be discussed, along with qualitative results from the codesign process that helped shape it. Feasibility and acceptability ratings will also be presented.

Conclusion:
The novel measure developed here represents the first supervision tool developed from a competency-based model spanning several evidence-based interventions for child conduct problems. It has the potential to enhance the effectiveness of therapist training by providing therapists with a scaffold for ongoing self-reflective practice, and to ultimately improve client outcomes.

Disclosure of Interest Statement:
This research is funded by an *RTP Stipend.*

The authors have no conflicts of interest to disclose.

Short biography of presenter:
Jessica Barker is a Clinical Psychology Registrar and PhD candidate in the School of Psychology at the University of Sydney. She has 8 years of experience working in child and adult mental health, and her PhD focuses on core therapist competencies in parenting interventions for conduct problems.

Symposium 07: Music and mental health in young people (2459)

Symposium Description:
Cognitive behaviour therapy is the front-line therapeutic intervention for mental health problems in young people. However, a significant minority of young people do not respond well to CBT. Therefore, effective and engaging strategies are needed to support young people's mental health, either as adjuncts to CBT or as stand-alone alternative options. Music listening and other music activities such as singing have potential mental health benefits and are affordable and widely accessible. The objective of this symposium is to present evidence from several studies to demonstrate the role that music activities can play in mental health prevention and intervention in young people. The first paper by Zoe Gath is a replication (2 studies) comparing 4-weeks of cognitive reappraisal with 4-weeks of strategic music listening in young adults experiencing mild-to-moderate distress. The second paper presented by Lachlan Molan is a qualitative analysis of post-intervention interviews with participants of the *Tuned In University Students* program: a 4-session intervention in which participants learn strategic music listening for emotion regulation around academic stress and other emotions. The third paper by Emma Savage and Genevieve Dingle is a qualitive study of depressed young people's relationships with music when depression compared to when they were not depressed. The final paper by Rong Han describes a controlled evaluation of the UQ Voices choir on measures of mental health and social connectedness in international students.

Chair: Genevieve Dingle, School of Psychology, The University of QLD

Paper 1
Listen Closely: Music Listening as a Technique for Emotion Regulation

Gath Z, Shannon H, Dingle GA
The University of Queensland, Brisbane, QLD

Speaker: Zoe Gath

Introduction/Background:
This experimental project was designed to compare the effectiveness and acceptability of using a cognitive reappraisal strategy (thought record) or a strategic music listening strategy (music diary) over 4 weeks for emotion regulation in distressed young people. There are 2 studies, with the second study replicating and extending on the first study. The studies had a non-inferiority approach, in which we hypothesised that the music diary would be no less effective than the thought record, and it was expected to be more engaging to young people.

Methods:
In study 1 (n=59), university students experiencing mild-to-moderate distress were randomly assigned to either 4 weeks using the thought record or 4 weeks using the music diary. The effectiveness of the music diary and thought record in regulating emotional states was assessed via self-reported ratings of emotional valence and arousal at the start and end of each recorded entry. In addition, participants were assessed at pre- and post-intervention on the Difficulties in Emotion Regulation Scale (DERS), Depression Anxiety Stress Scale (DASS-21), as well as weekly

ratings on five key emotion variables (e.g., ability to name emotional states; confidence in managing strong emotions). Study 2 (n=20) adopted similar participants (distressed students), design, and interventions, but some constructs were assessed using different measures (e.g., the PERCI and Coping Self Efficacy).

Results:
In study 1, the music diary and thought record conditions produced comparable improvements in emotion regulation skills, and significant improvements over time in emotion variables. Participants rated the music diary as more effective and engaging compared with those who used the thought record. Study 2 is currently in progress; results are pending.

Conclusion:
This research shows that strategic music listening can be used to regulate emotional states in young people and is equally effective as cognitive reappraisal. It may be used as an adjunct to therapy or as a preventative strategy for young people.

Disclosure of Interest Statement:
There was no funding for this study. The authors have no conflicts of interest to disclose.

Short biography of presenter:
Zoe Gath has a Bachelor of Psychological Science and is a provisionally registered psychologist currently completing her Master of Psychology at the University of QLD.

Paper 2
Participants' Perceptions of the Tuned In University Students' Program

Authors:
Molan L, Dingle GA.
The University of Queensland, Brisbane, QLD

Speaker: Lachlan Molan

Introduction/Background:
The Tuned In program (Dingle, 2010) is a group intervention in which young people are taught about emotions and how to use music listening to regulate their emotions. Previous studies have found that Tuned In is effective in improving emotion regulation in young people in secondary school, community, and university settings. However, it is unknown at this stage which aspects of the program are most useful to participants and which strategies they remember and continue to use after the program ends.

Methods:
Undergraduate university students (n=33) who completed the 4-week *Tuned In University Students* program were invited to participate in a semi-structured focus group or individual interview about their perceptions of the program. Transcripts were analysed using reflexive thematic analysis (Braun & Clarke, 2022).

Results:
(study in progress; results pending)

Conclusion:
This study is expected to highlight the aspects of the Tuned In emotion regulation program that are more and less useful to university students, and which strategies they remember and continue to use after the program ends.

Disclosure of Interest Statement:
There was no external funding for this study and the authors have no conflicts of interest to disclose.

Short biography of presenter:
Lachlan Molan has a background as a music educator in schools and is currently a provisionally registered psychologist enrolled in his Master of Clinical Psychology program at the University of QLD.

Paper 3
Exploring Links between Depression and Music Listening Habits in Young People

Authors:
Savage E, Dingle GA.
The University of Queensland, Brisbane, QLD

Speaker: Genevieve Dingle

Introduction/Background:
There is a large body of research exploring how music listening and mood are related, however most of this research has been conducted in non-clinical populations where sad mood has been temporarily induced using experimental manipulations. Therefore, it is important to understand the links between music listening and mood in people experiencing clinically diagnosed depression. This study aimed to explore the relationships between music listening and mood in depressed young people.

Methods:
The study used a mixed methods approach including thematic analysis of interview transcripts, and descriptive analyses of quantitative data. Eight participants (75% females; 19-24years) completed a semi-structured interview as well as several questionnaires that explored their use of music listening for emotional regulation and other functions.

Results:
The thematic analysis identified 3 main themes: 1) depression impacts music listening experience, 2) musical features impact emotional experience, and 3) music listening is purposeful. Whilst statistical analyses should be interpreted with caution due to the small sample size, significant positive relationships were found between age and music use for emotional regulation, and between music use for cognitive regulation and years of music theory knowledge.

Conclusion:
The findings reveal that mood and music experiences are intertwined and that music listening plays an important role in emotional regulation in depressed young adults. Given the high prevalence of depression in young adults and the propensity to use music listening for emotional regulation in this age group, the study provided some much-needed insight into this relationship. However, further research is needed to better understand these factors and expand on the study's findings.

Disclosure of Interest Statement:
There was no external funding for this study and the authors have no conflicts of interest to disclose.

Short biography of presenter:
Genevieve Dingle is a professor in clinical psychology and music psychology at the University of QLD. Over the past 15 years, she has applied music psychology theories to mental health populations and concerns.

Paper 4
UQ Voices – A Choir for Connection and Wellbeing of International Students Attending an Australian University in the Context of COVID-19

Authors:
Han R, Bos V, Broughton M, Dingle GA.
The University of Queensland, Brisbane, QLD

Speaker: Rong Han

Introduction/Background:
Starting university can be challenging for international students and can link closely with depression, anxiety, and stress. Loneliness and a lack of belonging at university are also detrimental to student learning and academic success, and their sense of disconnection has been emphasized during COVID-19. This study aimed to examine the effectiveness of choir singing for international and culturally and linguistically diverse students, to see whether wellbeing and social bonding could be facilitated by belonging to such a group.

Methods:
We conducted a 2 x 2 design quantitative study, with 2 conditions (an estimated 30 choir members and 30 controls, international students at the same university who did not join the choir) and 2 survey points (baseline and 8 weeks later). Measures included sense of belonging at university, identification with the choir, loneliness, wellbeing, and psychological distress.

Results:
[Data collection is in progress – results pending]

Conclusion:
The findings of this study will provide evidence about whether international students who participate in extracurricular choir singing (in comparison to other international

students) feel socially connected and develop a sense of belonging and wellbeing at university.

Disclosure of Interest Statement:
The UQ Voices choir project is supported by Allianz Care, and the University of QLD Schools of Music and Psychology. The authors have no conflicts of interest to disclose.

Short biography of presenter:
Rong Han is a PhD student in the School of Psychology at the University of QLD. Her research focuses on university students' mental health literacy, help-seeking behaviours, and self-care practices. Rong is a founding member of the UQ Voices choir for international students.

Symposium 08: Novel mental health interventions for preschool- and primary school-aged children (2409)

Symposium Description:
Australian children are just as likely as adolescents to experience clinically interfering anxiety symptoms yet are less likely to receive evidence-based treatment. To improve knowledge of developmentally appropriate treatments for children with internalising symptoms, this symposium will present four novel interventions for children (aged 3 to 12 years). Paper 1 will describe the co-design of a novel play-based program for early childhood settings to enhance social-emotional development and mental wellbeing. Paper 2 examines the efficacy of attentional control in positive search training compared to Cognitive Behavioural Therapy for children with anxiety disorders. Paper 3 will present findings of a pilot study on a primary school teacher training program to identify and support students with anxiety. Paper 4 will discuss a play-modified one session exposure treatment to treat specific phobias in pre-school children.

Chair: Chloe Lim, Black Dog Institute, University of New South Wales

Paper 1
Co-design of a novel play-based program for early childhood settings to enhance social-emotional development and mental wellbeing.

Authors:
Vasilopoulos F[1,2,3], Birrell L[1,2], Barrett E[1,2], Karaolis O[2,3], Oliver E[2,3], Rowlinson K[1,2], Ewing R[2,3], Anderson M[2,3], Teesson M[1,2]
[1]The Matilda Centre for Research in Mental Health and Substance Use, NSW, [2]The University of Sydney, Sydney, NSW, [3]The CREATE Centre, Sydney, NSW

Speaker: Fotini Vasilopoulos

Introduction/Background:
Children's social-emotional skills are significant building blocks for positive development, laying the foundations for good psychological well-being. Social and emotional skills are rapidly developing during preschool years, which also coincides with the peak of pretend play. Evidence shows that pretend play may enhance the promotion of social and emotional skills in young children. The aim of the current study is to is to garner perspectives of early education providers to co-design a novel play-based program with early childhood educators and experts in clinical psychology in early childhood settings. This work represents a new collaboration between the Matilda Centre for Research in Mental Health and Substance Use and the CREATE Centre at the University of Sydney.

Methods:
Structured online survey will be used to understand in-service educators starting points and professional learning experiences with pretend play. Focus groups will be conducted to understand lived experiences with pretend play, with early childhood educators using a novel technique, Playful Participatory Research (PPR). Thematic data analysis will be used to understand teachers' experiences with pretend play and insights into the design of a novel program for wellbeing.

Results:
All focus groups will be completed by September 2024. Specifically, early childhood educator's understanding of pretend play will be explored as well as insights into how pretend play could be utilised for a wellbeing program for young children.

Conclusion:
These findings will provide critical information for the design of a novel play-based program for children.

Disclosure of Interest Statement:
The authors have no conflicts of interest to disclose.

Short biography of presenter:
Dr Fotini Vasilopoulos is a postdoctoral researcher at the University of Sydney currently investigating play and its effects on mental health and wellbeing in childhood. Her research focus is on qualitative aspects of physical activity and their impact on well-being in children, with a view to improve teaching pedagogy.

Paper 2
Examining the efficacy of positive search training as a treatment for childhood anxiety disorders: A nationwide, non-inferiority trial.

Authors:
Waters AM[1], Sluis R[1], Farrell LJ[1], Zimmer-Gembeck, MJ[1], Craske MG[1], Donovan CL[1], Spence SH[1], Downes M[1]
[1]School of Applied Psychology, Griffith University, QLD

Speaker: Allison M Waters

Introduction/Background:
Anxious children exhibit biases in the allocation of attention to, and evaluation of, threat stimuli. Positive search training (PST) is designed to enhance attention to positive, goal-directed stimuli and to inhibit distraction by threat stimuli. Based on evidence that positive search training is effective relative to waitlist and experimental control conditions, the aim of this study was to determine if PST is non-inferior to evidence-based cognitive-behavioural therapy (CBT).

Methods:
Children with an anxiety disorder between 7 and 12 years of age (N=373) were randomly assigned to online PST or online CBT after baseline diagnostic assessment. Diagnostic assessments were completed at the post-PST end-point, the six-month post-CBT primary end-point, and the six-month follow-up secondary end-point.

Results:
Results will be discussed in relation to hypotheses that PST will be superior to CBT at the post-PST end-point and non-inferior to CBT at the primary and secondary end-points in terms of reduction in the primary outcome of clinician-rated diagnostic severity and secondary outcomes of parent and child reported symptom reductions.

Conclusion:
The present study will determine whether PST is an evidence-based treatment alternative to CBT.

Disclosure of Interest Statement:
This paper was funded by the National Health and Medical Research Council.

Short biography of presenter:
Professor Allison Waters is Professor (Clinical Psychology) in the School of Applied Psychology, Griffith University.

Paper 3

Training primary school teachers to support students with anxiety: A consultation and pilot study

Authors:
Lim CYS[1], Croguennec J[1], Kafer K[1], Fitzpatrick S[2], Vaughan J[1], Pires J[1], Butler B[1], MacKinnon A[1] Hudson JL[1,3]
[1]Black Dog Institute, University of New South Wales, Sydney, NSW, Australia, [2]Everymind, Hunter New England Local Health District, NSW, Australia, [3]School of Psychology, University of New South Wales, Sydney, NSW, Australia

Speaker: Chloe Yi Shing Lim

Introduction/Background:
Teachers are often the first people from whom students and parents seek help, yet primary school principals and teachers do not have adequate training or access to resources to support students with high anxiety. This study aimed to develop a program to build primary school teachers' self-efficacy and capability to identify children with anxiety symptoms and provide evidence-based support. The program was then pilot tested to examine its feasibility and acceptability to primary school teachers.

Methods:
A consultation study with 140 school staff across 22 NSW primary schools led to the development of the "Applied Skills for supporting students with Anxiety in Primary school" (ASAP) program. The program was pilot tested with 74 teachers across 18 NSW primary schools (65% government). Participants were assessed at baseline, post-training, and 1-month follow-up on anxiety-related literacy and stigma, self-efficacy and behaviours in identifying and supporting students with anxiety, acceptability, and own mental health.

Results:
From the consultation study, teachers see it as their responsibility to identify and support students with anxiety, but lack the knowledge to do so. The training significantly improved teacher literacy, self-efficacy in identifying and supporting students with anxiety. Anxiety-related stigma and teachers' own anxiety levels also significantly decreased. The training also demonstrated high acceptability (94%).

Conclusion:
Training has the potential to transform teacher practices to better identify and support children with anxiety symptoms. Thus, the program serves as a preventative intervention that could prevent the onset and progression of child anxiety.

Disclosure of Interest Statement:
The authors have no conflicts of interest to disclose.

Short biography of presenter:
Dr Chloe Lim is a post-doctoral research fellow in the Child Mental Health Team at Black Dog Institute, The University of New South Wales, leading co-designed trials examining the efficacy of prevention and treatment interventions for children with anxiety and depression.

Paper 4
Pre-schoolers overcoming phobias: A randomised controlled trial of play-modified, one session exposure treatment for pre-schoolers with specific phobias.

Authors:
Farrell LJ[1], Donovan CL[1], Waters AM[1], Spence S[1], Zimmer-Gembeck M[1], Ollendick TH[2], Calteaux I[1], Simcock-Paton G[1]
[1]Griffith University Centre for Mental Health, Griffith University, [2]Child Study Centre Virginia Polytechnic University

Speaker: Lara Farrell

Introduction/Background:
Specific Phobias (SPs) are among the most common mental health disorders affecting children, onset early in life (~3 years of age) and tend to persist over time. Aside from the significant distress and impairment associated with SP, compelling evidence from prospective longitudinal studies suggests that SPs in childhood are a powerful marker of risk for mental health disorders later in life. Notably, SPs can be effectively treated in just a single session; with robust evidence in support of the one-session treatment [OST] approach for older youth and adults. However, OST has not yet been tested with preschool aged children. The current RCT aimed to determine the efficacy of play-modified OST (n=45) for pre-school aged children aged 3 to 6 years, relative to a credible attention control condition (Education Support Treatment, EST n=45) and a Waitlist Control (WC n = 30).

Methods:
Children aged 3 to 6 years of age with a diagnosis of SP were and assessed at pre, post-treatment, and 6 months follow-up. Primary and secondary outcomes included: child SP clinician severity rating, child global assessment scale, behavioural approach (as indexed by a standardized, observational behavioural approach task) and comorbidity.

Results:
Treatment outcomes will be presented using a likelihood based mixed-effects model, repeated measures approach. Rates of treatment response and remission will be compared across treatment conditions.

Conclusion:
The preliminary efficacy of a play-modified OST will be discussed, including the feasibility, acceptability and prevention potential of exposure therapy for very young children with SP.

Disclosure of Interest Statement:
This research was funded by NHMRC (APP1141902).

Short biography of presenter:
Professor Lara Farrell is a Clinical Psychologist and Professor within School of Applied Psychology, Griffith University. She serves as Deputy Director for the Griffith Centre for Mental Health. Dr Farrell conducts research in the field of childhood phobias and OCD. She is Director of the Griffith OCD and Phobia Clinic.

Symposium 09: A public health approach to evidence-based parenting support (2470)

Symposium Description:
Although Evidence-based Parenting Programs are effective, their reach is limited, and many families that could benefit do not have an opportunity to participate. A paradigm shift is needed – from traditional, highly targeted approaches of program delivery to a more inclusive public-health framework that blends universal and targeted elements. This symposium presents original trial findings from three large-scale evaluations of the Triple P – Positive Parenting Program system targeting parents of 0-12-year-old children.

Specifically, the first presentation is a quasi-experimental evaluation of the effects of a large-scale implementation of the Triple P system on rates of child maltreatment. After two years of the intervention, there were lower rates of notifications and substantiations of child maltreatment in Triple P systems communities than in matched Care as Usual Communities.

The second study reports on the findings of a large-scale evaluation of a Triple P seminar series for parents of elementary school-age children using a randomised stepped-wedge design. The evaluation involved 380 schools and small to medium intervention effects were found on a diverse range of child and family outcomes. The third study follows up with the second study to examine the spillover effects of delivering parenting programs in schools on the home-school partnership.

The fourth study reports on the interim findings of the evaluation for the national wide dissemination of the Triple P Online System. Parents complete questionnaires at enrolment (>12000 questionnaires completed to date), 10-weeks and 3-month follow up. Preliminary data indicate significant outcomes for all post- and follow-up intervention outcomes.

Chair: Matthew Sanders, Parenting and Family Support Centre, School of Psychology, The University of Queensland

Disclosure of Interest Statement:
The Parenting and Family Support Centre is partly funded by royalties stemming from published resources of the Triple P – Positive Parenting Program, which is developed and owned by The University of Queensland (UQ). Royalties are also distributed to the Faculty of Health and Behavioural Sciences at UQ and contributory authors of published Triple P resources. Triple P International (TPI) Pty Ltd is a private company licensed by Uniquest Pty Ltd on behalf of UQ, to publish and disseminate Triple P worldwide. The authors of this symposium have no share or ownership of TPI. TPI had no involvement in the study design, or analysis or interpretation of data. Professor Sanders, Professor Cobham, and Associate Professor Morawska receive royalties and/or consultation fees from TPI. Dr Hodges, Dr Healy, and Dr Kirby may receive royalties from TPI in the future. Professor Sanders, Dr Clague, Professor Baxter, Associate Professor Morawska, Professor Western, Dr Chainey, Dr Zajac, Mr Ma, Dr Hodges, Professor Cobham, Dr Hepburn, Dr Hoang, and Dr Kirby are employees at UQ. A/Prof Burke, Dr Dittman, and Dr Healy holds honorary appointment at UQ. Mr Ma is also a graduate student at UQ.

Paper 1
Effects of the community-wide implementation of the Triple P system on child maltreatment in socially disadvantaged communities

Authors:
Sanders MR[1,2], Burke K[1,2,3], Clague D[1], Baxter J[1,2], Morawska A. [1,2], Western M[1], Chainey C[1,2], Zajac T[1,2]
[1] The University of Queensland, Brisbane, QLD, [2] The ARC Life Course Centre, Brisbane, QLD, [3] Metro North Mental Health Services

Speaker: Matthew Sanders

Introduction/Background:
Child Maltreatment (CM) is a widespread public health problem, with adverse outcomes for children, families, and communities. Evidence-based parenting support delivered via a public health approach may be an effective means to prevent CM. The Every Family 2 population trial applied a public health approach (using The Triple P system, TPS) to deliver evidence-based parenting support to prevent CM in disadvantaged communities. We hypothesized that communities that received the TPS would report lower rates of child maltreatment compared to Care-as-usual (CAU) communities.

Methods:
Participating families had at least one child in the 3-8 year age range. Using a quasi-experimental design, 64 matched low socioeconomic communities in the Australian states of Queensland and New South Wales received either TPS or CAU. In TPS communities all five levels of the Triple P system were implemented through local service providers and project implementation staff who delivered a mix of low, medium, and high-intensity group, individual, and online parenting programs (Triple P levels 2-5), supported by a universal communication strategy (level 1).

Results:
Two population indicators of CM, the number of substantiated cases of CM, and the number of notifications of CM to protective services were compared using Welch's t-test to evaluate intervention effectiveness. After two years of intervention, medium to large effect sizes favouring TPS communities were found for substantiations ($d=0.67$, $p<0.01$) and notifications ($d=2.06$, $p<0.001$).

Conclusion:
These findings show the value of the Triple P system, deployed using a public health approach, in efforts to prevent CM in socially disadvantaged communities.

Short biography of presenter:
Professor Matthew Sanders is the Foundation Professor of Parenting Studies and Family Psychology at The University of Queensland. As the founder of the Triple P – Positive Parenting Program, Professor Sanders is considered a world leader in the development, implementation, evaluation and dissemination of population-based approaches to parenting and family interventions.

Paper 2
Evaluating the effectiveness of a Triple P seminar series in Australian primary schools: Findings from a cluster randomised trial

Authors:
Boyle C[1], Sanders MR[2], Ma T[1,2], Hodges J[1,2], Allen KA[3], Cobham VE[2,4], Darmawan I[1], Dittman CK[2,5], Healy KL[2,6], Hepburn SJ[2], MacLeod LM[1], Teng J[1], Trompf M[3], Warton W[3]
[1] The University of Adelaide, Adelaide, SA, [2] The University of Queensland, Brisbane, QLD, [3] Monash University, Clayton, VIC, [4]Children's Health Queensland Hospital and Health Service, Brisbane, QLD, [5]Central Queensland University, Bundaberg, Queensland, [6]QIMR Berghofer Medical Research Institute, Brisbane, QLD

Speaker: Julie Hodges

Introduction/Background:
Following the COVID-19 pandemic, children experienced heightened levels of mental health challenges e.g., anxiety and school refusal. This posed challenges to not only families, but also to schools. Given the widespread nature of the challenges, an integrated public health model of intervention was required to address the problems and to safeguard the mental health and wellbeing of children. The Thriving Kids and Parents seminar series is a low-intensity, prevention-focused program that is based on the Triple P system of programs. This study is the first large-scale, multi-site randomised controlled trial of a newly developed Triple P seminar series tailored for the schools.

Methods:
The evaluation employed an Incomplete Batched Stepped Wedge Cluster Randomised Trial Design, involving 380 Australian primary schools. The Thriving Kids and Parents seminar series included three seminars: "The Power of Positive Parenting", "Helping Your Child to Manage Anxiety", and "Keeping your Child Safe from Bullying". Over 900 parents completed measures about a wide range of child and family outcomes at baseline, six weeks post baseline, and 12 weeks after baseline. Data were analysed using a latent growth curve modelling approach.

Results:
Significant intervention effects were identified across a wide range of child and family outcomes such as child social, emotional, and behavioural adjustment, depression, anxiety, parental self-regulation, and parenting practices with small to medium effect sizes. Parents also reported high levels of satisfaction with the seminar series. Systematic replication of intervention effects was achieved in all outcomes.

Conclusion:
The findings from this project will extend the current knowledge of the effectiveness of brief, low intensity, universally offered, prevention-focused, evidence-based parenting support seminars series that was tailored to address school priorities.

Short biography of presenter:
Dr Julie Hodges is a Senior Research Fellow at the Parenting and Family Support Centre at the University of Queensland. Her background as a clinical psychologist, a teacher and a parenting educator has motivated research focused on the wellbeing and self-regulatory capacity of young people, and on the home-school partnership.

Paper 3
Preparing parents to be partners in children's education: Examining the spillover effects of school-based implementation of evidence-based parenting programs

Authors:
Ma T[1,2], Hodges J[1,2], Sanders MR[2], Boyle C[1]
[1] The University of Queensland, Brisbane, QLD, [2] The University of Adelaide, Adelaide, SA

Speaker: Tianyi Ma

Introduction/Background:
High-quality partnerships between families and schools can bring enormous benefits to the development, learning, and wellbeing of children. Although the central role of parental self-regulation has been identified in the literature for decades, most efforts on promoting the home-school partnership have been put in creating opportunities for parents and teachers to meet and collaborate, rather than building parents' capacity in collaboration. Evidence-based parenting programs could be effective in promoting parental self-regulation, which can in turn enhance the partnership between parents and schools. However, this has not been empirically examined.

Methods:
Utilising the data from the above-mentioned cluster randomised trial of Triple P seminar series in Australian primary schools, we investigated the intervention effects on five key dimensions of the home-school partnership, namely home-based involvement, school-based involvement, parent-teacher communication, parent-school involvement, and working with the community. Parental self-regulation was tested as the mechanism of change through dual latent growth curve models.

Results:
Post-intervention, we observed enhanced parent-teacher communication and school-based involvement with small to medium effects. Systematic replication was achieved in all intervention groups. The post-intervention rates of change in parents' self-regulatory capacity were associated with the rates of change in these two home-school partnership dimensions.

Conclusion:
This study provided evidence that the delivery of evidence-based parenting programs in the school setting can produce benefits to not only its program targets, but also to the partnership between parents and schools.

Short biography of presenter:
Mr Tianyi Ma is a final-year PhD Candidate at the Parenting and Family Support Centre (UQ) and a Senior Research Assistant and Statistical Consultant at The University of Adelaide on the cluster randomised trial reported in study 2 and 3. Tianyi's current work focuses on parenting and the home-school partnership.

Paper 4
Exploring the Real-World Effectiveness of the Triple P Online System: A National Rollout in Australia

Authors:
Morawska A[1,2], Hoang A[1,2], Kirby G[1]
[1]Parenting and Family Support Centre, School of Psychology, University of Queensland, [2]Australian Research Council Centre of Excellence for Children and Families over the Life Course

Speaker: Alina Morawska

Introduction/Background:
Web-based interventions embracing a public health approach offer unique, easily accessible prevention opportunities at the population level. The Triple P Online System (TPOS) has garnered substantial attention in recent years as a well-researched online intervention for parents. While previous randomised controlled trials have shown the program's efficacy, its performance in real-world, practice-as-usual settings has not been examined.

Methods:
This presentation will provide preliminary data from the dissemination of TPOS in Australia, which is supported by the Australian Commonwealth government and available for free to all parents. The presentation will provide effectiveness data from a pre-registered open trial (ACTRN12623000366651) for three program variants: Triple P Online, Fearless Triple P Online, and Triple P Online for Baby. Parents registering for TPOS, who opt into a more intensive evaluation complete questionnaires at enrolment (>12000 questionnaires completed to date), 10-weeks and 3-month follow up.

Results:
Data on parenting and child outcomes will be presented at post-intervention and 3-month follow-up. Preliminary data indicate significant outcomes for all post- and follow-up intervention outcomes for Triple P Online and Triple P Online for Baby.

Conclusion:
The presentation will describe the population level effects of an evidence-based parenting intervention and engage in a discussion about the implications of this research for real-world application. It offers a unique opportunity to explore the feasibility and practicality of a web-based public health approach in supporting a broader community of parents.

Short biography of presenter:
A/Prof Alina Morawska's research focuses on the central role of parents in influencing all aspects of children's development, and parenting interventions as a way of understanding healthy development, a means for promoting positive family relationships, and a tool for the prevention and early intervention in lifelong health and wellbeing.

Symposium 10: Exploring meaning making in intrusive memories elicited during a combined trauma film and fear conditioning paradigm (2444)

Symposium Description:
Experimental study of memory processes underlying posttraumatic stress disorder (PTSD) has historically been achieved using fear conditioning and the trauma film paradigm. These two paradigms test different memory mechanisms, but according to cognitive models of PTSD should have some overlap. Recent combination of these two prominent experimental paradigms has increased our ability to understand how content, triggers, and meaning in PTSD-like intrusive memories occur as a function of associative learning during analogue trauma exposure. This new paradigm has the potential to produce great new insights into how PTSD memories work in the real world, which is especially important given the moderate response rate to modern psychotherapy for the disorder.

This symposium covers a body of work using the “conditioned intrusion” paradigm, ranging from establishment of its boundary conditions to the metabolic correlates of intrusive memories that emerge after trauma film viewing. Arising from progressive study of conditioned intrusive memories, our work has also recently identified a potentially critical flaw in standard fear conditioning, which may change the way in which we understand how conditioning maps onto both intrusive memories and other memory mechanisms in PTSD.

Chair: Madeline Jarvis, Queensland University of Technology

Discussant: Luke Ney

Paper 1
Meaning making in intrusive memories following fear conditioning

Authors:
Lam GN[1], Cooper J[1], Lipp OV[1], Ney LJ[1]
[1] Queensland University of Technology, Brisbane, QLD

Speaker: Gia Nhi Lam (Nhi)

Introduction/Background:
A previous and influential experiment provided evidence that conditional stimuli become content of intrusive memories when paired with film clips during experimental conditioning. The cognitive model of PTSD also suggests that stimuli paired with an aversive event should become triggers of later intrusive re-experiencing. However, this latter hypothesis – while demonstrated clinically – has not been explored experimentally.

Methods:
A standard conditioned intrusion paradigm was used to explore the characteristics of intrusive memories. 99 healthy participants watched a trauma film, consisting of seven clips depicting interpersonal trauma, before undergoing the conditioning paradigm. Content analysis was conducted on intrusive memories reported through

a memory triggering task at the end of the experiment, and from the digitised intrusive memory diary that was done for four days.

Results:
Experimental materials such as conditional stimuli and neutral film clips intruded, though only in the laboratory and not in daily life. Similarly, contrary to what was hypothesised, experimental materials did not act as triggers. Triggers and content of intrusive memories were primarily sourced from the film clips themselves, rather than the predictive stimuli. Persistence of intrusive memories, defined as the reoccurrence of the same intrusion theme, was found in slightly more than half of participants.

Conclusion: Some evidence of generalisation of fear was found, in which experimental materials became contents of intrusive memories. However, the findings overall did not align with existing literature. This suggests that further exploration into the mechanisms of experimental fear paradigms is needed.

Disclosure of Interest Statement:
This paper was funded by Early Career Research grants awarded to LJN. LJN is supported by an NHMRC Investigator Grant Fellowship (GNT2017125).

Short biography of presenter:
Nhi Lam is a first year PhD student at QUT and an alcohol and drug counsellor with Queensland Health. With a passion in trauma, she aims to work in both the clinical and research space, to improve the quality of life of individuals and populations vulnerable to and/or experiencing trauma.

Paper 2
Methods for combining the trauma film and fear conditioning paradigms: Relevance to theories of intrusive memories in PTSD

Authors:
Tyson L[1#], Vasarhelyi A[1#], White K[1], Anderson J[1], Lipp OV[1], Ney LJ[1]
[1] Queensland University of Technology, Brisbane, QLD
[#]Joint first author

Speaker: Sarah Olsson

Introduction/Background:
It is not known how well fear conditioning experiments map onto posttraumatic stress disorder (PTSD) symptomology and treatment, and yet they are the most commonly used experimental paradigm for developing theoretical literature in PTSD. Previous studies have developed a potentially more valid paradigm that combines trauma film viewing with fear conditioning, though the boundary conditions of this paradigm are not established.

Methods:
Healthy participants (N=120) completed four different versions of conditioned trauma film experiments. Three comparisons were made: (1) inclusion of an electric shock in addition to film clip viewing versus film clip alone during conditioning, (2) presence

versus absence of a 10-minute trauma film primer prior to conditioning, and (3) faces compared to shapes as conditional stimuli.

Results:
Addition of a shock during conditioning did not increase the number of intrusive memories but did increase skin conductance responses to conditional stimuli during fear conditioning. The effect of film clip priming prior to conditioning and conditional stimuli type were also explored. Finally, the relationships between skin conductance responses to different moments in the film clips used during conditioning and the number of intrusive memories of those specific moments were quantified.

Conclusion:
This study establishes important new boundary conditions for this emerging experimental paradigm for understanding intrusive memories in PTSD. We also explore how different influences on memory (i.e., stress, conditioning) can impact intrusive memories in an experimental setting.

Disclosure of Interest Statement:
This paper was funded by Early Career Research grants awarded to LJN. LJN is supported by an NHMRC Investigator Grant Fellowship (GNT2017125).

Short biography of presenter:
Lilyan Tyson is a current Honours student at Queensland University of Technology (QUT). She aspires to complete a PhD in the area of therapies for traumatic stress and beginning in 2024 has been a member of the Biology, Trauma, and Memory Lab at QUT.

Paper 3
Towards more valid experimental fear conditioning paradigms for exposure therapy in posttraumatic stress disorder

Authors:
Eales K[1], Lipp OV[1], Ney LJ[1]
[1] Queensland University of Technology, Brisbane, QLD

Speaker: Luke Ney

Introduction/Background:
We were unable to observe conditional stimuli becoming content and triggers of intrusive memories, despite this effect being present clinically. This suggests that fear conditioning may not be closely analogous to PTSD symptoms. However, our previous work showed that stimuli temporally proximal to the aversive film clip (i.e., aspects of the film) became content and triggers of intrusive memories.

Methods:
A standard conditioning paradigm was conducted to test whether conditional stimuli with temporal proximity to the aversive event (electric shock) are more strongly conditioned. Two groups of 30 participants (N=60) were assigned to identical paradigms that differed only by the presentation of a standard conditional stimulus (onset prior to shock) or a novel conditional stimulus (onset during shock) during

extinction learning. The effect of this manipulation was tested during renewal and reacquisition.

Results:
The conditional stimulus presented during the shock resulted in significantly stronger conditioning compared to the conditional stimulus that preceded shock onset. This was evidenced by renewal of fear for the standard extinction group, but absence of return of fear in the group presented with the novel stimulus during extinction. Reacquisition of the novel stimulus was significantly higher in both groups.

Conclusion:
These findings suggest that a shift towards associative pairing with a temporally proximal stimulus is more relevant for PTSD compared to associative pairing with a predictive stimulus. Expansion of this work will change the way that exposure therapy for PTSD is studied experimentally and advocates for reassessment of previous findings from the conditioning literature.

Disclosure of Interest Statement:
This paper was funded by Early Career Research grants awarded to LJN. LJN is supported by an NHMRC Investigator Grant Fellowship (GNT2017125).

Short biography of presenter:
Kobi Eales completed his undergraduate education at QUT in 2022. He began part-time Masters by Research in 2023 and has been part of the Biology, Trauma, and Memory Lab at QUT since late 2021 when he applied for a summer research position in the lab.

Paper 4
Endocannabinoids, neurosteroids, and steroid hormone effects on intrusive memories following acute stress and trauma film viewing

Authors:
Amir Hamzah K[1#], Jarvis M[1#], Turner N[1], Flintoff J[1], Schmidt L[1], Lipp OV[1], Ney LJ[1]
[1] Queensland University of Technology, Brisbane, QLD
[#]Joint first author

Speaker: Khalisa Amir Hamzah

Introduction/Background:
Although significant research has been devoted to treatment of posttraumatic stress disorder (PTSD), current interventions are only effective in 60% of the patient population. Intrusive memories, as the hallmark symptom of PTSD, has become an experimental research topic for more effective interventions. Recent studies in our laboratory suggest that endocannabinoids, neurosteroids, and steroid hormones are influential to intrusive memory development following acute stress induction and trauma film viewing.

Methods:
Healthy participants (N=60) completed the Maastricht Acute Stress Task, a 10-minute trauma film depicting interpersonal violence and injury, and a fear

conditioning task. Intrusive memory formation was tested in an Intrusive Provocation task, along with four ‘intrusive memory diaries’ in the following four evenings. Four saliva samples and three blood samples were taken at various points during the experiment and analysed for neurosteroids, steroid hormones, and endocannabinoids.

Results:
Quantifications of endocannabinoid, neurosteroid, and steroid hormone levels in saliva and blood were successfully analysed by liquid chromatography-mass spectrometry. Analyte levels were regressed against the number of intrusive memories reported by participants and revealed several interesting correlations between biological responding following stress and analogue trauma exposure with intrusive memory frequency.

Conclusion:
This study suggests that endocannabinoids, neurosteroids, and steroid hormones may be associated with fear and intrusive memories and differ in salivary and blood levels. Expansion of this work can suggest their involvement in novel pharmacological treatments for PTSD.

Disclosure of Interest Statement:
This paper was funded by Early Career Research grants awarded to LJN. LJN is supported by an NHMRC Investigator Grant Fellowship (GNT2017125).

Short biography of presenter:
Khalisa Amir Hamzah completed her undergraduate education at QUT in 2022. She began full-time Masters by Research in 2023 and has been a part of the Biology, Trauma, and Memory Lab at QUT since 2021 when she completed a summer research training position in the lab.

Symposium 11: Latest research on screening, assessment and treatment in child mental health (2423)

Symposium Description:
Mental health disorders are common in youth and their negative impact can extend into adulthood if left undetected and untreated. This symposium will present 5 studies on screening, assessing and treating mental health problems in youth. Paper 1 will describe a screen-and-treat approach for children experiencing post-traumatic stress disorder (PTSD) following disasters. Paper 2 will present the findings from a school-based trial evaluating the impact of a universal "Online Mental Health Check" on stigma in primary school children. Paper 3 will present the development and assessment of culturally valid mental health measures for First Nations youth. Paper 4 will present barriers and facilitators to mental health service access and engagement in low-income families. Paper 5 will describe a systematic review of measures that assess fears impacting sleep in children.

Chair: Melissa Aji, Black Dog Institute, University of New South Wales

Paper 1
'School-based screen-and-treat': An effective blueprint for expediating access to care in children experiencing PTSD following disasters.

Authors:
Cobham VE[1,2] & McDermott BM[3]
[1]School of Psychology, The University of Queensland, [2]Child and Youth Mental Health Service, Children's Health Queensland, [3]Centre for Mental health Service Innovation, University of Tasmania

Speaker: Vanessa E. Cobham

Introduction/Background:
While 5-10% of children exposed to natural disasters develop PTSD, few children access support. This open treatment study reports on the proactive 'screen-and-treat' approach deployed following devastating floods in Queensland, Australia in 2011 within a government-funded post-disaster service response; and presents results for children in the Lockyer Valley (the most impacted community).

Methods:
150 children (7-12 years) completed pencil-and-paper screening (PTSD, anxiety and depression) at school. Eighty children endorsing either clinical levels of PTSD; or moderate levels of PTSD and clinical levels of either anxiety or depression, and their parents/caregivers completed a structured diagnostic interview. Forty-eight children were offered a free trauma-focused CBT intervention. Parents of 19 children accepted this offer. Most clinicians were clinical psychology trainees from local universities. All measures were repeated at post-treatment, 6- and 12-mth follow-up.

Results:
Pre-treatment, all children met diagnostic criteria for full (N=17) or sub-clinical PTSD. By post-treatment, 10.5% met criteria for PTSD, with 0% meeting criteria at the 12-mth follow-up. The incidence of anxiety and depressive disorders also reduced

significantly. There were no differences in outcomes for children seen by trainees compared to experienced clinicians.

Conclusion:
A school-based screen-and-treat approach offers potential as a means of identifying and treating children following natural disaster exposure. However, engagement of families at the outset, and when offering intervention was challenging. Postgraduate trainees represent an effective potential workforce in a post-disaster environment.

Disclosure of Interest Statement:
The screen-and-treat approach described in this paper was part of a larger statewide, post-disaster mental health response funded by the Australian federal government. The authors have no conflicts of interest to disclose.

Short biography of presenter:
Dr. Cobham holds concurrent appointments as a researcher and teacher within the School of Psychology, The University of Queensland (since 2006); and as a practicing Clinical Psychologist within the public Child and Youth Mental Health Service (since 1999). Her primary interest areas are paediatric anxiety disorders and posttraumatic mental health.

Paper 2
The Impact of Universal Mental Health Checks on Stigma in Primary Schools

Authors:
McDermott EA[1], Songco A[1,2], Francis DA[1,2], Lim CYS[1,2], Allsop A[1], Sicouri G[1,2,3], Mackinnon A[1], Hudson JL[1,2,3]
[1]Black Dog Institute, University of New South Wales, Sydney, NSW, Australia, [2] Faculty of Medicine and Health, University of New South Wales, Sydney, NSW, Australia, [3] School of Psychology, University of New South Wales, Sydney, NSW, Australia

Speaker: Emma McDermott

Introduction/Background:
Primary school students struggling with mental health are less likely than teenagers to access mental health care, due to barriers such as stigma and limited mental health literacy. An *Online Mental Health Check* was co-designed to aid parents and children in identifying when to seek help for anxiety and depression in children. Given recent interest in expanding access to care via school-based services, this study evaluated the *Check*'s impact on stigma and mental health outcomes for primary school students.

Methods:
Across 6 primary schools, a cluster randomised controlled trial allocated schools to one of two conditions. Conditions varied based on the order and frequency of the Check. 798 children (8-13 years; Mage = 10.29) completed assessments at baseline, 6-week, and 12-week follow-ups.

Results:
Significant time-by-group interaction effects were present, indicating differing changes in stigma between groups. Follow-up analyses of subscales showed significant time-by-group interaction effects for *self-stigma* and *secrecy*, but not for *public stigma*. The Check's frequency and presentation order impacted on mental health stigma. Initially, children receiving the Check before the stigma measure reported heightened stigma, but over time, those receiving the Check more frequently experienced an overall stigma reduction, contrasting with an increase in the control group.

Conclusion:
The frequency and presentation order of mental health checks impact children's reports of mental health stigma, underscoring the importance of screening context. Potential screening harms, such as exacerbating self-stigma and secrecy, warrant consideration. Addressing stigma-related barriers is crucial for enhancing mental health care access for children in schools.

Disclosure of Interest Statement:
The authors have no conflicts of interest to disclose.

Short biography of presenter:
Emma McDermott is a Research Officer in the Child Mental Health Team at the Black Dog Institute. She holds a Bachelor of Science (Honours) in Psychology from the University of Sydney and is actively engaged across diverse clinical research trials aimed at developing and evaluating digital interventions to support children's mental health.

Paper 3
How do Aboriginal and Torres Strait Islander youth experience life interference when they are socially and emotionally unwell?

Authors:
O'Gradey-Lee M[1], Hudson JL[1,2,3], Schultz C[1], Lim CYS[1,2], Boydell K[1], Newby J[1]
[1]Black Dog Institute, University of New South Wales, Sydney, NSW, Australia, [2] Faculty of Medicine and Health, University of New South Wales, Sydney, NSW, Australia, [3] School of Psychology, University of New South Wales, Sydney, NSW, Australia

Speaker: Maddison O'Gradey-Lee

Introduction/Background: Aboriginal and Torres Strait Islander youth report higher levels of psychological distress than non-Aboriginal youth. The symptoms associated with anxiety and depressive disorders can cause significant life interference for youth. Life interference is the ways in which symptoms impact a young person's life such as their participation in school, the quality of their relationships and so on. Although there are multiple validated measures for assessing anxiety and depressive symptoms and disorders in the general population, there are only a few culturally validated measures to assess Aboriginal and Torres Strait Islander youth, none of which focus on life interference. Furthermore, no research has examined how life

interference is defined culturally and how it significantly impacts Aboriginal and Torres Strait Islander youths' lives.

Methods: Semi-structured interviews have been conducted with Aboriginal and Torres Strait Islander young people aged 10-30, carers and service providers who care for Aboriginal and Torres Strait Islander young people aged 5-30. 30 interviews have been conducted and data was analysed using reflexive thematic analysis.

Results: Preliminary results have identified 5 themes emerging from the interview data: culture/community, belonging/identity, school/ work, family/friends and hobbies.

Conclusion: In conclusion, this study sheds light on the experience of being socially and emotionally unwell among Aboriginal and Torres Strait Islander young people and the significant impact of anxiety and depressive symptoms on their lives. These preliminary findings further support evidence for the bidirectional influence of culture and identity on mental ill-health.

Disclosure of Interest Statement:
The authors have no conflicts of interest to disclose.

Short biography of presenter:
Maddison O'Gradey-Lee is a PhD candidate in the Child Mental Health Team at Black Dog Institute, The University of New South Wales. Her research focuses on improving our understanding and measurement of wellbeing for Aboriginal young people.

Paper 4
Barriers to accessing and engaging with mental health services for low income families: A qualitative evaluation

Authors: Dickson SJ[1], Bussey K[1], Kangas M[1], Grocott S[2], Rapee RM[1]
[1]Macquarie University Lifespan Health and Wellbeing Research Centre, Sydney, Australia, 2109, [2]Wayahead Mental Health Association NSW, Sydney, Australia, 2000

Speaker: Sophie Dickson

Introduction/Background:
Child and adolescent mental health disorders are twice as prevalent among families with low socioeconomic status, highlighting that these are the families who most need mental health services. Yet in these families, children and adolescents are less likely to receive mental health care, and even when they do, their outcomes are often poorer than those from families with higher socioeconomic status. This qualitative study aimed to identify barriers and facilitators to mental health service access and engagement for children and adolescents from families within the lowest quintile of Australian national household income.

Methods:
Using multi-informant focus groups, thematic analysis was conducted on four groups (total sample, N = 30) comprising two caregivers groups, one adolescent group, and one mental health professional group.

Results:
Themes related to quality perceptions, service norms, scepticism and trust, mental health knowledge and communication, and the valued but overwhelmed nature of school-based services. Participants emphasised barriers more than facilitators.

Conclusion:
Findings suggest that commonly recognised barriers to mental health services intensify in the context of socioeconomic disadvantage, highlighting the urgency to (re)establish models of mental health care that can support the diverse needs of children and families with low socioeconomic status.

Disclosure of Interest Statement:
The authors have no conflicts of interest to disclose.

Short biography of presenter:
Sophie is a PhD student in the Lifespan Health and Wellbeing Research Centre at Macquarie University. Her research explores the development and implementation of tailored mental health services for children and families from low socioeconomic backgrounds in Australia.

Paper 5
A systematic review of measures of fears and worries interfering with sleep in children

Authors: Aji M[1,2], Lim CYS[1,2]., McDermott EA[1], O'Gradey-Lee M[1], Parrish L[1], Sicouri G[1,2,3], Songco A[1,2], Hudson JL[1,2,3]
[1]Black Dog Institute, University of New South Wales, Sydney, NSW, Australia, [2] Faculty of Medicine and Health, University of New South Wales, Sydney, NSW, Australia, [3] School of Psychology, University of New South Wales, Sydney, NSW, Australia

Speaker: Melissa Aji

Introduction/Background:
Sleep disturbance is common in children and adolescents with prevalence rates of 40%. There is high comorbidity between anxiety and sleep difficulties. Up to 98% of children with anxiety experience at least one sleep-related problem.

Worry before bed is a significant component of the cognitive behavioural model of sleep. Moreover, nighttime fears (i.e., worries occurring in anticipation of nighttime or bed and impacting sleep) are a common developmental challenge and can be an early predictor of persistent sleep problems and anxiety.

An improved understanding of nighttime fears may help to identify early symptoms and increase access to interventions. However, there is a lack of knowledge and inconsistency in the use of measurement tools.

The aim of this review was to identify outcome measures that assess nighttime fears in children up to 12 years old and to review their psychometric properties.

Methods:

This review was reported in line with PRISMA. The following databases were searched: PubMed, MEDLINE, EMBASE, CINAHL, and PsycINFO. A total of 14,855 articles were each screened independently by two raters. Measures were assessed using the COnsensus-based Standards for the selection of health Measurement INstruments (COSMIN).

Results:

Our findings were synthesised by measures and age group. Data reported included a summary of measures, information on the sample, and psychometric properties.

Conclusions:

Although worry before bed is an important part of the cognitive model of sleep, our results highlight few measures that adequately assess child and adolescent fears contributing to pre-sleep arousal. This paper provides recommendations for a small battery of robust tools.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

Short biography of presenter:

Dr Melissa Aji is a post-doctoral research fellow at the Black Dog Institute, The University of New South Wales. She is also a Clinical Psychologist working in private practice. She is leading a project around Nighttime fears in children as part of her Rotary-funded fellowship.

Symposium 12: Self-guided internet-delivered cognitive behaviour therapy (ICBT) for obsessive compulsive disorder (OCD): is it effective? Who chooses it? Who responds best? Who drops out? When do symptoms change? (2421)

Symposium Description:
Obsessive-compulsive disorder (OCD) is a chronic mental health disorder with a prevalence rate of approximately 2% in Australia. Cognitive-behaviour therapy (CBT) is an established treatment for OCD, however many patients are not able to access this treatment in the community due to multiple barriers. Internet-delivered CBT(ICBT) has the potential to overcome many of these barriers and increase access to patients with OCD. ICBT for OCD can be delivered in a clinician-guided or self-guided format. Clinician-guided treatments involve a clinician working with the patient as they progress through the treatment protocol. Self-guided treatments do not involve any therapist support. The aim of this symposium is to provide an overview of OCD, as well as ICBT for OCD, and introduce four studies that examine: 1) who chooses self-guided ICBT for OCD; 2) who is likely to respond best to this treatment approach; 3) who is most likely to drop out of this treatment; and 4) when do OCD symptoms change in the treatment. The clinical implications of each of these studies will be discussed including an emerging stepped-care model of CBT for OCD.

Chair: Bethany Wootton, University of Technology Sydney; Macquarie University

Discussant: Madelyne Bisby, Macquarie University

Paper 1
Reasons for seeking self-guided internet-delivered cognitive behaviour therapy for individuals with obsessive-compulsive disorder

Authors:
Melkonian M[1], McDonald S[1], Karin E[2], Titov N[2], Dear BF[2], Wootton BM[1,2]
[1] University of Technology Sydney, [2] Macquarie University, Sydney

Speaker: Maral Melkonian

Introduction/Background:
Cognitive behavioural therapy (CBT) is an efficacious treatment for obsessive-compulsive disorder (OCD) however patients face several barriers when accessing face-to-face treatment. Internet-delivered CBT (ICBT) may reduce these barriers and provide patients with the opportunity to access evidence-based treatment through technology. To date, no known studies have examined the reasons individuals seek remote treatment over face-to-face treatment for OCD. Thus, the aim of the current study was to examine the treatment histories of individuals who completed ICBT for OCD and the factors underlying their decision to seek ICBT.

Methods:
One hundred and sixty-six participants (*M*age = 33.88; *SD* = 13.41; 71.7% female) were included in the study.

Results:
Almost three quarters of the sample had previously consulted a health professional about their symptoms. General practitioners were typically first consulted (41.7%) while psychologists were the most frequently consulted (81.7%). Supportive counselling (74.2%) and medication (72.5%) were the most common forms of treatments received. Of those who had received CBT for OCD, only 20.0% likely received best-practice CBT. The most frequently endorsed reasons for seeking ICBT over face-to-face treatment related to having no access to face-to-face treatment (25.9%) and having found face-to-face treatment unhelpful in the past (24.1%). Group differences in reasons for seeking ICBT over face-to-face treatment were also observed based on geographical location, OCD symptom severity, type of OCD symptom, and presence of depressive symptoms.

Conclusion:
Best-practice CBT is underutilized in the community. The development and dissemination of remote treatments for OCD can increase access to evidence-based treatment.

Disclosure of Interest Statement:
This paper was funded by the International Obsessive Compulsive Disorder Foundation (IOCDF).

Short biography of presenter:
Ms Melkonian is a registered psychologist and a PhD Candidate at the University of Technology Sydney. Her PhD focuses on innovative remote treatment approaches for OCD to improve access to evidence-based treatment.

Paper 2
Who responds best to self-guided internet-delivered cognitive behaviour therapy (ICBT) for obsessive compulsive disorder?

Authors:
Wootton BM[1,2], Karin E[1], Melkonian M[1], McDonald S[1], Titov N[2], Dear BF[2].
[1] University of Technology Sydney, [2] Macquarie University, Sydney

Speaker: Bethany Wootton

Introduction/Background:
While the literature supporting the efficacy of internet-delivered cognitive behaviour therapy (ICBT) for obsessive-compulsive disorder (OCD) is growing, there is limited research examining who is likely to respond best to this treatment approach. The aim of this study was to examine the moderators of outcome in self-guided ICBT for OCD.

Methods:
This was a secondary data analysis that examined the moderators of outcome in self-guided ICBT for OCD in a sample of 216 individuals who commenced the intervention (participants from Study 1; *M*age = 34.00; SD = 12.57; 73% female).

Results:
Higher baseline OCD severity (R^2_{post} = 75%; $R^2_{follow\ up}$ = 47%), higher baseline depression severity (R^2_{post} = 46%; $R^2_{follow\ up}$ = 12%) and higher levels of baseline neuroticism (R^2_{post} = 26%; $R^2_{follow\ up}$ = 17%) resulted in less improvement at symptoms at post-treatment and follow up. While those with higher baseline treatment expectancy (R^2_{post} = 22%; $R^2_{follow\ up}$ = 17%) and readiness to reduce rituals and compulsions (R^2_{post} = 10%; $R^2_{follow\ up}$ = 11%) had better outcomes at post-treatment and three-month follow up.

Conclusion:
The results have important implication for who is most likely to respond to self-guided ICBT for OCD and may inform future stepped-care treatments for this condition.

Disclosure of Interest Statement:
This paper was funded by the International Obsessive Compulsive Disorder Foundation (IOCDF).

Short biography of presenter:
Associate Professor Wootton is a clinical psychologist and academic at the University of Technology Sydney. Her research focuses on the development and evaluation of novel cognitive-behavioural treatments for anxiety and related disorders in order to improve access to evidence-based treatment.

Paper 3
Who drops out of self-guided internet-delivered cognitive behaviour therapy (ICBT) for obsessive compulsive disorder?

Authors:
Wootton BM[1,2], Melkonian M[1], McDonald S[1], Karin E[2], Titov N[2], Dear BF[2].
[1] University of Technology Sydney, [2] Macquarie University, Sydney

Speaker: Bethany Wootton

Introduction/Background:
Self-guided internet-delivered cognitive behaviour therapy (ICBT) is emerging as an evidence-based treatment for patients who do not wish to engage with a therapist. However, very little is known about who drops out of this treatment. Treatment dropout in ICBT interventions can be conceptualized in multiple ways including: 1) patients who do not complete the pre-treatment questionnaires, which gives them access to the intervention (early dropout); 2) patients who do not commence the intervention after completing the pre-treatment questionnaires; 3) patients who do not complete the treatment as advised; and 4) patients who do not complete the post-treatment questionnaires. The aim of this study was to examine the predictors of dropout in each of these categories.

Methods:
This was a secondary data analysis of 323 patients who provided a successful application to commence a self-guided ICBT intervention (M_{age} = 33.27; *SD* =

12.22; range 18-78; 73% female). Four binary logistic regressions were conducted to examine each type of dropout.

Results:
Participants residing in the United Kingdom and India, as well as those with shorter symptom duration were more likely to drop out early (i.e., not complete the pre-treatment questionnaires). Participants who were medicated were less likely to complete the treatment. Completion of the post-treatment questionnaires was predicted by higher contamination symptoms, lower depressive symptoms, and higher pre-treatment conscientiousness. No significant predictors of treatment commencement were found.

Conclusion:
The study provides preliminary, but important information on who may be most likely to drop out of a self-guided ICBT intervention.

Disclosure of Interest Statement:
This paper was funded by the International Obsessive Compulsive Disorder Foundation (IOCDF).

Short biography of presenter:
Associate Professor Wootton is a clinical psychologist and academic at the University of Technology Sydney. Her research focuses on the development and evaluation of novel cognitive-behavioural treatments for anxiety and related disorders in order to improve access to evidence-based treatment.

Paper 4
The timing of symptom change and early treatment response in a self-guided digital treatment for obsessive-compulsive disorder

Bisby MA[1], Wootton, B [1, 2], Dear BF [1]
[1] eCentreClinic, School of Psychological Sciences, Macquarie University, Sydney, NSW
[2] University of Technology Sydney, Sydney, NSW

Speaker: Madelyne A Bisby

Introduction:
Self-guided digital treatment is effective for many people with OCD – however, little is known about when during treatment people experience significant symptom reductions. In addition, there is substantial variability in the literature regarding what factors predict treatment responding in self-guided digital treatment for OCD. There is preliminary evidence to suggest that adults with OCD may show early treatment responding (i.e., significant symptom reductions within the first month of treatment), and that this early response could be associated with better post-treatment outcomes.

Methods:
In a secondary analysis (n = 123), the current study examined the timing and magnitude of symptom change during self-guided digital CBT, the incidence of early

response (at 4-weeks), and whether early treatment response predicted post-treatment response (at 8-weeks). These analyses were conducted for OCD symptoms (primary) and depression symptoms (secondary).

Results:
Results indicated a gradual reduction in OCD and depression symptoms across treatment. Although fewer participants experienced an early response in OCD symptoms (22%) compared to depression symptoms (45%), early response was significantly associated with an increased likelihood of post-treatment response in both symptom domains.

Conclusions:
These findings highlight that individuals with OCD may experience reductions in different symptom types at different points during treatment, and that early response may be a prognostic factor for overall treatment response in this population across outcomes.

Disclosure of interest statement:
MB is supported by a Macquarie University Research Fellowship. The authors have no other conflicts of interest to disclose.

Short biography of presenter:
Dr Bisby is a clinical psychologist and research fellow at Macquarie University. Her research focuses on understanding how, why, and for whom psychological treatments are effective. She has a particular interest in developing and evaluating ultra-brief digital treatments.

Symposium 13: Mechanisms underpinning maintenance and treatment of common mental disorders (2445)

Chair: Suzanna Azevedo, UNSW Sydney

Paper 1
Intrusive Memories and a New Model for Exposure Therapy
Authors: Kheir C[1], Graham BM[1]
[1] University of New South Wales, Sydney, NSW

Speaker: Christina Kheir

Introduction/Background:
Exposure therapy for posttraumatic stress disorder (PTSD) is effective in reducing anxiety and fear, however, it is not equally effective for all people. Moreover, it is unclear how the proposed learning processes underlying exposure therapies reduce intrusive memories in the disorder. Understanding how intrusive memories develop and subsequently reduce is key to creating effective treatments of PTSD. This thesis examines a novel experimental method of modelling the development of intrusive memories and their reduction via exposure therapy.

Methods:
Participants watched a 10-minute trauma film (a montage of motor vehicle accidents) before being randomly allocated to one of two conditions (1) exposure condition consisting of a thematically related neutral film (driving-related scenes) (2) control condition (office-related scenes). The exposure condition was intended to mimic exposure therapy where patients are reintroduced to situational cues that remind them of the trauma, in the absence of a negative outcome.

Results:
Over two cohorts of participants, the trauma film produced intrusive memories which reduced over four days. Mixed model analyses found no significant difference in intrusive memories across time, nor in voluntary memory retrieval of the film, between exposure and control conditions. Ongoing analyses will assess for potential factors influencing exposure outcomes including cortisol levels, sex hormones, and physiological and subjective responses to the trauma film.

Conclusion:
A new, ecologically valid method for modelling exposure therapy will provide a foundation for understanding how intrusive memories develop and are treated and the factors affecting treatment outcomes. Understanding these processes is the key to creating effective treatments for PTSD.

Disclosure of Interest Statement:
This research is being funded by an Australian Research Council Discovery Project awarded to BMG (DP220101339).

Short biography of presenter:
Christina is a PhD/Master of Clinical Psychology candidate who is deeply interested in the learning processes underlying exposure therapy and how they treat intrusive memories in PTSD.

Paper 2
Does threat prediction error relate to symptom changes during exposure based cognitive behaviour therapy for social anxiety disorder in adults?

Authors:
Winkler CD[1], Koval P[1], Phillips LJ[1], Felmingham KL[1]
[1] University of Melbourne, Melbourne, VIC

Speaker: Christopher Winkler

Introduction/Background:
Exposure therapy models assume that exposure-related threat prediction error drives treatment response. More research is needed to determine whether this hypothesis is supported in applied settings. This study aimed to clarify how threat prediction error relates to symptom change during exposure-based cognitive behaviour therapy for social anxiety disorder (SAD).

Methods:
Threat prediction error was assessed through smartphone surveys from 530 exposure exercises of 45 adult outpatients receiving 12 sessions of individual CBT for SAD. Social anxiety and social threat appraisals were assessed at 16 points from baseline to 3 month follow up.

Results:
Data analyses are ongoing in line with the published study protocol. We are using multilevel modelling to examine the effect of threat prediction error on session-by-session symptom change and overall treatment outcome.

Conclusion:
This study will help determine whether exposure related threat prediction error is related to SAD treatment outcome. This will inform whether current exposure therapy models work as assumed or require modification.

Disclosure of Interest Statement:
The authors have no conflicts of interest to disclose.

Chris Winkler is a clinical psychologist and PhD candidate at the University of Melbourne, with expertise in mechanisms of anxiety treatments.

Paper 3

The Role of Attachments in Posttraumatic Appraisals

Suzanna Azevedo[1], Richard Bryant[1], and Sally Hopwood[1]
[1] University of New South Wales

Speaker: Suzanna Azevedo

Introduction/Background:
Attachment theory proposes that seeking social support from others is a core emotion regulation strategy. Posttraumatic stress disorder (PTSD) is associated with insecure attachment systems, and it is proposed that this pattern may reflect impoverished emotion regulation tendencies in people with PSTD, and this may involve maladaptive appraisals about the security of attachment figures' availability to assist in coping with threats. Despite this proposal, evidence is lacking about the role of the attachments in posttraumatic appraisals in PTSD. This study aimed to determine the causal role of attachment availability in impacting appraisals in PTSD.

Methods:
Treatment-seeking adults with PTSD were randomised to receive (a) an attachment priming induction that involved imagining a supportive close person or (b) a control induction. Participants were then administered the Posttraumatic Cognitions Inventory to index their posttraumatic appraisals pertaining to the world, themselves, or self-blame.

Results: Priming attachment awareness in participants with PTSD led to less trauma-related appraisals about oneself and self-blame, but not the world, relative to PTSD participants in the control condition. This effect was moderated by trait levels of attachment avoidance, such that the impact of the attachment prime was reduced in people with high levels of attachment avoidant.

Conclusion:
These results provide evidence of a causal impact of attachment awareness and reduced maladaptive posttraumatic appraisals. Consistent with previous studies, people who are more avoidantly attached are apparently resistant to the potential benefits of attachment security. These findings are discussed in terms of potential strategies that clinicians can integrate into treatment for PTSD.

Disclosure of Interest Statement:
The author has no conflicts of interest to disclose.

Short biography of presenter:

Suzanna Azevedo is a clinical psychologist and PhD candidate at the UNSW Traumatic Stress Clinic.

Paper 4

The Role of Autobiographical Memories in Treating PTSD
Richard Bryant[1], Dharani Keyan[1], Katie Dawson[1], Srishti Yadav[1], Julia Tockar[1], Natasha Rawson[1], and Suzanna Azevedo[1]
[1] University of New South Wales

Memory models of PTSD posit that retrieval of specific autobiographical memories promote better mental health because this style of specific retrieval can facilitate emotional processing and reduce depression and rumination. This model has been supported by many studies showing that PTSD is characterized by over general retrieval of autobiographical memories. The current study tested the hypothesis that improving retrieval of specific memories will be associated with improved response to treatment of PTSD. This study enrolled 100 emergency service personnel with PTSD into a randomised clinical trial of trauma-focused psychotherapy in which half of participants were taught to retrieve specific memories of mastery and success experiences. Autobiographical memories were assessed prior to and following treatment. Analyses focused on mediation models that demonstrated that improved specific retrieval of positive memories led to greater improvement in PTSD symptoms. This pattern of results indicates that specific autobiographical memories are important for recovery for PTSD.

Deacon, BJ[1] & Pearse, S

[1] University of Melbourne, Melbourne VIC

Speaker: Eileen Stech

Introduction/Background:
Memory models of PTSD posit that retrieval of specific autobiographical memories promote better mental health because this style of specific retrieval can facilitate emotional processing and reduce depression and rumination. This model has been supported by many studies showing that PTSD is characterized by over general retrieval of autobiographical memories. The current study tested the hypothesis that improving retrieval of specific memories will be associated with improved response to treatment of PTSD.

Methods:
This study enrolled 100 emergency service personnel with PTSD into a randomised clinical trial of trauma-focused psychotherapy in which half of participants were taught to retrieve specific memories of mastery and success experiences. Autobiographical memories were assessed prior to and following treatment using the Autobiographical Memory Test, which requires participants to provide specific memories in response to positive cue words.

Results:
At the posttreatment assessment, participants who received positive memory training reported greater accessibility of specific positive memories relative to those in the control arm. Mediation analyses indicated that reduction of PTSD symptoms was mediated by improved access to positive specific memories, indicating that a key change mechanism was the improvement in specific retrieval of memories.

Conclusion:
This pattern of results indicates that specific autobiographical memories are important for recovery for PTSD. These findings will be discussed in terms of the beneficial effects of positive memory retrieval on reducing rumination, elevating self-esteem, minimizing anhedonia, and enhancing optimism in the context of clinicians augmenting gold standard treatment of PTSD.

Disclosure of Interest Statement:
The author has no conflicts of interest to disclose.

Short biography of presenter: Richard Bryant is a psychologist.

Symposium 14: Parenting and risk and protective factors of child development (2424)

Symposium Description:
This symposium focuses on the nuanced role of parenting in child and adolescent development, exploring how parenting can act as both a risk and protective factor. The aim is to explore how different parenting practices and approaches are associated with a spectrum of developmental outcomes, from potential challenges to positive growth.

The first presentation examines corporal punishment's acceptability across various high-income countries, and its adverse effects on child development. It argues for a comprehensive public health approach to support parents beyond legislative measures.

In the second presentation, the focus is on adversity's impact on adolescent resilience, with parenting styles playing a crucial role in either perpetuating or interrupting this cycle.

The third presentation signifies a shift towards enhancing children's optimal development, reviewing various parenting practices and their association with children and youth ability to thrive. This examination of positive outcomes related to parenting is further explored in the concluding presentation which investigates the influence of facilitative parenting and parental compassion as key drivers of children's prosocial behaviours and moral development, particularly within the cultural framework of Vietnamese families.

Together, these studies demonstrate the nuanced and powerful role of parenting. They advocate for a balanced view of parenting as comprising both risk and protective elements that can profoundly shape child outcomes. This theme underscores the need for informed interventions that enhance positive parenting while mitigating its potential risks, ultimately contributing to the development of resilient and thriving future generations.

Chair: April Hoang, University of Queensland

Paper 1
Acceptability and Use of Corporal Punishment and Parenting Practices Across High-income Countries

Authors:
Gonzalez C[1,2], Morawska A[2], Higgins DJ[3], Haslam DM[2,4]
[1] University of Southern Queensland, Ipswich, QLD, [2] The University of Queensland, Brisbane, QLD, [3] Australian Catholic University, Melbourne, VIC, [4] Queensland University of Technology, Brisbane, QLD

Speaker: Carolina Gonzalez

Introduction/Background:
Globally, two in three children have experienced physical discipline from their parents in the last month. In Australia, a recent study reported that 53.7% of parents have used corporal punishment. Corporal punishment has been linked to adverse child development outcomes in the short and long term. The current study explored country differences among high-income countries with various levels of progress towards a total legal ban of corporal punishment in parents' acceptability of corporal punishment, perception of parenting as a private concern, relationship with their child, and parenting practices (i.e., consistency, coercive parenting, use of smacking, and positive encouragement).

Methods:
Participants were 6,760 parents of children aged 2-12 from Australia, Belgium, Canada, Germany, Hong Kong, Spain, Switzerland, and the United Kingdom. Parents completed the International Parenting Survey, an online cross-sectional survey. One-way ANOVAs and MANCOVAs (after controlling for parent age, gender, and educational level) were conducted to identify potential country differences.

Results:
Overall, there was no clear link between a total ban on corporal punishment and positive parenting beliefs, practices, and behaviours. Parents from Germany and Spain, where corporal punishment is banned, showed different patterns. Although parents from Germany showed less acceptability and use of smacking, parents in Spain had the highest use of coercive parenting. Parents from Australia reported the highest acceptability of corporal punishment in comparison to parents from other countries.

Conclusion:
The results indicated that actions to end corporal punishment towards children require not only legislative bans but also support for parents from a public health perspective.

Disclosure of Interest Statement:
The Parenting and Family Support Centre is partly funded by royalties stemming from published resources of the Triple P—Positive Parenting Program, which is developed and owned by The University of Queensland (UQ). Royalties are also distributed to the Faculty of Health and Behavioural Sciences at UQ and contributory authors of published Triple P resources. Triple P International (TPI) Pty Ltd is a private company licensed by Uniquest Pty Ltd on behalf of UQ, to publish and disseminate Triple P worldwide. The authors of this paper have no share or ownership of TPI. Alina Morawska and Divna M. Haslam receive royalties from TPI. TPI had no involvement in the study design, collection, analysis or interpretation of data, or writing of this report. Alina Morawska is an employee at UQ. Carolina Gonzalez was a student at UQ during this study, and was an employee at UQ. Divna M. Haslam and Carolina Gonzalez hold an honorary position at UQ.

Short biography of presenter:
Dr Gonzalez is a clinical psychologist and Lecturer in Psychology at the University of Southern Queensland. Her research interests include parenting, childhood, mental health, and trauma. She has presented research outputs at national and international

conferences and published in high-impact journals. She has worked in different settings with clients across the lifespan.

Paper 2

Resilience at Risk: Intergenerational Adversity and Hostile Relationships

Authors:
Chainey C[1], Pimm, S[1], Manchadi, A[1], Kane, R[1]
[1] Parenting and Family Support Centre, School of Psychology, The University of Queensland, Brisbane, Qld

Speaker: Carys Chainey

Introduction/Background:
The effects of adverse childhood experiences (ACEs) may be seen across generations, impacting young people's functioning in ways that may affect their resilience when dealing with challenges. Parenting is known to affect young people's resilience; however, little is known about the role that parenting may play in interrupting or fuelling the intergenerational effects of adversity on resilience. This paper therefore aims to investigate the relationship between parents' ACEs and the resilience of their adolescent children, and the potentially moderating role of parenting on that relationship.

Methods:
Data was drawn from the Longitudinal Study of Australian Children regarding 2025 dyads consisting of a 16–17-year-old adolescent (49% female) and their primary caregiver (aged 32-77 years, 94% female). Moderated logistic regression was conducted to examine the relationship between parents' ACEs and adolescents' risk for low resilience, with aspects of parenting (warmth, hostility, communication, and monitoring) as potential moderators of that relationship.

Results:
Adolescents with a low or medium level of hostility in the parent-adolescent relationship were at significantly increased risk for low resilience if their parents had experienced multiple ACEs, rather than no ACEs (p = .038). Adolescents with a high level of hostility had consistently high risk for low resilience, regardless of parents' ACE score (p = .033).

Conclusion:
Parents' ACEs and hostility in the parent-adolescent relationship may significantly impede the next generations' resilience. Future research should investigate trauma-informed interventions that support families to develop non-hostile relationships, to foster young peoples' resilience and interrupt the intergenerational effects of adversity.

Disclosure of Interest Statement:
This research was partially supported by the Australian Government through the Australian Research Council's Centre of Excellence for Children and Families over the Life Course (Project ID CE200100025). The Parenting and Family Support

Centre is partly funded by royalties stemming from published resources of the Triple P – Positive Parenting Program, which is developed and owned by The University of Queensland (UQ). Royalties are also distributed to the Faculty of Health and Behavioural Sciences at UQ and contributory authors of published Triple P resources. Triple P International (TPI) Pty Ltd is a private company licensed by UniQuest Pty Ltd on behalf of UQ, to publish and disseminate Triple P worldwide. The authors of this report have no share or ownership of TPI. TPI had no involvement in the study design, collection, analysis or interpretation of data, or writing of this report. Author Chainey is employed by The University of Queensland at the Parenting and Family Support Centre. Authors Pimm, Manchadi, and Kane were students at The University of Queensland at the time of contribution.

Short biography of presenter:
Dr Chainey is a postdoctoral research fellow investigating adversity, parenting, and wellbeing across the life course and across generations. She is leading trials of a new intervention supporting caregivers with a history of adversity, Family Life Skills Triple P, and manages the Parenting and Family Research Alliance.

Paper 3
The Effects of Parenting Practices on Children and Youth Positive Outcomes: A Systematic Review

Authors:
Madeline Sakellariou[1], April Hoang[1]
The University of Queensland, Brisbane, QLD

Speaker: April Hoang

Introduction/Background:
Mental health is essential to the World Health Organization's (WHO) definition of health as a state of complete physical, mental, and social well-being, not just the absence of disease or infirmity. Promoting optimal mental health involves attention to both the positive development of children and the addressing of mental health problems. Research in the field of mental health, and parenting interventions specifically, has traditionally concentrated on risky and problematic behaviours, with limited evidence on how parenting can foster children's positive development and thriving.

Methods:
We conducted a systematic review examining parenting practices in relation to positive outcomes in children, employing key search strings including: youth OR adolescen* OR child* OR teen* OR kid AND "childrearing practices" OR (parenting N5 (style* OR strategy* OR practice* OR approach*)) OR parenting AND "positive youth development" OR (youth N5 development) OR thriving OR flourishing. The databases included in the review were PsycInfo, Scopus, Web of Sciences, CINAHL, and PubMed.

Results:
The data screening and extraction are in progress. The anticipated outcomes will be reported in terms of the number of publications over the years and the parenting concepts found to impact children's outcomes across different positive domains.

Conclusion:
The findings from this study will provide a snapshot of the current evidence and research in the field of parenting and children's outcomes. It is hoped that this will offer insights into areas that future studies on parenting should explore further to elucidate the effects of specific parenting practices on aiding children's thriving.

Disclosure of Interest Statement:
This research was partially supported by the Australian Government through the Australian Research Council's Centre of Excellence for Children and Families over the Life Course (Project ID CE200100025). The Parenting and Family Support Centre is partly funded by royalties stemming from published resources of the Triple P – Positive Parenting Program, which is developed and owned by The University of Queensland (UQ). Royalties are also distributed to the Faculty of Health and Behavioural Sciences at UQ and contributory authors of published Triple P resources. Triple P International (TPI) Pty Ltd is a private company licensed by UniQuest Pty Ltd on behalf of UQ, to publish and disseminate Triple P worldwide. The authors of this report have no share or ownership of TPI. TPI had no involvement in the study design, collection, analysis or interpretation of data, or writing of this report. Author Hoang is employed by The University of Queensland at the Parenting and Family Support Centre. Author Madeline Sakellariou were students at The University of Queensland at the time of contribution.

Short biography of presenter:
Dr Hoang is a Postdoctoral Research Fellow at the Parenting and Family Support Centre (PFSC), The University of Queensland. Her research focus on Parenting and positive children/youth outcomes. She is leading the Children and Sustainability Living Project at the PFSC.

Paper 4
The Evidence of Parenting and Children Moral Development – A survey of Vietnamese Families

April Hoang[1], Wen Hua Wang[1], Minh Thanh Nguyen[2,3]

[1]Parenting and Family Support Centre, The University of Queensland, Australia, [2] Department of Psychology, Hoa Sen University, Viet Nam, [3] Psychological Sciences Research Institute, Catholic University of Louvain, Belgium

Speaker: April Hoang

Introduction/Background:
Fostering moral development in children assumes paramount significance, not solely due to its profound association with children's well-being but also for its crucial role in cultivating a just and harmonious society. Past research has predominantly focused on the influence of educational institutions while comparably less attention has been devoted to comprehending the nuanced contributions of parents and families. This

study was conducted with the aim of bridging the existing knowledge gap in this limited research context, seeking to explore the impact of distinct dimensions of parenting, on the moral development of children, namely children's moral expansiveness and prosocial behaviours.

Methods:
Through the implementation of a robust multiple regression analysis, we analysed data collected from a sample comprising 265 Vietnamese parents of children aged 2-12 who actively participated in an online survey.

Results:
Our study found that facilitative parenting was the strongest predictor of both children's prosocial behaviours and moral expansiveness. On the other hand, parental psychological control did not significantly predict children's moral outcomes. Additionally, our investigation revealed that parental compassion emerged as a pivotal determinant in shaping children's prosocial behaviours above and beyond the effects of facilitative parenting.

Conclusion
In conclusion, this study underscores the importance of parenting practices and parental compassion in shaping both children moral concern and their expand of such circles. These findings hold implications not only for theory and research in child development but also for practical interventions aimed at fostering positive moral growth and strong, compassionate communities for the future.

Disclosure of Interest Statement:
This research was partially supported by the Australian Government through the Australian Research Council's Centre of Excellence for Children and Families over the Life Course (Project ID CE200100025). The Parenting and Family Support Centre is partly funded by royalties stemming from published resources of the Triple P – Positive Parenting Program, which is developed and owned by The University of Queensland (UQ). Royalties are also distributed to the Faculty of Health and Behavioural Sciences at UQ and contributory authors of published Triple P resources. Triple P International (TPI) Pty Ltd is a private company licensed by UniQuest Pty Ltd on behalf of UQ, to publish and disseminate Triple P worldwide. The authors of this report have no share or ownership of TPI. TPI had no involvement in the study design, collection, analysis or interpretation of data, or writing of this report. Author Hoang is employed by The University of Queensland at the Parenting and Family Support Centre. Author Wang was student at The University of Queensland at the time of contribution, Author Nguyen does not have any COI to disclose.

Short biography of presenter:
Dr Hoang is a Postdoctoral Research Fellow at the Parenting and Family Support Centre (PFSC), The University of Queensland. Her research focus on Parenting and positive children/youth outcomes. She is leading the Children and Sustainability Living Project at the PFSC.

Symposium 15: Apps, innovations and considerations: new developments in the mechanisms underpinning youth mental health (2451)

Symposium Description:

International societal changes, including the COVID-19 pandemic and increased geopolitical conflict, have dramatically increased the incidence of mental health challenges in youth. In this symposium, we focus on the underpinning mechanisms which drive poor mental illness, spanning from cognitive mechanisms such as memory and mental imagery, to behavioural mechanisms including screen time and social media use. Our key goal is to provide treatment considerations for clinicians completing cognitive behavioural therapy with youth, and to introduce novel intervention techniques which take a mechanism-focused approach to improve treatment efficacy in youth. Paper 1 and Paper 2 will introduce novel cognitive behavioural intervention techniques which target the imagery and memory-based mechanisms which drive suicidal ideation and psychological distress, and present results from studies which evaluate the efficacy of these techniques. Paper 3 will present a meta-analysis summarizing the effects of smartphone delivered therapies on transdiagnostic indicators of mental health. Paper 4 will describe the effect of screen time and problematic social media use on depression and anxiety in young Australians. This symposium will increase attendee understanding of the transdiagnostic mechanism which drive symptoms of multiple health disorders, and provide recommendations for treatment techniques which can be effectively used to target these mechanisms in youth.

Chair: Caitlin Hitchcock, University of Melbourne

Paper 1
Imagery rescripting as a novel therapy for suicidal ideation in young people

Authors:
Schmaal L[1,2], Van Velzen LS[1,2], Markulev C[1,2], Munoz Z[1,2], Rice SM[1,2], Jackson-Simpson J[2], Davies P[1,2], Bendall S[1,2], Paulik G[3,4,5]
[1] *Centre for Youth Mental Health, The University of Melbourne, Parkville, Victoria*
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[3] *Perth Voices Clinic, School of Psychology, Murdoch University, Murdoch, WA*
[4] *School of Psychological Science, University of Western Australia, Crawley, WA*
[5] *School of Psychology and Exercise Science, Murdoch University, Murdoch, WA*

Speaker: Lianne Schmaal

Introduction/Background:
Suicide is the leading cause of death among people aged 15 to 44. Suicidal thoughts are difficult to treat and, unfortunately, no gold-standard, highly effective treatments currently exist. Pursuit of new avenues to significantly reduce suicidal cognitions is needed to reduce the devastating impact of suicide on individuals, their parents, children, friends, family, and communities at large. A promising line of research on suicidal ideation focuses on mental images of suicide. Humans rely on at least two modes of thought: verbal (inner speech) and visual (imagery). In the context of

suicidal ideation, mental images of suicide have received very little attention compared to verbal thoughts, both in research and clinical practice. Our data from 75 young people with suicidal ideation shows that suicidal mental images are commonly experienced and rated as very vivid, realistic, distressing, and intrusive. 57% of the young people indicated that these images encouraged them to engage in suicidal behaviours and there was an association between image characteristics and number of previous suicide attempts. Thus, suicidal mental images provide an important novel treatment target. Imagery rescripting has the potential to effectively target and reduce suicidal mental imagery by transforming the content of the imagery. Together with clinicians and young people with lived experience, we developed a novel imagery rescripting intervention for suicidal mental images. The rationale, treatment protocol and results from an ongoing pilot intervention with this novel treatment in 25 young people with suicidal mental images will be presented.

Disclosure of Interest Statement:
This study was funded by a Suicide Prevention Australia Fellowship awarded to Laura van Velzen. Lianne Schmaal is supported by an NHMRC Investigator Grant Fellowship (2017962).

Short biography of presenter:
Prof Lianne Schmaal is an NHMRC Investigator and Dame Kate Campbell fellow at Orygen and the Centre for Youth Mental Health of the University of Melbourne. Her research program covers a broad spectrum of research ranging from identifying mechanisms underlying mood and anxiety disorders to developing and trialling novel treatments.

Paper 2
Improving access to psychological intervention in low-middle income settings: Results from a waitlist-controlled, proof-of-concept trial of the MemFlex intervention for trauma-exposed Afghan youth

Authors:
Mirabolfathi V[1], Choobin MH[1], Moradi AR[2], Hitchcock C[3]
[1] Institute for Cognitive Science Studies, Tehran, Iran, [2] Kharazmi University, Tehran, Iran, [3] The University of Melbourne, Parkville, VIC

Speaker: Caitlin Hitchcock

Introduction/Background:
Mechanistic interventions targeting a range of mental health issues offer a scalable approach for young trauma survivors in low-middle income countries. Here, we present results from a proof-of-concept, randomised, waitlist-controlled trial evaluating MemFlex, an autobiographical memory-based intervention, for trauma-exposed Afghan youth residing in Iran. MemFlex seeks to reduce the negative and over general memory biases which maintain and predict poor mental health.

Methods:
Young people aged 12-18 years (N=40) with parents who had experienced forced migration from Afghanistan were recruited from high schools in Karaj City in Iran. All had experienced a traumatic event in the last month. Participants were randomised

to receive four weeks of a group-based delivery of MemFlex, or Waitlist. Our primary cognitive outcome was autobiographical memory flexibility, that is, the ability to deliberately retrieve any memory type on demand. Primary clinical outcome was emotional distress, measured on the Farsi version of the Hopkins Symptom Checklist.

Results:
Results indicated that MemFlex participants demonstrated large effect sizes for pre-to-post improvement in memory flexibility (d=2.04) and emotional distress (d=1.23). These improvements were significantly larger than Waitlist (ds<0.49), and were maintained at three-month follow-up.

Conclusion:
Further evaluation of MemFlex in this context may offer a low-cost, and low-resource intervention to improve access to psychological intervention for young migrants in low-middle income countries.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

Short biography of presenter:
Dr Hitchcock is an ARC Research Fellow and clinical psychologist with expertise in affective disturbance. Her research programme seeks to translate basic cognitive science toward improved treatment practices.

Paper 3
Transdiagnostic versus disorder-specific smartphone interventions for treatment of youth and adult mental health conditions: a systematic review and meta-analysis

Authors:
Imogen Bell[1,2], Shaminka Mangelsdorf[1,2], (co-first), Thomas Wren[1,2], Carl Moller[1,2], Laksha Alahakoon[1], Maris Vainre[3], John Torous[4], John Gleeson[5], Caitlin Hitchcock[6], Mario Alvarez-Jimenez[1,2] (co-senior)
[1]*Orygen, Melbourne, Australia;*
[2]*Centre for Youth Mental Health, The University of Melbourne, Melbourne, Australia;*
[3]*MRC Cognition and Brain Sciences Unit, University of Cambridge;*
[4]*Department of Psychiatry, Beth Israel Deaconess Medical Center, Harvard Medical School;*
[5]*Healthy Brain and Mind Research Centre and School of Behavioural and Health Sciences, Australian Catholic University, Melbourne, Australia*
[6]*School of Psychological Sciences, University of Melbourne*

Speaker: Imogen Bell

Background:
Smartphone-based interventions may offer unique opportunities to enhance transdiagnostic approaches to mental health treatment, which target shared factors between disorders. Such interventions may provide more relevant, personalised, and

targeted treatment across a broader range of mental conditions. This systematic review and meta-analysis aimed to determine (a) the effect of smartphone interventions on mental health outcomes across clinical and subclinical mental health conditions, and (b) compare the effects of transdiagnostic and disorder-specific smartphone interventions on mental health outcomes and key transdiagnostic mechanisms.

Methods:
PsycINFO, Medline, Web of Science, and Cochrane Central Register of Controlled Trials (CENTRAL) were searched from 2006 – October 2022 using terms related to smartphone apps and mobile health, mental disorders, and clinical trials. Controlled trials of smartphone interventions targeting mental health symptoms or transdiagnostic mechanisms in youth or adult populations experiencing clinical or subclinical mental health conditions, were included.

Results:
The initial search yielded 7369 articles, with a total of 113 RCT included. Random-effects meta-analyses revealed significant effects favouring smartphone treatments compared to both passive and active control conditions for mental health symptoms. Effects did not differ between transdiagnostic and disorder specific apps for overall mental health symptoms, but there were differences at the mechanism level across attention, reasoning, thought, memory and behavioural domains.

Conclusions:
This is the largest review ever conducted on transdiagnostic smartphone interventions. Key findings will be presented along with a broader discussion on harnessing mobile technology to target transdiagnostic mechanisms in real time, real world contexts.

Disclosure of Interest Statement:
The authors have no conflicts of interest to disclose.

Short biography of presenter:
Dr Imogen Bell is an NHMRC Emerging Leadership Fellow and Clinical Psychology Registrar based at Orygen, the Centre for Youth Mental Health at University of Melbourne. Her research involves the design, development, and implementation of virtual reality and smartphone based interventions for youth mental health.

Paper 4
Are screens making our teens sad and anxious? Investigating screen time, depression and anxiety in a longitudinal cohort of Australian teenagers.

Authors:
Werner-Seidler A[1,2], Li, S.H[1,2], Batterham, P[3], Maston, K[1], Whitton, A[1] & Christensen H[2]
[1] Black Dog Institute, Sydney, [2] University of New South Wales, Sydney

Speaker: Aliza Werner-Seidler

Introduction/Background:

Adolescent screentime is associated with mental health. However, little is understood about the direction of the relationship, nor the influence of social media use or gender. This study investigated the association between screentime, and depression and anxiety over a 12-month period and examined the potential influence of social media use and gender in this relationship.

Methods:
Participants were school students who completed questionnaires on two occasions when they were in school Years 8 and 9. Questionnaires assessed recreational screentime, symptoms of depression and anxiety, and maladaptive social media use. Linear mixed effects models were used to examine the cross-sectional association between screentime, depression and anxiety, and the contribution of maladaptive social media use and gender to this relationship. The same analysis was conducted examining the effect of screen time on symptoms of depression and anxiety 12-months later.

Results:
Participants (N=4,058) were aged 13.9 years in Year 8, and the sample was broadly representative of the Australian adolescent population. Analyses showed that screentime was associated with depression and anxiety cross-sectionally, but only with depression longitudinally. However, these relationships were no longer evident when unhealthy social media use and gender were added into the model, with gender being the strongest predictor of depression and anxiety, over and above screen use and maladaptive social media use. There was no evidence social media use or gender influenced the association between screentime and symptoms.

Conclusion:
Findings suggest an important role for gender in mental health symptoms beyond screentime and maladaptive social media use.

Disclosure of Interest Statement:
The authors have no conflicts of interest to disclose.

Short biography of presenter:
A/Prof Aliza Werner-Seidler is an NHMRC Emerging Leader Fellow and Clinical Psychologist at the Black Dog Institute at UNSW, Sydney. Her program of research is focused on the prevention and treatment of adolescent depression, anxiety and insomnia.

Symposium 16: Controversies in childhood conduct problems: morality, discipline and diagnostic labels (2471)

Symposium Description:

Child conduct problems (e.g., tantrums, non-compliance, aggression) are common and may have severe and profound consequences for the child, their family and the wider community. The aims of this symposium are to describe the findings of several studies on conduct problems in children, in relation to controversial issues such as use of effective discipline strategies, associations with moral reasoning and parent perceptions of diagnostic labels. The first presentation will describe findings of a series of studies with parents and young adults regarding the parental discipline strategy of time-out for child conduct problems and explore associations with attachment, emotion regulation and moral development. The second presentation will evaluate the moderating role of adversity on the appropriateness and effectiveness of time-out for children with conduct problems, examining both parent and child perceptions. The third presentation will explore whether emotional reactivity in children with conduct problems and callous-unemotional traits are associated with emotional comprehension and moral reasoning. The final presentation will examine parent perceptions of diagnoses of Oppositional Defiant Disorder in those attending an evidence-based parenting intervention.

Chair: Mark Dadds, Child Behaviour Research Clinic, University of Sydney

Discussant: David Hawes, Child Behaviour Research Clinic, University of Sydney

Paper 1
How should parents discipline conduct problems in children? Evidence from asking the children themselves.
Authors: Dadds M[1]; Xu J[1]; McLean, R[1]; Roach, A[1]; Tully, L[1].
[1]University of Sydney, Sydney, NSW, Australia

Speaker: Mark Dadds

Background:
Parental discipline strategies are a critical aspect of child development associated with risk versus protection for the mental health problems. Time-out is one of the most common discipline procedures across the world, with strong evidence to support its efficacy and acceptability. It has also attracted considerable criticism from writers evoking considerations based on attachment theory and trauma informed thinking. The main concern is that time-out exposes the child to a break in attachment security and, for children with trauma histories, potentially causes harm.

Method:
In this talk I will examine general principles guiding the worth and acceptability of this parental discipline strategy and look at how time-out can be used in a way that maximizes positive child outcomes, including with children who have experienced complex trauma. I will also present the results of four studies using a new measure of procedural implementation of time-out by parents of children aged 2-8 years

looking at the effects of time-out use on mental health, attachment, emotion regulation and moral development in various samples of parents and young people.
Results and Conclusion:
Overall, the current findings suggest that time-out can have positive impacts on child mental health and attachment, and efforts should be made to ensure the public is well informed about its appropriate use.

Disclosure of Interest Statement:
None

Short biography of presenter:
Mark Dadds is Director of Growing Minds Australia, Australia's Clinical Trials Network in Child and Youth Mental Health, Professor of Psychology at the University of Sydney and Founding Co-Director of the Child Behaviour Research Clinic, which develops state-of-the-art treatments for children and adolescents with MH problems.

Paper 2
Towards trauma-informed discipline: exploring the moderating role of adversity on the appropriateness of time-out for young children with conduct disorders.

Authors:
Roach A[1], Mendoza-Diaz T[2,3], Tully L[1], Hawes D[1], Dadds M[1]
[1] University of Sydney, Sydney, NSW, [2] The University of New South Wales, Sydney, NSW, [3] Tasmanian Health Service, TAS

Speaker: Alex Roach

Introduction/Background:
Conduct disorders are one of the most prevalent childhood mental health conditions associated with severe outcomes in adulthood. While interventions for these disorders are among the most effective psychological treatments available, one core component, the discipline strategy time-out, has recently faced heightened scrutiny. The use of time-out with children who have a history of adversity has become particularly contentious, with concerns that time-out may adversely affect attachment bonds, hinder emotional development, and even result in re-traumatisation. I will present two studies investigating whether the primary discipline tool embedded in behavioural interventions for conduct disorders, is both effective and sensitive to the diverse needs of trauma inflicted children.

Methods:
The first study employs a longitudinal study design to investigate whether adversity moderates the relationship between time-out implementation, parent-child attachment, and child well-being among children with clinical-level conduct issues. The second study utilises mixed methods, collecting both quantitative measures and qualitative interviews, to explore children's perspectives on time-outs, including how they themselves feel in time-out and why.

Results:
Study one findings are being analysed and will be presented at the symposium. Study 2 findings suggest that children with conduct disorders perceive time-out as the most suitable disciplinary measure compared to non-violent and violent alternatives.

Conclusion:
Research findings indicate that the use of time-out with children exposed to adversity is perceived as appropriate and beneficial by both parents and children.

Disclosure of Interest Statement:
This study was funded in part by NHMRC Project Grant 2017-2021 APP1123072 to the last-named author.

Short biography of presenter: Alex Roach is a Clinical Psychologist and the Clinic and Research Manager at the Child Behaviour Research Clinic at the University of Sydney. Currently completing her PhD, Alex's research interests include child and family mental health and early intervention for child behaviour problems.

Paper 3
Is impaired emotional reactivity in child callous-unemotional traits associated with impaired emotional comprehension and moral reasoning?

Authors: Northam, Jaimie C. [1], Hawes, David J. [1], Dadds, Mark R [1]
[1] University of Sydney, Sydney, NSW, Australia

Speaker: Jaimie Northam

Background:
Children with Conduct Problems and high Callous-Unemotional traits (CP+CU) have affective deficits thought to impair development of prosocial attitudes and behaviours. Yet, little is known about the etiology of these deficits or the impact of dampened emotional reactivity on the comprehension of emotional content. We previously found that children with CP+CU showed dampened physiological reactivity to an emotional stimulus when compared to peers with CPs and low CU traits (CP-CU) and a non-clinical community control (CC) sample. Here we further investigate this sample and explore whether dampened emotional reactivity is associated with emotional comprehension and moral reasoning.

Method:
Participants were children aged 2-8 years with CP+CU (*n* = 36), CP-CU (*n* = 82) and CC (*n* = 27). After watching an emotion eliciting stimulus (i.e., the death scene from the movie the Lion King), children participated in a free play task with access to plush toy versions of the 4 main characters. Following this, they were asked a series of questions to assess emotional comprehension and moral reasoning.

Results:
No differences were found between groups in the types of play observed or primary emotion and justification for the movie protagonist. Differences were found in moral reasoning, whereby children with CP+CU traits were more likely to justify emotional

and moral attributions using rules-based reasoning than the other groups who were more likely to use emotion-based reasoning.

Conclusion: These findings indicate that dampened emotional reactivity may be associated with early impairments in moral reasoning for children with CP+CU.

Disclosure of Interest Statement:
This study was funded in part by NHMRC Project Grant 2017-2021 APP1123072 to the last-named author.

Short biography of presenter:
Dr Jaimie Northam is a clinical psychologist and academic based at the University of Sydney's Child Behaviour Research Clinic where she currently supervises research and clinical students and leads several studies with the aim of improving child mental health outcomes.

Paper 4
Parent perceptions of diagnosis of Oppositional Defiant Disorder for their child

Authors:
Tully LA[1], Roach A[1], Lechowicz M[1], Hawes DJ[1] & Dadds MR[1]
[1] Child Behaviour Research Clinic, University of Sydney, Sydney, NSW

Speaker: Lucy Tully

Introduction/Background:
There are widespread concerns about use of diagnostic terminology for mental health (MH) disorders in children due to labelling, stigma, parent blaming and lack of understanding. For these reasons, alternatives to MH diagnoses for children have recently been proposed. However, there is little research on parent perceptions of diagnoses, especially the extent to which diagnoses are considered helpful or unhelpful by parents. The aim of this study was to examine parent perceptions of a diagnosis of Oppositional Defiant Disorder (ODD) in the context of receiving treatment.

Methods:
Participants were parents (N=137) of children aged 2-9 years who received an evidence-based parenting training program for child conduct problems at the Child Behaviour Research Clinic at the University of Sydney. Participants completed questions about their perceptions of ODD diagnoses at the end of treatment.

Results:
Over half of participants (56%) reported that their treating clinician gave their child a diagnosis of ODD. Of these parents, around three-quarters (74%) reported that a diagnosis of ODD was extremely/very helpful, and one-quarter (26%) reported it was neither helpful nor unhelpful. No parents perceived that it was extremely/very unhelpful. Most common reasons for perceiving the diagnosis to be helpful were understanding their child's behaviour, knowing what strategies were effective, and

motivation to implement strategies. However, issues to do with labelling and feeling blamed were raised by a small proportion of parents.

Conclusion:
Most parents reported that a diagnosis of ODD was helpful, which suggests that diagnostic terminology continues to have an important role to play in treatment of child MH problems.

Disclosure of Interest Statement:
The authors have no conflicts of interest to disclose.

Short biography of presenter:
Lucy Tully is a Senior Lecturer, Psychologist and Director of Flagship Trials for Growing Minds Australia, working at the Child Behaviour Research Clinic at the University of Sydney. She has over 20 years of experience in child and youth mental health, and more than 50 publications in the field.

Symposium 17: Investigating transdiagnostic approaches to improving our treatment for eating disorders (2485)

Symposium Description:
Across different mental health problems, even the best therapies leave substantial proportions of patients with ongoing clinical problems. At least half of all patients with mental health disorders do not respond adequately to psychological therapy. The same is true for therapies for eating disorders (EDs), where up to one out of four clients can be expected to drop out of CBT-ED, post-treatment the mean abstinence rate for bulimia nervosa is 37%. Our most effective treatment for anorexia nervosa, family-based treatment, still leaves between 22% and 42% of children with poor outcome at 12-month follow-up. This symposium examines different perspectives on the use of transdiagnostic interventions for eating disorders, to consider whether adoption of such interventions may have potential to improve intervention outcomes for people with eating disorders.

Chair: Tracey Wade, Flinders University Institute for Mental Health and Wellbeing

Paper 1
A randomised and adaptive trial of transdiagnostic single session interventions for people on an eating disorder treatment waitlist

Authors:
Wade TD[1], Waller G[2]
[1] Flinders University, Adelaide, SA, [2] The University of Western Australia, Perth, WA, [3] The Kirby Institute, Sydney, NSW

Speaker: Tracey Wade

Introduction/Background:
The most robust predictor of treatment outcome for eating disorders is greater symptom change early in treatment, across age groups, eating disorders and therapeutic modalities. Evidence also suggests that if “slow responders” are given more intensive therapy approaches, then they have outcomes commensurate to “quick responders”. This randomised trial evaluated whether allocation to one of three single session interventions (SSIs) while on the wait list for treatment could result in a substantial decrease in dietary restriction before treatment commenced, and whether allocation to a less or more intense intervention resulted in similar early change in participants.

Methods:
Of 49 people with eating disorders (excluding anorexia nervosa) assessed for eligibility for the Flinders University Services for Eating Disorders, 40 (82%) were randomised to one of three SSIs over the 2 weeks between assessment and commencement of treatment: behavioural activation (n=14), growth mindset (n=14) and dealing with negative emotions without using self-harm (n=12). Those people who achieved a reduction of 30% or more in dietary restriction were allocated to online CBT guided self-help (CBT-GSH); those who did not received face-to-face CBT-T.

Results:
Significantly more people in the behavioural activation SSI (71%) achieved a reduction in dietary restriction than the negative emotion SSI (25%). While there was no difference in global eating disorder psychopathology at assessment, the participants who were allocated to CBT-GSH had significantly lower levels of psychopathology at the beginning of treatment.

Conclusion:
Short and inexpensive interventions on waitlists can “kick start” early treatment response for eating disorders.

Disclosure of Interest Statement:
No funding was received for this research. Tracey Wade is supported by an NHMRC Investigator Grant Fellowship (GNT2025665). The authors are the creators of CBT-T and receive royalties from a therapist manual.

Short biography of presenter:
Matthew Flinders Distinguished Professor Tracey Wade has worked as a clinician and researcher in eating disorders for over 30 years. She is the director of the Blackbird Initiative, and the Flinders University Services for Eating Disorders (FUSED). She has over 290 publications in peer reviewed journals.

Paper 2
A Delphi study of critical “non-eating disorder” targets that are potential targets in early intervention and augmentation of therapy for eating disorders.

Authors:
Pennesi J-L[1], Pellizzer M[1], Wade TD[1]
[1] Flinders University, Adelaide, SA

Speaker: Jamie-Lee Pennesi

Introduction/Background:
The co-occurrence of two or more psychiatric disorders is the norm rather than the exception in eating disorders. At least one lifetime DSM-IV *disorder* is present in most adults with anorexia nervosa (AN, 56.2%), bulimia nervosa (BN, 94.5%), and binge-eating disorder (BED, 78.9%). In addition to co-occurring disorders, other common comorbid features including affect regulation difficulties, negative affect, perfectionism, cognitive-behavioural inflexibility, impulse control difficulties, and deliberate self-harm and two-thirds of people receiving treatment for an eating disorder report at least one traumatic event. We use a Delphi study to gain input from people with lived experience, significant others, clinicians, and researchers to identify key transdiagnostic targets for interventions that could tackle this co-occurrence.

Methods:
We plan to conduct online surveys of 160 people, 40 clinicians, 40 researchers, 40 lived experience, 40 significant others (including carers). We will use the outcomes of papers 3 and 4 in this symposium, as well as the Wellcome Trust 46 active ingredients (aspects of an intervention that drive clinical effect, are conceptually well

defined, and link to specific hypothesised mechanisms of an intervention) to generate a list of questions for our participants.

Results:
A summary of results from the Delphi will be presented, and differences between our four groups will be examined.

Conclusion:
The outcomes of this work will inform develop of transdiagnostic SSIs that can be first tested in an early intervention sample, and then elaborated for use as acute augmentation in treatment.

Disclosure of Interest Statement:
This paper was funded by a NHMRC Investigator Grant. Tracey Wade is supported by an NHMRC Investigator Grant Fellowship (GNT2025665). The authors have no conflicts of interest to disclose.

Short biography of presenter:
Dr Jamie-Lee Pennesi is a research fellow in clinical psychology with a decade of experience working with eating disorders, as a clinician and as a researcher. She has presented her research at eating disorder and cognitive behavioural conferences globally and has 23 publications in high quality peer-reviewed journals.

Paper 3
Intervention approaches designed to have transdiagnostic effects for youth at risk of poor mental health: A meta-analysis of outcomes.

Authors:
Radunz M[1], Johnson C[1], Dalgleish T[2,3], Shafran R[4], Wade TD[1]
[1] Flinders University, Adelaide, SA, [2] Medical Research Council Cognition and Brain Sciences Unit, University of Cambridge, Cambridge, UK, [3]Cambridgeshire and Peterborough NHS Foundation Trust, National Health Service, Fulbourn, UK, [4] Institute of Child Health, University College London, London, England

Speaker: Marcela Radunz

Introduction/Background:
Shared features between complex mental health interventions suggest a “common elements” approach can be used in mental health interventions. Our first aim was to identify non-pharmacological outpatient interventions that had transdiagnostic effects in youth at risk of poor mental health outcomes. The second aim was to identify specific elements of interventions that were associated with a significant effect.

Methods:
This systematic review and meta-analysis searched PsycINFO, Medline and Scopus through to 8th of February 2024. We included studies that had quantitative outcomes from a randomised controlled trial involving non-pharmacological outpatient intervention delivered to youth (aged 25 years and under) intended to have transdiagnostic effects on mental health problems. We examined changes in depression, anxiety, suicidality, disordered eating, and quality of life using random-

effects models in the *R meta* package. This study was pre-registered (PROSPERO, CRD42023402249).

Results:
Of 8857 studies identified, 88 were included across 11,999 individuals, mean age17.9 years (*SD* 3.9; 67.1% female). Cohen's *d* effect sizes and 95% CI were 0.35 (0.21,0.49) for depression, 0.34 (0.26,0.43) for anxiety, 0.22 (-0.01,0.44) for quality of life, 0.13 (-0.03-0.30) for disordered eating and 0.76 (-0.61-2.13) for suicidality. Generic Cognitive Behaviour Therapy (CBT) was an effective transdiagnostic approach for depression and anxiety, with the latter also benefiting from behavioural therapy, CBT for perfectionism, and mindfulness.

Conclusion:
These results provide the first quantitative test of transdiagnostic intervention approaches that can improve mental health in youth. Conclusions should be interpreted cautiously considering high levels of heterogeneity.

Disclosure of Interest Statement:
This paper was funded by a NHMRC Investigator Grant. Tracey Wade is supported Catherine Johnson is supported by funding from the Australian Federal Department of Health and Aged Care. Marcela Radunz is supported by funding from Masonic Charities. The authors have no conflicts of interest to disclose.

Short biography of presenter:
Dr Marcela Radunz is researcher in the Blackbird Initiative Lab at Flinders University, focusing on prevention and early intervention across a broad range of mental health concerns in children and young people, particularly disordered eating. She is also a clinical psychology registrar working with children, adolescents, and their families in private practice.

Paper 4
A meta-analysis of acute augmentation of therapy for eating disorders: Impact on outcomes.

Authors:
Pennesi J-L[1], Radunz M[1], Johnson C[1], Wade TD[1]
[1] Flinders University, Adelaide, SA

Speaker: Jamie-Lee Pennesi

Introduction/Background:
A recent meta-analysis investigated use of augmentation therapies across mental disorders where augmentation was administered before, during or after psychological therapy with the aim of enhancing the effect of therapy and there was a comparison group. Acute augmentation significantly reduced the severity of mental health problems (Hedges' *g* = −0.27, 95% CI: [−0.36, −0.18]). Eating disorders were largely omitted from the analyses. The current meta-analysis examined acute augmentation outcome for eating disorder therapy.

Methods:
We conducted a preregistered meta-analysis (PROSPERO CRD42024506142). We searched Medline, Scopus, and PsycINFO for controlled studies published through to 29 January 2024. ClinicalTrials.Gov was searched for unpublished studies. We identified 29 studies, of which 17 RCTs (*N = 1218)* were included in the meta-analysis.

Results:
Acute augmentations significantly reduced the eating disorder psychopathology (Hedges' *g* = 0.16, 95% CI: [0.04, 0.29]; *p* = 0.20). Moderator analyses showed that this was a significant effect for studies of anorexia nervosa (n=6; *g* = .15, 95% CI: [.07, .23]) but not for other eating disorders (n=11; *g* = .18, 95% CI: [-.06, .42]). Heterogeneity was low. Augmented interventions for anorexia nervosa included app-based support to TAU, MANTRA guided self-help, body/movement intervention, cognitive bias modification, cognitive remediation therapy and motivational interviewing.

Conclusion:
Acute augmentation shows some promise for improving outcomes in the treatment of eating disorders, particularly anorexia nervosa. To date there is a small number of studies that investigate a variety of augmentations, and replication is required.

Disclosure of Interest Statement:
This paper was funded by a NHMRC Investigator Grant. Tracey Wade is supported by an NHMRC Investigator Grant Fellowship (GNT2025665). The authors have no conflicts of interest to disclose.

Short biography of presenter:
Dr Jamie-Lee Pennesi is a research fellow in clinical psychology with a decade of experience working with eating disorders, as a clinician and as a researcher. She has presented her research at eating disorder and cognitive behavioural conferences globally and has 23 publications in high quality peer-reviewed journals.

Symposium 18: Learning mechanisms linking adversity with emotional maladjustment (2407)

Symposium Description:
It is well established that adverse experiences, such as violence, neglect and natural disasters, increase vulnerability for emotional disorders. Yet, it is unclear why some people develop emotional disorders after adversity while others do not. Recent studies suggest that fear learning mechanisms may underlie associations of adverse experiences with emotional maladjustment. The present symposium includes four studies that examine the impact of adverse experiences on fear learning mechanisms and emotional maladjustment using novel experimental procedures and ecological sampling methodology.

Chair: Allison Waters, Griffith University

Paper 1
Exposure to images of violence and neglect influence fear learning and daily anxiety

Authors:
Waters A M[1], Modecki K L[2], Beardsley M A[1],
[1] School of Applied Psychology, Griffith University, QLD [2] Telethon Kids Institute, WA

Speaker: Michael Beardsley

Introduction/Background:
Exposure to violence and neglect exacerbate vulnerability for poor psychological and emotional maladjustment for some people, while others do not seem to be as impacted. The underlying mechanisms that play a role in linking violence and neglect with emotional adjustment are unclear. This study examined the role of fear learning and responses to daily stressors as proposed mechanisms linking the experience of exposure to violence and neglect on emotional adjustment.

Methods:
Participants (N=200) were randomly assigned to view images of communities that depicted violence, neglect, or control prior to completing a discriminative Pavlovian conditioning task including habituation, acquisition, extinction, and retest phases. Throughout acquisition, one shape was paired with an aversive tone (CS+) as the unconditioned stimulus (UCS) and another shape was presented alone (CS-). Both CSs were presented alone during extinction and retest phases. Subjective ratings of fear and ratings of CS pleasantness and arousal were obtained before and after picture viewing and between learning task phases. Skin conductance responses (SCR) were recorded to the CSs during all phases. Subsequently, participants also participated in a seven-day follow-up via experience sampling methodology, reporting feelings of happiness, sadness, anxiety, and anger six times each day, as well as reporting whether any negative or positive events had occurred.

Results:
Both the violence and neglect groups reported higher levels of distress and CS arousal ratings after viewing images relative to controls. The violence group

exhibited larger orienting SCRs to the CS+ during acquisition relative to the other groups, and the neglect group exhibited attenuated SCRs from extinction to retest. Fear learning and extinction mechanisms differentially predicted anxiety to benign events and stressors in daily life in the violence and neglect groups.

Conclusion:
Community violence and neglect may impact emotional maladjustment via impairment in fear learning mechanisms.

Disclosure of Interest Statement:
This paper was funded by Australian Research Council Discovery Project Research Fund.

Short biography of presenter:
Michael Beardsley has completed a Bachelor of Psychological Science (I Class Honours) in the School of Applied Psychology, Griffith University.

Paper 2

Fear learning and extinction mechanisms linking natural disasters with emotional maladjustment

Authors:
Waters, Allison M[1], Beardsley, M[1], & Modecki K L[2]
[1] School of Applied Psychology, Griffith University, QLD [2] Telethon Kids Institute, WA

Speaker: Allison Waters

Introduction/Background:
Natural disasters such as bushfire and flood increase vulnerability for emotional problems. However, it is unclear why some people develop emotional problems and others do not after natural disasters. Informed by dimensional models of psychopathology and previous literature on fear learning mechanisms, this study examined the role of fear conditioning and extinction as proposed mechanisms linking the experience of bushfire relative to flood exposure on emotional adjustment.

Methods:
Participants (n=165) were randomly allocated to view bushfire, flood or community scenes followed by all participants completing a discriminative Pavlovian conditioning and extinction task and one week of ecological momentary sampling of daily stressors and emotions. During acquisition, one shape was paired with an aversive tone (CS+) as the unconditioned stimulus (UCS) and another shape was presented alone (CS-), while both CSs were presented alone during extinction and retest phases. Skin conductance responses (SCR) were recorded to the CSs during all phases. Subjective ratings of anxiety CS pleasantness and arousal were obtained before and after picture viewing and each learning phase.

Results:
The bushfire and flood groups reported more subjective distress after viewing images relative to controls. The bushfire group, but not the flood group, exhibited

significantly larger SCRs to both CSs during acquisition, extinction and retest. Fear learning and extinction mechanisms differentially predicted anxiety in response to benign moments and daily stressors in the bushfire and flood groups compared to controls.

Conclusion:
Bushfire and flood disasters may differentially impact fear learning mechanisms and daily emotion.

Disclosure of Interest Statement:
This project was funded by an ARC Discovery Grant awarded to Professor Allison Waters and A/Prof Kathryn Modecki.

Short biography of presenter:
Professor Allison Waters is Professor (Clinical Psychology) in the School of Applied Psychology, Griffith University.

Paper 3
Exposure to images of post-bushfire disaster impacts fear learning and extinction

Authors:
Franklin-Browne L J[1], Modecki K L[2], and Waters A M[1]
[1] School of Applied Psychology, Griffith University, QLD [2] Telethon Kids Institute, WA

Speaker: Lindsey Franklin-Browne

Introduction/Background:
Exposure to natural disasters increases vulnerability for poor psychological outcomes. Large scale reviews have increased our understanding of risk factors associated with maladjustment, however the mechanisms underpinning this relationship remain unclear. This study examined the role of fear learning and extinction as proposed mechanisms linking the experience of bushfire exposure on emotional adjustment.

Methods:
Participants (n=70) were randomly allocated to view community scenes depicting post-bushfire disaster or no disaster followed by all participants completing a discriminative Pavlovian conditioning task including habituation, acquisition, extinction, and retest phases. During acquisition, one shape was paired with an aversive tone (CS+) as the unconditioned stimulus (UCS) and another shape was presented alone (CS-), while both CSs were presented alone during extinction and retest phases. Subjective ratings of fear, worry and sadness, and ratings of CS pleasantness and arousal were obtained before and after picture viewing and between learning task phases. Skin conductance responses (SCR) were recorded to the CSs during all phases.

Results:
The post-bushfire disaster group reported more distress after viewing images and prior to conditioning relative to controls. Relative to the control group, the post-

bushfire group showed larger SCRs to both CSs during acquisition. During extinction, the post-bushfire group displayed smaller SCRs to both CSs and attenuated anticipatory SCRs which were observed in the control group. During retest, the post-bushfire group exhibited significantly larger anticipatory SCRs to both CSs which was not observed in the control group.

Conclusion:
Exposure to an analogue of post-bushfire disaster impairs fear learning and extinction.

Disclosure of Interest Statement:
The authors have no conflicts of interest to disclose.

Short biography of presenter:
Lindsey Franklin-Browne is completing a Doctor of Philosophy (Clinical Psychology) in the School of Applied Psychology, Griffith University.

Paper 4

The effects of coping self-efficacy on fear learning

Authors:
Kapnias R L[1], Modecki K L[2], Waters A M[1]
[1] School of Applied Psychology, Griffith University, QLD [2] Telethon Kids Institute, WA

Speaker: Rachel Kapnias

Introduction/Background:
Low and high coping self-efficacy (CSE) have been associated with an increased risk of and being protective against developing anxious psychopathology. An emerging body of research has focused on the influence of CSE on fear learning and extinction; however, critical questions regarding this relationship remain. This study employed a quasi-experimental design to investigate the effects of low versus high CSE on the different fear learning mechanisms.

Methods:
Participants with low and high CSE were screened and invited to participate in a differential Pavlovian conditioning task consisting of habituation, acquisition, extinction, retest and reacquisition phases. During acquisition and reacquisition, one shape was paired with an aversive sound (CS+) as the unconditioned stimulus (US) and another shape was presented alone (CS-). During extinction and retest, both CSs were presented alone. Subjective ratings of anxiety, and CS arousal and pleasantness were provided between all phases. Skin conductance responses (SCRs) and trial-by-trial US-expectancy ratings were recorded throughout the task.

Results:
The low compared to high CSE group exhibiting larger SCR responses to the US on the CS+ trials during acquisition. During retest, group differences were found for US-expectancies with higher US-expectancy ratings for CS+ compared to CS- trials

during the first block for the low CSE group, and during the second block for the high CSE group. Groups did not differ during extinction, or in their between-phase ratings.

Conclusion:
Low CSE is associated with heightened physiological arousal to threats, and overestimating risk when in uncertain situations.

Disclosure of Interest Statement:
The authors have no conflicts of interest to disclose.

Short biography of presenter:
Rachel Kapnias is completing a Doctor of Philosophy in the School of Applied Psychology, Griffith University.

Symposium 19: Online treatments for physical and mental health: identifying barriers to engagement and testing new treatment models (2466)

Symposium Description:
Online psychological treatments are generally considered acceptable, safe, and effective for managing a range of physical and mental health conditions. However, despite their availability and accessibility, many adults do not take up, complete, or benefit from online psychological treatments. This symposium brings together four speakers who will present research which aims to 1) understand the barriers to engaging with available treatments, 2) test novel treatment approaches designed to overcome these barriers, and 3) examine how treatment engagement and outcomes may be related to individual characteristics (e.g., comorbid health conditions). Paper 1 will present the results of a national Australian survey that identified several barriers to engaging with cognitive behaviour therapy-based health behaviour change interventions. Paper 2 will present the development and initial evaluation of an online ultra-brief treatment for women with perinatal depression or anxiety based on cognitive behaviour therapy. Paper 3 will illustrate the development and evaluation of online brief cognitive behaviour therapy for insomnia with a focus on how comorbid chronic health conditions may impact outcomes. Paper 4 will report the results of a randomised controlled trial of an online psychological pain management program specifically designed for endometriosis.

Chair: Madelyne Bisby, Research Fellow, Macquarie University

Paper 1
Predictors of uptake of CBT-based health behaviour change interventions in chronic health conditions: a national survey.

Authors:
Heriseanu AI[1], Dear B[1]
[1] eCentreClinic, School of Psychological Sciences, Macquarie University, Sydney, NSW

Speaker: Andreea I. Heriseanu

Introduction/Background:
Chronic physical health conditions are the leading cause of disability and death in Australia and worldwide. For many leading conditions such as cardiovascular diseases, health behaviour change interventions (HBCIs; e.g. increasing physical activity) form an important part of management. However, they are not universally adopted. This study examined predictors of participation in CBT-based HBCIs in a comprehensive participant sample.

Methods:
An online survey was conducted in a nationally representative sample of Australians ≥ 45 years old to examine predictors (e.g. sociodemographic and clinical characteristics) of engagement in CBT-based HBCIs for common modifiable risk factors, helpful intervention components, and barriers to uptake.

Results:
Of the total sample (N= 809; 53% female; age M(SD)=61.2 (10.5) years), 63% had a chronic condition or substantial risk for developing a condition. Of these, only 75 (15%) participated in a HBCI (predominantly CBT-based; n = 70). Factors associated with uptake included a history of anxiety, living in an area of lower disadvantage and greater advantage, and having a cardiovascular disease/risk. Interventions were generally considered helpful, with several intervention components identified as beneficial. Those who did not participate in HBCIs endorsed a number of barriers, such as lack of necessity, not recommended by a healthcare professional, and cost.

Conclusion:
CBT-based interventions for health behaviour change are regarded as helpful, however, their uptake appears to be low. Modifiable barriers such as cost, access in less advantaged areas, increasing motivation, and HBCI literacy need to be addressed. Online CBT-based interventions show promise for tackling some of these barriers.

Disclosure of Interest Statement:
The authors have no conflicts of interest to disclose.

Paper 2
Development and preliminary evaluation of an ultra-brief online treatment for perinatal depression and anxiety.

Bisby, M.A.[1], Jervis, N. [1], Fisher, A. [1], Scott, A.J. [1], & Dear, B.F. [1]
[1]eCentreClinic, School of Psychological Sciences, Macquarie University

Speaker: Madelyne A. Bisby

Introduction/Background:
New and expectant mothers are at an increased risk of depression and anxiety symptoms, and face significant barriers in accessing timely and effective mental health care. Online treatments overcome some barriers, but many treatments still require several weeks to months to complete. Carefully developed ultra-brief online treatments may be particularly beneficial for new and expectant mothers as they could deliver accessible, effective mental health support within a short timeframe. We developed an ultra-brief online treatment for managing perinatal depression and anxiety.

Methods:
The treatment was modified from an existing cognitive-behavioural ultra-brief treatment for depression and anxiety. In Phase 1, women with a lived experience of perinatal depression/anxiety (n = 12) were invited to review draft treatment materials and provide their feedback in focus groups. In Phase 2, we are currently recruiting women with current perinatal depression/anxiety to participate in a single-group open trial to evaluate treatment acceptability, feasibility, and efficacy (target n = 40). Participants complete self-report measures of depression, anxiety, and emotional distress at baseline, 2-weeks later, and 5-weeks later. Generalized estimating equations will be used to examine symptom change.

Results:
The focus groups provided overall positive feedback on the content, relevance, and look and feel of the treatment materials with key areas of improvement. The results of the ongoing pilot trial will be presented.

Conclusions:
The feedback from focus groups supported the potential of the ultra-brief treatment. The current paper will report the acceptability, feasibility, and efficacy of an online therapist-guided ultra-brief treatment for perinatal depression/anxiety.

Disclosure of interest statement:
This research was funded by a project grant from the Liptember Foundation. MB, AF, and AS are supported by Macquarie University Research Fellowships. The authors have no other conflicts of interest to disclose.

Paper 3
Acceptability and feasibility of an online, transdiagnostic sleep intervention.

Authors:
Scott A. J.,[1] Hathway, T. [1], Bisby, M. A.[1], Dear, B. F. [1]
[1] eCentreClinic, School of Psychological Sciences, Macquarie University, Sydney, NSW

Speaker: Amelia J. Scott

Introduction/Background:
Insomnia is a prevalent sleep disorder associated with adverse physical and psychological outcomes. While Cognitive Behavioural Therapy for Insomnia (CBTi) is the gold standard treatment, research often excludes individuals with comorbid health conditions, despite their common occurrence in insomnia populations. This exclusion limits the generalisability of findings and overlooks the complex presentations encountered in clinical practice. Access to evidence-based treatments for insomnia remains limited, with many individuals resorting to pharmacotherapy due to barriers such as limited availability of trained psychologists and lengthy waitlists. Online interventions present a promising solution to address these challenges, offering accessible and cost-effective alternatives to traditional face-to-face treatments. These interventions can reach individuals who might otherwise remain underserved within conventional healthcare systems.

Methods:
This study employed a single-group design to evaluate the efficacy of a brief online CBTi intervention for insomnia symptoms. The intervention was delivered with clinician support. Participants completed questionnaires assessing sleep quality, daytime impairment, beliefs and attitudes about sleep, and mental health at pre-treatment, post-treatment, and 3-month follow-up. Participants maintained daily sleep diaries for one-week before and after the intervention. Generalized estimating equations analyses will be conducted to assess symptom change over time.

Results:
The study enrolled seventy-eight participants, with final follow-up data collection recently completed. Sensitivity analyses comparing outcomes between participants with and without comorbidities will be reported.

Conclusions:
The forthcoming efficacy analyses and subsequent discussions aim to further clarify the potential of this brief CBTi intervention to mitigate insomnia symptoms, particularly within a population characterized by diverse health profiles.

Disclosure of Interest Statement:
This research was funded by a Macquarie University Research Fellowship. The authors have no other conflicts of interest to disclose.

Paper 4

Examining the efficacy and acceptability of an internet-delivered pain management program for endometriosis

Chandra S.S[1], Bisby M.A.[1], Scott A.J.[1], Dear B.F.[1]
[1]eCentreClinic, School of Psychological Sciences, Macquarie University, Sydney, NSW

Speaker: Shianika Chandra

Introduction/Background:
Chronic pelvic pain is one of the most debilitating symptoms of endometriosis and is associated with high rates of depression and anxiety symptoms, poor daily functioning, and worse overall quality of life. Current psychological treatment options for managing these pain-related impacts are limited and not widely accessible. This study evaluates the efficacy and acceptability of an internet-delivered, psychological pain management program for people experiencing endometriosis-related pain.

Methods:
This study is a randomised controlled trial where participants (N = 167) were randomised to immediate treatment (n = 86) or a waitlist control (n = 81). The treatment is an 8-week program which includes 5 lessons and simple homework tasks designed to teach psychological self-management skills. Participants have the option to work with a Clinical Psychologist (via telephone or secure messaging) alongside the program. The primary outcomes are depression symptoms, anxiety symptoms and pain-related disability assessed at baseline, 5 weeks-later, 9-weeks later (primary timepoint) and 3-months later. Generalised Estimating Equations will be used to assess symptom change over time between the treatment and control groups.

Results:
This trial is ongoing with the final intake of participants halfway through treatment. Complete data and analyses regarding the efficacy and acceptability of the intervention will be presented.

Conclusions:
The results of this trial will provide novel and much needed data about the potential of internet-delivered psychological pain management programs for people with endometriosis-related pain.

Disclosure of Interest Statement:
The authors have no conflicts of interest to disclose.

Symposium 20: Empowering families: insights into parenting interventions for autism and adjustment to diagnosis (2414)

Symposium Description:
Autism Spectrum Disorder (ASD) is a life-long disorder that can have a major impact on quality of life, both for the individuals affected and their families. Children with ASD may experience higher rates of comorbid psychiatric disorders (e.g., externalising and internalising disorders). Parents and/or caregivers also show significantly higher levels of stress and poorer well-being. Early interventions for children with ASD can alter developmental trajectories and optimise long-term outcomes with three critical factors to ensure optimal effectiveness. Interventions must be: 1) scheduled early when neural and behavioural plasticity is high (first 2000 days); 2) implemented intensively in the child's natural environment with parents (parental involvement is critical to ensuring intervention outcomes are generalised and maintained); and 3) feasible in terms of cost and time required for delivery. This symposium will address recent advances in research concerned with understanding how to improve interventions for children with ASD and their families. It will underscore pivotal factors in providing support to both children and their families. First, Leonard will present RCT data on the efficacy of an online parenting intervention, ParentWorks Spectrum in addressing behavioural difficulties, social and communication skills, and parental wellbeing. Second, Clark-Whitney will report on qualitative interviews examining caregivers' adjustment to their child's ASD diagnosis, including facilitators, barriers, and the role of caregiver training. Third, Moelle will report research examining the efficacy of ParentWorks Spectrum in supporting parents including parenting behaviours, parent discord and parental wellbeing.

Chair: Mark Dadds, School of Psychology, Faculty of Science, University of Sydney, Sydney

Paper 1
ParentWorks Spectrum: A randomised controlled trial of a brief integrated online parent mediated intervention for young children with autism

Authors:
Leonard B[1], Tully L[1], Hawes, D.J[1], Moelle E[1], Eapen, V[2], Tonge, B[3], Dadds MR[1]
[1]School of Psychology, Faculty of Science, University of Sydney, Sydney, NSW, Australia
[2] School of Psychiatry, University of New South Wales, Sydney, New South Wales, Australia
[3] Monash University Centre for Developmental Psychiatry & Psychology

Speaker: Bridie Leonard

Introduction/Background:
Children with autism spectrum disorder (ASD) and their families often experience difficulties that extend well beyond core symptoms of the disorder. Parent-mediated interventions for ASD have received considerable support yet are often lengthy and rarely address additional areas of need. This study investigated a novel online parent-mediated intervention, ParentWorks Spectrum (PWS) designed to address

disruptive child behaviours, social and communication skills and promote parental wellbeing.

Methods:
An RCT was conducted with (*n* = 99 mothers; *n* = 77 fathers; *n* = 2 other caregivers) of a child (male *n* = 83; female *n* = 17) diagnosed with ASD level 2 or 3, aged between 2 and 6 years (*M* = 4.00 years, *SD* = 1.00) seeking assistance managing behavioural difficulties for their child.

Results:
Preliminary data from a subset of families (*N* = 80) demonstrates statistically significant improvements across primary outcomes post intervention. On the Eyberg Child Behaviour Inventory, parents in the intervention (PI) group reported a significantly lower frequency of problem behaviours relative to parents in the wait list (WL) group (p = .004, η_p^2 = .098). On the Social Responsiveness Scale, parents in the PI group reported significant improvements in social and communication skills relative to parents in the WL group (p = .031, η_p^2 = .058). On the DASS-21 Stress Scale, parents in the PI group reported lower levels of stress post-intervention relative to parents in the WL group (p < .001, η_p^2 = .202).

Conclusion:
These findings provide additional support for PWS, and the translation of this intervention into a self-directed online format for parents to access Australia wide.

Disclosure of Interest Statement:
The ParentWorks Spectrum RCT was funded by the Medical Research Future Fund (MRFF) 2020–2024 (MRF1199689).

Short biography of presenter:
Dr Bridie Leonard is a researcher at the University of Sydney and a registered clinical psychologist. Bridie's research had focused on the development of parenting interventions for children with autism and better understanding in how to provide support to both children with autism and their families.

Paper 2
Making Meaning from Autism Diagnosis and Treatment: Qualitative Interviews Following Caregiver Training

Authors:
Clark-Whitney E[1], Tully L[1], Leonard B[1], Turnell A[1], Moelle E[1], Dadds MR[1]
[1]School of Psychology, Faculty of Science, University of Sydney, Sydney, NSW, Australia

Speaker: Elysha Clark-Whitney

Introduction/Background:
When a child is diagnosed with autism spectrum disorder (ASD), their caregivers go through a process of adjustment to the diagnosis. This involves forming a realistic understanding of the impact of ASD on the child and family and moving towards acceptance of the diagnosis (Negri & Castorina, 2014). Positive adjustment is

important for caregiver and child outcomes (Da Paz et al., 2018; Wachtel & Carter, 2008). Research has yet to explore adjustment throughout and following caregiver training intervention.

Methods:
Caregivers were contacted for follow-up after completing an integrated parent-mediated intervention for children with ASD aged 2–6 years. Participating caregivers completed semi-structured conversational interviews of up to 90 minutes via Zoom. Interviews were conducted individually or as a couple. Interviews were automatically transcribed and manually verified, then coded for themes using grounded theory methods.

Results:
Interviewing and coding are ongoing. To date, 12 interviews have been conducted (8 mothers, 1 father, 3 couples). Interviews will be continued until saturation. Results will include an exploration of themes regarding caregivers' adjustment to their child's ASD diagnosis, including facilitators, barriers, and the role of caregiver training.

Conclusion:
Results will provide insight into the role of caregiver training intervention in caregiver adjustment. Results will also be used to provide recommendations for resources and services to support caregiver adjustment, immediately following ASD diagnosis and ongoing.

Disclosure of Interest Statement:
The ParentWorks Spectrum RCT was funded by the Medical Research Future Fund (MRFF) 2020–2024 (MRF1199689).

Short biography of presenter:
Elysha Clark-Whitney is a clinical psychology registrar and is completing a PhD at the University of Sydney. Elysha's research focuses on caregivers' adjustment to their child's ASD diagnosis.

Paper 3
Parental functioning and well-being in parents of ParentWorks Spectrum: An integrated parent-mediated intervention for autism.

Authors:
Moelle E[1], Tully L[1], Leonard B[1], Dadds MR[1]
[1]School of Psychology, Faculty of Science, University of Sydney, Sydney, NSW, Australia

Speaker: Erika Moelle

Introduction/Background:
Parents of children with autism spectrum disorder (ASD) and externalising behaviours often experience poorer parental functioning and well-being, which are rarely targeted in ASD interventions. ParentWorks Spectrum (PWS), a parent-mediated intervention for children with ASD, helps to meet this gap by including modules on parental functioning and well-being. This talk will provide preliminary

results of the RCT investigating the impact of PWS on parental functioning and well-being.

Methods:
Participants were parent/caregivers (*n* = 99 mothers; *n* = 77 fathers; *n* = 2 other caregivers) of a child (male *n* = 83; female *n* = 17) diagnosed with ASD level 2 or 3, aged 2–6 years (*M* = 4.00 years, *SD* = 1.00). Parents completed questionnaire measures of parenting self-efficacy (Parenting Sense of Competency scale; Johnston & Mash, 1987), inconsistent parenting (Parenting Scale; Arnold et al., 1993), inter-parental discord (Parenting Problem Checklist; Dadds & Powell, 1991), psychological distress (Depression Anxiety Stress Scale [DASS-21]; Lovibond & Lovibond, 1995), and relationship satisfaction (Dyadic Adjustment Scale; Spanier, 1976) at pre-assessment (T1), post-intervention/waitlist (T2), and three-month follow-up (T3; intervention group only).

Results:
We will present the descriptives and results of the effect of PWS on parental functioning and well-being compared to waitlist control group. PWS focuses on empowering parents and improving their parental behaviours, relationships and well-being. The importance of delivering targeted parental functioning and well-being-focused modules in interventions for children with ASD and externalising problems will be highlighted.

Conclusion:
Including parents in ASD interventions is essential for improved parental functioning and parent-wellbeing.

Disclosure of Interest Statement:
The ParentWorks Spectrum RCT was funded by the Medical Research Future Fund (MRFF) 2020–2024 (MRF1199689).

Short biography of presenter:
Erika Moelle is a Research Officer working on the ParentWorks Spectrum RCT and across other research on parenting interventions at the University of Sydney Child Behaviour Research Clinic. Erika is also currently completing her Bachelor of Psychology (Honours) thesis at the Australian College of Applied Professions (ACAP).

Symposium 21: Understanding and treating Prolonged Grief Disorder (2446)

Chair: Fiona Maccallum, University of Queensland

Paper 1
A longitudinal study of bereavement outcomes and support use: Practice and policy implications to improve outcomes for those at risk of prolonged grief disorder.

Authors:
Maccallum, F.,[1] Ivynian S.[2], and Lobb E A [2]
[1] University of Queensland, Australia
[2] University of Technology, Sydney, Australia

Speaker: Fiona Maccallum

Introduction/Background:
Emerging models of bereavement care recognise that support needs differ across people and time. Yet, we know little about the help-seeking of bereaved individuals most likely to benefit from specialist care. Here we analysed data from the National Bereavement during COVID-19 Study (Australia) to explore experiences across the first 13-months of bereavement.

Methods:
A convenience sample of participants fewer than 6-mths bereaved (n=575; Mage =56; 94% female, 68% major city; 42% unexpected death) completed online standardised surveys indexing grief, support use, and social inclusion on up to 4 occasions (2- 6-, 9-, and 13-mths).

Results:
Latent growth curve modelling identified three stable outcome trajectories: low (41%), medium-high (36%) and high grief symptoms (23%). All participants in the high class met criteria for Prolonged Grief Disorder. This class were less likely to have had support from family and friends and more likely to have accessed formal health services at each time point. Free-text responses revealed mixed experiences. Limited availability, discomfort asking for help, a lack of knowledge of services, and a lack of professional skills amongst providers for working with grief were identified as barriers.

Conclusions:
Findings have relevance for future pandemics and routine care provision and highlight the need for action at multiple levels to limit the potential negative impacts of bereavement. These include facilitating grief literacy and strategies to enhance social and community networks to support the bereaved, and a pressing need for workforce training in grief and bereavement to facilitate compassionate and evidence-based care at all levels.

Disclosure of Interest Statement:
The author has no conflicts of interest to disclose.

Short biography of presenter:

Fiona Maccallum is a Senior Lecturer at the University of Queensland, and has expertise in prolonged grief, especially longitudinal and experimental paradigms pertaining to bereavement.

Paper 2
Using ecological momentary assessment to explore the dynamic relationship between emotion regulation use and prolonged grief in daily life.

Authors:
Kennedy, T.[1] and Maccallum, F.[1]
[1] University of Queensland

Speaker: Tom Kennedy

Introduction/Background:
Prolonged grief disorder (PG) is thought to arise when the process of updating the self to integrate the reality of the death and develop new sources of meaning in life becomes stalled. Theoretical models implicate emotion regulation processes as key in the development of PG, however, our ability to examine proposals has been hindered by a lack of studies examining emotion regulation in natural settings. To advance understanding of PG this study tracked the natural use of avoidance and reappraisal strategies in daily life and explored how variation in use across contexts was linked with PG.

Methods:
Participants were 87 bereaved individuals recruited online via Prolific (Mage = 47.5, 50% female, 17.2% PGD). They received 42 surveys across 7 days using SEMA3. Surveys indexed the controllability and importance of recent events and emotion regulation attempts, including avoidance and reappraisal. Data were analysed using mixed-method linear modelling in R (*lme4*). Survey compliance was 80%.

Results:
Compared to those with lower PG, across different contexts those with higher PG showed less within-person variation in use of reappraisal and more within-person variation in use of avoidance. In particular, those with higher PG reported more avoidance when recent situations were rated as having more meaningful consequences for their future.

Conclusions:
These findings provide new insights into how reappraisal and avoidance may function in the daily lives of those living with PG. In doing so they underscore the importance of meaning making in PG and offer novel pathways for intervention.

Disclosure of Interest Statement:
The author has no conflicts of interest to disclose.

Short biography of presenter:

Tom Kennedy is a PhD student at the University of Queensland working on prolonged grief as part of his doctoral research.

Paper 3
A randomised controlled trial comparing cognitive behaviour therapy and mindfulness in treatment of Prolonged Grief Disorder

Authors:
Richard Bryant[1], Srishti Yadav[1], Suzanna Azevedo[1], Catherine Cahill[1], Lucy Kenny[1], Fiona Maccallum[2], Jenny Tran[1], Jasmine Choi-Christou[1], Natasha Rawson[1], Julia Tockar[1], Benjamin Garber[1], Dharani Keyan[1], and Katie Dawson[1]
[1] University of New South Wales, Australia
[2] University of Queensland, Australia

Speaker: Suzanna Azevedo

Introduction/Background:
Although grief-focused cognitive behaviour therapies (GF-CBTs) are the most empirically-supported treatment for Prolonged Grief Disorder (PGD), many people find this treatment difficult. A viable alternative for treatment is mindfulness-based cognitive therapy (MBCT).

Methods:
A single-blind, parallel, randomised controlled trial was conducted of adults with PGD. Between November, 2012 and November, 2022, participants were randomised 1:1 to GF-CBT or MBCT in Australia. Participants were adults aged 18-70 years with PGD. Once-weekly 90-minute individual sessions for 11 weeks. GF-CBT comprised five sessions of recalling memories of the deceased, plus cognitive restructuring, and planning future social and positive activities. MBCT comprised mindfulness exercises adapted to tolerate grief-related distress. Primary outcome was change in PGD severity measured by the Prolonged Grief -13 (PG-13) scale assessed at baseline, 1-week posttreatment, and 6-months after treatment.

Results:
The trial comprised 50 participants in the GF-CBT condition and 50 in the MBCT condition. At the 6-month assessment participants in GF-CBT showed greater reduction on PG-13 relative to those MBCT (mean difference 7.1 [95% CI, 1.6 to 12.5], *P* = .01), with large between-group effect size (0.8). Participants in GF-CBT also demonstrated greater reductions in depression and grief-related cognitions. There were no other significant differences between treatment arms and no reported adverse events.

Conclusions:
GF-CBT offers more benefit for core PGD symptoms and associated problems six months after treatment than MBCT.

Disclosure of Interest Statement:
The author has no conflicts of interest to disclose.

Short biography of presenter:

Richard Bryant is a psychologist.

Paper 4
Residual symptoms following cognitive behaviour therapy for Prolonged Grief Disorder

Authors:
Dharani Keyan[1], Srishti Yadav[1], Catherine Cahill[1], Lucy Kenny[1], Fiona Maccallum[2], Jenny Tran[1], Jasmine Choi-Christou[1], Natasha Rawson[1], Julia Tockar[1], Benjamin Garber[1], Dharani Keyan[1], Katie Dawson[1], Suzanna Azevedo[1], and Richard Bryant[1]
[1] University of New South Wales, Australia
[2] University of Queensland, Australia

Speaker: Suzanna Azevedo

Introduction/Background:
Grief-focused cognitive behaviour therapies (GF-CBTs) are the most supported treatment for Prolonged Grief Disorder (PGD), but nothing is known regarding the symptoms that are most resistant to this treatment approach. The goal of this study was to profile symptoms that persist following successful and unsuccessful response to treatment for PGD.

Methods:
Data from two controlled trials of PGD that comprised 11 sessions of GF-CBT were subjected to secondary analysis that assessed for the persistence of each PGD symptom. In both trials participants with PGD comprised recalling memories of the deceased, cognitive restructuring, planning future social, fostering positive memories of deceased, and promoting positive activities. Persistent of grief symptoms was operationalised as presence of the symptom as measured by the Prolonged Grief - 13 (PG-13) scale assessed at the independent posttreatment assessment.

Results:
The trials comprised 90 participants who received GF-CBT. At the posttreatment assessment participants, symptoms that were most resistant to improvement were yearning for the deceased, emotional pain associated with the loss, avoidance of reminders, and the sense that life is meaningless. Interestingly, this pattern was evident in treatment responders as well as non-responders, although to a lesser degree.

Conclusions: Although GF-CBT achieves significant gains in reducing PGD symptoms, it is apparent that core symptoms about missing the person can persist. This pattern points to important areas where clinicians need to target interventions to reduce relapse in patients with PGD.

Disclosure of Interest Statement:
The author has no conflicts of interest to disclose.

Short biography of presenter:

Dharani Keyan is a postdoctoral fellow at the UNSW Traumatic Stress Clinic.

Symposium 22: Finding meaning through cultural tailoring of parenting support (2473)

Symposium Description:
This symposium documents varied approaches to engaging culturally diverse parents and caregivers, including: 1) drawing on community voices to develop of a universal public health campaign on Indigenous parent wellbeing; 2) local tailoring and co-facilitation of Indigenous Triple P with Cherbourg family support staff; 3) understanding fathers' perspectives on parenting in Indonesia; and 4) exploring the impact of staff training in Triple P in an orphanage context in Pakistan.

Chair: Karen MT Turner, School of Psychology, The University of Queensland

Paper 1
Drawing on community voices to create a universal public service campaign for Cherbourg parents and carers and beyond

Authors:
Ponnapalli A[1,2], Turner, KMT[2], Fisher T[3], Monk M[4]
[1] Child Development Service, Darling Downs Health, [2] Parenting and Family Support Centre, The University of Queensland, [3] Cherbourg Community Health Service, Darling Downs Health, [4] Cherbourg Radio

Speaker: Arvind Ponnapalli

Introduction/Background:
Awareness of models of Indigenous social and emotional wellbeing is increasing, but application of such knowledge in clinical assessment and practice remains scarce as clinical practice continues to be driven by Western discourse.

Methods:
The Dar'in Djanum ('Strong Together' in Wakka Wakka language) Positive Parenting Collaborative involved community engagement in a qualitative research project to explore Indigenous parents' and carers' subjective experiences of wellbeing through semi-structured focus groups and interviews (*N* = 20). NVivo was used to code and identify key themes, and a community-based advisory group verified the resulting Indigenous Parent Wellbeing (IPW) model's domains and sub-themes. This was followed by program development to design public service radio announcements targeting the identified themes in a universal campaign aired on Cherbourg Radio.

Results:
The IPW model developed has three superordinate domains (child wellbeing, parent wellbeing, and context) each with several subthemes. In addition, three overlapping and intersecting wellbeing themes were noted across domains: the importance of connection to culture, country, and spirituality. Example radio announcements will be shared along with feedback from a community-wide survey.

Conclusion:
A clearer understanding of Indigenous parent wellbeing and its constructs has potential use in public health campaigns and clinical case formulation to better

support Indigenous caregivers and their children. Future steps in measure development will be discussed.

Disclosure of Interest Statement:
This project was funded by a grant from the Queensland Department of Child Safety, Seniors and Disability Services: AUS20939643A. Arvind Ponnapalli was supported by a Queensland Advancing Clinical Research Fellowship (Round 2) from Queensland Health. The Parenting and Family Support Centre is partly funded by royalties stemming from published resources of the Triple P – Positive Parenting Program, which is developed and owned by The University of Queensland (UQ). Royalties are also distributed to the Faculty of Health and Behavioural Sciences at UQ and contributory authors of published Triple P resources. Triple P International (TPI) Pty Ltd is a private company licensed by Uniquest Pty Ltd on behalf of UQ, to publish and disseminate Triple P worldwide. TPI had no involvement in the study design, collection, analysis or interpretation of data, or writing of this paper. The authors of this paper have no share or ownership of TPI. Karen Turner is a contributory author and receives royalties from TPI. Arvind Ponnapalli is a UQ doctoral candidate.

Short biography of presenter:
Arvind Ponnapalli is a clinical psychologist and PhD candidate. He has worked in the Cherbourg Community Health Service for over 10 years and is currently based in the Child Development Service at Kingaroy Hospital.

Paper 2:
Tailoring evidence-based parent support with Indigenous community service partners

Authors:
Ponnapalli A[1,2], Turner KMT[2], Cliff L[3], Forster M[4]
[1] Child Development Service, Darling Downs Health, [2] Parenting and Family Support Centre, The University of Queensland, [3] Cherbourg Regional Aboriginal and Islander Community Controlled Health Services, [4] Triple P International

Speaker: Karen Turner

Introduction/Background:
The shortage of culturally safe evidence-based parent support services in Indigenous communities perpetuates an inverse care representation: an under-representation of preventative interventions and an over-representation of statutory service systems.

Methods:
This research project was part of the Dar'in Djanum collaboration in Cherbourg. Following extensive community consultation on project aims and design, it involved evaluation of a targeted preventive intervention delivered in partnership with local Aboriginal and Torres Strait Islander community-controlled family wellbeing services. It included training and accreditation for local staff, and a partnership approach to implementation of parent support programs (i.e. Indigenous Triple P). For parent and

child outcomes, data were collected pre-program, post-program (*M* = 3 weeks) and at follow up (*M* = 6 months).

Results:
Between 2021 and 2023, 43 parents and caregivers from Cherbourg participated in groups (*n* = 38) or individual sessions (*n* = 5). Results show a significant decrease in coercive and inconsistent parenting, and in disruptive child behaviour at follow up, with medium to large effect sizes. There was also a significant increase in parent feelings of self-efficacy at post assessment. The majority of parents (96%) rated that they were satisfied or very satisfied with Triple P and that it was culturally relevant and helpful.

Conclusion:
This project demonstrated a collaborative partnership approach to program dissemination, with tailoring of program delivery and evaluation according to practitioner and advisory group feedback. Challenges to program implementation, sustainment and evaluation will be discussed.

Disclosure of Interest Statement: As above.

Short biography of presenter:
Karen Turner is a clinical psychologist, research academic and Deputy Director of the Parenting and Family Support Centre at The University of Queensland. Her research focuses on the impact of evidence-based parenting support on child, family and community outcomes.

Paper 3
Behind their thoughts: Indonesian fathers' involvement in parenting

Authors:
Pratiwi A[1,2], Morawska A[1,3], Haslam D[1,4]
[1] Parenting and Family Support Centre, The University of Queensland, [2] Universitas Brawijaya, [3]Australian Research Council Centre of Excellence for Children and Families over the Life Course, [4]Queensland University of Technology

Speaker: Ari Pratiwi

Introduction/Background:
It has been widely recognised that fathers play a role in children's development, yet Indonesian fathers still have limited involvement in their children's life. To develop interventions to enhance fathers' involvement, a deeper understanding of their perspectives and experiences contributing to father involvement is needed. However, studies examining fathers' perspectives about fathering are limited. This presentation aims to explore the factors that influence fathers' involvement in parenting from fathers' perspectives.

Methods:
Five focus group discussions were conducted with 28 Indonesian fathers of at least one child under 12 years old. Fathers' ages ranged from 26 to 44 years, and

education from middle school to Masters degree. The transcribed data was thematically analysed using NVIVO 12.

Results:
Results will outline the determinants that influence fathers' involvement in parenting in Indonesia, analysed in the context of Parke's (2000) four levels of determinants: a) Individual (e.g. motivation of father, beliefs, attitudes, relationship with the family of origin); b) Familial (e.g. father-child relationships, husband-wife relationship); c) Extrafamilial (informal support system and institutional or formal influences), and; d) Cultural (childhood cultures of boys and girls, attitudes concerning father/mother gender roles).

Conclusion:
Identifying fathers' thoughts behind their behaviour contributes to a more enriched understanding of factors that influence their involvement in parenting. It is possible to challenge and modify the determinants that hinder their involvement through exposure to new experiences and perspectives and education. The findings from this presentation can be considered in developing parenting programs for fathers.

Disclosure of Interest Statement:
The Parenting and Family Support Centre is partly funded by royalties stemming from published resources of the Triple P – Positive Parenting Program, which is developed and owned by The University of Queensland (UQ). Royalties are also distributed to the Faculty of Health and Behavioural Sciences at UQ and contributory authors of published Triple P resources. Triple P International (TPI) Pty Ltd is a private company licensed by Uniquest Pty Ltd on behalf of UQ, to publish and disseminate Triple P worldwide. TPI had no involvement in the study design, collection, analysis or interpretation of data, or writing of this paper. The authors of this report have no share or ownership of TPI. Alina Morawska is a contributory authors receives royalties from TPI. Ari Pratiwi is a PhD student at UQ. Divna Haslam holds an honorary appointment at UQ.

Short biography of presenter:
Ari Pratiwi is a PhD student at the Parenting and Family Support Centre, The University of Queensland. She is now working on a PhD project with the focus on "Father involvement in Indonesia". In Indonesia, she is a psychologist and lecturer.

Paper 4:
Exploring perceptions of Pakistani orphanage staff on the implementation of Triple P

Authors: Khalid A[1], Morawska A[1], Turner KMT[1]
[1] The University of Queensland

Speaker: Amina Khalid

Introduction/Background:
Being home to 2.6 million orphan children, Pakistan is one of the top ten countries for homing orphans. Research in the Pakistani orphanage context recommends nurturance-based caregiving training for orphanage staff, which would be promoted

through evidence-based interventions such as the Triple P – Positive Parenting Program tailored for orphanage caregiving staff.

Methods:
A qualitative research design was adopted, exploring the perceptions of managers through semi-structured interviews following staff training in Triple P.

Results:
Findings revealed that managers perceived the environment of the orphanages to be more positive after Triple P. However, the behaviour of the untrained support staff was reported to be unhelpful and extending caregiving training to these staff members was strongly recommended. A second phase of this research involved delivery of Triple P seminars to staff, followed by focus group discussions. Staff reported acquiring several caregiving strategies which promoted healthy communication, enabled a culture of support, and improved relationships among colleagues and orphaned children.

Conclusion:
This study demonstrated that Triple P can be useful in promoting a holistic caregiving environment within an orphanage that fosters the wellbeing of staff and orphaned children.

Disclosure of Interest Statement:
The Parenting and Family Support Centre is partly funded by royalties stemming from published resources of the Triple P – Positive Parenting Program, which is developed and owned by The University of Queensland (UQ). Royalties are also distributed to the Faculty of Health and Behavioural Sciences at UQ and contributory authors of published Triple P resources. Triple P International (TPI) Pty Ltd is a private company licensed by Uniquest Pty Ltd on behalf of UQ, to publish and disseminate Triple P worldwide. TPI had no involvement in the study design, collection, analysis or interpretation of data, or writing of this paper. The authors of this report have no share or ownership of TPI. Alina Morawska and Karen Turner are contributory authors and receive royalties from TPI. Amina Khalid was a UQ doctoral candidate during this project.

Short biography of presenter:
Amina Khalid is a clinical psychologist who has worked for government and private organizations in Pakistan. She completed her doctoral dissertation at the Parenting and Family Support Centre at The University of Queensland, and currently works as a clinician, researcher and tutor.

Symposium 23: Advances in the field of artificial intelligence for the treatment of mental ill-health: evidence, applications and perspectives (2430)

Symposium Description:
With challenges addressing the growing rates of mental ill-health globally, novel approaches to progress understanding and treatment are needed. Recent developments in artificial intelligence (AI) provide promising avenues to address this challenge through innovative new tools and techniques that can enhance psychological treatments in several ways. It is critical that the adoption of AI within mental health treatment be informed by the evidence as well as perspectives of those with direct experiences receiving and delivering this treatment. This symposium showcases research from two nationally leading institutes conducting cutting edge work in the field of digital mental health and AI. Presentations will cover a state-of-the-art review summarising evidence on diverse applications of AI within psychological interventions, a national Australian survey capturing community and clinician attitudes and current real-world uses of AI within mental health care, and findings from two randomised controlled trials of novel digital interventions which demonstrate the potential applications of AI within mental health treatment and research. The aim is to equip attendees with up-to-date knowledge on the evidence and applications of AI for mental health treatment, and bring awareness to how AI is currently being used in the mental health workforce alongside the potential benefits and risks in everyday practice.

Chair: Imogen Bell, Orygen, University of Melbourne

Paper 1
Characteristics and effectiveness of AI-enhanced digital mental health interventions: a state-of-the-art systematic review and meta-analysis

Authors:
Shaunagh O'Sullivan[1,2], Imogen Bell[1,2], Lee Valentine[1,2], Jennifer Nicholas[1,2], Shaminka Mangelsdorf[1,2], Shane Cross[1,2], John Gleeson[3,4], Mario Alvarez-Jimenez[1,2]
[1]Orygen, Melbourne, Australia
[2]Centre for Youth Mental Health, University of Melbourne, Melbourne, Australia
[3]Healthy Brain and Mind Research Centre, Australian Catholic University, Melbourne, Australia
[4]School of Behavioural and Health Sciences, Australian Catholic University, Melbourne, Australia

Speaker: Shaunagh O'Sullivan

Introduction/Background:
The use of artificial intelligence (AI) within digital mental health interventions is increasing. To date, AI has most commonly been used to detect mental states or predict treatment outcomes. More recently, the use of AI has shifted focus to enhancing interventions, by tailoring treatment and personalising content. Recent reviews have focused on conversational agents as an application of AI. However,

other applications of have not been systematically identified and a meta-analysis has not yet been conducted to establish the effectiveness of AI-enhanced interventions.

Methods:
Medline, EMBASE, PsycINFO, Web of Science, the Cochrane Central Register of Controlled Trials and the electronic database of the Association for Computing Machinery (ACM) Full Text Collection were searched from All to January 2023. Terms related to mental health, interventions and AI were included in the search.

Results:
The initial search yielded 12,220 studies, 9586 of which were eligible for abstract screening, 564 for full-text screening and 63 studies were included. A summary will be provided of the different applications of AI within digital mental health interventions to: (a) improve outcomes; and (b) increase engagement. A meta-analysis will explore whether AI-enhanced digital mental health interventions are more effective than non AI-enhanced interventions.

Conclusions:
This is the largest review ever conducted on AI-enhanced digital mental health interventions. Key findings will be presented along with a broader discussion on both the current state and future of AI-enhanced digital mental health interventions.

Disclosure of Interest Statement:
The authors have no conflicts of interest to disclose.

Short biography of presenter:
Dr Shaunagh O'Sullivan is an early career researcher at Orygen, the Centre for Youth Mental Health at University of Melbourne. Her research focuses on engagement with digital mental health interventions, including novel techniques such as blending digital and face-to-face care and the use of artificial intelligence to enhance treatment.

Paper 2
Artificial intelligence use for mental health care: a community survey of clinician and consumer perspectives and experiences

Authors:
Shane Cross S[1,2], Imogen Bell[1,2], Jennifer Nicholas[1,2], Lee Valentine[1,2], Shaminka Mangelsdorf S[1,2], Simon Baker[1,2], Mario Alvarez-Jimenez[1,2]
[1] Orygen Digital, Melbourne, VIC
[2] Centre for Youth Mental Health, University of Melbourne, Melbourne, VIC

Speaker: Shane Cross

Introduction and Background:
Access to mental health care presents a significant challenge for consumers, primarily due to the imbalance between the high demand for care and the limited supply of qualified mental health practitioners (MHPs). With the advent of Artificial Intelligence (AI), both consumers and MHPs have started to explore the use of AI tools for managing personal mental health needs and assisting with clinical and

administrative tasks. Despite their increasing adoption, there is a lack of comprehensive understanding regarding the benefits and risks associated with AI in the context of routine mental health care.

Methods:

We conducted a nationwide, cross-sectional online survey, disseminated via social media channels, to gather insights from community members and MHPs across various settings. The survey focused on participants' familiarity with and attitudes toward technology and AI, their current utilisation of AI tools for diverse purposes, and the benefits and harms they have experienced as a result.

Results:

The findings will elucidate the extent of AI tool usage among both community members and MHPs, the specific applications of these tools, the perceived benefits, harms, and risks, and how personal characteristics (such as demographics, symptomatology, and attitudes) influence their adoption and use.

Conclusion:

This survey represents a pioneering effort in Australia to systematically examine the use of AI in mental health care. Its outcomes are anticipated to inform policy, clinical practice, and guide future research directions, addressing a critical gap in our understanding of AI's role in enhancing mental health care delivery and outcomes.

Disclosure of Interest Statement:
The authors have no conflicts of interest to disclose.

Short biography of presenter:
Dr Shane Cross is an Associate Professor based at Orygen Digital, the Centre for Youth Mental Health at University of Melbourne. He is a highly experienced Clinical Psychologist, Service Director, Digital Product/Project Manager and Researcher with a passion for designing, teaching and researching person-centred, outcomes-focused service delivery models integrated with new and emerging health technology.

Paper 3
Pilot randomised controlled trial of Mello: a Just-In-Time Adaptive Intervention (JITAI) targeting repetitive negative thinking in youth depression and anxiety

Authors:
Imogen H Bell[1,2], Chelsea Arnold[1,2], Tamsyn Gilbertson[1,2], Simon D'Alfonso[1,3], Emily Castagnini[1,2], Nicola Chen[1,2], Jennifer Nicholas[1,2], Shaunagh O'Sullivan[1,2], Lee Valentine[1,2], Mario Alvarez-Jimenez[1,2]
[1]Orygen, Parkville, VIC, Australia
[2]Centre for Youth Mental Health, The University of Melbourne, Parkville, VIC, Australia; [3]School of Computing and Information Systems, The University of Melbourne, Melbourne, VIC, Australia

Speaker: Imogen Bell

Background:
Transdiagnostic mechanisms such as repetitive negative thinking (RNT) represent underlying drivers of mental health conditions, offering critical targets for intervention. Referred to as 'Just-In-Time Adaptive Interventions' (JITAIs), smartphones can combine context-aware technology with automated algorithms to detect and deliver personalised interventions at precise moments when these mechanisms unfold, potentially boosting the precision, potency and dosage of treatment. A novel JITAI called 'Mello' was developed to detect and disrupt RNT in young people with depression and anxiety, with a pilot RCT conducted to evaluate the feasibility, acceptability and preliminary clinical outcomes and mechanisms of this novel approach.

Method:
Fifty-five young people were randomised to receive Mello or a non-active control. Measures were completed at baseline, mid, and post intervention, assessing acceptability, feasibility and changes in symptoms and RNT.

Results:
Mello was found to be feasible, with recruitment rates exceeding targets, 86% uptake and 94% retention. Participants reported enjoying Mello and 96% would recommend it to others. Greater reductions in depression (Cohen's d = 0.50), anxiety (Cohen's d=0.61) and RNT (Cohen's d=0.87) were observed for Mello users compared to control. Mediation analyses suggested that improvements in RNT explained reductions in depression and anxiety.

Conclusion:
Mello is a feasible, acceptable and potentially effective treatment for youth depression and anxiety. This world-first trial of a personalised, transdiagnostic smartphone app has important implications for advancing treatment of youth mental ill-health using novel JITAI approaches. This presentation will discuss findings in context of AI-based approaches to personalised, transdiagnostic digital interventions for youth mental ill-health.

Disclosure of Interest Statement:
The authors have no conflicts of interest to disclose.

Short biography of presenter:
Dr Imogen Bell is an NHMRC Emerging Leadership Fellow and Clinical Psychology Registrar based at Orygen, the Centre for Youth Mental Health at University of Melbourne. Her research involves the design, development, and implementation of virtual reality and smartphone based interventions for youth mental health.

Paper 4
'Vibe Up' study: An artificial intelligence-enhanced response adaptive trial of brief digital interventions for psychological distress in university students

Authors:
Newby J[1], Whitton A[1], Shvetcov A[1], Zheng WY[1], Slade A[1], Han J[1], Mackinnon A[1], Spoelma M[1], Gupta S[2], Senadeera M[2], Hoon L[2], Vasa R[2], Mouzakis K[2], Venkatesh S[2], Christensen H[1]

[1]Black Dog Institute, University of New South Wales, Sydney Australia
[2]Applied Artificial Intelligence Institute, Deakin University, Australia

Speaker: Jill Newby

Introduction/Background:
One in five university students experience elevated psychological distress. Although various psychological and lifestyle therapies are effective for reducing distress in young people, we do not know which treatments are most effective, for whom. This talk will present findings from the 'Vibe Up' study: the first artificial intelligence (AI) driven adaptive trial to evaluate and compare the efficacy of mental health interventions.

Methods:
Over 12 sequential 'mini-trials', 1,282 university students with mild, moderate or severe psychological distress were allocated to receive two weeks of digitally-delivered mindfulness, physical activity, sleep hygiene or an ecological momentary assessment (EMA) control. Response adaptive randomisation was used to optimise allocation of participants to each trial arm. Over the 12 mini-trials, an underlying AI model could learn which intervention was most effective for individuals with different distress severity. The primary outcome was change in psychological distress (DASS-21).

Results:
Rankings and treatment effect sizes for the four different intervention conditions differed significantly between those with mild, moderate and severe psychological distress. For those with mild distress, physical activity and sleep hygiene were the most effective, and superior to EMA. For those with moderate distress, no treatment was statistically superior to another. For those with severe distress, physical activity and mindfulness were the most effective, with both interventions significantly more effective than sleep hygiene or EMA.

Conclusion:
These findings highlight the promise of AI-driven adaptive trials for personalising digital psychological therapies. We discuss lessons learned that will inform future adoption of AI-adaptive trial methodology in clinical research.

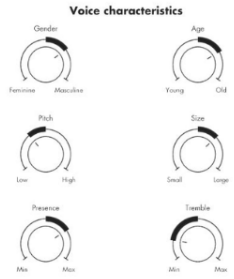
Disclosure of Interest Statement:
This paper was funded by the Australian Medical Research Future Fund. Jill Newby and Alexis Whitton are supported by NHMRC Investigator Grant Fellowships.

Short biography of presenter:
Jill Newby is a Clinical Psychologist and NHMRC fellow from the Black Dog Institute and UNSW. Her research specializes in the assessment and treatment of depression and anxiety in adults, including the use of digital interventions.

AMETHYST
THERAPIES FOR VOICE HEARING

Australia-wide therapy trial for hearing voices

The AMETHYST study aims to increase our understanding of the best ways to help individuals who experience hearing voices, by comparing Avatar Therapy with CBT.



What is Avatar therapy?

Avatar Therapy is very similar to CBT, but the process of therapy is aided by the use of a computer-generated avatar to represent one of the voices that is experienced. The use of the avatar creates a more vivid experience during therapy, which allows the client to role play different methods of coping and responding with the support and guidance of the therapist.

What will clients be asked to do?

Following an initial research assessment, clients will be randomised to receive seven one-to-one sessions of either Avatar Therapy or CBT. Clients will complete a further assessment at the end of therapy and at three- and six-month follow-ups.

Clients will receive a $50 gift card following each research assessment (four in total) as acknowledgement for their time and contribution.

Where does it take place?

All research assessments and therapy sessions will be conducted online via Zoom.

Who is eligible to take part?

The trial is suitable for people who have current persisting and distressing voices and meet diagnostic criteria for a schizophrenia spectrum disorder or a mood disorder with psychotic symptoms. This can be discussed and assessed by our intake team.

How do I refer a client?

Please scan the QR code to visit our website.
Here you can find a referral form for clinicians and self registration form for clients.

Or please see our website and contact details below.

For more information:

Phone: +61 3 9214 4365
Website: www.voicestherapy.com
Email: amethyst@swin.edu.au

Investigators: A/Prof Neil Thomas, Prof Susan Rossell, Dr Rachel Brand, Dr Imogen Bell, Prof Andrew Thompson, Prof David Castle, Prof Denny Meyer, Prof Cathrine Mihalopoulos, Dr Eleanor Longden, Dr Greg Wadley, A/Prof Georgie Paulik & A/Prof Louise Glenthøj

The AMETHYST trial has been funded by a National Health and Medical Research Council Grant (GNT2015133) and is registered with ClinicalTrials.gov (NCT05982158). Approval to conduct the project has been granted by Swinburne University Human Research Ethics Committees.

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Open Papers

Mohammadali (Ali) Amini-Tehrani

Meta-analysis of the association of childhood emotional abuse with emotion regulation (2454)

Authors:
Amini-Tehrani M[1], Mazidi M[1], Ranjbar S[1], Becerra R[1], Ohan J[1], Weinborn M[1], Naragon-Gainey K[1]
[1] School of Psychological Science, University of Western Australia (UWA), Perth, WA.

Introduction/Background:
Childhood emotional abuse (CEA) is long-term, and demands adaptations to emotionally-taxing parent-child interactions. This contributes to increased adulthood symptomatology. Disturbed emotion regulation is proposed to explain the trajectories underlying increased symptomatology. We conducted a meta-analysis on the association of CEA history with 11 emotion regulation processes (strategies and abilities) assessed in adulthood.

Methods:
Meta-analysis across 83 samples was conducted on the correlation of CEA history with emotion regulation, including six strategies and five abilities (k=3-45). A random effects model was used, and moderators were tested (e.g., %female, age, poly-victimization).

Results:
Higher rumination, experiential avoidance, emotional non-acceptance, distress intolerance, behavioural avoidance, and lower emotional clarity and impulse control, had small to medium correlations with CEA history (*r*s=.20-.33). Low emotional awareness (*r*=.09), expressive suppression (*r*=.10), and cognitive reappraisal (*r*=-.09) had very small correlations. Only distraction showed a non-significant correlation (*r*=-.05). CEA's association was stronger for rumination in samples with higher physical and/or sexual abuse, stronger for experiential avoidance in younger samples, and stronger for reduced clarity with higher proportions of females. Clinical samples tended to have weaker associations between CEA and emotion regulation. No publication bias was identified.

Conclusion:
The detrimental effects of a CEA history on emotion regulation are evident throughout the emotion regulation process in adults, but particularly in avoidant-aversive cognitive experiences. Therapy in this population could prioritise improving emotional clarity and distress tolerance and reducing negative self-referential processing such as rumination and non-acceptance of emotions.

Disclosure of Interest Statement:
The authors have no conflicts of interest to disclose.

Short biography of presenter:

Mohammadali Amini-Tehrani is a UWA PhD candidate in psychology. His PhD research project centres on elucidating the role that a history of childhood emotional abuse plays in adulthood emotion regulation.

James Bennett-Levy

How can we best address the mental health impacts of climate-related disasters? (2476)

Bennett-Levy J[1], Pennell M[1], & Laukkonen R[1]
[1] Southern Cross University

Introduction/Background

In 2017 northern New South Wales experienced major floods. A team of researchers, including the presenter, undertook a large-scale community survey to determine mental health outcomes. The results of the survey will be briefly described. They include findings of elevated levels of PTSD, depression and anxiety.

Then in 2022, northern NSW experienced Australia's most devastating floods, over 2 metres higher than the previous 2017 floods. It is estimated that between 15-20,000 people were initially displaced from their homes. Thousands of people remain displaced or are living in inadequate conditions.

How should we address the mental health impacts of climate-related disasters? This talk will describe our thinking behind a Medical Research Futures Fund study, which has been funded for 4 years from March 2024-2028 to treat disaster-related PTSD.

Drawing on two recent Australian disaster reports, which both propose a stepped care model as a core component, we suggest that group-based compassion-focused programs may hold promise as low intensity interventions. In particular, we propose that compassion-focused programs in a post-disaster context should be strongly experiential – and enjoyable.

Currently, our low intensity compassion-focused programs are (1) arts-based, delivered through the medium of visual arts and (2) nature-based, drawing on 'forest bathing' and other nature-based interventions. Our high intensity program for PTSD is group-based MDMA-assisted therapy, which we see as a potentially promising approach to addressing disaster-related PTSD.

With the study shortly to commence, we'll also describe any additional observations or reactions that we encounter on the path to its launch.

Disclosure of Interest Statement:
This paper was funded from a Medical Research Futures Fund grant (2024-28) to Bennett-Levy and colleagues.

Short biography of presenter:

James Bennett-Levy is Professor of Mental Health and Psychological Wellbeing at Southern Cross University. He has published widely on therapist training, with groundbreaking research on his self-practice/self-reflection (SP/SR) approach. He has also published significant papers on therapy processes, flood/disaster research, and First Nations social and emotional wellbeing.

Rosie Blackburn

Opportunities lost? Rates and predictors of attrition in an eating disorders outpatient service. (2453)

Authors:
Blackburn R[1], Tonta K[1,2], Erceg-Hurn D[2], Raykos B[2], & McEvoy, PM[1,2]
[1]Curtin University, Perth, WA. [1]Centre for Clinical Interventions, Perth, WA,

Introduction/Background:
Eating disorders services typically report high rates of treatment attrition, ranging from 29% to 73%, which represent frequent missed opportunities to support clients' recoveries. Understanding factors that predict attrition may improve services' capacity to retain and successfully treat a higher proportion of referred clients. The first aim was to report how many clients referred to a specialist eating disorders community mental health clinic progress through the referral, waitlist, assessment, and treatment stages. The second aim was to examine associations between attrition and demographic, clinical, and diagnostic characteristics.

Methods:
The number (proportion) of clients (*N* = 671) transitioning between stages of pre-treatment and treatment was identified. Associations between demographic, treatment and clinical variables and attrition were investigated using logistic regression.

Results:
Only 34% (*n* = 230) of referred patients started treatment and 16% (*n* = 107) completed treatment. Referral acceptance was associated with provisional diagnoses that meet the service's inclusion criteria, and attendance at an initial assessment was associated with younger age. Treatment commencement was associated with the presence of a co-occurring depressive or anxiety disorder, and no previous suicide attempts. Completing a full course of treatment was associated with no previous hospitalisation for psychiatric issues, no previous suicide attempts, a history of psychiatric medication use, and treatment with family-based therapy.

Conclusion:
Around one-third of people referred for treatment commenced treatment with around one-eighth completing treatment. Future studies are needed to identify why clients disengage following referral, assessment, and treatment commencement, to inform strategies to engage and sustain engagement and to optimise outcomes.

Disclosure of Interest Statement:
The first author (R.B.) is supported by an Australian Government Research Training Program (RTP) Scholarship.

Short biography of presenter:
Rosie Blackburn is a PhD student at Curtin University. Her research looks at factors that impact treatment and what can be done during the waitlist period to support clients when they first seek help.

Olivia Carter

The impact of shame on eating disorder treatment outcomes in a community mental health clinic (2455)

Authors:
Kenny S[1], Carter O[2], Erceg-Hurn D[2], Tonta K[2,3], Raykos B[2], Campbell B[2] & McEvoy, PM[2,3]
[1]McGill University, Montreal, Quebec, [2]Centre for Clinical Interventions, Perth, WA, [3]Curtin University, Perth, WA.

Introduction/Background:
Shame is a powerful self-conscious emotion that is often experienced by individuals with eating disorders. While the association between eating disorders and shame is well-established, there is limited research investigating the impact of pre-treatment shame on clinical outcomes.

Methods:
Participants were 273 patients (98% female, mean age = 24.57, SD = 8.75) receiving cognitive-behavioural therapy for eating disorders (CBT-ED) at a community mental health clinic with a specialist eating disorder program. We investigated pre-treatment shame as a predictor of dropout and as a moderator of change in eating disorder psychopathology and clinical impairment from pre- to post-treatment. We also explored the potentially moderating roles of body mass index, eating disorder diagnostic category, and co-occurring anxiety and depression diagnoses.

Results:
Shame did not emerge as a significant predictor of treatment dropout. Higher pre-treatment shame was associated with larger reductions in eating disorder symptomology and clinical impairment from pre- to post-treatment. Individuals with higher pre-treatment shame and co-occurring depression experienced a smaller reduction in eating disorder symptoms from pre- to post-treatment compared to those with average or low levels of pre-treatment shame. Higher pre-treatment shame was associated with larger improvements in symptoms and impairment for

individuals with other specified feeding and eating disorders (OSFED). Changes in shame were associated with changes in eating disorder symptoms and clinical impairment.

Conclusion:
Our findings indicate that high pre-treatment shame is associated with larger reductions in eating disorder symptoms and clinical impairment, except in individuals with co-occurring depression, who had a smaller reduction in eating disorder psychopathology. A high level of pre-treatment shame at treatment onset did not predict dropout.

Disclosure of Interest Statement:
The authors have no conflicts of interest to disclose.

Short biography of presenter:
Dr Olivia Carter is a senior clinical psychologist and eating disorders program co-lead at the Centre for Clinical Interventions in Perth, Western Australia. Olivia has published papers on carer interventions, motivation to change, interpersonal problems, and predictors of dropout in populations with eating disorders.

Hayley Donohue

A metacognitive approach to treating rumination in Social Anxiety Disorder (2457)

Authors:
Donohue H[1], Modini M[1, 2], Abbott M[1]
[1] The University of Sydney, Sydney, NSW, [2] Concord Centre for Mental Health, Sydney Local Health District, NSW

Introduction/Background:
Cognitive models of Social Anxiety Disorder (SAD) consistently identify pre- and post-event rumination as key processes that maintain SAD symptoms, yet these processes are not typically targeted in treatments for SAD (Donohue et al., 2023). The metacognitive model proposes that metacognitive beliefs perpetuate engagement in rumination, however few studies have examined this in relation to SAD. We present two studies, which 1) qualitatively examine the role of metacognitive beliefs in maintaining pre- and post-event rumination, and 2) quantitatively investigate the effectiveness of Metacognitive Therapy (MCT) in reducing pre- and post-event rumination. In Study 1, qualitative interviews were conducted with individuals with SAD and analysed via thematic analysis. Results identified several positive and negative metacognitive beliefs implicated in the maintenance of pre- and post-event rumination. In Study 2, 86 participants with SAD were randomised to receive MCT treatment or waitlist control. Metacognitive beliefs and rumination were assessed both before (pre-event) and after (post-event) a 3-minute speech task. At both the pre-event and post-event stages, MCT was more effective than control in reducing metacognitive beliefs but not rumination. We discuss that while metacognitive beliefs seem to perpetuate engagement in pre- and post-event rumination in SAD, MCT alone does not sufficiently reduce socially anxious rumination, and a more multi-modal treatment approach may be required.

Disclosure of Interest Statement:
The authors have no conflicts of interest to disclose.

Short biography of presenter:
Hayley Donohue is a Clinical Psychology Registrar who works at the Brolga Adolescent Inpatient Unit at Hornsby Hospital. Having recently completed her PhD at the University of Sydney, her research interests relate to the assessment, understanding and treatment of rumination in Social Anxiety Disorder.

Elaine Fox

The role of life experience and genetic risk in the development of positive cognitive biases in adolescence (2484)

Authors:
Fox E[1], Zavlis O[2], Parsons S[3], Booth C[2], Songco A[4], Vincent JP[5].
[1] University of Adelaide, Adelaide, SA,, [2] University College London, London, UK, [3] Radboud University, The Netherlands, [4] University of New South Wales, Sydney, NSW, [5] Kings College London, UK

Introduction/Background:
Selective cognitive biases (in attention, interpretation or memory) can have a profound influence on risk for psychopathology. We have previously outlined the CogBIAS hypothesis, that proposes that cognitive biases develop as a function of both environmental influences (which determine the *valence* of biases) and genetic susceptibility (which determines the *potency* of biases). The current study assessed various cognitive bias in a sample of 500 adolescents across three waves of data collection from about 12 to 16 years of age. Several measures of psychopathology and wellbeing were assessed, and a DNA sample was taken from each participant so that a full genome analysis could be conducted.

Methods:
A polygenic risk score (PRS) was derived from a large-scale study of genetic risk for major depression from the psychiatric genetics consortium. Assessments of both selective memory bias and biases in interpretation (for social and non-social situations) were assessed across three waves of data collection at ages 12/13, 14/15, and 16/17. Mixed-effect modelling was used to assess the influence of a) life experiences and b) polygenic risk on the development of cognitive biases across adolescence.

Results:
Against expectation, we found few associations for negative life experiences. However, we found that positive life experiences had a strong influence on the enhancement of positive cognitive biases, while negative cognitive biases were decreased. This pattern interacted with high polygenic risk so that a combination of positive life experiences and high genetic risk led to the strongest positive biases.

Conclusion:
Our results show that positive life events in childhood enhance positive recall and positive social interpretation and that this pattern is strengthened by high polygenic risk using a well-established polygenic risk score for depression. We conclude that the impact of life-events on cognitive processes (and psychopathology more broadly) may be more nuanced than previously thought.

Disclosure of Interest Statement:
The work reported in this paper was funded by a European Research Council Advanced Investigator Award to Elaine Fox while she was at the University of Oxford.

Short biography of presenter:
Elaine Fox is Professor of Psychology and Director of the *Mental Health Science Theme* at the University of Adelaide. She moved to Australia in early 2022 having spent most of her academic career in the UK, most recently at the University of Oxford where she led the Oxford Centre for Emotion and Affective Science (OCEAN).

Sayo Hamatani

Optimization of Cognitive Behavioural Therapy modules in treatment for Attention-Deficit Hyperactivity Disorder (2474)

Authors:
Hamatani S[1,2,3], Matsumoto K[4], Mizuno Y[1,2,3]
[1] Research Center for Child Mental Development, University of Fukui, Fukui, Japan
[2] Division of Developmental Higher Brain Functions, United Graduate School of Child Development, University of Fukui, Fukui, Japan
[3] Department of Child and Adolescent Psychological Medicine, University of Fukui Hospital, Fukui Japan
[4] Division of Clinical Psychology, Research and Education Assembly Medical and Dental Sciences Area, Kagoshima University Hospital, Kagoshima, Japan

Introduction/Background:
Although many CBT studies for ADHD have been reported, it remains unclear which components of any treatment technique are effective. This study aimed to identify the most effective components of treatment techniques and their combinations using a component network meta-analysis (cNMA).

Methods
Six databases were systematically reviewed, and then the cNMA, an extended version of standard NMA to untangle the components was performed for identified articles. In the statistical analysis, the ‘BUGSnet’ package in the R (version 4.4.0) was used to conduct Bayesian network-meta-analysis, and in addition, the 'netmeta' package of the frequentism approach was employed to estimate the effectiveness of individual components of CBT.

Results:
The analysis at the treatment-level, which included 44 trials with 3,883 participants, found the second-generation CBT, followed by the third-generation CBT, and then first-generation CBT, were effective compared to waitlist controls. The analysis at the component-level, which involved 42 trials with 3,489 participants, found the combination of "psychosocial support, psychoeducation, organization/planning, problem-solving techniques, and third-generation CBT techniques" was the most effective. Interestingly, regarding each effect of components, "psychosocial support," "cognitive restructuring," "problem-solving techniques," and "third-generation CBT techniques" contributed to improvement, while "psychoeducation," "applied behavior analysis," "organization/planning," and "relaxation" contributed to worsening.

Conclusion:
The results suggest that a complex CBT incorporating relatively new techniques may be optimal for ADHD. The findings may be useful in development of the most effective CBT for improving ADHD symptoms.

Disclosure of Interest Statement:
This work was supported by the Takeda Science Foundation, the Mother and Child Health Foundation (R04-K2-2) and the JSPS (22H00985).

Susan Hextell

The relationship between sleep disturbance, repetitive negative thinking, anxiety sensitivity and obsessive-compulsive symptoms in postpartum women (2448)

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Introduction/Background:
Obsessive-compulsive symptoms (OCS) can be debilitating for individuals who experience this problem and their families. Postpartum women often experience OCS, with research showing up to 16% of women meet the full criteria for OCD at 8-weeks postpartum. This peak coincides with sleep disturbance, which has been associated with increased postpartum OCD symptoms. In non-perinatal studies, anxiety sensitivity-cognitive (ASC) and repetitive negative thinking (RNT) have been shown to mediate the relationship between sleep disturbance and OCS. The mechanism for this association in the postpartum is unclear.

This novel study examined whether RNT and ASC explain variation in postpartum OCS. The study model accounted for the effect of sleep disturbance and controlled for depression.

Methods:
An online survey was conducted with a non-clinical sample of 78 women in the first 8-weeks postpartum. The survey comprised measures of OCS, sleep disturbance, RNT, ASC, and depression. A parallel simple mediation model was used, controlling for postpartum depression.

Results:
Regression analysis showed that sleep disturbance accounted for a significant variance in OCS. In the mediation model, sleep disturbance had a significant direct effect on OCS. The indirect effect of sleep disturbance on OCS via ASC was non-significant. There was a significant indirect effect of sleep disturbance on OCS via RNT.

Conclusion:
There is limited research on the treatment of postpartum OCD to date. The study results suggest RNT as a mechanism by which sleep disturbance influences OCS severity in the postpartum and may be an important target of treatment for postpartum OCD.

Disclosure of Interest Statement:
The authors have no conflicts of interest to disclose.

Short biography of presenter:
Currently a Master of Professional Psychology student (UniSQ), I have a BPsych Science (Hons) (CQU) and am a Registered Nurse/Midwife (mom-practising). Midwifery sparked my interest in perinatal mental health interest research. This study was a joint thesis project with the co-author under the supervision of Dr Melissa Mulcahy at CQU.

Kari James

Wounded witnesses: making sense of moral injury in journalism (2467)

Authors:
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[1] University of Queensland

Introduction/Background:
Journalists are frequently exposed to trauma and ethical challenges that place them at risk of moral injury. However, very little research has investigated journalists' perceptions and understanding of moral injury and the occupational factors they believe exacerbate or alleviate risk.

Methods:
We purposively recruited Australia-based investigative journalists (n = 20; 11 female) with experience across multiple modes (print, broadcast, digital) and settings (metropolitan, regional, domestic, international) for participation in semi-structured interviews to explore their perceptions of moral injury, factors they believe add to risk, and how they think newsrooms can better support staff to reduce risk.

Results:
Thematic analysis identified three themes relevant to moral injury risk: 1) occupational and systemic factors, including ethical storytelling and competing

agendas; 2) organizational factors, including operating environment and access to support; and 3) personal factors, including journalistic identity and self-identity.

Conclusion:
Findings indicate that journalists are ill-prepared for moral injury exposure, but have insight into ways organizational policy and training could better prepare and support them. Recommendations for future research include targeting areas of organizational policy and training supportive of safe and ethical journalistic practice.

Disclosure of Interest Statement:
The authors have no conflicts of interest to disclose.

Short biography of presenter:
Kari James is a PhD candidate at the University of Queensland, researching risk and protective factors associated with moral injury. Kari is a counsellor by profession, specialising in occupational psychological injury, and has worked in clinical practice, policy and research consulting, and professional education and training.

Anagha Kaluve

The relationship between Premenstrual Dysphoric Disorder and emotion dysregulation (2441)

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Introduction/Background:
Premenstrual Dysphoric Disorder (PMDD) is a mood disorder affecting 3-8% of menstruating people, causing significant functional impairment. Psychological mechanisms underlying PMDD are poorly understood. PMDD is highly comorbid with mood and anxiety disorders, suggesting common underlying mechanisms like emotion dysregulation. Existing research assessing emotion regulation in people with PMDD has relied on retrospective self-reports (prone to bias), has not compared PMDD to the milder and more common premenstrual syndrome (PMS), and has not distinguished elevated emotion dysregulation in PMDD from that typically seen in anxiety and depression. Consequently, this research aims to improve our understanding of the association between emotion dysregulation and premenstrual symptoms.

Methods:
Participants were menstruating people meeting criteria for PMDD, PMS, elevated depression and anxiety (DEPANX), and healthy controls. Trait and in vivo use (following a sad mood induction task) of emotion dysregulation, rumination, reappraisal, and suppression was measured via questionnaires. Daily use of rumination and severity of common premenstrual symptoms was measured via ecological momentary assessment across 1-2 menstrual cycles.

Results:
Compared to healthy controls, all groups reported greater in vivo and trait use of rumination, greater trait emotion dysregulation, and lower trait reappraisal. PMDD group endorsed higher rumination and trait emotion dysregulation than PMS or DEPANX group. Rumination was the largest individual predictor of premenstrual distress within groups. Ongoing analyses will determine whether rumination fluctuates across the menstrual cycle differentially between groups.

Conclusion:
These results suggest that emotion dysregulation, particularly elevated use of rumination, may contribute to the onset and/or maintenance of premenstrual distress.

Disclosure of Interest Statement:
The authors have no conflicts of interest to disclose.

Short Biography of Presenter:
Anagha is a combined PhD and Master of Clinical Psychology student, who hopes to develop future treatments that can better service those experiencing impairing premenstrual symptoms. Anagha's work is driven by a passion for women's health issues and the commitment to improve the representation of women in scientific research.

Jayden Lucas

Evidence-based behavioural pain treatment's target flexibility but what does it mean? A latent variable analysis. (2458)

Authors:
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Introduction/Background:
Chronic pain is a significant public health problem for which medical treatments are largely ineffective. Cognitive behavioural therapy (CBT) and acceptance commitment therapy (ACT) represent empirically validated treatments that ostensibly work by increasing flexibility. CBT focuses on cognitive flexibility, while ACT emphasises psychological flexibility. However, what 'flexibility' means and how different types overlap and differ is unclear. We aimed to determine if different measures of (in)flexibility assess the same or distinct concepts in adults with chronic pain.

Methods:
We recruited 445 participants (51.24% F, M_{age} = 44.21yrs) with chronic pain from Prolific to complete an online survey. We administered seven self-report measures of psychological flexibility, psychological inflexibility, and cognitive flexibility. The latent structure was examined using item-level exploratory structural equation modelling (controlling for measure-specific variance), and we tested factor associations with mental health, well-being, and pain and its impacts.

Results:
Six distinguishable factors were identified that cut across measures: two cognitive (in)flexibility factors (alternatives, control), two psychological flexibility factors (acceptance/harnessing, committed action), and two psychological inflexibility factors (experiential avoidance, lack of awareness). Flexibility facets tended to be more strongly associated with well-being, whereas inflexibility facets were global risk factors. Inflexibility facets were also more strongly associated with pain interference and severity.

Conclusion:
Across flexibility measures, psychological flexibility, psychological inflexibility, and cognitive flexibility are related but distinct constructs that are multi-dimensional. To clarify the operative mechanisms of psychological pain treatments for refractory pain, future studies should investigate whether these (in)flexibility constructs represent transdiagnostic change mechanisms for ACT and CBT.

Disclosure of Interest Statement:
The authors have no conflicts of interest to disclose.

Short biography of presenter:
Jayden Lucas is a PhD student in the Emotional Well-being Lab at the University of Western Australia and is supervised by Assoc. Prof. Kristin Gainey and Assoc. Prof. Rodrigo Becerra. His main research focus is understanding how psychological flexibility can promote adaptive responses to persistent pain.

Peter McEvoy

Could Men's Sheds be a social cure for depression, anxiety, and loneliness in older men? (2456)

Authors:
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Introduction/Background:
Men's Sheds appear to be promising for improving men's health and wellbeing outcomes; however, the mechanisms through which they produce these outcomes are not yet well understood. A series of studies will be presented from a three-wave longitudinal study of Men's Shed members in Western Australia investigating relationships between Shed factors, individual differences, leadership, and member's mental health outcomes.

Methods:
The Wave 1 sample consisted of 333 Men's Shed members from 78 different Sheds in Western Australia, with 1–33 members per shed (*M*=4.18, SD=5.90). A proportion

of these members also completed Wave 2 (n=168) and Wave 3 (n=129) surveys, which were all 6 months apart.

Results:
Higher engagement with the Men's Shed (frequency/duration of attendance, diversity of activities) was associated with more supportive social networks and higher meaning in life, which were associated with higher wellbeing and lower loneliness. Supportive social networks within the Sheds and behavioural activation were protective against depression symptoms for people with high social anxiety. Leadership style was moderately and significantly associated with higher psychological safety, social network quality, and social identity with the Shed movement. Higher psychological safety was associated with higher Men's Shed engagement.

Conclusion:
Factors such as increased social network quality, meaning in life, psychological safety, and leadership appear to be critical to engagement and wellbeing and loneliness outcomes within Men's Sheds, and may be relevant to optimising outcomes in other community-based mutual-aid organisations.

Disclosure of Interest Statement:
The authors have no conflicts of interest to disclose.

Short biography of presenter:
Professor Peter McEvoy is a senior clinical psychologist and Research Director at the Centre for Clinical Interventions, Perth. He is also a teaching and research academic at Curtin University's enAble Institute and School of Population Health.

Kate Maston

Predictive factors influencing insomnia trajectories in Australian adolescents (2475)

Authors:
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Introduction/Background:
Insomnia is particularly common in adolescents and is associated with a range of adverse outcomes for mental health, including depression and anxiety. The aim of this study is to investigate whether there are distinct trajectories of insomnia from early-to-mid-adolescence and to examine if individual and environmental factors can predict trajectory class membership.

Methods:
Participants completed a comprehensive battery of questionnaires on three occasions between 2019-2023 when they were in school years 8, 9 and 10. Insomnia was assessed at all timepoints, together with individual and environmental measures including demographics, family and peer relationships, school experiences, screen use, and mental health symptoms. Latent Class Growth

Analysis (LCGA) was performed to determine if there were underlying trajectories of adolescent insomnia symptoms across the three years. Multinomial logistic regression was conducted to examine individual and environmental predictors of trajectory class membership.

Results:
Participants (N=6,363) at baseline were aged 13.9 years, 49% female, with demographics broadly representative of the Australian adolescent population. The best LCGA model identified four distinct trajectory classes of adolescent insomnia symptoms: no insomnia (59%), increasing insomnia (24%), high insomnia (10%), and decreasing insomnia (7%). Individual and environmental predictors of trajectory class membership will be reported in this presentation.

Conclusion:
This research provides important and nuanced information about young people's sleep patterns and risk profiles using longitudinal data from a large cohort of Australian adolescents. These findings can inform targeted sleep and mental health interventions for young people.

Disclosure of Interest Statement:
The authors have no conflicts of interest to disclose.

Short biography of presenter:
Kate Maston is a Senior Program Manager at the Black Dog Institute in Sydney. Kate has a Masters in Clinical Psychology and is currently completing her PhD at UNSW in the field of adolescent sleep and wellbeing.

Fiona Mathieson

Meaning through metaphors in CBT (2479)

Authors:
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Introduction/Background:
Metaphors are used frequently in psychotherapy and are a rich source of meaning. Over the past 15 years there has been increasing interest in the use of metaphor in CBT, with attention to client metaphors asserted as a way of enhancing CBT, but with little empirical basis. This paper discusses four studies that provide a preliminary empirical basis for the exploration of metaphors in CBT.

Methods:
The first study evaluates the reliability and utility of the discourse dynamics approach to metaphor identification. The second study explores how clients and therapists co-construct metaphors, contributing to development of a shared language in early

therapy sessions and identifies a range of responses to each other's metaphors. The third study explores the effect of training CBT therapists to intentionally bring client metaphors into case conceptualisations in terms of building therapeutic alliance and collaboration, along with an exploration of preference for metaphoric language. The fourth study explores the impact of the metaphor training on therapist confidence, awareness, and use of metaphors, based on therapist self-report ratings and reflections on their ongoing application of learning over a 3-month period.

Results:
Metaphors are common in therapy discourse and there are identifiable therapist and client verbal responses to metaphors. Drawing on client metaphors in case conceptualisations benefits the therapy alliance and therapists benefit from training in bringing metaphors into case conceptualisations.

Conclusion:
These findings suggest that it is possibly to conduct empirical research on metaphor in CBT, with metaphor having potential as an important therapy process variable.

The authors have no conflicts of interest to disclose. This project was funded by the Oakley Mental Health Research Foundation and a University of Otago Grant-in-aid of research.

Short biography of presenter
Fiona is a senior lecturer in psychology who teaches post graduate CBT and has a PhD on Metaphors in CBT. She also has strong research interest in therapist competence development and primary care mental health.

Kazuki Matsumoto

Subthreshold Social Anxiety Disorder in adolescence and effectiveness of web-based CBT (2439)

Authors:
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Introduction/Background:
One of the causes of social issues in Japan, such as school refusal and social withdrawal, can be attributed to significant anxiety in interpersonal situations. We investigated the frequency of subthreshold social anxiety disorder (subSAD) in young people and the effectiveness of early intervention.

Methods:
Students in six universities and one high school were recruited. SubSAD was defined as the LSAS total score < 30. Students with subSAD were invited to participate in a randomised controlled trial (RCT). The interventions was self-help cognitive behavioural therapy (CBT) through a web application. The waitlist control group did not receive any intervention. Analyses of covariance and Fisher's exact test were performed.

Results:
Out of the 89 participants (the mean (SD) age was 21.5 (2.2) years), 77 (86.5%) were in a subSAD state. The mean baseline LSAS total score was 58.73 (SD 20.0). The results of the RCT showed that the intervention group experienced a significantly greater decrease in the outcome compared to the control group by 11.62 points (p = 0.02, Hegde's g = 0.64). The intervention group also had a significantly higher proportion of treatment responders (61.3%), defined as a reduction in LSAS total score of 28% or more, compared to the control group (23.7%, p = 0.003).

Conclusion:
SubSAD probably be highly prevalent among Japanese youth. We have demonstrated effectiveness of self-help CBT delivered through a web application.

Disclosure of Interest Statement:
This paper was funded by PARKS 2022.

Mahdi Mazidi

From information to prenatal worry: how selective interrogation of information shapes different prenatal expectations and impact prenatal worry (2478)

Authors:
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Introduction/Background:
Recent studies have shown the critical role of negative prenatal expectancies as one of the factors associated with and predicting elevated prenatal worry, a key vulnerability factor during pregnancy. However, research is lacking on the cognitive mechanisms underlying these expectancies. We tested different hypotheses regarding the cognitive mechanisms that may underpin the formation of such negative expectancies. Specifically, a novel cognitive paradigm was developed and employed that provides a reliable assessment of bias in information choice (i.e., Selective Interrogation of Information Task).

Methods:
The study recruited 120 first-time pregnant women and evaluated their prenatal worry, expectancies about different aspects of perinatal period, and tendency to

volitionally choose negative rather than positive information about the aspects (i.e., demonstrate a negative interrogation bias). Moreover, the assessment of expectancies was repeated after the selective interrogation task to examine if the pattern of interrogation bias would predict changes in expectancies from pre to post the selective interrogation task.

Results:
Our findings revealed a significant association between negative expectancies about and elevated prenatal worry. More importantly, pregnant women with a negative interrogation bias were more likely to hold negative expectancies about experiences in the perinatal period. The relationship between this bias and prenatal worry was mediated by negative expectancies. Finally, it was found that the interrogation bias predicted a change in expectancies even when the initial expectancy levels were controlled for.

Conclusion:
Findings are discussed with regards to potential implications for expectancy-focused interventions for prenatal worry.

Disclosure of Interest Statement:
This study was funded by the Raine Medical Research Foundation's RCA and the University of Western Australia's RCA Research Funds to Mahdi Mazidi. The funders had no role in the study design, data collection and analysis.

Short biography of presenter:
Mahdi Mazidi is a research fellow at the Centre for the Advancement of Research on Emotion at the University of Western Australia, where he completed his PhD in 2022. He currently leads an international collaborative project identifying optimal prenatal expectancy profiles for programs aimed at enhancing perinatal mental health.

Sylvanna Mirichlis

Understanding NSSI disclosure decision-making in the context of personal information disclosure frameworks (2452)

Authors:
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Introduction/Background:
Non-suicidal self-injury (NSSI) is the deliberate damage caused to one's own body tissue, without the intent to die. Voluntary disclosure of one's self-injury can catalyse help-seeking and provision of support, though this decision to disclose NSSI is not well understood. As there is no existing framework specific to the process of NSSI disclosure, the aim of this study was to assess the fit between frameworks of personal information disclosure, and lived experience accounts of NSSI disclosure decision-making.

Methods:
A directed content analysis was used to code interview transcripts with reference to the Disclosure Decision-Making Model (Greene, 2009) and the Disclosure Processes Model (Chaudoir & Fisher, 2010). All 15 participants had previously disclosed their NSSI, and were university students aged between 18 and 25 (*M* = 20.33, *SD* = 1.88), with 11 identifying as female. The coding matrix consisted of codes reflecting core components of the existing disclosure frameworks, within the broad categories of "NSSI Characteristics", "Interpersonal Characteristics", "Disclosure Self-Efficacy", and "Disclosure Goals".

Results:
All codes within these categories were identified as being present in the data. Of the 229 units of data, 95.63% were captured in the existing frameworks with only 10 instances being coded as "other". The findings from the content analysis contributed to the development of a new conceptual framework addressing voluntary disclosure of NSSI.

Conclusion:
Whilst there is a large degree of overlap between lived experience accounts of NSSI disclosure decision-making and broader frameworks of personal information disclosure, there are considerations unique to disclosing NSSI to be captured in a novel framework. This NSSI-specific disclosure framework has potential utility in clinical settings in navigating NSSI disclosures and facilitating help-seeking.

Disclosure of Interest Statement:
The authors have no conflicts of interest to disclose.

Short biography of presenter:
Recently having submitted her PhD thesis "Understanding Voluntary NSSI Disclosure", Sylvanna is a passionate researcher and advocate in the fields of NSSI and mental health. Sylvanna's work focuses on a strengths-based and person-centred approach to understanding and supporting people's lived experiences.

Jill Newby

Implementation trial of myNewWay™ a transdiagnostic blended digital and in-person CBT intervention for depression and anxiety (2462)

Authors:
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Introduction/Background:
Uptake and adherence to digital transdiagnostic CBT interventions for depression and anxiety are typically poor in routine care. To address this, we developed a new

transdiagnostic blended care intervention (*myNewWay)* which integrates digital components into in-person psychological therapy.

Methods:
This clinical trial aimed to evaluate the effectiveness of, and factors associated with, the successful implementation of *myNewWay* when used by Australian Psychologists in routine care. *myNewWay* includes brief, engaging CBT-based modules that can be flexibly tailored to an individual's goals and symptoms. Client outcomes were assessed at baseline, 3 and 6 months and included depression, anxiety and stress levels (DASS-21), quality of life (ReQOL), daily functioning (WSAS), working alliance (WAI-SR) and app engagement metrics. Psychologist outcomes, such as attitudes, satisfaction and engagement with digital programs, were also collected.

Results:
A total of 46 psychologists and 66 clients were recruited (2023-2024). Preliminary results showed significant improvements on the DASS-21 depression, anxiety and stress subscales, and suicidal ideation (PHQ-9 item 9). Other psychologist and client outcomes, including user satisfaction and working alliance will be presented.

Conclusion:
This new transdiagnostic blended care intervention represents a promising new treatment approach for depression and anxiety with great potential to increase the standardisation and quality of CBT provided in routine care. Randomised trials comparing blended with usual care are needed to explore their efficacy and cost-effectiveness in the Australian health care context.

Disclosure of Interest Statement:
This paper was funded by the HCF Research Foundation. Jill Newby is supported by an NHMRC Investigator Grant Fellowship.

Short biography of presenter:
Professor Jill Newby is a Clinical Psychologist and NHMRC fellow from the Black Dog Institute and UNSW. Her research specializes in the assessment and treatment of depression and anxiety in adults, including the use of digital interventions.

Susanne Schweizer

Improving mental health by increasing tolerance of uncertainty (2469)

Authors:
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Background: Youth mental health problems are rising, a trend that accelerated during the pandemic. We propose that the catalyst effect of the pandemic offers insights into a key driver of increases in youth emotional disorders: heightened uncertainty. Adolescence has always been a time of uncertainty. As an age group, adolescents are more likely and better than adults at exploring uncertain environments. However, less is known about how adolescents feel about uncertainty. This set of studies investigates intolerance of uncertainty across the lifespan and whether it can be reduced to benefit mental health.

Methods: Evidence will be presented from two different sources: 1) a cohort study in *N* = 3208 (11-100 years) individuals from the US, UK and Australia and 2) a proof-of-principal study in *N* = 209 older adolescents (18-24 years).

Results: The cohort study showed *greater* intolerance of uncertainty in early-mid (11-17yrs) and older adolescents (18-24yrs) compared to adults (25-64yrs) and older adults (65+yrs). Next, we demonstrated that a single-session uncertainty mindset intervention successfully reduced tolerance of uncertainty as well as anxiety and depression symptoms compared to psychoeducation.

Conclusion: These findings suggest that increased levels of uncertainty faced by adolescents today are contributing to increased levels of youth mental health problems. Encouragingly, tolerance of uncertainty may be improved through a single-session mindset intervention.
With current cost-of-living, health and climate crises, uncertainty will only increase in the intermediate future. Improving tolerance of uncertainty has the potential to significantly contribute to wellbeing across the lifespan, especially in young people.

Disclosure of Interest Statement:
Susanne Schweizer was funded by Wellcome (209127/Z/17/Z), NHMRC (GNT1184136) and ARC (DE240101039). Study 1 was funded by the UNSW COVID-19 Rapid Response Initiative.

Short biography of presenter:
Susanne Schweizer is a Scientia Associate Professor at the University of NSW, School of Psychology, where she leads the Developmental Affective Science Lab. Following her PhD at the MRC Cognition and Brain Sciences Unit, she held a Wellcome fellowship at the University of Cambridge and is a 2024 ARC DECRA fellow.

Lauren Stavropoulos

A clinical pilot of imagery rescripting in Generalised Anxiety Disorder (2438)

Authors:
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Introduction:
This is the first clinical pilot to explore the feasibility, acceptability, and preliminary efficacy of imagery rescripting among individuals with generalised anxiety disorder (GAD).

Methods:
Participants were recruited via social media advertisements and we included individuals (N=18) who indicated primary diagnosis of GAD at interview. Participants attended 10 weekly sessions of imagery rescripting with a psychologist in person or via Telehealth. The protocol was based on Arntz's three-stage technique for rescripting traumatic memories (Arntz & Weertman, 1999), with adaptations to target the future orientation of worry in GAD. Measures of trait worry, anxiety symptoms, and intrusive imagery were administered before a two-week monitoring period and at pre-, mid- and post-treatment, and will be administered at 3-month follow-up. Participants did not receive reimbursement.

Results:
One participant discontinued due to an unexpected life event, and all others (N=17, Mage=39) completed all sessions. On a measure of credibility of the intervention completed after the first session, participants reported a mean score of 36.34 (6.38) out of a maximum of 45. A one-way repeated measures ANOVA indicated significant small-to-medium reductions across four time points on measures of anxiety, depression, and trait worry, *p*s < .01, η_p^2 = .51-.58. On a measure of patient satisfaction post-treatment, participants reported a mean score of 8.94 (1.35) out of a maximum of 12, all reported symptom improvement, and none reported adverse experiences. Clinicians described the intervention as feasible.

Conclusion:
Results provide evidence of the feasibility, acceptability, and preliminary efficacy of a novel application of imagery rescripting for GAD.

Disclosure of Interest Statement:
The authors have no conflicts of interest to disclose.

Short biography of presenter:
Lauren is a Clinical Psychology Registrar who is completing her PhD in Clinical Psychology at UNSW, Sydney, supervised by Professor Jessica Grisham. Her research has investigated the relationship between mental imagery and trait worry, and developed and piloted an imagery rescripting intervention for individuals with generalised anxiety disorder.

Heidi Sturk

Building health workforce capability to utilise iCBT programs (2425)

Authors:
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Introduction/Background:
Over the past decade the number of iCBT programs has evolved rapidly, leaving many health practitioners overwhelmed by the range of options available. To address this, the Australian Government funds eMHPrac (e-Mental Health in Practice) to deliver free education, training and support to the primary care workforce across Australia about digital mental health. This consortium, funded since 2013, is comprised of Queensland University of Technology, Black Dog Institute, Menzies School of Health Research and the University Centre for Rural Health of the University of Sydney, To our knowledge, this nationwide program remains unique internationally.

Methods:
The eMHPrac consortium has provided training and support about iCBT programs to over 160,000 health practitioners via range of modalities. Impact of training is measured through assessment of knowledge, skill and confidence. eMHPrac also monitors numbers of new registrations on iCBT programs and digital services from Government funded providers, and whether these registrants were referred by a health practitioner.

Results:
Using totals across providers, annual data from government funded iCBT programs shows a 190% increase in contacts since 2015. Total yearly health practitioner referrals have increased by 278% over that time. Within-provider data also shows similarly strong median increases.

Conclusion:
Uptake of iCBT programs in Australia has increased substantially since eMHPrac was established, but there is still extensive room for further increases in referrals and use of digital mental health in primary healthcare. This presentation will outline eMHPrac's key achievements and learnings from the last 10 years and highlight future areas for focus.

Disclosure of Interest Statement:
The author has no conflicts of interest to disclose.

Biography:
Heidi Sturk is the Director of eMHPrac (e-Mental Health in Practice) at Queensland University of Technology. Heidi is a strategic and collaborative leader who oversees the development, delivery and evaluation of training and support on digital mental health to health practitioners and service providers nationwide.

Nick Titov

Essential everyday actions for promoting mental health: the development of the Big 5 Framework (2487)

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Introduction/Background:
Many cognitive and physical behaviours (actions) affect mental health status. In a series of six studies (N>25,000) we sought to 1) identify actions most strongly linked to mental health, 2) the frequency they should be performed, 3) test the impact on mental health of increasing and decreasing the frequency of these actions.

Methods:
Three methods were used. First, cross-sectional surveys were used to identify actions most strongly linked to symptoms of depression, anxiety and satisfaction with life. Second, uncontrolled longitudinal studies were conducted to examine how the frequency of these actions changed during psychological treatment. Third, a randomised controlled trial was used to determine whether prompting the target actions resulted in improved mental health and an open trial design was used to explore whether restricting the target actions resulted in reduced psychological health.

Results:
Five groups of actions (the Big 5) were found to predict more than 35% of symptoms of depression, anxiety and satisfaction with life, representing: 1) Healthy thinking; 2) Meaningful activities; 3) Goals and plans; 4) Healthy habits; and 5) Social connections. Performing these at least half of the days of the week predicted mental health status across different demographic groups. Prompting the Big 5 actions resulted in improved mental health, while restricting the actions led to deterioration in mental health.

Conclusion:
The Big 5 is a simple but robust framework that appears to predict mental health status. This model has potential utility in public mental health campaigns and as an ultra-brief psychological intervention.

Disclosure of Interest Statement:
Funding for this research was supported by the Mental Wheels Foundation, the Western Australian Primary Health Alliance and by the investigators. There are no conflicts of interest.

Bio:
Nick Titov is a Professor of Psychology at Macquarie University, a Clinical Psychologist and Executive Director of the Australian MindSpot Clinic. Nick has worked on >100 trials of psychological interventions and has a Scopus *h* index of >50. Nick serves on multiple advisory groups to national and international organisations.

Emily Wilson

Experimenting with uncertainty: a brief intervention targeting negative beliefs about uncertainty for individuals with generalised anxiety disorder (2413)

Authors:
Wilson E J[12], Riley J[2], Norton A[2], Berle D[3], Abbott M J[2]
[1] The University of Technology Sydney, Sydney, NSW
[2] The University of Sydney, Sydney, NSW
[3] Australian National University, Canberra, ACT

Introduction/Background:
Behavioural experiments are a widely used therapeutic technique in cognitive-behaviour therapy; however, research is yet to methodically assess the impact that this technique has on specific beliefs and behaviours. Negative beliefs about uncertainty (i.e., intolerance of uncertainty) have been implicated in the maintenance of generalised anxiety disorder (GAD). The current study aimed to assess the effectiveness of a brief intervention targeting negative beliefs about uncertainty through behavioural experiments in individuals diagnosed with GAD.

Method:
The study has recruited 23 participants with a primary diagnosis of GAD and will continue recruitment till July 2024. Power analysis indicated that a minimum sample size of 36 participants would be needed to detect a large significant interaction effect for a mixed-methods ANOVA (repeated measures [3 time-points], between groups [2 groups: immediate treatment and waitlist]. Questionnaires were administered at pre-treatment, post-treatment, and at 1-week follow-up to assess excessive worry, anxiety, depression, stress, safety behaviours, and intolerance of uncertainty. The intervention consisted of two 60-minute sessions with a psychologist. The first session included psychoeducation exploring how negative beliefs about uncertainty and safety behaviours maintain excessive worry. The first session also involved collaboratively setting up three individualised ‘uncertainty experiments’ to test out the participants negative beliefs about uncertainty over the following week without engaging in safety behaviours that increase certainty (e.g., checking, reassurance seeking) or avoiding uncertainty. The second session involved de-briefing with the client on the outcome of the three ‘uncertainty experiments’ with regard to the outcome and how they coped.

Results:
The study results from the final sample (N = 36) will be presented at the conference.

Conclusion:
Research and clinical implications thereof will also be discussed.

Disclosure of Interest Statement:
The authors have no conflicts of interest to disclose.

Short biography of presenter:
I am a current PhD student at the University of Technology Sydney. My PhD is exploring the relationship between negative beliefs about uncertainty and excessive

worry. I have also completed a Master of Clinical Psychology at the University of Sydney and currently work with adults as a Clinical Psychologist in community mental health.

Halaina Winter

Internet-videoconferencing delivered Cognitive Behaviour Therapy for Social Anxiety Disorder (2410)

Authors:
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[1]University of Technology Sydney, Sydney, NSW, [2] The University of Sydney, Sydney, NSW

Introduction/Background:
Social anxiety disorder (SAD) is characterized by a fear of negative evaluation in social or performance situations. It is a common anxiety disorder, however, only one in five report receiving treatment specifically for their SAD symptoms, due to a range of psychological and logistical barriers. Cognitive behaviour therapy (CBT) is a first line treatment for SAD and the aim of the current study is to examine the efficacy and acceptability of CBT for SAD when it is delivered remotely, via internet videoconferencing (vCBT).

Methods:
78 participants were randomised to either vCBT (8 weeks) or a waitlist control group (8 weeks). Symptoms of SAD were measured at pre-treatment, post-treatment and 3-month follow-up. Primary outcome measures were the Social Interaction Anxiety Scale and Social Phobia Scale – short form (SIAS-6; SPS-6).

Results:
Preliminary results indicate large pre-treatment to post-treatment within-group effect sizes for SIAS-6 (d = 0.99) and SPS-6 (d = 0.88). Within-group treatment effects were maintained from pre-treatment to follow-up (SIAS-6; d = 1.01 and SPS-6; d = .80. Between group effects were also large at post-treatment (SIAS-6; d = .85 and SPS-6; d = 1.32). Final data will be collected by 1st September 2024 and will be presented.

Conclusion:
The results demonstrate that vCBT is an efficacious treatment approach and produces similar results to in-person CBT. The treatment approach may be important for people experiencing SAD who are unable to access in-person treatment due to psychological or logistical barriers.

Disclosure of Interest Statement:
The authors have no conflicts of interest to disclose.

Short biography of presenter:

Halaina Winter is a PhD candidate from the University of Technology Sydney. Her program of research investigates the acceptability and efficacy of remote treatment for social anxiety disorder.

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Short-form Presentations

Rapid Presentations, Static Poster Display, or combined

Olifa Asmara
2472 (C)
A randomised control trial of Triple P seminars for promoting parent and child self-regulation in Indonesia
Rapid Presentation + Poster Display

Arunima Basu
2449
The relationship between future thinking and negative mood: clinical implications
Poster Display

Simon Byrne
2418
Evidence for third wave therapies for alcohol use disorder across two systematic reviews
Rapid Presentation + Poster Display

Shawna Campbell
2420
Evidence-based practice, in practice: key learnings from two decades of parent coaching research and service in an at-risk population
Poster Display

Talia Carl
2406 (B)
Programs and support pathways for caregivers to strengthen aboriginal children's wellbeing
Rapid Presentation

Justin Catania
2437
Psychologists' perspectives of a blended care intervention
Poster Display

Phuong Linh Dang
2489
Transdiagnostic psychological treatments for depression and anxiety in multiple sclerosis: a systematic review and meta-analysis
Poster Display

Emily Dewar
2416
The impact of hoarding disorder on family members: a systematic review of qualitative studies
Rapid Presentation

Emily Dewar
2417
Empowering family members in the context of hoarding disorder: development and evaluation of an evidence-based group intervention
Rapid Presentation

Uyen Doan
2429 (A)
The predictive relationship between autobiographical memory specificity and onset of psychiatric disorders – an individual participant data meta-analysis
Rapid Presentation + Poster Display

Lara Farrell
2412 (A)
FAST CBT for paediatric OCD: a RCT of multimodality, digital parent training in exposure and response prevention for children with OCD
Rapid Presentation

Atia Fatimah
2426
Exploring digital emotion regulation in young people
Rapid Presentation

Alana Fisher
2488
Developing and piloting of the 'next steps' decision-aid for people deciding on more intensive psychological treatment options
Rapid Presentation

Jacqueline Frei
2403
Supporting those who support our children: investigating the mental health literacy of primary school teachers
Poster Display

Meri Grajdan
2464
Exploring the lived experience of parents of anxious children to develop parent resources for a digital child anxiety program
Poster Display

Patrick Haylock
2429 (B)
The relationship between autobiographical memory flexibility, mechanisms of wellbeing, and depression in young people: a prospective study
Rapid Presentation + Poster Display

Nikki Huang
2434
Understanding repetitive negative thinking in early adolescence and prevention needs and preferences: a descriptive qualitative survey study.
Poster Display

Jennie Hudson
2412 (D)
Testing the optimal method of exposure for children with anxiety
Rapid Presentation

Masahiko Inoue
2436
Measuring self-injurious behaviour to the head using a wearable acceleration sensor in individuals with Autism Spectrum Disorders
Poster Display

Nusaibah Islam
2468
Stop, drop and think! The effect of a scheduled problem-solving intervention on fatigue and repetitive negative thinking.
Rapid Presentation + Poster Display

Katarina Kikas
2480
Illness Anxiety Disorder: to seek, or not to seek (medical care)
Rapid Presentation

Chloe Lim
2412 (C)
Courage Quest: pilot trial of a parent-led digital exposure-focused intervention for children with anxiety
Rapid Presentation + Poster Display

Sally-Anne McCormack
2483
Bridging the gap with AI: revolutionising mental health care through digital innovation
Poster Display

Zamantha Munoz Rodriguez
2402
Mental images of suicide, theoretical framework, and findings in youth
Poster Display

Ayu Paramecwari
2472 (B)
Randomised controlled trial investigating the effects of Stepping Stones Triple P vs Stepping Stones plus Enhanced Triple P on parenting and family adjustment
Rapid Presentation

Isaac Sabel
2408
Mental imagery and hoarding symptoms
Rapid Presentation + Poster Display

Alicia Smith
2429 (C)
Metacognition & post-trauma symptoms: bridging insights from the cognitive and clinical fields
Rapid Presentation + Poster Display

Cassandra Tellegen
2472 (A)
Meta-analysis of teen Triple P-positive parenting program
Rapid Presentation

Adam Theobald
2431
Co-design of a blended care model for a digital CBT intervention for depression in adolescents
Poster Display

Emily Upton
2435
A randomised controlled trial exploring the efficacy of an intensive 7-day online CBT program for reducing symptoms of social anxiety disorder compared to waitlist control
Poster Display

Natasha Van der Eyk
2419
Understanding sex differences in anxiety: exploring the role of the menstrual cycle
Poster Display

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