



# 45<sup>th</sup> NATIONAL CONFERENCE OF THE AUSTRALIAN ASSOCIATION FOR COGNITIVE AND BEHAVIOUR THERAPY



**AACBT**

AUSTRALIAN ASSOCIATION  
FOR COGNITIVE AND  
BEHAVIOUR THERAPY

**45th National Conference**

*"Innovating CBT for diverse minds, needs and peoples"*

The Esplanade  
Fremantle/Walyalup,  
Western Australia

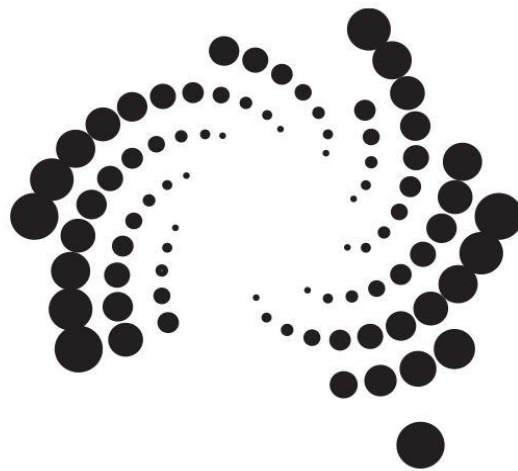
16-18 October 2025  
2 days of scientific program  
and 1 day of workshops



## **ABSTRACT HANDBOOK**

16-18 October 2025

The Esplanade, Fremantle / Walyalup, WA



**AACBT**

AUSTRALIAN ASSOCIATION  
FOR COGNITIVE AND  
BEHAVIOUR THERAPY

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## 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 Whadjuk People as we gather on Noongar Land.



Image credit: <https://www.noongar.org.au/>

On behalf of the Organising Committee, we are delighted to welcome you to the 45<sup>th</sup> National Conference of the Australian Association for Cognitive and Behaviour Therapy (AACBT).

This year's conference will showcase high-quality, cutting-edge research and clinical practice that pushes the boundaries of traditional CBT while remaining grounded in evidence-based principles. We will explore how adaptations in formulation, intervention, and service delivery can enhance accessibility and effectiveness across diverse cultures, demographics, and conditions.

**This year's conference theme is:**

**"Innovating CBT for diverse minds, needs, and peoples".**

Cognitive and behavioural therapies (CBT) continue to evolve to meet the needs of diverse communities, identities, and lived experiences. From the unique challenges faced by Aboriginal and Torres Strait Islander, trans and gender-diverse, and neurodivergent individuals, to those navigating complex physical, psychological, or social-relational conditions, our field must innovate to ensure CBT remains inclusive, effective, and relevant.

We welcome you to our 45<sup>th</sup> national conference.

## Electronic program guide (EPG)








The full conference program, plus more, is available via our electronic program guide, hosted within the “eventee” platform – [click through](#) to view on the web. Register your account in eventee to personalise your program.

You can also download the Eventee app for use on your mobile device – click the graphic for your store to preview before you download:



(search for our event code "24418" or "AACBT")

The eventee app / website also includes a complete list of presenters, our sponsors and exhibitors, plus related documents and a newsfeed. The web platform menu:

 <b>Dashboard</b>	An overview, including a personalised program populated with your favourite sessions.
 <b>Program</b>	The complete guide to all presentations – filter by presentation types.
 <b>Feed</b>	The newsfeed from AACBT – read the latest announcements here.
 <b>Speakers</b>	A complete list of presenters – click through for full session details and mark your favourites.
 <b>Sponsors</b>	Information on our supporters – click through to see what they do, and how they have helped the conference.
 <b>Exhibitors</b>	See who has the tables and what they might have on offer to you.
 <b>More</b>	Documents and resources for presenters and attendees.

## Conference Supporter Ads

### Lawson Clinical Psychology

After 16+ years in private practice, we proudly launch Lawson Clinical Research — providing practical support for clinic owners and mental health professionals Australia-wide.

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Founded by Dr Clair Lawson to provide national compliance, governance and professional support.

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- Policy and procedural document downloads for code compliance



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## Free, Evidence-Based CBT Programs for Health Professionals

Mental Health Online offers **free access** to structured CBT programs for clients and **health professionals** — including GPs, psychologists, counsellors, and allied mental health workers.

### Online programs available for:

- > Depression
- > Generalised Anxiety
- > Panic Disorder
- > Social Anxiety
- > PTSD
- > OCD
- > Combined Depression & Anxiety

### How our programs can enhance your care

Whether you're in private practice or part of a multidisciplinary team, our programs can help you:

- Support clients while on a waitlist or transitioning from care
- Reinforce CBT skills between sessions
- Assign structured homework and psychoeducation
- Deepen your own understanding of CBT tools and strategies

### Flexible and accessible for clients

Clients can use our programs anytime, on any device, with three flexible options:



- 1. Clinician-supported** – integrated into your ongoing care



- 2. eTherapist-supported** – free guidance from our trained team



- 3. Self-guided** – work through the program independently, at your own pace



Create your free healthcare professional account and start exploring







Childhood is made up of many moments.  
Big and little, difficult and magical, challenging  
and extra-special.

Making the most of every parenting moment helps equip children with the life skills they'll need to learn, make healthy decisions, and reach their potential. It also helps build and maintain strong relationships, so families can stay connected. These relationships build open communication and trust, which will be important as they get older and face challenges and changes.

Triple P programs draw on cognitive behavioural theory, and address common parenting concerns associated with social and behavioural child development.

Now, it's easy to get proven, practical, positive Triple P parenting strategies that help parents and carers reduce stress and make the most of every parenting moment, even during stressful times.

There's specialised support available too - for families raising children with disability and for those going through separation or divorce.

And a positive family environment helps give all kids a better chance of success in adult life!

Parents can tackle small problems before they grow, set up good habits early, and help kids express and cope with uncomfortable emotions (like anxiety, sadness, or anger) in healthy ways. The Triple P – Positive Parenting Program doesn't say 'how to be a parent' – it provides more understanding and builds on the skills and knowledge parents already have.



“

The Fear-Less program has helped us not only build our children's emotional resilience and given us a better understanding of what anxiety looks like, but also given us some tools that the whole family can use in the long term.

Jules J.

Triple P is fully Australian – backed by research, proven by parents. It's free, you can start now, and it's all online.



FOR MORE INFORMATION AND PROMOTIONAL SUPPORT: [CONNECT@TRIPLEP.NET](mailto:CONNECT@TRIPLEP.NET)

**Refer parents and carers to this free online program**

Funded by the Australian Government Department of Health and Aged Care



Triple P International acknowledges the Traditional Custodians of the lands on which we live and work. We respectfully acknowledge Elders, past and present who continue to guide us with their wisdom on our journey to support and build strong healthy families.



**Perth  
OCD Clinic**

Evidence-Based Treatment | Professional Training | Innovative Research

# COMPREHENSIVE OCD TRAINING FOR CLINICIANS

The Perth OCD Clinic provides excellence in psychological treatment, professional development training, and research to improve the lives of individuals with OCD in the WA community and across Australia. We are a collective team of independently practicing clinical psychologists dedicated to helping individuals with OCD and their families navigate the challenges of this condition with compassion and evidence-based therapeutic approaches:

<https://perthocdclinic.com.au/>

## EXPOSURE AND RESPONSE PREVENTION (ERP) WORKSHOP

This comprehensive training provides mental health clinicians with practical skills for treating adult clients with OCD using evidence-based ERP techniques. Led by Dr. Gayle Maloney, Perth-based Clinical Director and Associate Clinical Professor at Yale University OCD Research Clinic.

FLEXIBLE TRAINING OPTIONS:

- 1 Pre-recorded Modules Only (7 hours CPD)**
- 12 comprehensive modules covering assessment, diagnosis, clinical features, OCD subtypes, case formulation, personalised OCD models, psycho-education, cognitive interventions, and mindfulness-based strategies
  - In-depth case studies of various OCD subtypes
  - Special webinar by Professor Christopher Pittenger (Yale OCD Research Clinic) on neurobiology and pharmacotherapy
  - Downloadable clinical worksheets and resources
  - Six months of access to all training materials

- 2 Complete Training Package (12 hours CPD)**
- 12 pre-recorded foundation modules (7 hours)
  - PLUS a live online clinical skills workshop (5 hours) with:
    - Small-group practice sessions in breakout rooms
    - Direct supervision and feedback from Dr. Maloney
    - Multiple Q&A opportunities
    - Hands-on application of ERP techniques
    - Limited to 20 participants for personalised attention

## COMING SOON: IMAGERY RESCRIPTING FOR OCD (IMRS-OCD) TREATMENT IN ADULTS WORKSHOP

A comprehensive training on this strategically integrated and sequenced treatment approach that combines Exposure and Response Prevention (ERP) with Imagery Rescripting for treatment-resistant OCD.

- Convenient Asia-Pacific time zones
- Profit-for-purpose model: All workshop proceeds fund our research program
- Designed for immediate clinical application

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**Next live ERP workshop date: 6<sup>th</sup> November 2025**

Visit <https://ocdtraining.thinkific.com> to learn more or email [gayle.maloney@perthocdclinic.com.au](mailto:gayle.maloney@perthocdclinic.com.au) to register your interest today!



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## Thanks

The AACBT Board thanks the 2025 National Conference Committee (NCC) Members for their efforts over the past 18 months to bring this year's conference to fruition.

Dr Danielle Mathersul (Scientific Convenor 2025 – WA)  
 A/Prof Rebecca Anderson (Convenor 2025, WA Branch Chair)  
 Prof Peter McEvoy (National Conferences – Chair)  
 Prof Ross G Menzies (National President)  
 Ms Natasha Dean (National Workshops Coordinator)  
 Dr Carolina Gonzalez (Marketing)  
 Dr Luke Ney (Early Career Research Chair)  
 Dr Kate Tonta & Dr Adelln Sng (Social Events Coordinator)  
 A/Prof Rodrigo Becerra (Volunteer Coordinator)  
 Ms Melissa Mulcahy (Partnerships Coordinator)  
 Prof Lisa Phillips (Scientific Co-convenor 2026 - Vic)  
 A/Prof Eric Morris (Scientific Co-convenor 2026 - Vic)  
 Ms Lisa Catania (Convenor 2026, Vic Branch Chair)

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 reserves the right to change any aspect of the program without notice.

### Venue

The Esplanade  
 Cnr Marine Terrace and Essex Street  
 Fremantle / Walyalup, Western Australia 6160  
 Tel: +61 8 9432 4000  
 Web: [www.rydges.com/accommodation/perth-wa/esplanade-hotel-fremantle-by-rydges/](http://www.rydges.com/accommodation/perth-wa/esplanade-hotel-fremantle-by-rydges/)

### Registration desk

All enquiries should be directed to the registration desk in the Southern Cross Lobby. The registration desk will be open at the following times:

- Thursday 16 October 7:45am-6:00pm
- Friday 17 October 7:45am-5:00pm
- Saturday 18 October 8:30am-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. *Please name your file using which day, your surname, and abstract ID# - e.g. "Thursday\_Smith\_2599".*

### 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 is directing you to the general buffet. Please do not attend the reserved catering station. If you have any queries, please ask the friendly staff.

Lunches for the scientific program are in the Atrium Restaurant, with shorter breaks in the Southern Cross Lobby. All workshop catering is in the Garden Room.

### 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.

### No smoking

The hotel has a no smoking policy, which includes vaping and e-cigarettes.

### 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: Rydges-EVENTS	Password: lovefreo
------------------------	--------------------

### Luggage/storage

Please see hotel reception located in the foyer.

### Car parking

There is limited parking available at the conference venue, and there are many alternate options nearby.

*Please refer to their website: [www.rydges.com/accommodation/perth-wa/esplanade-hotel-fremantle-by-rydges/hotel-rooms/parking-directions/](http://www.rydges.com/accommodation/perth-wa/esplanade-hotel-fremantle-by-rydges/hotel-rooms/parking-directions/).*

### 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

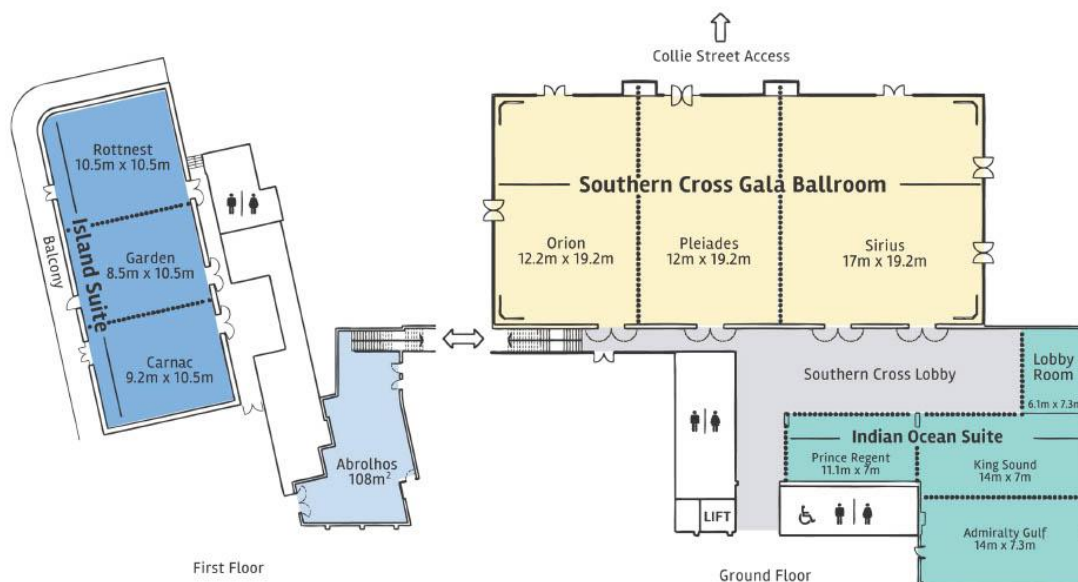
All delegates will be emailed with the online survey link after the conference. To improve the conference, we kindly request your feedback.

### 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

# FLOOR PLAN



### Scientific Program

Thursday 4 rooms – Sirius, Admiralty Gulf, King Sound and Pleiades rooms.

Friday 3 rooms – Sirius, Admiralty Gulf, and King Sound rooms.

All scientific program plenary sessions are in the Sirius Room – this room is live-streamed for our on-line delegates.

Posters are on display in the Prince Regent room.

Lunches for the scientific program are in the Atrium Restaurant, with shorter breaks in the Southern Cross Lobby.

The AACBT Registration desk is near the toilets as you enter the Southern Cross Lobby.

### Workshops

Saturday 2 rooms – Carnac and Rottneest rooms – upstairs.

All workshop catering is in the Garden Room.

The AACBT Registration desk is outside the Carnac Room.



## 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.



### Optional Conference Social Event – Sunset Cocktail Party Friday 17 October 2025

Time: After close of Day 2 (Friday) from 6pm start until 9pm

Location: bathers beach house, 47 Mews Road, Fremantle (a 450m walk from the conference venue).

Come and join us after the conclusion Day 2 of the scientific program at this absolute beachfront space, three steps from the beautiful white sands of Bathers Beach in Fremantle. Our venue features stunning floor to ceiling glass providing 180° panoramic views of Bathers Beach.

The package included with your ticket is cold, hot and dessert canapés plus a 3-hour drinks package (including beer, wine, sparkling, and non-alcoholic options).

Tickets for this optional event are in addition to your conference registrations and are only \$150. You can also bring your friends, colleagues or family to this annual gathering.



## Optional Conference Social Event - Early Career Researchers/Clinicians Breakfast

**Friday 17 October 2025**

Time: Before start of Day 2 (Friday) - 6:45am assemble for 7am breakfast

Duration: Be back for 1st keynote speaker of the day at 8:30am

Location: Moore & Moore Cafe, 46 Henry Street, Fremantle (a 220m walk from the conference venue)

This event is intended for conference delegates who are studying and/or are early-career to come together and enjoy breakfast together.

[Details on our website.](#)



We thank our Early Career Breakfast Supporter – the Curtin enAble Institute – for their generosity in supporting the next generation of CBT folk.

## Early Career Mentoring/Networking Event

Supported by The School of Psychological Science at The University of Western Australia



# THE UNIVERSITY OF WESTERN AUSTRALIA

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:

- Liz Pellicano
- Lauren Breen
- Vance Locke
- David Preece
- Caroline Donovan
- Lara Farrell

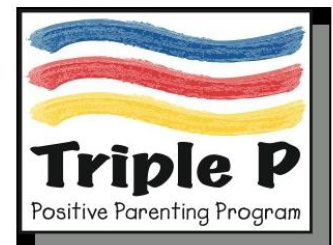
This event is organised by the AACBT ECR sub-committee and is free for delegates who are registered for the scientific program.



## Conference Supporters

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

- **Premium Partner**
  - Lawson Clinical Psychology
- **Major Partners**
  - Mental Health Online
  - Triple P
- **Book Supporter**
  - Woodslane Health
- **Key Event Partner**
  - Perth OCD
- **Early Career Breakfast Supporter**
  - Curtin enAble Institute
- **Early Career Awards Partners**
  - Jeffery and Ree Clinical Psychology & Sleep Matters
- **Networking Supporters**
  - The School of Psychological Science at The University of Western Australia
- **Lanyard Supporter**
  - School of Psychology and Wellbeing, University of Southern Queensland
- **Conference Funding Support**
  - Business Events Perth, Tourism Western Australia





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## Conference Premium Partner

*Lawson Clinical Psychology*

# Lawson Clinical Psychology

At Lawson Clinical Psychology, we are passionate about improving lives through excellence in psychological healthcare. As one of Perth's largest clinical psychology practices, we blend evidence-based therapies with genuine warmth, collaboration and care. Our team of more than 28 clinicians works with a wide range of presentations including anxiety, trauma, OCD, depression and eating disorders, delivered through individual, couple, group and online therapy.

We are unwavering in our commitment to clinical excellence and evidence-based practice. Our structured mentoring and development programs, and our team-centred culture where wellbeing, integrity and connection are at the heart of everything we do. We create an environment where clinicians and clients alike can thrive, grounded in science and humanity.

## Conference Major Partner

*Mental Health Online*



For 17 years, Mental Health Online (MHO) has been dedicated to providing Australians effective, evidence-based digital mental health support—whenever and wherever it's needed. Our online programs are designed to address the most prevalent mental health issues including anxiety, depression, OCD, PTSD and more.

Built by clinicians, our CBT-based treatment programs are free to access and developed to empower skills-based self-management. Clinicians receive full access to all program content and tools plus additional resources to help them provide effective digital mental healthcare, free - with no subscriptions, no paywalls.

Proudly developed by Swinburne University, MHO complements your clinical work with trusted, accredited, research-backed digital care. Whether you're a psychologist, counsellor, GP, or allied health professional, you can use MHO to enhance therapy, assign homework, skill up, or refer clients waiting for care.

## Conference Major Partner

*Triple P*



The Triple P – Positive Parenting Program is one of the most effective evidence-based parenting programs in the world, backed up by more than 35 years of ongoing research. Triple P gives parents simple and practical strategies to help them build strong, healthy relationships, confidently manage their children's behavior and prevent problems developing. Triple P is used in more 30 countries and has been shown to work across cultures, socio-economic groups and in many different kinds of family structures.

## 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 Key Event Partner  
*Perth OCD*



The Perth OCD Clinic provides excellence in psychological treatment, professional development training, and research to improve the lives of individuals with OCD in the WA community and across Australia. We are a collective team of independently practicing clinical psychologists dedicated to helping individuals with OCD and their families navigate the challenges of this condition with compassion and evidence-based therapeutic approaches.

Perth-based Clinical Director Dr Gayle Maloney, who also holds a position as Associate Clinical Professor at Yale University OCD Research Clinic, is passionate about delivering OCD training workshops and clinical supervision to clinicians throughout the Asia-Pacific region. Our workshops are specifically designed with convenient time zones in mind, offering both pre-recorded modules and live online sessions twice yearly. As a profit-for-purpose initiative, all proceeds from our training programs directly fund our innovative OCD research, allowing participants to gain valuable clinical skills while simultaneously contributing to advancing the field.

## Early Career Breakfast Supporter

*Curtin enAble Institute*



### About the Curtin enAble Institute:

Launched in 2022, the Curtin enAble Institute is an interdisciplinary health research institute that is committed to conducting research that addresses health inequities.

Our research focuses on five interconnected thematic areas: Mental Health; Disability and Inclusion; Alcohol and Drugs; Justice Health; and Dementia and Ageing.

Through our research, we strive to co-design health and wellbeing solutions that are effectively implemented in health and social care systems and: enhance access to high-quality prevention, treatment and care; improve care experiences; and achieve better health and social care outcomes.

## Early Career Awards Partner

*Jeffery and Ree Clinical Psychology & Sleep Matters*



Jeffery and Ree Clinical Psychology (aka J&R Psych) is a longstanding private psychology practice in Perth. Co-founders Paul Jeffery and Dr Melissa Ree lead a team of clinical psychologists who share a commitment to clinical excellence, bringing warmth, curiosity, and scientific rigour to our work. We support clients across the lifespan with a wide range of psychological difficulties, including anxiety, depression, trauma, sleep difficulties, and adjustment to life stressors. Grounded in Cognitive Behaviour Therapy (CBT) and other evidence-based approaches, we strive not only to reduce distress but to help people thrive.

An important arm of our service is Sleep Matters, Western Australia's first dedicated behavioural sleep medicine clinic. Led by Dr Melissa Ree, Sleep Matters offers gold-standard, non-drug treatments for sleep disorders such as insomnia, circadian rhythm disorders, and nightmares. Drawing on Dr Ree's expertise in insomnia treatment and research, the team delivers Cognitive Behaviour Therapy for Insomnia (CBT-I) and related interventions tailored to adults, adolescents, and children. Beyond clinical care, Sleep Matters plays an active role in advancing the field through professional training, public education, and research collaborations. Our mission is to improve sleep health nationwide and to inspire greater awareness of the vital role of sleep in mental wellbeing.

### Networking Supporter: Early Career Researcher and Clinician mentoring meeting

*The School of Psychological Science at The University of Western Australia*



The School of Psychological Science at The University of Western Australia centres teaching and research of mental processes. We are proud to consistently rate in the top 100 psychology schools in the world, and we have a strong record of turning out first-rate practitioners and researchers who are widely educated in the theory, practice, and research of this discipline.

Our researchers have considerable expertise in both qualitative and quantitative research methods, research co-design, and advanced analytical techniques. The School hosts the WA Centre for Road Safety Research and the Robin Winkler Clinic and is equipped with excellent research facilities supported by our outstanding track record of funding success and industry partnerships.

We offer undergraduate and postgraduate programs, as well as flexible options to get job-ready, upskill, or complement other studies. Our students leave as critical thinkers, innovators, and future leaders.

## Conference Lanyard Supporter

*The School of Psychology and Wellbeing, University of Southern Queensland*



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 Funding Support

*Business Events Perth, Tourism Western Australia*



### About the Business Events Perth:

Funded by the Western Australian Government through Tourism Western Australia, the City of Perth and our member partners across the State, Business Events Perth has been securing high value conferences and incentive groups for Western Australia for 50 years.

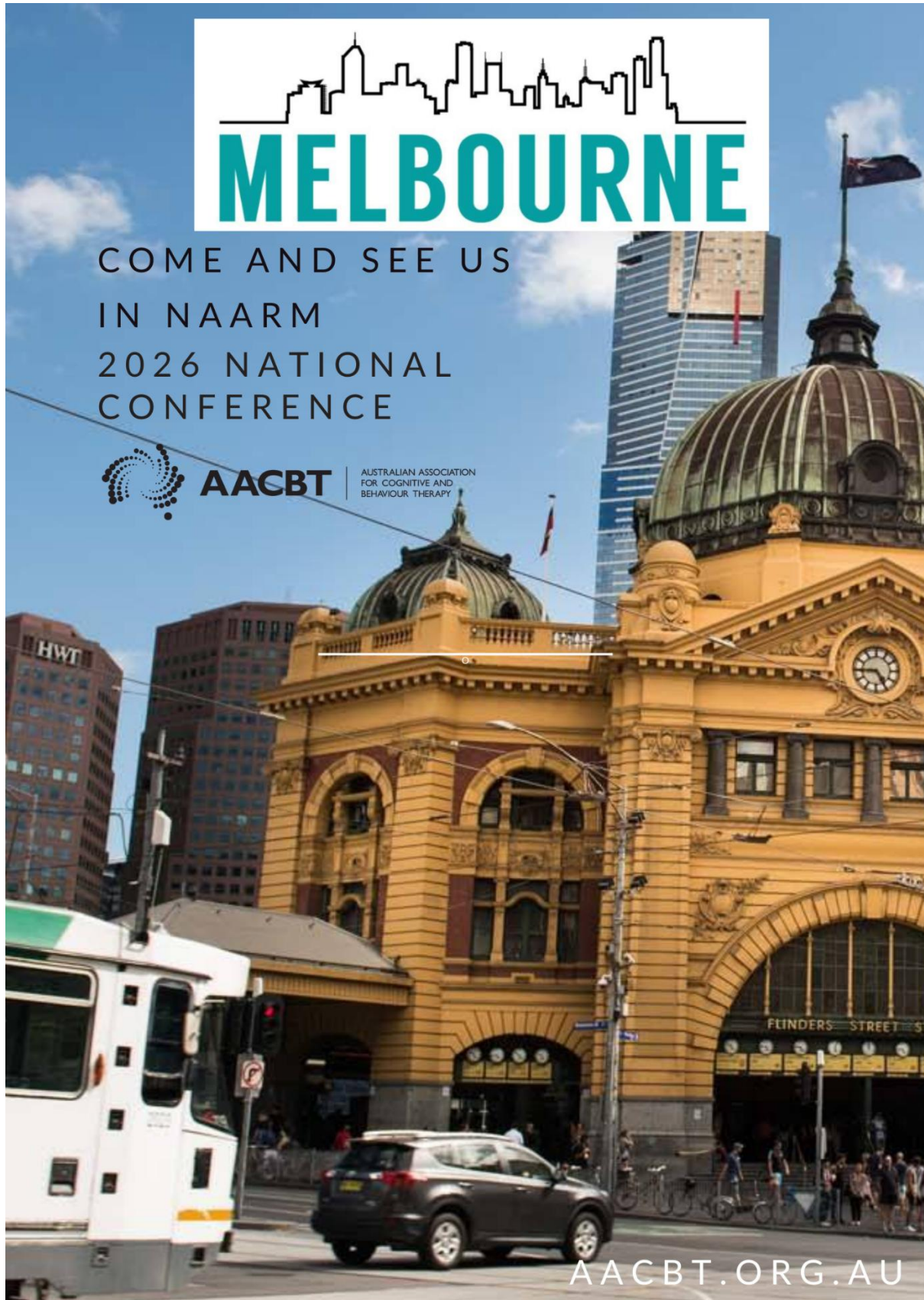
Business Events Perth's bank of in-house expertise and industry knowledge ensures that a meeting, incentive or exhibition planner will have access to current market intelligence, local support and assistance to help bring an event to Western Australia. We know what our great State has to offer and we know what you need to stage a successful event. So, let us help you make your next conference the huge success you want it to be.

Thank you to all of our supporters for our 2025 national conference.




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## Keynote Speaker

Dr Judith S Beck

Beck Institute for Cognitive Behavior Therapy

Keynote address - plenary session (60 min)

*Integrating recovery-oriented techniques into cognitive behaviour therapy*

A promotional banner for Dr Judith S Beck, Keynote Speaker at the AACBT conference. The banner features the AACBT logo (Australian Association for Cognitive and Behaviour Therapy) in the top left. The text 'DR JUDITH S BECK' is prominently displayed in large, bold, black capital letters. Below this, it says 'Keynote Speaker' and 'Live-streamed into venue'. At the bottom left, it mentions 'Recovery-Oriented CBT'. On the right side, there is a circular portrait of Dr Beck, a woman with short brown hair and glasses, wearing a blue blazer. The background of the banner is a mix of beige and dark blue with abstract wave-like patterns.

Dr Beck is President of Beck Institute, whose mission is to improve lives worldwide through excellence and innovation in Cognitive Behavior Therapy and Recovery-Oriented Cognitive Therapy. She is also Clinical Professor of Psychology in Psychiatry at the University of Pennsylvania where she teaches psychiatric residents. She received her doctoral degree from Penn in 1982.

## Keynote Speaker

Professor Pat Dudgeon

The University of Western Australia

Keynote address - plenary session (60 min)

*Indigenous psychology: Aboriginal and Torres Strait Islander social & emotional health & wellbeing*



Professor Pat Dudgeon is a Bardi woman from the Kimberley. Since 2009 she has been a researcher in the School of Indigenous Studies at the University of Western Australia (UWA). Her research is concerned with community engagement, consultation, and responsiveness, and draws upon multi-disciplinary approaches. Her large, national integrated projects map social phenomena and seek to implement transformative methods and practices focused on Indigenous health and wellbeing. Foremost in Professor Dudgeon's list of achievements is the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP), funded by the Australian government. This ground-breaking evaluation clearly identified the key elements for best practice suicide prevention programs and strategies, and the central importance of Indigenous leadership at all levels of delivery.

## Keynote Speaker

Professor Liz Pellicano

University College London

Plenary address (60 min)

*How can we tackle inequalities, exclusions and injustices to promote Autistic flourishing?*



*Image: UNSW*

Liz is a developmental cognitive scientist and educational psychologist, who has long been committed to transforming autism science so that it more accurately reflects everyday autistic life. She is Professor of Autism Research at University College London, having recently been Professor at Macquarie University, Sydney, Australia. Previously, Liz was Professor of Autism Education and Director of the Centre for Research in Autism and Education (CRAE) at UCL Institute of Education. Her most recent research, funded by a Future Fellowship from the Australian Research Council, identifies ways to bridge the gap between lab and life and open up research to greater involvement of Autistic people themselves, with the aim of generating scientific discoveries that bring real benefits to Autistic people and their families.

Professor Pellicano is also presenting a full-day workshop on Saturday “Power shift: transforming clinical service delivery through authentic partnerships with Autistic people”.

## Invited Speaker

Professor Nicole Lee

Hello Sunday Morning; 360Edge; National Drug Research Institute

Plenary address (45 min)

*CBT for substance use*



Nicole is well known across the globe for her expertise in policy and practice translation. Her knowledge and expertise on Australia's methamphetamine problems is second to none. With her unique background in clinical services, academia, teaching, and management, her policy advice is sought after by Australian and international governments, and major organisations like the WHO and the UNODC. Not your typical academic, her surprising but informative presentation style bridges that gap between research to practice to make the complex crystal clear. Nicole is also Adjunct Professor at the National Drug Research Institute Curtin University; member of the Australian National Council on Alcohol and other Drugs; board member of Hello Sunday Morning and The Loop Australia; and Fellow of the Australian Association for Cognitive and Behavioural Therapy.

Professor Lee is also presenting a 1/2-day workshop on Saturday "Working with people with co-occurring mental health issues and alcohol and other drug use".

## Invited Speaker

Associate Professor Yael Perry  
The Kids Research Institute Australia

Plenary address (45 min)

*Supporting the mental health of trans and gender diverse people*



Yael completed her Masters and PhD in Clinical Psychology at the University of New South Wales, and her post-doctoral fellowship at the University of Pennsylvania, under the supervision of Dr Aaron Beck. Yael returned to Australia in 2013 to work at the Black Dog Institute in Sydney, where she conducted research on the prevention and treatment of mental health difficulties in young people. In 2017, she relocated to Perth and joined the Youth Mental Health team at Telethon Kids Institute. Yael's research continues to focus on the prevention of mental health difficulties in young people, with particular emphasis on marginalised populations (such as LGBTQA+ young people) and their families. She also has specialised expertise and interest in the use of digital technology to improve engagement, access and uptake of mental health interventions.



## Invited Speaker

Professor Lauren Breen

Curtin University

Plenary address (45 min)

*Childhood grief*



Lauren is a Professor of Psychology at Curtin University, Perth, Western Australia, where she is also Discipline Lead of psychology and affiliated with the enAble Institute. She was a Board Member for Grief Australia for 9 years and an a Board Member for Lionheart Camp for Kids. In collaboration with Road Trauma Support WA and Sirens of Silence, she developed workshops for emergency services personnel on grief, trauma, and self-care. More recently, Lauren has delivered workshops (with Angela Ryder) on Aboriginal loss and grief in collaboration with Cancer Council WA.

Professor Breen is also presenting a 1/2-day workshop on Saturday “Supporting grieving clients”.

## Invited Speaker – Master Clinician Session

Dr Vance Locke

The University of Western Australia

Master Clinician Session (90 min)

*Functional Neurological Disorder*



*Image: Clinical Insight*

Vance is a clinical psychologist who specializes in pain management, Functional Neurological Disorder (FND), and chronic fatigue in all ages. He also treats anxiety and depression in adults and adolescents. He has worked within the WA health system, with health care providers and with national sporting teams. Vance continues to teach and research in the University sector.

## 2024 National Award Winners

### AACBT Early Career Award

*Dr Ella Oar*



Dr Ella Oar is an early career researcher and clinical psychologist at Macquarie University dedicated to developing and evaluating innovative treatments that improve outcomes and increase accessibility for anxious young people.



## AACBT Distinguished Career Award

*Professor Leanne hides*



Professor Hides is a clinical psychologist with over 25 years of experience working on the interface of alcohol and other drug (AOD) clinical research and practice. Her translational research program co-designs, trials and implements innovative AOD treatments into clinical practice. She has been a chief investigator on over 40 randomised controlled trials (RCTs) on substance use and mental health treatment (23 as lead CI including 11 NHMRC-funded RCTs). She also develops web and mobile-phone based programs (16 RCTs). Most of this research has been conducted with industry partners (e.g., Lives Lived Well, Qld Health).

## AACBT Outstanding Practitioner

*Ms Melissa Burgess*



Ms Melissa Burgess has worked at the Centre for Clinical Interventions (CCI) since 2014, delivering evidence-based CBT interventions to individuals with complex mood and anxiety disorders in an outpatient, public mental health setting. She is experienced in delivering treatment both individually and via group, including but not limited to CBT for depression, social anxiety, worry and rumination, bipolar disorder, panic disorder, and obsessive-compulsive disorder. Individuals presenting to CCI for treatment are often complex and experience multiple co-occurring mental health diagnoses. Melissa is committed to regularly conducting clinically applied research, undertakes research development, participates in and provides supervision, and engages in consultation and training to improve treatment delivery in the public mental health system.

## Workshop (all-day)

Professor Liz Pellicano  
University College London

*Power shift: transforming clinical service delivery through authentic partnerships with Autistic people*



This workshop will focus on how to effectively provide therapy to and collaborate with neurodivergent clients. Participants will develop skills and strategies to enhance clinical practice.

Participatory (or ‘co-production’) approaches are having major effects on research across the globe, in disciplines ranging from agriculture and environmental science to health-related research and research with minority communities. Such approaches challenge conventional research methods and service design, in which research is typically done to, on or for individuals. Instead, participatory approaches aim to work together with individuals with lived experience to drawing on the ‘practical wisdom’ of community members to shape the research process and service design.

In this workshop, Liz will outline the key principles of participatory approaches to research and practice. She will provide examples of her own work that actively involves Autistic community members in projects related to research and clinical practice, including in the design and development of a new Autism Assessment Service in London. She will discuss lessons learned, including of ways to redress longstanding power imbalances in research and clinical practice – and potentially even the clinical encounter itself.

## Workshop (1/2-day)

Professor Nicole Lee

Hello Sunday Morning; 360Edge; National Drug Research Institute

*Working with people with co-occurring mental health issues and alcohol and other drug use*



Life (and therapy) can get messy when people are dealing with both mental health issues and alcohol or other drug use. These co-occurring challenges often show up together, yet the systems we work in - and sometimes the models we use and the way we are trained - aren't always built to handle the overlap. This practical, hands-on workshop is all about helping you feel more confident and equipped to work in that grey area. We'll explore how to use CBT in a flexible, client-centred way to support people navigating both mental health symptoms and substance use—whether they're trying to cut back, quit altogether, or just stay safe. Through real-world examples, clinical tips, and interactive activities, we'll unpack how to work with ambivalence, build motivation and adapt CBT tools like behavioural activation, cognitive strategies, and relapse planning to the complexities of dual presentations. If you've got the CBT basics and want to feel more confident working with co-occurring issues, this workshop is for you. You'll leave with practical tools and a renewed energy for this sometimes complex work.

## Workshop (1/2-day)

Professor Lauren Breen  
Curtin University

### *Supporting grieving clients*



Understanding grief is important background knowledge for clinicians. Grief is normal and natural responses to death and non-death losses. However, grief is also associated with anxiety and depression, as well as sleep disturbances and other important outcomes that affect mental health, well-being, and quality of life. This workshop is designed to will help clinicians understand grief and feel more confident working with clients experiencing loss and grief. Lauren will debunk some myths about grief, differentiate between “normal” grief and Prolonged Grief Disorder, and summarise aspects of evidence-based interventions according to need. She will draw on some of her work with children, young people, and adults.



## Conference Supporter Ads

### Lawson Clinical Psychology

After 16+ years in private practice, we proudly launch Lawson Clinical Research — providing practical support for clinic owners and mental health professionals Australia-wide.

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Founded by Dr Clair Lawson to provide national compliance, governance and professional support.

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## Free, Evidence-Based CBT Programs for Health Professionals

Mental Health Online offers **free access** to structured CBT programs for clients and **health professionals** — including GPs, psychologists, counsellors, and allied mental health workers.

### Online programs available for:

- > **Depression**
- > **Generalised Anxiety**
- > **Panic Disorder**
- > **Social Anxiety**
- > **PTSD**
- > **OCD**
- > **Combined Depression & Anxiety**

### How our programs can enhance your care

Whether you're in private practice or part of a multidisciplinary team, our programs can help you:

- Support clients while on a waitlist or transitioning from care
- Reinforce CBT skills between sessions
- Assign structured homework and psychoeducation
- Deepen your own understanding of CBT tools and strategies

### Flexible and accessible for clients

Clients can use our programs anytime, on any device, with three flexible options:



- 1. Clinician-supported** – integrated into your ongoing care



- 2. eTherapist-supported** – free guidance from our trained team



- 3. Self-guided** – work through the program independently, at your own pace



Create your free healthcare professional account and start exploring





Childhood is made up of many moments.  
Big and little, difficult and magical, challenging  
and extra-special.

Making the most of every parenting moment helps equip children with the life skills they'll need to learn, make healthy decisions, and reach their potential. It also helps build and maintain strong relationships, so families can stay connected. These relationships build open communication and trust, which will be important as they get older and face challenges and changes.

Triple P programs draw on cognitive behavioural theory, and address common parenting concerns associated with social and behavioural child development.

Now, it's easy to get proven, practical, positive Triple P parenting strategies that help parents and carers reduce stress and make the most of every parenting moment, even during stressful times.

There's specialised support available too - for families raising children with disability and for those going through separation or divorce.

And a positive family environment helps give all kids a better chance of success in adult life!

Parents can tackle small problems before they grow, set up good habits early, and help kids express and cope with uncomfortable emotions (like anxiety, sadness, or anger) in healthy ways. The Triple P – Positive Parenting Program doesn't say 'how to be a parent' – it provides more understanding and builds on the skills and knowledge parents already have.



**The Fear-Less program has helped us not only build our children's emotional resilience and given us a better understanding of what anxiety looks like, but also given us some tools that the whole family can use in the long term.**

Jules J.

Triple P is fully Australian – backed by research, proven by parents. It's free, you can start now, and it's all online.



FOR MORE INFORMATION AND PROMOTIONAL SUPPORT: [CONNECT@TRIPLEP.NET](mailto:CONNECT@TRIPLEP.NET)

**Refer parents and carers to this free online program**

Funded by the Australian Government Department of Health and Aged Care



Triple P International acknowledges the Traditional Custodians of the lands on which we live and work. We respectfully acknowledge Elders, past and present who continue to guide us with their wisdom on our journey to support and build strong healthy families.



**Perth  
OCD Clinic**

Evidence-Based Treatment | Professional Training | Innovative Research

# COMPREHENSIVE OCD TRAINING FOR CLINICIANS

The Perth OCD Clinic provides excellence in psychological treatment, professional development training, and research to improve the lives of individuals with OCD in the WA community and across Australia. We are a collective team of independently practicing clinical psychologists dedicated to helping individuals with OCD and their families navigate the challenges of this condition with compassion and evidence-based therapeutic approaches:

<https://perthocdclinic.com.au/>

## EXPOSURE AND RESPONSE PREVENTION (ERP) WORKSHOP

This comprehensive training provides mental health clinicians with practical skills for treating adult clients with OCD using evidence-based ERP techniques. Led by Dr. Gayle Maloney, Perth-based Clinical Director and Associate Clinical Professor at Yale University OCD Research Clinic.

FLEXIBLE TRAINING OPTIONS:

- 1 Pre-recorded Modules Only (7 hours CPD)**
- 12 comprehensive modules covering assessment, diagnosis, clinical features, OCD subtypes, case formulation, personalised OCD models, psycho-education, cognitive interventions, and mindfulness-based strategies
  - In-depth case studies of various OCD subtypes
  - Special webinar by Professor Christopher Pittenger (Yale OCD Research Clinic) on neurobiology and pharmacotherapy
  - Downloadable clinical worksheets and resources
  - Six months of access to all training materials

- 2 Complete Training Package (12 hours CPD)**
- 12 pre-recorded foundation modules (7 hours)
  - PLUS a live online clinical skills workshop (5 hours) with:
    - Small-group practice sessions in breakout rooms
    - Direct supervision and feedback from Dr. Maloney
    - Multiple Q&A opportunities
    - Hands-on application of ERP techniques
    - Limited to 20 participants for personalised attention

## COMING SOON: IMAGERY RESCRIPTING FOR OCD (IMRS-OCD) TREATMENT IN ADULTS WORKSHOP

A comprehensive training on this strategically integrated and sequenced treatment approach that combines Exposure and Response Prevention (ERP) with Imagery Rescripting for treatment-resistant OCD.

- Convenient Asia-Pacific time zones
- Profit-for-purpose model: All workshop proceeds fund our research program
- Designed for immediate clinical application

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## Symposiums

Catherine Brennan

*Strengthening trauma-informed mental health care: from prevalence to practice [2567]*

### Symposium Description:

Trauma-related mental health conditions—such as posttraumatic stress disorder (PTSD), complex PTSD, dissociation, and related comorbidities—are prevalent across clinical and community populations and often lead to complex, long-term impacts. This symposium presents an integrated body of research examining how mental health systems can better respond to the needs of trauma-affected individuals across four key domains: prevalence, access, workforce capacity, and treatment innovation.

Findings highlight the elevated rates of trauma-related disorders in specific populations, including clinical, military, and violence-exposed groups, and demonstrate how systemic and individual barriers often hinder access to appropriate care. Lived experience perspectives reveal gaps in trauma recognition and service responsiveness, while also identifying the potential role of digital mental health interventions (DMHIs) in improving accessibility and engagement.

The symposium also examines the current state of clinician training in trauma-related presentations, particularly dissociation, identifying a lack of standardisation and evaluation in existing resources. Finally, preliminary evidence is presented for a compassion-focused, digitally delivered group intervention, showing promise in addressing trauma-related shame, self-criticism, and comorbid symptoms.

Together, this research underscores the need for comprehensive, trauma-informed care models that are grounded in evidence, informed by lived experience, and scalable across diverse contexts. Implications span clinical practice, training, and policy.

**Chair:** Catherine Brennan, Swinburne University of Technology, Australia

### Paper 1 Abstract

#### Prevalence of complex post-traumatic stress disorder (CPTSD): A systematic review and meta-analysis

##### Authors:

Huynh P A<sup>1</sup>, Kindred R<sup>2</sup>, Perrins K<sup>2</sup>, de Boer K<sup>2</sup>, Miles S<sup>2,3,4</sup>, Bates G<sup>2</sup>, Nedeljkovic M<sup>1</sup>

<sup>1</sup> Centre for Mental Health and Brain Sciences, Swinburne University of Technology, Hawthorn, VIC, <sup>2</sup> Department of Psychological Sciences, Swinburne University of Technology, Hawthorn VIC, <sup>3</sup> Centre for Youth Mental Health, The University of Melbourne, Parkville VIC, <sup>4</sup> Orygen, Parkville VIC

**Speaker:** Phillipa A Huynh

**Introduction/Background:**

Complex post-traumatic stress disorder (CPTSD) is characterised by core PTSD symptoms alongside disturbances in self-organisation. Reported prevalence varies widely across populations, complicated by differences in trauma exposure and gender. This systematic review and meta-analysis assessed CPTSD pooled prevalence across global and specific populations (e.g., military, clinical) and examined potential gender differences.

**Methods:**

We systematically searched five major databases up to 31/01/2025 for peer-reviewed articles reporting CPTSD prevalence using validated ICD-11 assessments. In total 138,681 participants from 165 studies were analysed. Gender-specific analyses were conducted where prevalence was reported by gender.

**Results:**

A random-effects model with the *meta* package in *R* estimated the global pooled prevalence of CPTSD at 6.2% (95% CI: 3.7%-10.3%). Rates varied across specific population groups; highest in clinical (44.3%), domestic violence/sexual abuse survivor (40.0%), and military (36.4%) samples, and lowest in emergency services personnel (7.4%). No gender difference in prevalence was observed.

**Conclusion:**

Findings suggest supports or selection processes in emergency services may lower CPTSD risk. Conversely, extreme trauma, limited support, or cultural factors may explain elevated prevalence in military samples. High CPTSD rates in clinical samples highlight trauma's pervasive impact, underscoring the need for targeted treatment addressing both CPTSD and comorbidities (e.g., mood, anxiety disorders). The lack of gender differences contrasts with typically higher PTSD rates in women. Limitations include inconsistent trauma definitions and lack of clinician-administered instruments. Findings highlight the need for research on CPTSD prevalence and gender differences to enhance diagnosis and treatment.

**Clinical practice relevance:**

- Emphasises the need for CPTSD-specific screening in routine clinical assessments, particularly for high-risk groups.
- Supports development of targeted interventions for individuals exposed to multiple or prolonged traumas.
- Informs service planning by identifying populations more likely to experience CPTSD, aiding resource allocation and clinical decision-making.

**Disclosure of Interest Statement:**

Ms Huynh is supported by Australian Rotary Health/Rotary Club of Victor Harbor PhD Scholarship. Mr Kindred is supported by an Australian Government Research Training Program Stipend.

**Short biography of presenter:**

Ms Huynh is a provisional psychologist and PhD candidate (Clinical Psychology) at Swinburne University, Melbourne, researching CPTSD in Australian men. She is



currently completing clinical placements, teaching psychology, and working as a research assistant with Mental Health Online, which provides digital mental health support.

## **Paper 2 Abstract**

### **Accessing Treatment for Complex PTSD and the Potential Role of Digital Mental Health Interventions: Insights from Individuals with Lived Experience**

Blackie M<sup>1</sup>, Bates G<sup>1</sup>, Nedeljkovic M<sup>1</sup>

<sup>1</sup> Swinburne University of Technology, Melbourne, VIC

**Speaker:** Meg Blackie

#### **Introduction/Background:**

Complex Post-Traumatic Stress Disorder (cPTSD) has significant impacts on the functioning of individuals who have experienced chronic, interpersonal trauma. The ICD-11's recent inclusion of cPTSD as a formal diagnosis has prompted research to investigate, tailor, and refine interventions which meet the specific treatment needs of this population. This research aimed to better understand the experience of individuals with lived experience of complex-trauma in accessing treatment, and to determine how this process could be facilitated using digital mental health interventions (DMHIs).

#### **Methods:**

Semi-structured interviews were conducted with 14 women with a history of complex-trauma, assessed for using the International Trauma Questionnaire delivered via an online survey (which received 125 responses). The interview data were analysed using Reflexive Thematic Analysis.

#### **Results:**

An overarching theme identified the challenges in accessing proficient information and interventions encountered by those seeking support following exposure to complex-trauma; due both to a lack of awareness of the impact of their trauma, as well as the commonness of encountering health care practitioners with insufficient trauma-informed training. Additional themes then identify considerations and clinical recommendations for tailoring DMHIs to improve access to treatment for cPTSD, including: how DMHIs could deliver components of therapy considered helpful; where they might fit within the therapeutic journey; the level of support desired; relevant ethical and safety factors, and barriers/facilitators to engagement.

#### **Conclusion:**

Improving access to cPTSD treatment is an important research topic for public health. This research highlights access barriers and identifies how DMHIs might facilitate the provision of treatment.

**Clinical practice relevance:**

- Attention is drawn to the access barriers encountered by individuals who have experienced complex-trauma, and suggestions for how these might be addressed are offered – both in-person and via DMHIs.
- Recommendations are provided to support the tailoring of DMHIs for the treatment of cPTSD specifically.

**Disclosure of Interest Statement:**

An Australian Government Research Training Program Stipend supports Meg Blackie.

**Short biography of presenter:**

Meg is a PhD candidate and provisional psychologist, with research and clinical interest in the treatment of trauma, OCD, and anxiety related disorders. She has presented at two international conference and authored eight papers, two published and six currently under peer-review.

**Paper 3 Abstract****The state of training on dissociation for mental health professionals: A synthesis of grey and peer-reviewed literature reviews.**

**Authors:** Hamer R<sup>1</sup>, Nedeljkovic M<sup>1</sup>, Kindred R<sup>1</sup>, Mackelprang J L<sup>1</sup>

<sup>1</sup> Swinburne University of Technology, Hawthorn, VIC

**Speaker:** Ruby Hamer

**Introduction/Background:**

Dissociation has been linked to trauma exposure and has been associated with more severe symptoms in a range of mental health disorders, including posttraumatic stress disorder and complex posttraumatic stress disorder. Although there is a well-documented need for improved training among mental health professionals, the effectiveness of current dissociation training has not been systematically examined. This presentation discusses outcomes from two reviews that aimed to address this gap in the literature.

**Methods:**

Study 1 applied Kirkpatrick's Model to peer-reviewed dissociation training studies identified via PubMed, PsycINFO, Web of Science, and Scopus and published in the last five years. Study 2 utilised a modified grey literature review methodology which involved web scraping and targeted searches to identify and characterise available training programs.

**Results:**

Four peer-reviewed studies evaluating dissociation training were identified with programs varying in duration, type, and format. Evaluations focused primarily on clinicians' perceptions to the training program and changes in knowledge, skills and

attitudes (Kilpatrick's Levels 1 and 2), with no studies evaluating translation in practice or client outcomes (levels 3 and 4). Grey literature identified 156 training resources, mostly online webinars, varying in content, cost, duration and target audience.

### **Conclusion:**

Collectively, these reviews demonstrate that while many training resources on dissociation exist, few have been rigorously evaluated. The absence of established clinical competencies—except for dissociative identity disorder—complicates training quality assessment. There is an urgent need to define core competencies and ensure that training programs are comprehensively evaluated to improve mental health care for clients who dissociate.

### **Clinical practice relevance:**

- Numerous dissociation training resources exist but few are evaluated.
- Evidence-based dissociation training is needed in both professional development contexts and in mental health training.
- Core competencies for treating dissociative disorders are needed.

### **Disclosure of Interest Statement:**

An Australian Government Research Training Program Stipend supports Ruby Hamer and Reuben Kindred.

### **Short biography of presenter:**

Ms. Hamer is in her third year of a Doctor of Philosophy (Clinical Psychology) at Swinburne University of Technology in Melbourne, Australia. Her research interests include complex trauma and dissociation topics. Her doctoral research endeavours to determine what knowledge gaps exist among mental health professionals regarding dissociation and how these can be addressed.

## **Paper 4 Abstract**

### **A Pilot Feasibility and Acceptability Study of Compassion-Focused Group Therapy Delivered Online for Individuals with Concurrent Eating Disorders and PTSD Symptoms.**

#### **Authors:**

Gnatt I<sup>1,2</sup>, Phillipou A<sup>3,4,5,6</sup>, Mackelprang J. L<sup>1</sup>, Nedeljkovic M<sup>1,2</sup>

<sup>1</sup> Department of Psychological Sciences, School of Health Sciences, Swinburne University of Technology, Melbourne, VIC, Australia, <sup>2</sup> Centre for Mental Health and Brain Sciences, School of Health Sciences, Swinburne University of Technology, Melbourne, VIC, Australia, <sup>3</sup> Orygen, Melbourne, VIC, Australia, <sup>4</sup> Centre for Youth Mental Health, The University of Melbourne, Melbourne, VIC, Australia, <sup>5</sup> Department of Mental Health, St Vincent's Hospital, Melbourne, VIC, Australia, <sup>6</sup> Department of Mental Health, Austin Health, Melbourne, VIC, Australia

**Speaker:** Inge Gnatt

**Introduction/Background:**

Posttraumatic stress disorder (PTSD) is common among individuals with eating disorders (EDs), and co-occurrence of these conditions is associated with greater severity and poorer outcomes. Compassion-focused therapy (CFT) targets shame, self-criticism, and fear of compassion, transdiagnostic processes that contribute to both ED and PTSD symptoms. This study evaluated the feasibility and preliminary effectiveness of a CFT group program for individuals experiencing concurrent ED and PTSD symptoms.

**Methods:**

Twenty-five adults with diagnosed EDs and clinically significant PTSD symptoms participated in a 10-week online CFT group. Measures of ED symptoms (EDE-Q), PTSD symptoms (PCL-5), self-compassion, shame, and fears of compassion were collected at baseline, post-treatment, and 3-month follow-up. Paired-sample t-tests assessed changes over time.

**Results:**

Significant improvements were observed from baseline to post-treatment in ED symptoms ( $p < .01$ ), PTSD symptoms ( $p < .01$ ), self-compassion ( $p < .01$ ), and fears of compassion ( $p < .05$ ). Improvements were largely maintained at 3-month follow-up. The program was well tolerated, with high retention and positive feedback.

**Conclusion:**

CFT shows promise as an acceptable and effective intervention for individuals with co-occurring ED and PTSD symptoms. Addressing shame and fears of compassion may be a key mechanism for change across these presentations.

**Clinical practice relevance:**

- Demonstrates potential for compassion-focused therapy to reduce both PTSD and eating disorder symptoms among individuals experiencing this comorbidity.
- Suggests that this group intervention may be a practical, scalable model that can be safely delivered online.
- Supports the need for further research on incorporating compassion-based approaches into existing eating disorder and trauma-focused treatments,

**Disclosure of Interest Statement:**

An Australian Government Research Training Program Stipend supports Inge Gnatt.

**Short biography of presenter:**

Inge Gnatt is a psychologist, lecturer and researcher based at Swinburne University of Technology. She developed and evaluated the intervention presented here as part of her PhD at Swinburne University of Technology.

Jessamine Chen

*Expanding the boundaries of cognitive behavioural therapy: innovations in treatment for diverse contexts and diverse populations [2562]*

### **Symposium Description:**

This symposium will present innovations in cognitive and behavioural therapy (CBT) that centre inclusivity, accessibility, and cultural responsiveness. This symposium will first report the findings from a pilot study examining the feasibility and effectiveness of an internet-delivered CBT program (*Cool Kids Online*) delivered through a partnership in which schools identified children and outsourced internet-delivered CBT to a university clinic for off-site, minimal therapist support. The second study will present an investigation of factors previously found to moderate stress during the final year of school, as well as the role of socially prescribed perfectionism. The third study will explore the complex relationship between hoarding and aggression in adults using self-report questionnaires and lab tasks. Finally, the fourth study will report the feasibility and acceptability of the Chinese adaptation of an evidence-based English-language CBT program (*Ageing Wisely*) that treats late-life anxiety and depression. The aim of this symposium is to increase our knowledge of the nuanced needs for diverse populations and diverse contexts. Attendees are encouraged to consider how CBT can be reimaged through collaborative, context-sensitive frameworks while maintaining the integrity of its evidence-based foundation.

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

**Scientific Discussant:** Prof Allison Waters, Griffith University

### **Paper 1 Abstract**

**Internet-delivered cognitive behavioural therapy in schools: A pilot study investigating the feasibility and effectiveness of delivering an online school-based treatment program for childhood anxiety**

#### **Authors:**

McLellan LF<sup>1</sup>, Dickson SJ<sup>1</sup>, Rapee RM<sup>1</sup>

<sup>1</sup> Lifespan Health and Wellbeing Research Centre, Macquarie University, Sydney, NSW

**Speaker:** Sophie Dickson

#### **Introduction/Background:**

The high prevalence of anxiety in children often surpasses the capacity of available clinicians. There is a need to improve how empirically validated anxiety treatments reach children in need. Internet-delivered cognitive behavioural therapy (iCBT) offers a potentially scalable solution. This pilot study examined the feasibility and effectiveness of an iCBT program (*Cool Kids Online*) delivered through a partnership in which schools identified children and outsourced iCBT to a university clinic for off-site, minimal therapist support.

**Methods:**

Data from 1,036 children (aged 6-17 years) referred by school counsellors under a state government-funded initiative were analysed. Participants completed a baseline assessment before enrolling in a 10-week iCBT program comprising eight online lessons and up to four therapist support calls. Outcomes were measured pre- and post-treatment using the Spence Children's Anxiety Scale, Short Mood and Feelings Questionnaire, Child Anxiety and Depression Life Interference Scale, and school functioning items.

**Results:**

Pre-post comparisons based on parent-report measures indicated large effect sizes for anxiety ( $d = 1.0$ ), depressive symptoms ( $d = 0.88$ ), and life interference ( $d = 0.99$ ). School functioning improved with moderate effects on grades ( $d = 0.46$ ), test-taking ( $d = 0.54$ ), class participation ( $d = 0.47$ ), and peer relationships ( $d = 0.57$ ). Participants completed an average of seven lessons and received four support calls. Parent feedback showed 100% support for continued government funding.

**Conclusion:**

Findings suggest that online, school-based CBT is feasible and effective for reducing childhood anxiety and improving functioning, supporting large-scale implementation of iCBT by governments in partnership with schools.

**Clinical practice relevance:** The prevalence of childhood anxiety exceeds clinical capacity.

- A partnership model, where schools identify students and outsource iCBT delivery to a university clinic addresses limited on-site capacity.
- Treatment success for childhood anxiety requires not only symptom reduction, but also improved functioning across key domains.

**Disclosure of Interest Statement:**

The authors have no conflicts of interest to disclose.

**Short biography of presenter:**

Sophie Dickson is a PhD candidate in the Lifespan Health and Wellbeing Research Centre at Macquarie University. Her research focuses on increasing access to empirically validated treatments for children who need them but often miss out.

**Paper 2 Abstract****Academic stress across the final year of secondary school: An investigation of moderating factors including socially prescribed perfectionism****Authors:**

Belcher J<sup>1</sup>, Burns E<sup>1</sup>, Wuthrich VM<sup>1</sup>

<sup>1</sup> Lifespan Health and Wellbeing Research Centre, Macquarie University, Sydney, NSW



**Speaker:** Jessica Belcher

### **Introduction/Background:**

Research suggests up to 30% of Australian students experience severe stress and anxiety during their final year of school. Understanding factors that cause and maintain distress is important for preventative strategies and development of effective interventions. The current study extends past research by investigating factors previously found to moderate stress during the final year of school, and additionally, investigate the role of socially prescribed perfectionism.

### **Methods:**

Final year high school students from 12 schools across the Greater Sydney Metropolitan Area completed 1090 surveys across four time points. At each time point, students completed demographic information as well as measures of stress, anxiety, self-efficacy, peer connectedness, and socially prescribed perfectionism.

### **Results:**

Latent change score modelling indicated student stress significantly increased between Time 2 and Time 4 ( $S = 8.334$ ,  $p = .001$ ), levelling off toward the end of the year ( $\beta x = -.910$ ,  $p = .002$ ). Students who started the year more stressed tended to have steeper increases in stress ( $r = .855$ ,  $p < .001$ ). Students that identified as female, reported higher anxiety and socially prescribed perfectionism, and lower emotional self-efficacy experienced higher stress at Time 1. Only Time 1 anxiety significantly predicted rate of change in stress throughout the final year of school.

### **Conclusion:**

Our results contribute to understanding maintaining factors of stress across the final year of school. Psychological interventions that vulnerable target students with pre-existing anxiety and which focus on emotional self-efficacy and socially prescribed perfectionism have the potential to improve emotional health and academic performance across this period.

### **Clinical practice relevance:**

- Interventions aiming to reduce academic stress among high school students should include strategies to improve emotional self-efficacy and socially prescribed perfectionism.
- Academic stress interventions will be beneficial for vulnerable students displaying heightened stress and anxiety early in the year.
- The Study Without Stress program is available ([ehc.products@mq.edu.au](mailto:ehc.products@mq.edu.au)).

### **Disclosure of Interest Statement:**

Professor Viviana Wuthrich is supported by a Medical Research Future Fund Emerging Leadership 2 Fellowship and Dr Emma Burns is supported by an ARC Discovery Early Career Research Award (DECRA).

Authors have no conflict of interest to disclose.

**Short biography of presenter:**

Dr Jessica Belcher is a post-doctoral research fellow at the Lifespan Health and Research centre and a Clinical Psychology Registrar. Her research interests include understanding the causal and maintenance factors of psychological disorders, particularly anxiety and depressive disorders, and improving the effectiveness of psychological interventions for youth.

**Paper 3 Abstract****Acceptability and feasibility of the Chinese adaptation of the Ageing Wisely program****Authors:**

Chen JTH<sup>1</sup>, Johnco CJ<sup>1</sup>, Chik A<sup>1,2</sup>, Orlando M<sup>1,3</sup>, Wuthrich VM<sup>1</sup>

<sup>1</sup> Lifespan Health and Wellbeing Research Centre, Macquarie University, Sydney, Australia

<sup>2</sup> Macquarie University Centre for Reading, Macquarie University, Sydney, Australia

<sup>3</sup> Department of Linguistics, Faculty of Medicine, Health and Human Sciences Macquarie University, Sydney, Australia

**Speaker:** Jessamine Chen

**Introduction/Background:**

Over 60% of older Australians who speak Mandarin Chinese or Cantonese at home do not speak English well or at all. Limited English language proficiency can alienate these older adults from accessing the mental health services they need. Evidence-based psychological interventions targeting anxiety and depression in older adults are currently unavailable in Chinese languages. This pilot study investigated the feasibility and acceptability of the Chinese adaptation of *Ageing Wisely*, an evidence-based English-language CBT program that treats late-life anxiety and depression.

**Methods:**

Eight Chinese-speaking community-dwelling older adults with a primary diagnosis of depressive or anxiety disorder will receive the Chinese-adaptation of the twelve-week *Ageing Wisely* program. Participants will complete demographic, self-report symptom measures at pre-treatment and posttreatment. Participants will also provide feedback on the acceptability of the adapted program.

**Results:**

Results will be presented in relation to the acceptability and feasibility of the adapted treatment and initial changes in symptom severity. Plans for further evaluation will also be discussed.

**Conclusion:**

Developing a linguistically appropriate and culturally responsive adaptation of the English-language *Ageing Wisely* program in consultation with end-users is a potential method to enhance the inclusiveness of CBT. This approach also has the potential to increase the uptake of evidence-based treatment needed for reducing anxiety and depression in older adults with limited English language proficiency.

**Clinical practice relevance:**

- A linguistically translation of evidence-based English-language CBT needs to be complemented by responsive cultural adaptation.
- Culturally responsive treatment adaptation has the potential to mitigate the impact of differences in cultural expectations on anxiety and depression in older adults with limited English proficiency, especially in an immigration context.

**Disclosure of Interest Statement:**

This paper was funded by the Lifespan Health and Wellbeing Research Centre Innovation Grant awarded to Jessamine Chen.

The authors have no conflicts of interest to disclose.

**Short biography of presenter:**

Jessamine Chen is an Early Career Researcher and a bilingual (Mandarin-English) Senior Clinical Psychologist in the Lifespan Health & Wellbeing Research Centre, Macquarie University. Her research is focused on improving outcomes of psychological interventions for late-life depression and anxiety and improving social connectedness in later life.

## Genevieve Dingle

*Social prescribing as an adjunct to CBT [2554]*

### Symposium Description:

Social prescribing involves linking patients with community-based activities to address mental health and wellbeing needs. The implementation of social prescribing has increased globally but its integration with psychological practice requires further consideration. This symposium examines the potential of combining social prescribing with cognitive behaviour therapy (CBT) to maximize treatment outcomes across diverse populations. The symposium will explore current evidence, theoretical frameworks, practical applications, and future directions for integrating social prescribing within psychological practice. The first paper provides an overview of social prescribing, what it is, how it helps clients, and the potential contributions to and from psychology. The second paper examines a treatment package combining CBT principles with vocational and community rehabilitation for individuals with acquired brain injury, which demonstrating how structured activity programs can complement psychological interventions. The third paper explores Men's Sheds as a social prescribing option; this paper will present findings on physical activity and wellbeing outcomes among participants. The final paper presents a systematic review of nature-based social prescribing for veterans and first responders with PTSD. Collectively, these papers highlight the potential for psychologists to incorporate social prescribing into treatment planning, the need for robust theoretical frameworks spanning both therapeutic approaches, and evidence-based strategies for implementation in various clinical contexts.

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

**Scientific Discussant:** John Baranoff, The University of Adelaide

### Paper 1 Abstract

**Social Prescribing: What is it, does it work, and what role can psychologists play?**

**Author:** Dingle GA<sup>1</sup>

<sup>1</sup>The University of Queensland, Brisbane, QLD

**Speaker:** Genevieve Dingle

### Introduction/Background:

This paper sets the scene for the symposium by describing what social prescribing is, how it differs from other approaches in health, and evidence of its effectiveness. I then present recommendations from a 2025 social prescribing implementation study that focuses on four key areas: theory, measurement, resourcing and equity, and discovery (big questions on the research agenda). I will highlight the potential role and contributions of psychology and CBT within this broad agenda.

**Methods:**

Early-, mid- and senior-career social prescribing researchers and practitioners (N = 29) from the UK (London, Plymouth, Nottingham, Edinburgh, Belfast) and panel leaders from the Australian peak body ASPIRE (Brisbane, Gold Coast, Lismore, Sydney, Melbourne) contributed their perspectives on social prescribing implementation.

**Results:**

Eight recommendations made in the paper. I will draw attention to recommendations 1, 2, 3, 7 and 8, where psychology can make a valuable contribution: (1) multilevel or systems theory frameworks should inform programme design and implementation; (2) methods should be developed in collaboration with participants and service providers; (3) a core set of outcome measures should be developed and complemented by framework-specific measures; (7) more research is needed on the barriers and enablers of engagement in social prescribing in marginalised populations; and (8) future research should focus on link workers' and community workers' experiences of social prescribing.

**Conclusion:**

Psychologists can make a strong contribution to social prescribing and can also benefit much from incorporating social prescribing pathways in our work. This will expand our scope of practice beyond the individual level (e.g. cognitive and behavioural) factors, to include social and community linkage to better meet the needs of clients and communities.

**Disclosure of Interest Statement:**

The perspectives study was supported by a travel grant to the author from the Australian Social Prescribing Institute for Research and Education (ASPIRE).

**Short biography of presenter:**

Genevieve is a Professor of Clinical Psychology at the University of QLD where she teaches courses in Psychopathology and in Cognitive Behaviour Therapies for Adults. Genevieve's research focuses on how groups and communities can influence mental health and social connectedness.

**Paper 2 Abstract**

### **Structured Pathways to Engagement: Integrating the Progressive Goal Attainment Program with Community Connection Services Following Acquired Brain Injury**

**Authors:** Baranoff J, Alderson K, Hill C, Baker N, & Due C.

**Speaker:** John Baranoff

**Introduction/Background**

Individuals with Acquired Brain Injury (ABI) experience specific challenges in returning to community activities due to physical, cognitive, and emotional factors. This pilot study examined the feasibility, acceptability, and perceived effectiveness of

a treatment package combining the Progressive Goal Attainment Program (PGAP) with a community engagement approach for individuals with ABI. PGAP is a 10-session cognitive behavioural intervention designed to reduce psychosocial risk factors and was integrated with a vocational and community rehabilitation intervention that was offered for up to an additional 6 sessions over a total of 22 weeks.

### **Methods:**

Participants from the Lifetime Support Authority (LSA) scheme in South Australia who had sustained an ABI in a motor vehicle accident were recruited. A mixed-methods approach was used. Seven participants completed measures and interviews; four completed the treatment package. Clinicians also completed work readiness scales for each participant.

### **Results:**

Participants reported challenges including cognitive deficits, anxiety, fatigue, and social interaction difficulties that affected engagement in community-based activities. Qualitative analysis identified three themes aligned with Self-Determination Theory: "This is me now" (competence), "Regaining control" (autonomy), and "Connections" (relatedness). The treatment package was generally rated as acceptable; participants noted improvements in daily structure, goal clarity, and work and community engagement readiness.

### **Conclusions:**

This study provides preliminary support for combining PGAP with vocational and community-based rehabilitation for individuals with ABI. This approach aligns with social prescribing and the findings show promise that the package is perceived as both acceptable and effective in helping participants return to work or community-based activities.

### **Disclosure of Interest Statement:**

This study was funded by the Lifetime Support Authority of South Australia.

### **Short biography of presenter:**

Dr John Baranoff is a Senior Lecturer at the University of Adelaide with clinical and research expertise in the use of cognitive behaviour therapy in rehabilitation following injury.

### **Paper 3 Abstract**

#### **The Impacts of Engagement in Men's Sheds on Incidental Physical Activity and Wellbeing Outcomes**

**Authors:** Guerrini B<sup>1</sup>, Clarke JJ<sup>1,2</sup>, Smith BJ<sup>1,2</sup>, McVeigh JA<sup>3,4</sup>, Holmes K<sup>5</sup>, Wild J<sup>6</sup>, Talbot R<sup>6</sup>, Ashley J<sup>6</sup>, & McEvoy PM<sup>1,2,7</sup>.

<sup>1</sup>School of Population Health, Curtin University, Perth, Western Australia, Australia

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<sup>5</sup> School of Management and Marketing, Curtin University, Perth, Western Australia, Australia

<sup>6</sup> Men's Sheds of Western Australia, Perth, Western Australia, Australia

<sup>7</sup> Centre for Clinical Interventions, North Metropolitan Health Service, Perth, Western Australia, Australia

**Speaker:** Briana Guerrini

### **Introduction/ Background:**

As a large proportion of older adults are insufficiently active, it is imperative to identify ways to increase incidental physical activity. Men's Sheds, a mutual-aid, community-based organisation appear to be a promising approach for optimising wellbeing outcomes. This study examined levels of physical activity, and the relationships between physical activity, health-related quality of life (HRQOL), and wellbeing in Men's Shed members.

### **Methods:**

Participants ( $N = 45$ ) wore a hip accelerometer (Actigraph GTX-9) for 11 days. The majority ( $n = 30$ ,  $\text{Mage} = 72.3 \pm 9.4$ ) also consented to complete an online questionnaire investigating HRQOL and wellbeing.

### **Results:**

Linear mixed models revealed members, on average, spent an additional 34 min in light physical activity, had an extra six breaks in sedentary behaviour, and took an extra 1193 steps on days they attended Men's Sheds, though, these effects were small. Physical activity was not significantly associated with HRQOL and wellbeing.

### **Conclusions:**

Men's Sheds appear to be a valuable approach for increasing light intensity physical activity, breaks in sedentary behaviours, and step count in older adults. However, additional Men's Shed activities specifically targeting increased movement may be required to realise greater impacts on health-related quality of life and wellbeing.

### **Disclosure of Interest Statement:**

This study was funded by Lotterywest. While three co-authors are employed by Men's Sheds of WA and contributed to the manuscript drafts, they did not have access to the raw data and did not conduct the analyses.

### **Short biography of presenter:**

Briana Guerrini is an early career researcher with an emerging research profile in men's mental health research. She graduated with a Master of Research in Psychology and worked as a Research Assistant at Curtin University. Briana currently works for The Kids Research Institute Australia (formerly Telethon Kids Institute).

## Paper 4 Abstract

### Turning Over a New Leaf: A Systematic Review of Nature-Based Social Prescriptions for Enhancing Psychological Wellbeing in Military and Emergency Personnel with Trauma Histories

**Authors:** Leech J., Molan L., & Dingle G.

**Speaker:** Jeff Leech

#### **Introduction/ Background:**

Trauma related to service in the military and emergency services is exceptionally high. Nature-based social prescriptions provide an alternative to standard therapy approaches, such as CBT, which may not meet the complex needs of military and emergency personnel with trauma experiences. This systematic review evaluates the evidence about nature based social prescribing for this population.

#### **Methods:**

Studies published up to June 2024 in nine databases were identified using search terms related to military and emergency responders, stress disorders, and nature-based interventions. Interventions not specifically utilising nature were excluded as they have been reviewed elsewhere.

#### **Results:**

Twelve studies met inclusion criteria and were evaluated: two randomised trials, two non-randomised trials, and eight pre-post evaluations. Programs ranged in 'dose' from 16 to 205 hours ( $M = 72.58$  hours) across 2 to 30 days ( $M = 7.70$  days). They produced effect sizes for PTSD symptoms in the medium to large range (Hedges'  $g = 0.49$  to  $2.70$ ,  $M = 1.10$ ), depression in the medium to large range (Hedges'  $g = 0.38$  to  $2.75$ ,  $M = 0.87$ ), anxiety in the medium to large range (Hedges'  $g = 0.56$  to  $3.42$ ,  $M = 1.16$ ), and stress in the medium to large range (Hedges'  $g = 0.46$  to  $1.57$ ,  $M = 0.93$ ). Risks of bias were found, meaning the findings should be interpreted with care.

#### **Conclusions:**

These findings indicate that nature-based social prescriptions are promising adjunctive or stand-alone treatments to reduce treatment hesitancy, improve access, and manage trauma-related symptoms in military and emergency responder populations.

#### **Disclosure of Interest Statement:**

There was no external funding for this study and the authors have no conflicts of interest to declare.

#### **Short biography of presenter:**

Jeff Leech holds a Masters of Clinical Psychology from the University of Queensland with research interests in nature-based interventions and PTSD treatment among high-risk occupational groups.

Carolina Gonzalez

*Being a parent of young children: the relevance of exploring parents' individual and interpersonal factors in early and middle childhood [2573]*

### **Symposium Description:**

Parents are particularly important in their children's early stages of development, as they influence their self-concept and self-esteem, and the development of life skills. The aim of this symposium is to showcase the evidence to date of individual and interpersonal factors that influence the parents' role of raising their children from birth towards middle childhood age. The first presentation will present the results of a scoping review conducted by an international group of researchers exploring the current literature of parental cognitions of parents within the first five years of their children's lives. Considering the effect of cognitions on parents' subsequent behaviours, and the first five years as a critical period for later development, this presentation will provide a summary of the evidence to date and suggestions for future research to support parents of young children. The second presentation will focus on coercive parenting as it is a risk factor for children's development and wellbeing in the short and long term. This presentation will present on individual and interpersonal variables influencing parents' use of coercive parenting, having implications for interventions preventing the use of coercive parenting and other ineffective discipline strategies. The final presentation will cover the current evidence of parents' pro-environmental attitudes and behaviours when raising their children. This presentation will highlight areas of development for future research and parental support. A discussant with expertise in child and adolescent mental health and parenting support will promote the discussion of the results and implications for research and clinical practice.

**Chair:** Carolina Gonzalez, University of Southern Queensland and The University of Queensland

**Practitioner Discussant:** David Hawes, The University of Sydney

### **Paper 1 Abstract**

#### **Conceptualizing parental cognitions in early childhood: A scoping review**

#### **Authors:**

Morawska A<sup>1,2</sup>, Gonzalez C<sup>1,3</sup>, Fresno A<sup>4</sup>, Spencer R<sup>4</sup>, Gonzalez Arenas G<sup>4</sup>, Narea, M<sup>5</sup>, Portilla-Saavedra<sup>6</sup>, D, Farrelly C<sup>1</sup>

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<sup>6</sup>Universidad Santo Tomás, Antofagasta, Región de Antofagasta, Chile

**Speaker:** Alina Morawska

### **Introduction/Background:**

Parents' cognitions impact their behaviour and wellbeing, and ultimately child outcomes. However, currently there is a diversity of definitions, theoretical approaches and siloed work which makes it difficult to understand the role of parent cognitions. The objective of the review was to map the available literature on parental cognitions regarding parenting and parenthood, to provide an overview of the literature on parent self-perceptions in the general population of parents of children under 5 years of age.

### **Methods:**

Searches were conducted in APA PsycINFO, PubMed, SciELO, Sociological Abstracts, and Web of Science, including articles published from 2000 in English, Spanish, and French and pre-registered via OSF (<https://doi.org/10.17605/OSF.IO/5R3G7>).

### **Results:**

The review included 168 studies and identified several main themes in the literature. Firstly, there was a strong focus on self-efficacy in the literature, with far fewer studies examining other cognitions such as those related to parenting identity, parent attributions, parent satisfaction and other cognitions. Secondly, most studies were correlational and in the context of self-efficacy many studies were measure validations. Thirdly, there was generally limited exploration of how cognitions develop and evolve.

### **Conclusion:**

This review demonstrates a significant focus on self-efficacy in the literature and limited examination of additional parent cognitions. In terms of the self-efficacy literature there was little evidence of theoretical evolution beyond initial formulations of the construct. There is a need for more theoretical development, longitudinal studies, and exploration of how cognitions develop and shape parenting.

### **Clinical practice relevance:**

- Parenting cognitions affect parenting practices and thus contribute to shaping child behaviour and wellbeing.
- Parent self-efficacy is an important component of parenting and is modifiable.
- Parenting interventions that flexibility take into account parent cognitions are an important component of parenting and family supports.

### **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 UQ, to publish and disseminate Triple P worldwide. The authors of this report have no share or ownership of TPI. Morawska receives

royalties from TPI. TPI had no involvement in the study design, collection, analysis or interpretation of data, or writing of this report. Authors Morawska and Farrelly are employees at UQ.

### **Short biography of presenter:**

Professor Alina Morawska is the director of the Parenting and Family Support Centre at UQ. She is passionate about creating a world where children develop the skills, competencies and confidence to adapt and thrive in an ever-changing world. Her research focuses on the central role of parents in influencing all aspects of children's development and developing parenting interventions to prevent lifelong health and well-being.

### **Paper 2 Abstract**

#### **A developmental-ecological analysis of the role of interparental conflict, parental psychological distress, and family structure in coercive parenting**

#### **Authors:**

Keinert J<sup>1</sup>, Gonzalez C<sup>1,2</sup>

<sup>1</sup> University of Southern Queensland, Springfield and Ipswich, QLD

<sup>2</sup> The University of Queensland, St Lucia, QLD

#### **Speaker:**

Janaye Keinert

#### **Introduction/Background:**

The quality of parenting that a child receives has the highest impact on a child's development. Based on Belky's developmental-ecological theory, this study examined the role of interparental conflict, parental psychological distress, and family structure as predictors of coercive parenting.

#### **Methods:**

Participants were 6,123 parents who completed the International Parenting Survey, including 5,787 parents from an original family (both biological or adoptive parents) and 336 from a stepfamily (at least one of the parents was a stepparent). Statistical analysis included group comparisons and regression analyses to identify potential predictors of coercive parenting.

#### **Results:**

Preliminary results indicated that original families did not differ significantly from stepfamilies in relation to interparental conflict,  $t(5996) = 1.12$ ,  $p = .308$ , and coercive parenting,  $t(6121) = 0.50$ ,  $p = .308$ , but in their levels of parental psychological distress,  $t(6121) = -2.23$ ,  $p = .013$ . Regression analyses for original families showed that interpersonal conflict ( $\beta = 0.17$ ,  $p \leq .001$ ) and parental psychological distress ( $\beta = 0.09$ ,  $p \leq .001$ ) predicted parents' use of coercive parenting,  $R^2 = .12$ ,  $F(2, 5711) = 385.35$ ,  $p \leq .001$ . Interpersonal conflict ( $\beta = 0.30$ ,  $p \leq .001$ ) and parental psychological distress ( $\beta = 0.07$ ,  $p \leq .001$ ) also predicted coercive parenting in stepfamilies,  $R^2 = .11$ ,  $F(2, 281) = 16.54$ ,  $p \leq .001$ .

**Conclusion:**

These preliminary findings showed the presence of interparental conflict and parental psychological distress as risk factors for increased use of coercive parenting in dual-parent families. Addressing parental distress and relationship conflict is critical for reducing coercive parenting.

**Clinical practice relevance:**

- Identifies individual and family risk factors of coercive parenting using an international sample
- Highlights the role of family conflict and parental distress in coercive parenting, relevant for early identification of families at risk for domestic and family violence
- Supports multi-level, trauma informed approaches to screening for parental distress in family interventions and prevention of child maltreatment

**Disclosure of Interest Statement:**

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**Short biography of presenter:**

Janaye Keinert is a mum to two young boys and a Psychology Honours student at the USQ. She holds degrees in Psychology and Criminology, with 12 years' experience working in child protection. Janaye is a Parents Under Pressure and Therapeutic Crisis Intervention trainer, passionate about parenting, child development and maltreatment.

**Paper 3 Abstract****Parents' promotion of their children's pro-environmental attitudes and behaviours****Authors:**

Gonzalez C<sup>1,2</sup> Morawska A<sup>1,3</sup> Jeffries C<sup>1</sup>

<sup>1</sup>School of Psychology and Wellbeing, University of Southern Queensland, Ipswich and Toowoomba, QLD, Australia

<sup>2</sup>Parenting and Family Support Centre, School of Psychology, The University of Queensland, Brisbane, QLD, Australia

<sup>3</sup>Australian Research Council Centre of Excellence for Children and Families over the Life Course, Brisbane, QLD, Australia



**Speaker:** Carolina Gonzalez

**Introduction/Background:**

Parents are the primary role models of children, and emerging research have shown that parents influence the development of their children's pro-environmental attitudes and behaviours. However, parents are largely underrepresented in the literature. The current scoping review aimed to identify definitions, constructs, theories, measures, and psychosocial influences of parents' pro-environmental attitudes and behaviours when raising their children aged 0-12 years.

**Methods:**

Searches were conducted in PsycINFO, Scopus, PubMed, Sociological Abstracts, and Web of Science, including articles published in English and Spanish, without restriction of years. The protocol was pre-registered via OSF ([www.osf.io/4a9ct](https://www.osf.io/4a9ct)). Data screening and extraction were conducted in Covidence.

**Results:**

After duplicates were removed, 3,566 articles were screened against inclusion and exclusion criteria, resulting in 24 articles included for data extraction. The results have indicated a diversity of conceptualisation of parents' pro-environmental behaviours. Although theories are usually mentioned in the studies, most studies did not explicitly based the study on a theory. Some measures have been used in previous studies, but their psychometric properties are limited. Demographic variables were primarily the psychosocial factors covered in the studies.

**Conclusion:**

This review demonstrated that there is a major gap in the pro-environmental research focusing on parents. Considering the emerging evidence of the impact of climate change on children's mental health, further theoretical and empirical efforts are needed to progress our understanding of pro-environmental attitudes and behaviours and design interventions to mitigate the impact of climate change in line with the needs of parents, their children, and families.

**Clinical practice relevance:**

- Climate change has an impact on the mental health of parents, children, families, and communities.
- Clarifying evidence-based theories and empirical evidence is essential to inform the development of interventions to support parents and their children and communities.

**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 UQ, to publish and disseminate Triple P worldwide. The authors of this report have no share or ownership of TPI. Alina Morawska receives 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 hold an honorary appointment at UQ. Carla Jeffries has no conflict of interest to disclose. This work was supported by the University of Southern Queensland Capacity Building Grant (Project ID 1008697).

**Short biography of presenter:**

Carolina Gonzalez is a clinical psychologist and Lecturer at the University of Southern Queensland. Her research interests include supporting parents in providing a caring and nurturing environment for their children, preventing child maltreatment and its intergenerational transmission, and expanding evidence of assessment and treatment for trauma-related disorders and symptoms.

## Ben Grafton

*The cognitive basis of maladaptive consumption behaviours [2553]*

### Symposium Description:

Addictive behaviours have a destructive impact on the individual, their friends and family, and the wider community. The economic cost of addiction in Australia is immense, estimated to exceed \$80 billion per year. Addictive behaviours often involve alcohol use and smoking (e.g. vapes). To maximise the success of our national efforts to reduce the harms associated with addiction, we must advance understanding of the cognitive mechanisms that underpin susceptibility to engage in addictive behaviours. The present symposium brings together local and national investigators whose work bears upon this important goal. Dr Daniel Rudaizky will discuss collaborative work involving the development and deployment of a highly novel approach for modifying attentional bias to real-world alcohol-related advertising, in order to test the causal contribution of such bias to alcohol consumption. The study conducted by Dr Mahdi Mazidi extends this work to investigate whether the patterns of biased information processing that characterise maladaptive alcohol consumption reflect selective attention or alcohol-related information, selective interrogation of alcohol-related information, or both. Next, Prof Victoria Manning will discuss research involving the implementation of a highly innovative smartphone-based training app intended to reduce approach bias to alcohol-related information in individuals seeking treatment for alcohol use disorder. Lastly, Dr Ben Grafton will discuss recent research that takes the theoretical and methodological advances made in the previously discussed research, to investigate the cognitive basis of vaping use. Together, the studies presented will showcase cutting-edge Australian research that is advancing understanding and treatment of addictive behaviours.

**Chair:** Dr Ben Grafton, University of Western Australia

### Paper 1 Abstract

#### **Attentional bias to alcohol advertising causes elevated consumption via its impact on alcohol-related craving**

#### **Authors:**

Rudaizky, D<sup>1,2</sup>, Mazidi, M<sup>2</sup>, Wiers, R<sup>3</sup>, Grafton, B<sup>2</sup>, Wiechert, S<sup>3</sup>, Mrkonja, L<sup>3</sup>, MacLeod C<sup>2</sup>

<sup>1</sup> Curtin University, Perth, WA

<sup>2</sup> University of Western Australia, Perth, WA

<sup>3</sup> University of Amsterdam, Amsterdam, Netherlands

**Speaker:** Daniel Rudaizky

#### **Introduction/Background:**

Advertising strongly shapes consumer behaviour, including alcohol use. Attentional bias towards alcohol-related cues has been linked to craving and consumption, but previous studies were limited by low reliability tasks, reliance on self-reports, and inability to test causal pathways. This study conceptually replicates and extends prior

work by addressing these limitations. We aimed to determine whether attentional bias for beer adverts, compared to soft drink adverts, predicts beer consumption preference via its impact on preferential craving, using an experimental manipulation of attentional bias.

**Methods:**

Undergraduate students who regularly consumed beer completed a dual advert viewing task presenting beer and soft drink adverts side-by-side. The task manipulated attentional bias towards or away from beer adverts. Relative craving for beer versus soft drinks and preferential beer consumption were assessed following the manipulation. A mediation model tested whether attentional bias influenced consumption through craving.

**Results:**

The manipulation effectively altered attentional bias, with participants in the attend-beer condition showing significantly greater bias towards beer adverts compared to the avoid-beer group. Mediation analysis confirmed that attentional bias manipulation indirectly influenced beer consumption via its effect on craving: participants in the attend-beer group reported higher disproportionate beer craving, which predicted greater relative beer consumption.

**Conclusion:**

Findings provide causal evidence that attentional bias towards alcohol advertising influences consumption through craving. Results enhance understanding of cognitive mechanisms in alcohol use and suggest avenues for developing interventions aimed at reducing the impact of alcohol advertising on drinking behaviour.

**Clinical practice relevance:**

Our findings highlight how attentional processes can influence alcohol consumption following exposure to advertising, suggesting potential clinical and policy applications:

- Inform cognitive bias modification interventions targeting alcohol use.
- Support development of media literacy programs addressing alcohol advertising.
- Guide public health strategies aiming to reduce advertising-related alcohol harm.

**Disclosure of Interest Statement:**

The authors have no conflicts of interest to disclose.

**Short biography of presenter:**

Dr Rudaizky is a researcher and lecturer in psychology, specialising in understanding cognitive mechanisms underlying emotional dysfunction and problematic consumption behaviours. His work integrates experimental methods to advance theoretical understanding and inform clinical interventions targeting emotional and health-related behaviours.

## Paper 2 Abstract

### To beer or not to beer: the role of attentional and choice biases in alcohol craving and consumption

#### Authors:

Mazidi M<sup>1</sup>, Carver L<sup>1</sup>, Wiers R<sup>2</sup>, MacLeod C<sup>1</sup>, Grafton B<sup>1</sup>

<sup>1</sup> Centre for the Advancement of Research on Emotion, The University of Western Australia, Crawley, WA, Australia

<sup>2</sup> University of Amsterdam, Amsterdam, Netherlands

**Speaker:** Mahdi Mazidi

#### Introduction/Background:

Attentional bias to alcohol adverts has been shown to predict later craving and drinking behaviour. However, there has not been sufficient research examining the nature of this attentional bias, specifically whether it reflects automatic attention capture or might be an indirect manifestation of volitional choice of alcohol adverts. Furthermore, while craving has been identified as a mediator between attentional bias and alcohol consumption, few studies have examined this pathway using psychometrically reliable measures. The current study examined the relative contributions of attentional bias and choice bias toward alcohol adverts in drinking behaviour via craving.

#### Methods:

Participants were 68 students who regularly consumed beer. Selective processing of alcohol adverts was assessed using a novel task consisting of a dual-probe paradigm to measure attentional bias and a modified choice bias paradigm, both comparing beer and soft drink adverts. Participants reported their beer craving after the tasks, and beer consumption was subsequently measured using a sham taste test comparing beer and soft drink intake.

#### Results:

Mediation analyses tested whether attentional bias and choice bias were associated with greater relative beer consumption via craving. Both attentional bias and choice bias toward beer adverts were indirectly associated with increased beer consumption through elevated craving. These effects remained significant when controlling for the alternative bias in each model, suggesting that attentional and choice biases each contribute uniquely to drinking behaviour.

#### Conclusion:

Theoretical and applied implications for bias modification research and interventions were discussed.

#### Clinical practice relevance:

- Findings highlight the importance of targeting attentional and volitional biases in alcohol use interventions.
- Results inform the design of cognitive bias modification programs aimed at reducing craving-driven drinking.

- Understanding that attentional and choice biases independently predict alcohol consumption highlights the need for interventions targeting both automatic and deliberate processing.

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

#### **Short biography of presenter:**

Dr. Mazidi is a Research Fellow at the Centre for the Advancement of Research on Emotion (CARE), UWA. His work focuses on cognitive mechanisms involved in emotional disorders, with a particular interest in attentional and expectancy biases that shape how individuals perceive and respond to emotionally relevant information.

### **Paper 3 Abstract**

#### **Efficacy of a personalised approach bias modification app for outpatients with alcohol use disorders; a Randomised Controlled Trial**

##### **Authors:**

Manning V<sup>1,2</sup>, Garfield J<sup>1,2</sup>, Liu, S., Rowland, B., Piercy H<sup>1,2</sup>, Whelan, D.

<sup>1</sup>Monash Addiction Research Centre, Eastern Health Clinical School, Monash University, Melbourne, Victoria

<sup>2</sup>Turning Point, Eastern Health, Monash University, Melbourne, Australia.

**Speaker:** Victoria Manning

##### **Introduction/Background:**

Approach Bias Modification (ApBM) is a form of computerised neurocognitive training shown in multiple RCTs to reduce the automatic tendency to approach alcohol-related cues, and relapse among inpatients with alcohol use disorder (AUD). We examined the efficacy of an ApBM app during outpatient treatment for AUD.

##### **Methods:**

In a double-blind, pre-registered RCT, participants received either treatment as usual (TAU) + ApBM or TAU + sham training over a 4-week period. 79 participants (mean age 46.6 years) were recruited from treatment services in Melbourne. The ApBM condition (N=39) received twice weekly sessions of personalised and gamified ApBM and controls (n=40) completed weekly sham-training. Participants self-reported in the app, past-week alcohol at baseline and at 4, 8, and 16 weeks. The primary outcome was number of standard drinks consumed in the final week of the intervention period (week 4). Secondary outcomes included past-week standard drinks and drinking days, past-week heavy drinking days and measures of AUD severity, quality of life, and alcohol craving.

**Results:** There was no significant group differences in reductions in standard drinks for the primary outcome at week 4 (CI: [-0.10, 1.36]; p=.759), however a significant time x group interaction was found (CI: [-32.13, -0.35]; p=.045) over the 16 weeks. Past-week standard drinks declined significantly (by 55%) in ApBM participants but



not controls (non-significant 11% reduction). Time x group interaction effects were non-significant for all secondary outcomes.

**Conclusion:** Personalised smartphone ApBM may help reduce alcohol consumption in AUD outpatients following in the weeks following a 4-week training period.

**Clinical practice relevance:**

- Smartphone-delivered ApBM app offers a simple, ultra-brief adjunctive intervention to outpatient treatment.
- Smartphone-delivered ApBM further reduces alcohol use and heavy drinking days.

**Disclosure of Interest Statement:**

This paper was funded by the Victorian Department of Health, Alcohol and Drug Research Initiative agenda (ADRIA). The authors have no other conflicts of interest to disclose.

**Short biography of presenter:**

Victoria Manning is a Professor in Addiction Studies at Monash University and Head of Research and Workforce Development at Turning Point, an addiction treatment provider. She leads a program of research examining the effectiveness of Cognitive Bias Modification (CBM) as a treatment for alcohol and other drug use disorders.

**Paper 4 Abstract**

**The contribution of selective access of vaping-related information to vaping use among young adults.**

**Authors:**

Grafton B<sup>1</sup>, Barlow, A<sup>1</sup>, & MacLeod, C<sup>1</sup>.

<sup>1</sup>University of Western Australia, Perth, WA

**Speaker:** Ben Grafton

**Introduction/Background:**

It is well-established that expectancies play a role in the development and maintenance of vaping use. The expectancies people formulate are heavily influenced by information conveyed by others. For young adults, Google, Reddit and social networking sites have become the typical source of such information. However, it is important to recognise that these online environments expose us to multiple potential sources of information, which the user can choose to selectively access. The present study tested the hypothesis that selective access, operating to favour positive over negative information concerning the potential consequences associated with engaging in vaping use contributes to biased expectancies about vaping use, which in turn drive increased engagement in this behaviour.

**Methods:**

Young adult participants who either do or do not vape were recruited. Participants

completed a task that assessed selective access of vaping-related information. Specifically, participants were shown a series of 4 x 4 grids. Each grid was populated with eight positive information labels (i.e. that correspond to information concerning positive outcomes of vaping) and eight negative information labels (i.e. that correspond to information concerning negative outcomes of vaping). Participants were required to choose half of the labels available in each grid, and for each chosen label they were presented with a detailed account of these consequences. Lastly, participants vaping expectancies were assessed.

**Results:**

The predictions generated by the hypothesis will be tested using mediation analysis.

**Conclusion:**

The results will shed light on the contribution of selective access of vaping-related information to vaping expectancies and use.

**Clinical practice relevance:**

- Determine whether the patterns of selective access of vaping-related information that people engage in influence their vaping use.
- This will inform development of novel therapeutic strategies that specifically target such patterns of selective access in ways that can either prevent or reduce vaping use among young adults.

**Disclosure of Interest Statement:**

The authors have no conflicts of interest to disclose.

**Short biography of presenter:**

Dr Ben Grafton is a Senior Lecturer at UWA. The major aims of his research are to: i. delineate the patterns of biased cognitive processing that underpin maladaptive emotion and behaviour; and ii. determine the causal nature of observed associations between each such processing bias and maladaptive emotion and behaviour.

Carly Johnco

*Improving the accessibility and efficacy of CBT for child anxiety and OCD [2547]*

### **Symposium Description:**

Anxiety and Obsessive Compulsive Disorder (OCD) in children are associated with a lifetime of impairment and distress, yet many are unable to access timely, evidence-based care. Among those who are able to access first-line treatments such as cognitive behaviour therapy (CBT) and exposure with response prevention (ERP), up to half either fail to respond or relapse after treatment ends. This symposium will showcase clinical innovations in the treatment of anxiety and OCD in children, drawing on novel mechanistic insights and advances in treatment delivery to explore how we can enhance both the accessibility and efficacy of interventions for children.

Paper 1 will report on a randomised control trial of a novel multi-technology parent training intervention in CBT-ERP for children with OCD, overcoming barriers to accessing effective treatment. Paper 2 will describe a randomised controlled trial of internet-delivered CBT (iCBT) for child anxiety, examining how varying levels of therapist support impact clinical outcomes. Paper 3 reports on a non-inferiority trial of online positive search training compared to iCBT for anxiety disorders in children, providing evidence for a scalable low-intensity intervention targeting threat-related attentional biases as an alternative or adjunct to CBT. Finally, Paper 4 will share results from a translational study that examines whether conducting exposure therapy during the memory reconsolidation window improves clinical outcomes and prevents relapse of anxiety in children.

**Chair:** Carly Johnco, School of Psychological Sciences, Macquarie University

### **Paper 1 Abstract**

#### **Families Accessing Skills Training (FAST) in CBT-ERP for Youth OCD: A pilot RCT of multi-technology, parent training**

#### **Authors:**

Farrell LJ<sup>1</sup>, Waters AM<sup>1</sup>, Donovan CL<sup>1</sup>, Perkes I<sup>2</sup>, Grisham J<sup>3</sup>, March S<sup>4</sup>, Simcock-Paton G<sup>1</sup>, McKenzie M<sup>1</sup>, Calteaux I<sup>1</sup>, Ware R<sup>5</sup>, Byrnes J<sup>5</sup>

<sup>1</sup>Griffith University Centre for Mental Health, Griffith University

<sup>2</sup>University of New South Wales, School of Medicine & Sydney Children's Hospital

<sup>3</sup>University of New South Wales, School of Psychology

<sup>4</sup>Centre for Health Research & School of Psychology and Wellbeing, University of Southern Queensland (USQ), Australia

<sup>5</sup>Griffith University Centre for Health Economics, Griffith University

**Speaker:** Lara Farrell

**Background:** Cognitive-behavioural therapy, incorporating exposure and response-prevention (CBT-ERP) is a highly effective first-line treatment for children and young people with OCD; yet, the majority of young people with OCD do not ever receive this treatment. Parents and technology are crucial enablers for improving access to care. This paper will present data from a pilot RCT of a novel, multi-technology parent training

intervention in CBT-ERP (FAST-CBT) relative to a waitlist control condition (WLC) for children with OCD.

**Method:** The sample consists of parents and children with OCD (n=90 dyads), aged 4 to 13 years, with a primary diagnosis of OCD, who were randomly assigned to either FAST CBT (n=45) or a Waitlist Control condition (WC=45). Primary outcome measures were OCD symptom severity, diagnostic severity, and child functioning, assessed post-treatment (8 weeks) and 6 month follow-up for those in FAST-CBT.

**Results:** The pilot study has resulted in significant improvements on all outcomes. Description of the sample and preliminary acceptability, feasibility, adherence and effectiveness outcomes will be represented.

**Conclusions:** Our pilot data support novel, brief, multi-modality parent training in ERP as an effective first-line intervention that may improve access to evidence-based care. Analyses of predictors of response will determine for whom this treatment has most benefit.

#### **Clinical practice relevance:**

- Parent training in CBT-ERP overcomes barriers in accessing care for OCD
- Multi-technology parent training in CBT-ERP might be a scalable option to treatment delivery with efficiencies in service delivery
- Parent training in CBT-ERP could be a standalone intervention or a first-line intervention within stepped or staged models of care for youth OCD

#### **Disclosure of Interest Statement:**

Professor Farrell is the developer of a suite of CBT-ERP programs (OCD Busters) for youth OCD and provides education, supervision and clinician training in these programs.

This research paper was funded by an Australian Rotary Mental Health Research Grant (2023-2025).

#### **Short biography of presenter:**

Lara Farrell is a Clinical Psychologist and Professor in School of Applied Psychology, Griffith University and is Director of the Griffith Centre for Mental Health. She conducts clinical research in childhood phobias and OCD. She has received funding from Rotary, Foundation for Children, Gold Coast Hospital, ARC, NHMRC and MRFF.

## **Paper 2 Abstract**

### **Optimising iCBT for childhood anxiety: An RCT investigating Cool Kids Online with various methods of therapist support.**

#### **Authors:**

McLellan LF<sup>1</sup>, Oar E<sup>1</sup>, Jones M<sup>1</sup>, Wuthrich V<sup>1</sup>, Kangas M<sup>1</sup>, Dudeney J<sup>1</sup>, Dear B<sup>2</sup>, & Rapee RM<sup>1</sup>

<sup>1</sup> Lifespan Health and Wellbeing Research Centre, School of Psychological Sciences, Macquarie University, <sup>2</sup> eCentreClinic, School of Psychological Sciences, Macquarie University

**Speaker:** Lauren McLellan

**Introduction/Background:** There is growing research that shows that internet delivered cognitive behaviour therapy (iCBT) is an effective treatment for childhood anxiety. The degree and type of therapist support offered alongside iCBT has varied across studies, potentially contributing to differences in treatment benefits. Via an RCT this study evaluated outcomes of iCBT when paired with different types of therapist support across four conditions: delayed treatment (waitlist) vs immediate treatment with scheduled therapist support, optional therapist support (on demand) or self-help.

**Methods:** Three hundred and two children aged 6 – 12 (and their caregivers) diagnosed with anxiety or primary OCD were randomised to one of four treatment conditions; delayed treatment (waitlist, n = 43), immediate treatment with scheduled therapist support (85), optional therapist support (on demand, n = 87) or self-help (n = 87). Remission of anxiety diagnoses, as well as changes in symptoms and functioning were compared between treatment and waitlist. Outcomes were also compared across the three treatment conditions at post-treatment and six-month follow-up.

**Results:** Results show that Cool Kids Online leads to remission of anxiety and symptoms improvements when compared to waitlist. The different outcomes based on the type of therapist support will also be presented.

**Conclusion:** Therapist support offered alongside iCBT is an important consideration in efforts to optimise the benefits of treatment for children and families impacted by anxiety.

**Clinical practice relevance:**

- Parent-led internet-delivered CBT for childhood anxiety is an effective treatment that addresses many barriers to accessing care
- Understanding the optimal type of therapist support to accompany iCBT is critical to efforts to maximise benefits but reduce treatment barriers and costs and increase scale
- Some therapist support may be important for children and families seeking treatment for anxiety via online courses.

**Disclosure of Interest Statement:**

Dr McLellan, Professors Wuthrich, Kangas and Rapee are authors on the Cool Kids suite of programs for youth anxiety, and provide training and supervision on the programs. This paper was funded by an Australian Rotary Health Project Grant. Professor Rapee has authored books on youth anxiety and receives royalties. Other authors have no conflicts of interest to disclose.

**Short biography of presenter:**

Lauren McLellan is a clinical psychologist, co-Deputy Director of the Lifespan Health and Wellbeing Research Centre at Macquarie University and Director of My Mind Check, a national digital mental health and wellbeing check-in tool for Australian schools. She has developed digital assessment and treatment programs used in Australia and internationally.

### Paper 3 Abstract

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

**Authors:**

Waters AM<sup>1</sup>, Sluis R<sup>1</sup>, Farrell LJ<sup>1</sup>, Zimmer-Gembeck, MJ<sup>1</sup>, Craske MG<sup>1</sup>, Donovan CL<sup>1</sup>, Spence SH<sup>1</sup>, Downes M<sup>1</sup>

<sup>1</sup>School of Applied Psychology, Griffith University, QLD

**Speaker:** Waters, AM

**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:** Clinically anxious children 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 support hypotheses that PST is 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 demonstrates that PST may be a viable alternative to CBT.

**Clinical Practice Relevance:**

- PST may be a short, cost-effective alternative to CBT
- PST could be a standalone treatment or adjunct to CBT
- PST may be scalable and reach more anxious children in diverse settings

**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 4 Abstract

### Enhancing exposure therapy outcomes: can memory reconsolidation update mechanisms prevent relapse in youth with anxiety disorders?

#### Authors:

Johnco CJ<sup>1,2</sup>, Oar E<sup>1,2</sup>, Wuthrich VM<sup>1,2</sup>, Rapee RM<sup>1,2</sup>, Waters AM,<sup>3</sup> Storch EA<sup>4</sup>

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**Speaker:** Carly Johnco

**Introduction/Background:** Suboptimal response and relapse of successfully treated cases remain key challenges for Cognitive Behaviour Therapy (CBT). Basic science research has shown that behavioural manipulation of normal memory reconsolidation processes might be one way to prevent the return of fear. This clinical translation study examined whether conducting exposure therapy within the memory reconsolidation window improves clinical outcomes and prevents relapse of anxiety in children.

**Methods:** 178 children (8-12 years) diagnosed with Social Anxiety Disorder (Performance Specifier) received a two-hour intensive exposure therapy session. Participants were randomly assigned to receive exposure therapy: 1) during the memory reconsolidation window (10mins after activation of the fear memory); 2) outside the memory reconsolidation window (7-9hours after fear memory activation), or: 3) without activation of the memory reconsolidation window (control). Symptom were re-assessed at post-treatment and 1-month follow-up.

**Results:** All groups showed improvement, with no significant group differences and 65% of participants in remission at follow-up. There were significant groups differences in relapse rates, with those in the 10min group showing less relapse than controls (4% vs. 26%), although there was no significant difference compared to those in the 7-9hr group (8%).

**Conclusion:** Conducting exposure therapy within the memory reconsolidation window may protect against relapse over time; however, the non-significant difference in relapse compared to when exposure was conducted outside of the reconsolidation window suggests that the effect may not be driven by memory reconsolidation update mechanisms. Instead, the memory activation procedure itself may have engaged a distinct mechanism that enhanced treatment effects.

#### Clinical practice relevance:

- Brief 2-hour intensive exposure therapy session can be effective for treating public speaking anxiety, with large effect sizes ( $d = 1.59$ ) and 65% remission.
- Threat memory re-activation procedures may enhance the durability of treatment, independent of reconsolidation mechanisms.

- Clinical treatment could incorporate memory reminders before exposure to prevent relapse.

**Disclosure of Interest Statement:**

This project was funded by Australian Rotary Health. Carly Johnco is supported by an NHMRC Investigator Grant Fellowship (GNT2007904).

**Short biography of presenter:**

Carly is an Associate Professor in the School of Psychological Sciences at Macquarie University and holds an NHMRC Investigator Grant. She is co-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.

Emily Jones

*Outcomes of adjunctive CBT for bipolar disorder in a community mental health setting [2538]*

### **Symposium Description:**

Bipolar disorder can be a challenging disorder for clients to manage and medication, while necessary, may not address psychosocial factors and impacts. Adjunctive CBT can therefore be important for helping clients to understand factors that exacerbate their illness and early warning signs, and to build on their strengths and learn new skills to stay well. This symposium brings together four papers describing outcomes from a CBT group program run within a community mental health clinic. These improve our understanding of (a) the effectiveness adjunctive group CBT in community mental health settings with respect to changes in depression symptoms and self-efficacy for managing bipolar disorder, (c) impacts on co-occurring symptoms such as anxiety, (c) impacts on broader dimensions of quality of life, and (d) individual difference factors such as dampening that might adversely impact on outcomes.

**Chair:** Emily Jones, Centre for Clinical Interventions

**Practitioner Discussant:** Laura Smith, Centre for Clinical Interventions

### **Paper 1 Abstract**

**How helpful is group CBT as an adjunctive treatment for bipolar disorder in community mental health setting?**

### **Authors:**

Smith L<sup>1</sup>, McEvoy P<sup>1,2,3</sup>, Campbell B<sup>1</sup>, Trolove, N<sup>1,2</sup>, & Erceg-Hurn D<sup>1</sup>,  
<sup>1</sup> Centre for Clinical Interventions, Northbridge, WA, <sup>2</sup> School of Population Health, Curtin University, Bentley, WA. <sup>3</sup> enAble Institute, Curtin University, Bentley, WA.

**Speaker:** Smith L

### **Introduction/Background:**

The effectiveness of group CBT for bipolar disorder is controversial. Some recent meta-analyses based on RCT data concluded that CBT does not reduce depressive symptoms, but the RCTs use small and asymptomatic samples thus limiting power and leading to floor effects. Little is known about the effectiveness of CBT when delivered in routine practice, where clients often present when depressed. This paper addresses this gap by reporting outcomes for group CBT delivered in routine care at a public mental health clinic.

### **Methods:**

Clients diagnosed with Bipolar Disorder using structured diagnostic interviews were treated with 10 or 12 weekly, 2-hour sessions of group CBT adjunctive to medical management. Symptom and self-efficacy measures were routinely collected before, during, and after treatment and stored in the clinic's research database. We utilised data for patients (N>250) treated face-to-face between 2008 and 2025.

**Results:**

The sample was chronic and complex – the modal client had experienced recurrent depressive and manic episodes for more than a decade and failed to respond adequately to medication and prior psychotherapy. Three-fifths of the sample were symptomatic at assessment. Depression did not change while clients' waited for treatment, but rapidly decreased after therapy commenced. Reductions in depressive symptoms were largest for symptomatic clients. Treatment was also associated with improvements in mania, quality of life, and bipolar disorder coping self-efficacy.

**Conclusion:**

Despite the complex and chronic nature of the sample, group CBT was associated with large improvements in depressive symptoms and self-efficacy – particularly for those in a depressive phase of the illness.

**Clinical practice relevance:**

- Adjunctive group CBT is effective for increasing coping self-efficacy and reducing depression symptoms
- Effects on depression symptoms are larger for clients with elevated depression at pre-treatment
- Group CBT is a feasible and effective treatment for bipolar disorder in community mental health clinics

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

**Short biography of presenter:**

Laura Smith is a senior clinical psychologist at the Centre for Clinical Interventions, where she has led the bipolar disorder program for the last 20 years.

**Paper 2 Abstract**

**How helpful is group CBT as an adjunctive treatment for bipolar disorder on co-occurring anxiety disorder symptoms?**

**Authors:**

Erceg-Hurn D<sup>1</sup>, Smith L<sup>1</sup>, Campbell B<sup>1</sup>, Trollove, N<sup>1,2</sup>, McEvoy P<sup>1,2,3</sup>.

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**Speaker:** David Erceg-Hurn

**Introduction/Background:**

Cognitive behaviour therapy (CBT) for bipolar disorder focuses on reducing depressive symptoms and preventing future depressive and manic episodes but may also have an impact on commonly co-occurring anxiety symptoms. However, very few studies have investigated effects on co-occurring anxiety disorder symptoms, particularly within group CBT. We examined (i) the frequency of co-occurring anxiety

disorders in a treatment-seeking sample with bipolar disorder in a community mental health clinic, and (ii) the extent to which group CBT was associated with a reduction in anxiety symptoms.

### **Methods:**

A large sample of clients referred to a community mental health clinic with bipolar disorder ( $N > 150$ ) were treated with 10, weekly 2-hour sessions of group CBT. Structured diagnostic interviews confirmed diagnoses. The PROMIS Anxiety assessed general anxiety at every session. The Social Interaction Anxiety Scale assessed social anxiety symptoms at pre- and post-treatment.

### **Results:**

Three-fifths of the sample were diagnosed with at least one comorbid anxiety disorder, most commonly generalised anxiety disorder (GAD) or social anxiety disorder (SAD). Patients diagnosed with comorbid anxiety disorders experienced large reductions in general anxiety symptoms. Reductions were more pronounced among patients diagnosed with GAD than SAD. Social anxiety symptoms did not change.

### **Conclusion:**

Group CBT for bipolar disorder appears to have a substantial positive impact on comorbid general anxiety symptoms, to the extent that further treatment of comorbid GAD may not be required. In contrast, this treatment has a minimal impact on social anxiety symptoms. Additional SAD-specific treatment may therefore be required to address co-occurring social anxiety.

### **Clinical practice relevance:**

- Group CBT for bipolar disorder is associated with large reductions in co-occurring general anxiety symptoms.
- Social anxiety symptoms may not improve during group CBT for bipolar disorder.
- Clinicians may need to consider concurrently or sequentially directly treating social anxiety disorder symptoms as an adjunct to CBT for bipolar disorder.

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

### **Short biography of presenter:**

David Erceg-Hurn is the Senior Research Scientist at the Centre for Clinical Interventions.

## **Paper 3 Abstract**

**Which dimensions of Quality of Life are and are not positively impacted by group CBT for bipolar disorder?**

### **Authors:**

Scobell K, Smith L<sup>1</sup>, Erceg-Hurn D<sup>1</sup>, Campbell B<sup>1</sup>, Burgess M<sup>1</sup>, McEvoy P<sup>1,2</sup>.

<sup>1</sup> Centre for Clinical Interventions, Northbridge, WA, <sup>2</sup> enAble Institute and School of Population Health, Curtin University, Bentley, WA.

**Speaker:** Melissa Burgess

**Introduction/Background:**

People with bipolar disorder value their quality of life (QoL) in addition to symptom management, yet few studies investigate impacts of cognitive behaviour therapy (CBT) on individual QoL domains. The current study investigated (a) how individual QoL domains improved following a group CBT for bipolar disorder, (b) whether rates of change differed for symptomatic vs asymptomatic patients, and (c) whether improvements in QoL were associated with changes in depression symptoms and bipolar disorder coping self-efficacy.

**Methods:**

Adults ( $N=193$ ) with a primary diagnosis of bipolar disorder referred to a community mental health clinic completed the Brief Quality of Life in Bipolar Disorder (Brief QoL.BD), the PROMIS depression scale, and the Bipolar Self-Efficacy Scale (BPSES) before and after completing 10 weekly 2-hour sessions of group CBT.

**Results:**

Group CBT was associated with significant improvements across most QoL domains (physically health, sleep, enjoy things, concentration, interest in leisure and social relationships, spirituality, enough money, feeling accepted, identity), except household (home tidy) and independence (travelled freely). Symptomatic patients improved more on the dimensions of interest in leisure and identity, whereas asymptomatic patients improved more on finances (enough money). Improvements in some but not all QoL dimensions were associated with improvements in depression symptoms and self-efficacy, supporting the separability of the outcomes.

**Conclusion:**

Group CBT for bipolar disorder is associated with positive impacts on most dimensions of quality of life in addition to symptom improvement, and some of these impacts are larger on some dimensions for symptomatic compared to asymptomatic patients.

**Clinical practice relevance:**

- Group CBT for bipolar disorder has positive impacts on most quality of life domains
- Symptomatic patients improve more on some quality of life dimensions compared to asymptomatic patients
- Changes in quality of life are associated with some but not all symptom dimensions, indicating it is important to measure both outcomes.

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

**Short biography of presenter:**

Melissa Burgess is a senior clinical psychologist at the Centre for Clinical Interventions.



## Paper 4 Abstract

### How Is Dampening of Positive Affect Associated with Treatment Outcomes for Bipolar Disorder?

#### Authors:

Bell C<sup>1</sup>, Tonta K E<sup>1,2</sup>, Smith L<sup>2</sup>, Erceg-Hurn D<sup>2</sup>, Campbell B N C<sup>2</sup>, Burgess M<sup>2</sup>, McEvoy P<sup>1,2</sup>.

<sup>1</sup> enAble Institute and School of Population Health, Curtin University, Bentley, WA.<sup>2</sup> Centre for Clinical Interventions, Northbridge, WA,

**Speaker:** Cressida Bell

#### Introduction/Background:

Bipolar disorders are often chronic and debilitating. Cognitive Behaviour Therapy (CBT) is effective at reducing symptom recurrence and stabilising depressive episodes, but outcomes are inconsistent. Identifying moderators may help guide future enhancements. Dampening is a maladaptive emotion regulation strategy that diminishes positive mood states and contributes to depressive and mania symptoms, although few studies have examined the impact of dampening on treatment outcomes. This study explored whether pre-treatment dampening moderates change in depression, negative affect, and positive affect during CBT for bipolar disorder, and whether reductions in dampening are associated with reductions in depression, negative affect, and positive affect.

#### Methods:

A pretest-posttest design was used with an adult sample ( $N = 139$ ,  $M_{age} = 37$ , 67% female) receiving CBT for bipolar disorder at a community mental health clinic. Participants completed measures of dampening, depression, negative and positive affect at pre- and post-treatment.

#### Results:

Linear mixed models revealed that dampening, depression and negative affect reduced during treatment, and changes in dampening were significantly correlated with changes in depression, negative and positive affect. Higher pre-treatment dampening was associated with smaller improvements in positive affect in asymptomatic individuals.

#### Conclusion:

Although CBT was effective in reducing symptoms, dampening was associated with smaller improvements in positive affect and thus may be a vulnerability factor for future mood episodes, particularly in asymptomatic individuals. Pre-treatment screening and targeted interventions to address dampening and positive emotion regulation may enhance long-term outcomes.

#### Clinical practice relevance:

- Dampening is an emotion regulation strategy with particular relevance to bipolar disorder as it involves suppressing normal positive moods.

- Dampening of positive mood may serve as a vulnerability factor for future mood episodes for euthymic individuals
- Assessing and targeting dampening may be important for long-term outcomes

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

**Short biography of presenter:**

Cressida Bell is a PhD student at Curtin University.

## Colin MacLeod

*The causes and consequences of anxiety-linked expectancy bias [2525]*

### Symposium Description

It is both clinically evident and experimentally well-established that people with heightened anxiety vulnerability, and those who suffer from anxiety dysfunction, tend to demonstrate a negative expectancy bias. This bias reflects an elevation in the subjective probability of encountering aversive rather than benign future events. The present symposium outlines the work of four investigators who have sought to illuminate both the involvement of negative expectancy bias in driving inflation of anxiety symptomatology, and also the cognitive processes that give rise to anxiety-linked expectancy bias. Their findings suggest that negative expectancy bias may be the final pathway through which quite different types of cognitive distortion ultimately exert their impact on anxiety symptomatology. The reported studies significantly advance understanding of the cognitive mechanisms that operate to generate and perpetuate the inflated levels of anxiety experienced by those with heightened anxiety vulnerability. Moreover, this work also identifies clear cognitive targets for interventions designed to attenuate anxiety vulnerability and dysfunction by therapeutically correcting the distorted patterns of expectancy that underpin such conditions.

### Chair

Colin MacLeod, Elizabeth Rutherford Memorial Centre for the Advancement of Research on Emotion. School of Psychology. The University of Western Australia

### Paper 1 Abstract

#### **The contribution of negative attentional bias to anxiety-linked negative expectancies**

### Authors

Ventris C<sup>1</sup>, Rudaizky D<sup>2</sup>, MacLeod C<sup>1</sup>, Grafton B<sup>1</sup>

<sup>1</sup>Elizabeth Rutherford Memorial Centre for the Advancement of Research on Emotion, School of Psychological Science, The University of Western Australia.

<sup>2</sup>School of Population Health, Curtin University.

**Speaker:** Chiara Ventris

### Introduction/Background

An elevated tendency to expect that upcoming events will be negative in emotional tone is associated with heightened anxiety vulnerability. While this observation suggests that negative expectancy bias may causally contribute to anxiety vulnerability, the existence of this association does not permit such a causal conclusion. Moreover, the cognitive basis of anxiety-linked negative expectancy bias is poorly understood. Two studies will be reported that were designed to address these issues. Together, they tested the hypothesis that attentional bias to negative information concerning upcoming events causally drives development of negative

expectancy bias, which in turn causally drives elevated tendency to experience anxiety.

### **Methods**

In both studies, participants were first informed that later in the session they would experience a potentially stressful event. They were then exposed to positive and negative information about this event. Participants' attentional bias to the negative relative to positive information was either assessed (Study 1) or experimentally manipulated (Study 2). Participants' expectancies concerning the upcoming event were also assessed.

### **Results**

In Study 1, negative attentional bias was found to predict negative expectancy bias, which in turn predicted elevated anxiety vulnerability. Negative expectancy bias significantly mediated the association between negative attentional bias and anxiety vulnerability. In Study 2, the manipulation of negative attention bias causally impacted negative expectancies which, in turn, served to influence anticipatory anxiety as the potentially stressful event approached.

### **Conclusion**

The findings support the hypothesis that negative attentional bias causally contributes to negative expectancy bias which, in turn, causally contributes to heightened anxiety vulnerability.

### **Clinical practice relevance**

- Therapeutic attenuation of anxiety vulnerability will be achieved by reducing negative expectancy bias, by reducing negative attentional bias, or both.
- While conventional CBT may be of value in reducing expectancy bias, cognitive bias modification techniques can alter both attentional bias and expectancy bias, with consequent attenuation of anxiety vulnerability.

### **Disclosure of interest statement**

This research was supported by an Australian Government Research Training Program scholarship. The supporter had no role in the study design, data collection, or analysis.

### **Biography of presenter**

Chiara is a clinical psychology registrar, working with the WA Child and Adolescent Mental Health Service and delivering Multisystemic Therapy. She is also completing a PhD at The University of Western Australia's Centre for the Advancement of Research on Emotion.

## Paper 2 Abstract

### **Anxiety-linked biases in expectation formation and updating: Examining the role selective interrogation of information concerning potential stressors in the expectations of people vulnerable to anxiety**

#### **Authors**

Reynolds A<sup>1</sup>, MacLeod C<sup>1</sup>, Grafton B<sup>1</sup>

<sup>1</sup>Elizabeth Rutherford Memorial Centre for the Advancement of Research on Emotion, School of Psychological Science, The University of Western Australia.

**Speaker:** Amelia Reynolds

#### **Introduction/Background**

Negatively biased expectancies are a hallmark of anxiety disorders. Suitably, common interventions for anxiety often seek to change the individual's existing expectations. However, existing research focuses on how these expectations are formed, rather than how existing expectations are updated. Across two studies, we address this clinically relevant gap in our understanding by examining a candidate mechanism operating to elicit negatively biased expectations during expectation formation (Study 1) and updating (Study 2): *Negative interrogation bias*, i.e., a tendency to disproportionately selectively access negative information concerning future events.

#### **Methods**

In both studies, participants varying in anxiety vulnerability were informed that they would be viewing potentially stressful film. In Study 1, participants were then permitted to selectively access information from a pool of negative and positive information concerning the film-viewing. In Study 2, participants completed an experimental induction of expectations before selectively accessing information. In both studies, the proportion of negative information accessed by each participant was taken as a measure of their negative interrogation bias. Expectations were also assessed throughout the testing session.

#### **Results**

Our results indicated that, compared to participants low in anxiety vulnerability, participants high in anxiety vulnerability disproportionately access negative information when forming expectations (Study 1) and when updating expectations (Study 2); This negative interrogation bias mediated an indirect association between anxiety vulnerability and negatively biased expectations.

#### **Conclusion**

Findings are discussed with regards to limitations and potential implications for cognitive interventions for anxiety, as well as public health campaigns and other interventions seeking to modify expectations.

### **Clinical practice relevance**

- Our findings suggest interventions which aim to modify expectations may benefit from altering selective interrogation strategies to facilitate the updating of expectations.
- Additionally, our findings suggest altering selective interrogation strategies could also enable individuals to sustain these modified expectations post-intervention.

### **Disclosure of interest statement**

This research was supported by an Australian Government Research Training Program scholarship. The supporter had no role in the study design, data collection, or analysis.

### **Biography of presenter**

Amelia is a PhD candidate at the Elizabeth Rutherford Memorial Centre for the Advancement of Research on Emotion, University of Western Australia. Amelia's research examines how individual differences in information consumption online contribute to our mental wellbeing, both directly and indirectly via interplay with the algorithms personalising our online world.

## **Paper 3 Abstract**

### **From information to worry: How selective interrogation of information shapes expectancies about parenthood in the prenatal period**

#### **Authors**

Mazidi M<sup>1</sup>, Davies E<sup>1</sup>, Grafton B<sup>1</sup>, Moulds M<sup>2</sup>, Newby J<sup>2,3</sup>, MacLeod C<sup>1</sup>

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<sup>2</sup>School of Psychology, UNSW Sydney, NSW, Australia

<sup>3</sup>Black Dog Institute, Sydney, NSW, Australia

**Speaker:** Mahdi Mazidi

#### **Introduction/Background**

Recent studies have shown the critical role of expectancies about parenthood 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 a hypothesis 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 selective interrogation of information (i.e., Selective Interrogation of Information Assessment Task).



## Methods

The study recruited 92 first-time expecting mothers and evaluated their prenatal worry, expectancies about parenthood, and tendency to volitionally choose negative rather than positive information about parenthood (i.e., demonstrate a negative interrogation bias). Moreover, the assessment of expectancies about parenthood 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 parenthood and elevated prenatal worry. More importantly, pregnant women with a negative interrogation bias were more likely to hold negative expectancies concerning parenthood. The relationship between this bias and prenatal worry was mediated by negative expectancies about parenthood. Finally, it was found that the interrogation bias predicted a change in parenthood 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.

## Clinical practice relevance

- Results highlight the importance of targeting cognitive mechanisms that shape expectancies during the transition to parenthood.
- Cognitive therapy interventions for prenatal worry that challenge negative expectations may benefit from incorporating negative bias in information seeking.
- Screening for negatively biased information-seeking tendencies could inform early preventive intervention in pregnancy.

## Disclosure of interest statement

This work was supported by the Raine Medical Research Foundation's Research Collaboration Award and The University of Western Australia Research Collaboration Award. The funders had no role in the study design, data collection, data analysis, the decision to publish, or the preparation of the manuscript.

## Biography of presenter

Mahdi is a Research Fellow at the Centre for the Advancement of Research on Emotion (CARE), UWA. His work focuses on cognitive mechanisms involved in emotional disorders, with a particular interest in attentional and expectancy biases that shape how individuals perceive and respond to emotionally relevant information.

## Paper 4 Abstract

### An associative learning pathway to anxiety-linked negative expectancy bias

#### Authors

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<sup>1</sup>Elizabeth Rutherford Memorial Centre for the Advancement of Research on Emotion. School of Psychological Science. The University of Western Australia

**Speaker:** Alexander Godley

#### Introduction/Background

Prior studies have established a link between high trait anxiety and negative expectancy bias. Expectancies are often “conditional”, in that they reflect what one anticipates will happen next, given the occurrence of a prior antecedent event. This suggests that a distortion in the representation of associative relationships may be implicated in anxiety-linked negative expectancy bias. The central hypothesis tested in the present research was that heightened trait anxiety is characterised by an associative learning bias that favours the learning of associations that predict negative outcomes.

#### Methods

Trait anxiety was assessed in 120 undergraduate students, who also completed an associative learning task. On each trial, a shape was first presented, followed shortly thereafter by an outcome that involved either money gain or loss. Though the contingencies were initially unknown to participants, one particular shape was associated with elevated probability of money gain, another with elevated probability of money loss, and a third had no relationship with the outcome. Following shape presentation on each trial, the participant indicated which outcome they believed would occur. By assessing growth of prediction accuracy, it was possible to index the degree to which each participant learned the association that predicted the negative outcome, and the association that predicted the positive outcome.

#### Results

Results revealed that participants higher in trait anxiety demonstrated preferential learning of associations that predicted negative outcomes.

#### Conclusion

The central hypothesis was supported, lending weight to the idea that anxiety-linked negative expectancy bias may result, at least in part, from anomalous associative learning.

#### Clinical practice relevance

- Cognitive restructuring to reduce anxiety vulnerability and dysfunction may usefully focus on identifying, challenging, and modifying biased representations of associative relationships.

- Mindfulness-based interventions may increase awareness of such biased associative representations, and so reduce their emotional impact.
- Cognitive bias modification interventions may be of value in training associative relearning.

**Disclosure of interest statement**

This research was supported by an Australian Government Research Training Program scholarship. The supporter had no role in the study design, data collection, or analysis.

**Biography of presenter**

Alex is a provisional psychologist and PhD/Master of Clinical Psychology candidate at the Elizabeth Rutherford Memorial Centre for the Advancement of Research on Emotion at The University of Western Australia. His interests include the cognitive mechanisms contributing to the development and maintenance of anxiety disorders.

## Peter McEvoy

*The anxiety, the shame, and the self-disgust of CBT in practice and training. [2536]*

### Symposium Description:

This symposium brings together four papers that address different emotions in clinical practice or training. The first paper outlines the evolution of a highly effective group CBT program for social anxiety disorder, from a verbally-based protocol to an imagery-based protocol to a hybrid approach. The paper will show relative outcomes across this evolution to inform clinicians when and how to integrate verbally-based and imagery-based techniques. The second paper focused on shame, which is a common emotion experienced transdiagnostically, and specifically how we can measure this construct in a way to guide case formulations, treatment planning, and outcome monitoring. The third paper focuses on another related but distinct emotion, self-disgust. This paper will report on current conceptualisations of self-disgust, its measurement, its relationship to related constructs such as shame and self-esteem, and change during CBT for social anxiety and eating disorders. The final paper focused on training our next generation of CBT practitioners in exposure-based treatments. The study reports on the changes of beliefs about, and confidence delivering, exposure-based interventions during the workshop, and also investigates how individual difference factors such as trainees' intolerance of uncertainty and anxiety sensitivity impact on changes in these outcomes during training.

**Chair:** Peter McEvoy, Centre for Clinical Interventions & Curtin enAble Institute and School of Population Health

**Practitioner Discussant:** Peter McEvoy, Centre for Clinical Interventions & Curtin enAble Institute and School of Population Health

### Paper 1 Abstract

**Horses for courses: Should we use verbally-based, imagery-based, or hybrid approaches to treating social anxiety disorder?**

#### Authors:

Bank, S<sup>1</sup>, Erceg-Hurn D<sup>1</sup>, Campbell B<sup>1</sup>, Summers M<sup>1</sup>, McEvoy P<sup>1,2</sup>

<sup>1</sup> Centre for Clinical Interventions, Northbridge, WA, <sup>2</sup> enAble Institute and School of Population Health, Curtin University, Bentley, WA.

**Speaker:** Samantha Bank

#### Introduction/Background:

Cognitive behaviour therapy (CBT) is the recommended first line treatment for social anxiety disorder with large effect sizes. Group CBT can be as effective as individual CBT using around 25% of the therapist hours per client, however a substantial minority of clients do not benefit. This paper will outline the evolution of the social anxiety disorder group CBT program at the Centre for Clinical Interventions, from a predominantly verbally-based manual to an imagery-enhanced manual, to our current hybrid approach. The aim of the paper is to describe this evolution and report changes in outcomes to inform clinicians about the most effective approaches.

**Methods:**

Clients were referred to the Centre for Clinical Interventions for CBT for social anxiety disorder (12 weekly 2-hour sessions plus 1-month follow-up) and over time were treated with verbally-based, imagery-enhanced, or a hybrid approach. Outcomes from each program were assessed using attendance rates, the Social Interaction Anxiety Scale, the Social Phobia Scale, and the Brief-Fear of Negative Evaluation Scale.

**Results:**

All three protocols were associated with very large effect sizes ( $d_s \sim 2.0$ ). Similar outcomes were achieved for people who participated in a strictly controlled randomised controlled trial and those who attended outside of the trial. For people ineligible for the trial, attendance and probably outcomes were worse than when a trial was not being conducted.

**Conclusion:**

A hybrid protocol that combines verbally-based and imagery-based techniques appears to be similarly effective to either mode alone, and may even be more effective although sampling error may have contributed to some differences.

**Clinical practice relevance:**

- Group CBT for social anxiety that follows evidence-based principles and techniques are likely to be similarly effective.
- Treatment can effectively be delivered predominantly in the verbal, imagery, or mixed modes.
- Clinicians and clients can select the approach that best suits the client's predominant mode(s) of processing.

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

**Short biography of presenter:**

Samantha Bank is a senior clinical psychologist at the Centre for Clinical Interventions.

**Paper 2 Abstract**

**Shame in eating, anxiety, and depressive disorders: validation and application of the ESS scale and exploration of a brief form version**

**Authors:**

Marsh T<sup>1</sup>, Tonta K<sup>1,2</sup>, Erceg-Hurn D<sup>2</sup>, Campbell B<sup>2</sup>, McEvoy P<sup>1,2</sup>.

<sup>1</sup> enAble Institute and School of Population Health, Curtin University, Bentley, WA.<sup>2</sup> Centre for Clinical Interventions, Northbridge, WA,

**Speaker:** Amber Macleod

**Introduction/Background:**

Shame is a self-conscious emotion experienced by individuals with eating, anxiety, and affective disorders that can impact treatment outcomes. A 25-item measure of shame (the Experiences of Shame Scale) has three theorised factors (characterological, behavioural, and bodily shame) with eight subcomponents. This study aimed to validate the ESS within a clinical sample and explore the psychometrics of a brief-form version for clinical use.

**Methods:**

This research explored the factor structure, validity, and sensitivity to change of the ESS within a large clinical sample of treatment-seeking individuals with eating disorders ( $N = 570$ ) and anxiety and/or affective disorders ( $N = 444$ ) referred to a specialised eating disorder outpatient service. Furthermore, this research explored the creation of a brief version suitable for clinical use.

**Results:**

Preliminary confirmatory factor analyses revealed that an 8-factor solution was superior to the 1- and 3-factor solutions. Internal reliability was high for the whole scale ( $\alpha = .95$ ) and subscales ( $\alpha = .77-.87$ ). A short 8-item version also revealed excellent internal reliability ( $\alpha = .89$ ). Convergent and discriminant validity and sensitivity to change during treatment will be reported.

**Conclusion:**

Shame is an important transdiagnostic emotion implicated in the onset and maintenance of eating, anxiety, and depressive disorders, and this study explored the validity of a commonly used measure of shame which provides support for its use in future research. This study also developed a clinically useful brief form of the ESS that may aid assessment, formulation, and treatment of shame.

**Clinical practice relevance:**

- Internalised shame is a common transdiagnostic emotion that can adversely impact treatment outcomes if not adequately addressed.
- The brief ESS provides a reliable, valid, and feasible assessment of shame in clinical practice
- The ESS may help to guide case formulation, treatment planning, and outcome monitoring.

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

**Short biography of presenter:**

Amber completed her Master of Psychology (Clinical) at Curtin University. Her thesis involved evaluating the efficacy of school-based cognitive therapy programs for young children. Amber has previously worked with individuals across the lifespan in government and non-for-profit organisations. She currently works in the mood and anxiety disorders program at CCI, providing individual and group-based treatment for depression and anxiety disorders. Amber has also worked on developing CCI therapist manuals for the treatment of panic disorder and currently facilitates the CCI Panic Disorder Course.

## Paper 3 Abstract

### Self and Body Disgust Scale in a Clinical Sample with Eating, Anxiety, and Depressive Disorders

**Authors:**

Paver A<sup>1</sup>, Campbell B<sup>2</sup>, Erceg-Hurn D<sup>2</sup>, McEvoy P<sup>1,2</sup>.

<sup>1</sup> enAble Institute and School of Population Health, Curtin University, Bentley, WA.<sup>2</sup> Centre for Clinical Interventions, Northbridge, WA,

**Speaker:** Bruce Campbell

**Introduction/Background:**

Self-disgust is conceptualised as a negative self-referent emotion that becomes maladaptive when disgust is elicited by an aspect of the self that is appraised as constant and important to overall self-concept. There is evidence that self-disgust is elevated across a range of mental disorders, including eating, anxiety, and depressive disorders. Measures of self-disgust have evolved based on theory and clinical practice, but the most recent versions have undergone very limited validation. This study investigated the psychometric properties of the Self and Body Disgust Scale (SBDS) in a transdiagnostic treatment-seeking sample.

**Methods:**

Adults ( $N=644$ ) with eating, anxiety, and depressive disorders referred to a community mental health clinic completed the SBDS along with measures of self-esteem, shame, disgust propensity and sensitivity, depression, worry, social anxiety, and eating disorder symptoms. The SBDS was also administered at post-treatment for those receiving CBT for social anxiety and eating disorders.

**Results:**

Preliminary analyses of the SBDS revealed strong psychometric properties, including construct validity (single factor structure), high internal reliability, convergent (with self-esteem, shame) and discriminant (disgust propensity and sensitivity) validity. The SBDS explains unique variance in eating disorder, depression and anxiety symptoms after controlling for self-esteem and shame. The SBDS significantly changed during CBT for social anxiety and eating disorders.

**Conclusion:**

The SBDS appears to be a reliable measure with evidence of construct, convergent, discriminant, and incremental validity. The SBDS is also sensitive to change, which is critical for outcome monitoring.

**Clinical practice relevance:**

- Self-disgust appears to be a transdiagnostic construct that contributes to eating, anxiety, and depressive symptoms.
- The SBDS appears to be a reliable and valid measure of self-disgust
- The SBDS may be helpful for case formulation, treatment planning and outcome monitoring.



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

**Short biography of presenter:**

Dr Bruce Campbell is a Consultant Clinical Psychologist at, and the Director of, the Centre for Clinical Interventions.

**Paper 4 Abstract**

**The Impact of an Exposure Therapy Training on the Beliefs, Confidence, Motivation, and Actions of Provisional Psychologists**

**Authors:**

Sng A<sup>1</sup>, Jeanes L<sup>2</sup>, Tonta K E<sup>1,2</sup>, MacLeod A<sup>2</sup>, Campbell B N C<sup>2</sup>, Frewer Z, Anderson R<sup>2</sup>, McEvoy P<sup>1,2</sup>.

<sup>1</sup> Centre for Clinical Interventions, Northbridge, WA, <sup>2</sup> enAble Institute and School of Population Health, Curtin University, Bentley, WA.

**Speaker:** Adelln Sng

**Introduction/Background:**

Exposure therapy is a first-line evidence-based treatment for anxiety-related disorders, yet it is often under-utilised or delivered in a suboptimal manner. Efforts to improve uptake and implementation have focused on training experienced clinicians. The purpose of this study was to evaluate the impact of a one-day exposure therapy training on the beliefs, confidence, motivations, and actions of provisional psychologists. We also examined the relationship between trainees' intolerance of uncertainty (IU) and anxiety sensitivity (AS) in changes in the outcomes.

**Methods:**

Participants were 51 Masters of Psychology students at Curtin University. A single-arm intervention design was used with pre-, post-training, and three-month follow-up time-points to measure the maintenance of change and use of exposure.

**Results:**

Immediately after the workshop negative beliefs reduced ( $d = -2.16$ , 95% CI = 1.65-2.66) and confidence increased ( $d = 2.20$ , 95% CI = 2.71-1.69) with very large effect sizes, and motivation increased with a moderate effect size ( $d = 0.59$ , 95% CI = 0.88-0.29). Interestingly, higher pre-training IU and AS were associated with larger changes in negative beliefs, with IU a unique predictor of change. Attrition at follow-up meant maintenance of change and exposure use were inconclusive.

**Conclusion:**

These findings provide preliminary evidence that a one-day exposure workshop can improve provisional psychologists' exposure therapy beliefs and self-efficacy, particularly for those potentially most at risk of disengaging or using suboptimal techniques (i.e., high IU and AS). Future research with improved retention is needed to confirm the impact on exposure implementation.

**Clinical practice relevance:**

- A one-day experiential workshop of exposure therapy can have large impacts on negative beliefs about, and confidence delivering, exposure therapy.
- Trainees at higher risk of avoiding exposure therapy with their clients (i.e., high intolerance of uncertainty and anxiety sensitivity) may benefit most from intensive training in exposure therapy.

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

**Short biography of presenter:**

Adelln Sng is a senior clinical psychologist at the Centre for Clinical Interventions.

## Rosemaree Miller & Emily Upton

*Digital innovations in mental health treatment: implications for clinical practice [2528]*

### Symposium Description:

Digital mental health interventions and tools can enhance clinical practice by increasing treatment accessibility and quality while simultaneously decreasing clinician workloads. Our aim in this symposium is to provide an update on current evidence-based digital intervention research in Australia by demonstrating how digital interventions and tools can facilitate clinical practice in mental health treatment. Madelyne Bisby will present findings from a randomised control trial on the effectiveness of ultra-brief digital treatment for adults with depression and anxiety. Rosemaree Miller will present on client engagement with a transdiagnostic smartphone app and its relationship to treatment outcomes during a real-world implementation trial of a new blended digital and psychotherapy model of care for adult depression and anxiety. Emily Upton will present on predictors of treatment response to a brief, transdiagnostic and CBT-based digital intervention for repetitive negative thinking in adults. Finally, Jenny Le will present on barriers and facilitators to the use of digital mental health interventions by rural and remote Australian adults from the perspectives of consumers and clinicians. All four presentations in this symposium show that digital mental health interventions and tools can expedite evidence-based mental health treatment when used appropriately. Moreover, the presentations highlight that ongoing evaluation is key to refining how digital mental health interventions and tools are integrated into clinical practice for mental health treatment.

**Chair:** Rosemaree Miller & Emily Upton, Black Dog Institute

### Paper 1 Abstract

**A randomized controlled trial of a therapist-guided ultra-brief digital treatment for adults with a diagnosed depression or anxiety disorder**

### Authors:

Bisby MA<sup>1</sup>, Jervis N<sup>1</sup>, Scott AJ<sup>1</sup>, Dear BF<sup>1</sup>

<sup>1</sup> eCentreClinic, Macquarie University, Sydney NSW

**Speaker:** Dr Madelyne Bisby

**Introduction/Background:** Ultra-brief treatments deliver therapeutic information and skills within a limited timeframe, overcoming barriers to engagement (e.g., time, cost). Ultra-brief treatments have been perceived as only appropriate for those with mild or non-clinical symptoms; however, this assumption has not been tested. We examined the efficacy of a therapist-guided ultra-brief digital treatment in a clinical sample of adults with a diagnosed depression and anxiety disorder.

**Methods:** The clinical trial was pre-registered (ACTRN12623001075673). Diagnostic status was confirmed in a telephone interview prior to randomization. Adults with a diagnosed depression or anxiety disorder were randomized (1:1) to the ultra-brief treatment or waitlist control (17-week delay). The ultra-brief treatment included one online lesson, one practice guide, case stories, one additional resource, and one

phone call with a therapist. All participants completed outcomes every 2-weeks for 17-weeks. Primary outcomes were changes in depression symptoms (measured using the PHQ-2) and anxiety symptoms (GAD-2) from baseline to 9-weeks (primary timepoint) and 17-weeks.

**Results:** Recruitment was completed in December 2024. Of the 333 participants who applied, 188 participants were eligible and randomized. Interim analyses suggest that the ultra-brief treatment is associated with reductions in depression and anxiety symptoms; final analyses will be conducted prior to the conference.

**Conclusion:** Ultra-brief digital treatments may be effective for adults with depression or anxiety irrespective of initial symptom severity. These findings could challenge healthcare models which rest on the assumption that symptom severity should determine treatment intensity. The role of patient preference in determining treatment intensity and duration will be discussed.

**Clinical practice relevance:**

- Ultra-brief treatments are more accessible than standard-length treatments.
- These findings suggest that patient preference, rather than symptom severity, should drive decision making around treatment intensity and duration.

**Disclosure of Interest Statement:**

MB is funded by a Macquarie University Research Fellowship.

**Short biography of presenter:**

Dr Madelyne Bisby is a Macquarie University Research Fellow and Clinical Psychologist. Their research interests are in understanding the mechanisms of psychological treatment, and designing psychological treatments which are accessible, effective, and efficient.

**Paper 2 Abstract**

**Client engagement with a transdiagnostic blended care CBT intervention in routine care for depression and anxiety: Clinical implications**

**Authors:**

Miller R.<sup>1</sup>, Kikas K.<sup>1,2</sup>, Matheson, J.<sup>1</sup>, Whitton, A.<sup>1,2</sup>, O'Moore K.<sup>1</sup>, Newby J.<sup>1,2</sup>

<sup>1</sup>Black Dog Institute, Hospital Road, Randwick, NSW, <sup>2</sup>School of Psychology, Faculty of Science, University of New South Wales, NSW

**Speaker:** Dr Rosemaree Miller

**Introduction/Background:**

Blended care involves the combination of digital interventions with psychotherapy. Understanding how clients engage with digital interventions during blended care can inform best practice and whether this engagement is associated with improved treatment outcomes.

**Methods:**

Participants were 55 adults (69.1% female) who used the myNewWay™ smartphone app for 12 weeks alongside individual therapy with AHPRA-registered psychologists during an implementation trial of a new CBT-based blended care system (ACTRN12623000208606). App use was indexed by in-app navigation data, and client engagement was measured at post-intervention (MARS). Changes in depressive and anxious symptoms between baseline and post-intervention were also assessed (DASS-21, PHQ-9, GAD-7).

**Results:**

The symptom-tracking section, where clients make daily ratings of their mood, anxiety and sleep, was the most used app feature (51/55, 92.7%). The median total app use time was 39 minutes (range=2-656 minutes), and the most popular activities focused on psychoeducation for depression and anxiety. Engagement scores were significantly correlated with changes in DASS-21 depression ( $r=.44$ ,  $p=0.01$ ), PHQ-9 ( $r=.42$ ,  $p=0.01$ ) and GAD-7 ( $r=.39$ ,  $p=0.02$ ) scores from baseline to post-intervention, indicating higher engagement was associated with reduced depression and anxiety.

**Conclusion:**

Our findings suggest that engagement with digital interventions contributes to improved treatment outcomes for depression and anxiety in blended care. Using digital inventions to support symptom-tracking and psychoeducation may enhance client engagement during blended care. However, patterns of app use varied widely between clients, implying that more structured support on app use outside of therapy sessions may be needed for some clients to enhance engagement.

**Clinical practice relevance:**

- Increasing client engagement with digital interventions in blended care may contribute to improved treatment outcomes
- Digital interventions may best enhance in-session psychotherapy by including symptom-tracking features and psychoeducational content
- Some clients may need additional support on how to use digital interventions as part of their treatment in blended care

**Disclosure of Interest Statement:**

Jill Newby is supported by an NHMRC Investigator Grant Fellowship (GNT2008839).

**Short biography of presenter:**

Dr Rosemaree Miller is a Senior Project Officer in Clinical Research at the Black Dog Institute. Her current research focuses on blending digital interventions with psychotherapy, program evaluation, and product development.

**Paper 3 Abstract****Mediators and predictors of treatment response in a brief online intervention for rumination and worry****Authors:**

Upton E<sup>1,2</sup>, Venkatesha V<sup>3</sup>, Joubert AE<sup>4</sup>, Mahoney AEJ<sup>4,5</sup>, Moulds ML<sup>1</sup>, Werner-Seidler A<sup>1,2</sup>, Newby JM<sup>1,2</sup>

<sup>1</sup> School of Psychology, Faculty of Science, University of New South Wales, Sydney, NSW, 2052, Australia, <sup>2</sup> Black Dog Institute, University of New South Wales, Sydney, NSW, 2052, Australia, <sup>3</sup> Stats Central, Mark Wainwright Analytical Centre, University of New South Wales, Sydney, NSW, 2052, Australia, <sup>4</sup> Clinical Research Unit for Anxiety and Depression (CRUfAD), St. Vincent's Hospital, Level 4 O'Brien Centre, 394- 404 Victoria Street, Darlinghurst, Sydney, New South Wales, 2010, Australia, <sup>5</sup> Discipline of Psychiatry and Mental Health, Faculty of Medicine and Health, University of New South Wales, Sydney, NSW, 2052, Australia

**Speaker:** Emily Upton

### **Introduction/Background:**

Repetitive Negative Thinking (RNT) is a key transdiagnostic mechanism underlying anxiety and depression. While RNT-focused cognitive behavioural treatments exist, little research has explored their mechanisms of change and predictors of response. This study addressed these gaps.

### **Methods:**

This study analysed secondary data from an RCT (N=137 adults with elevated RNT, Joubert et al. 2023), which compared a clinician-guided and self-guided 3-lesson online program over 6 weeks to a usual care control group. Self-report measures of depression, anxiety, distress, and RNT were administered at baseline, post-treatment, and 3-month follow-up; RNT and distress were also measured before each lesson.

### **Results:**

Structural equation modelling mediation analyses showed that reductions in transdiagnostic RNT mediated reductions in distress between Lessons 2 and 3, and reductions in rumination specifically mediated reductions in distress and depression between post-treatment and follow-up. However, there was no consistent pattern of mediation by RNT throughout treatment. Hierarchical multiple regression analyses found that higher baseline symptom severity (particularly rumination) significantly predicted poorer post-treatment outcomes, while higher treatment expectancy and clinician guidance significantly predicted better post-treatment outcomes.

### **Conclusions:**

Changes in RNT mediate some changes in distress and depression, but do not fully explain symptom benefit in this brief online RNT intervention. Higher treatment expectancy and clinician guidance predicted better outcomes.

### **Clinical practice relevance:**

- A brief online program improves repetitive negative thinking (RNT: worry, rumination) and depression and anxiety symptoms.
- Clinician guidance and higher baseline positive expectations predict better clinical outcomes.
- Online RNT programs can increase access to evidence-based treatment and target key mechanisms underlying transdiagnostic symptoms.

**Disclosure of Interest Statement:**

This paper was funded by Australian Research Training Program Scholarships awarded to Amy Joubert and Emily Upton. Jill Newby is supported by an NHMRC Investigator Grant Fellowship (GNT2008839).

**Short biography of presenter:**

Emily Upton is a PhD student, Clinical Psychologist, and Research Officer at UNSW and Black Dog Institute. Her research focuses on the use of online treatment for rumination and worry in the general population and specific groups, such as people with Premenstrual Dysphoric Disorder.

**Paper 4 Abstract****Barriers and facilitators of digital mental health use in rural and remote Australia: Clinician and consumer perspectives****Authors:**

Le J<sup>1,2</sup>, Mahoney AEJ<sup>1,3</sup>, Court JL<sup>1</sup>, Shiner CT<sup>1,4</sup>

<sup>1</sup>Clinical Research Unit for Anxiety and Depression (CRUfAD), St Vincent's Hospital Sydney and the University of New South Wales, <sup>2</sup>School of Psychology, Faculty of Science, University of New South Wales, <sup>3</sup>Discipline of Psychiatry and Mental Health, Faculty of Medicine and Health, University of New South Wales, <sup>4</sup>School of Clinical Medicine, Faculty of Medicine and Health, University of New South Wales.

**Speaker:** Dr Jenny Le

**Introduction/Background:**

People living in regional, rural, and remote areas of Australia face significant barriers to accessing mental health care. Digital mental health interventions (DMHIs) are a promising avenue to improve access to mental health treatment in these areas, but uptake has yet to reach its full potential. This study evaluated the perceived barriers and facilitators of engagement with DMHIs for clinicians and consumers in regional, rural, and remote Australia.

**Methods:**

We surveyed consumers ( $n=896$ ) and clinicians ( $n=104$ ) using cross-sectional surveys to examine perceived barriers and facilitators of DMHI use. This study was conducted within the context of an established digital mental health service, THIS WAY UP. Survey responses were mapped onto the Capability, Opportunity, Motivation, Behaviour (COM-B) model, and quantitative analyses of response frequencies partitioned the influence of each factor on engagement with DMHIs.

**Results:**

Consumers valued many accessibility benefits of DMHIs, but lack of consumer motivation was the most frequent barrier perceived by clinicians (51%) and reported by consumers (27%). Importantly, clinician guidance was highly valued by consumers, and there are opportunities for clinicians to facilitate the use of DMHIs by supporting knowledge and motivation.



**Conclusion:**

DMHIs have the potential to alleviate service-related barriers to mental healthcare in regional/remote areas, and successful implementation must consider both clinician and consumer perspectives. Our findings underscore several capability, opportunity, and motivation targets for improving consumer and clinician engagement with DMHI in these areas.

**Clinical practice relevance:**

- Collaboration with trusted health professionals is important in digital care delivery and could help address common barriers experienced by consumers.
- Clinicians can focus on providing information about available offerings, access to affordable treatment pathways, and strategies to support motivation, such as addressing stigma, misperceptions, and negative beliefs about DMHIs.

**Disclosure of Interest Statement:**

This project was supported by a Health Equity Research Grant from St Vincent's Health Australia. THIS WAY UP is funded by the Australian Government Department of Health and Aged Care. The authors declare no conflicts of interest.

**Short biography of presenter:**

Dr Jenny Le is a Clinical Psychologist at the Clinical Research Unit for Anxiety and Depression (CRUfAD). Her current research focuses on the development, implementation, and evaluation of digital mental health interventions for anxiety disorders.

## Richard Moulding

*Emerging cognitive and emotional mechanisms in Obsessive-Compulsive and Hoarding Disorders: from self-concept to real-time experience [2568]*

### Symposium Description:

This symposium brings together innovative research exploring how cognitive and emotional self-related processes contribute to the development and maintenance of Obsessive-Compulsive Disorder (OCD) and Hoarding Disorder (HD). Drawing on diverse methodologies including ecological momentary assessment (EMA), qualitative interviews, cross-sectional surveys, and natural language processing, the symposium addresses critical gaps in understanding how individuals experience and regulate distressing thoughts and emotions in real time.

Central to the symposium is the concept of the self—both feared and vulnerable—and how it underpins key cognitive and affective mechanisms in OCD. Presentations examine how early adversity shapes maladaptive self-concepts, how self-complexity and resilience influence symptom severity and quality of life, and how moment-to-moment activation of feared self-beliefs maintains intrusive thinking and compulsive behaviours. In parallel, new findings on the lived experiences of individuals impacted by hoarding behaviours underscore the emotional burden and relational dynamics often overlooked in traditional clinical approaches.

Together, these contributions provide a dynamic and person-centred understanding of OCD and HD, emphasizing the importance of self-related processes across developmental, experiential, and interpersonal contexts. The symposium offers implications for improving assessment, targeting novel mechanisms in treatment, and expanding the reach of psychological support to affected individuals and families.

**Chair:** Richard Moulding, The Cairnmillar Institute, Hawthorn East, VIC, Australia

### Paper 1 Abstract

#### **An experimental ecological momentary assessment study of feared self and obsessive-compulsive phenomena**

##### **Authors:**

Teh JX<sup>1</sup>, Wong SF<sup>2</sup>, Jaeger T<sup>3</sup>, Moulding R<sup>1</sup>

<sup>1</sup> The Cairnmillar Institute, Hawthorn East, VIC, Australia, <sup>2</sup> Swinburne University of Technology, Melbourne, VIC, Australia, <sup>3</sup> Monash University, Clayton, VIC, Australia<sup>1</sup>

**Speaker:** Richard Moulding

##### **Introduction/Background:**

The concept of the feared self—qualities that a person fears or worries may be part of their identity—is increasingly recognised as important to the understanding of obsessive-compulsive disorder (OCD). Existing research largely relies on

retrospective and cross-sectional methodologies, leaving a gap in experimental insights.

### **Methods:**

This study employed an experimental ecological momentary assessment (EMA) design with non-clinical participants (N=51). Participants completed baseline questionnaires and were then randomly assigned to receive prompts designed to elicit either their feared self (experimental) or a sporting self (control) over seven days. Participants recorded intrusive thoughts up to four times daily for 14 days via an EMA app (*Ncompleted surveys*=1179, *Nreported intrusions*=543).

### **Results:**

Correlation analyses revealed that feared self perceptions were associated with baseline intrusion frequency and the proportion of intrusions reported via EMA. Mixed effects models demonstrated that feared self activation significantly increased the urge to act on intrusions and the use of distraction as a neutralisation strategy.

### **Conclusion:**

Findings support the role of feared self in the maintenance of OCD-related phenomena. These results enhance our understanding of dynamic, real-time processes underlying intrusive thoughts. Methodological limitations and directions for future research are discussed.

### **Clinical practice relevance:**

- EMA methods can improve understanding real-time cognitive-affective process in mental illness.
- Feared self beliefs are important for cognitive-behavioural models of OCD, and could potentially be treatment targets.

### **Disclosure of Interest Statement:**

The authors declare no conflicts of interest.

### **Short biography of presenter:**

Richard Moulding is a clinical psychologist and Professor at The Cairnmillar Institute, Australia, where he coordinates the clinical masters and doctoral programs and Ph.D. His research focuses on obsessive-compulsive related disorders, anxiety, and emotional regulation. He is particularly interested in the role of self-concept in mental health.

## **Paper 2 Abstract**

### **The shadow within: How early life shapes vulnerable and feared self-concepts in obsessive-compulsive disorder**

**Authors:** Gomez I<sup>1</sup>, Wong SF<sup>1</sup>, Skues J<sup>1</sup>, Nedeljkovic M<sup>1</sup>

<sup>1</sup>Swinburne University of Technology, Melbourne, VIC

**Speaker:** Shiu Fung Wong

**Introduction/Background:**

The feared self-concept – 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 qualitative research on how vulnerabilities in the self-concept, as a result of adverse early life events, may influence the development of the feared self-concept in OCD individuals. This study aims to address this knowledge gap and identify the life events and experiences that are most relevant to negative self-concept development in OCD.

**Methods:**

This was a qualitative study that used semi-structured interviews to identify the life events and experiences that lead to vulnerable and feared self-concepts in people with a current diagnosis of OCD ( $N = 17$ ). The phenomenology of these self-concepts was also investigated. An interpretative phenomenological analysis approach was used for data analysis and theme discovery.

**Results:**

Data analysis is scheduled to be completed by May 2025 and results will be available by the time of the conference

**Conclusion:**

Initial findings provide support for the role of vulnerable and feared self-concept as risk factors for OCD and emphasise targeting these as part of prevention strategies and interventions for this disorder.

**Clinical practice relevance:**

- Findings could inform universal and selective prevention strategies, such as parenting programs.
- Findings could inform prevention strategies aimed to facilitate healthy self-concept development.
- Findings could improve existing OCD interventions by directly targeting the feared self-concept.

**Disclosure of Interest Statement:**

The authors have no conflicts of interest to disclose.

**Short biography of presenter:**

Dr. Shiu Fung Wong is a clinical psychologist and academic specialising in OCD and experimental methods to identify the causes of this disorder.

**Paper 3 Abstract****The role of self-complexity and resilience in obsessive-compulsive symptoms and quality of life**

**Authors:** Holmes G<sup>1</sup>, Nedeljkovic M<sup>1</sup>, Moulding R<sup>2</sup>

<sup>1</sup>Swinburne University of Technology, Melbourne, VIC <sup>2</sup>The Cairnmillar Institute, Hawthorn East, VIC, Australia

**Speaker:** Maja Nedeljkovic

**Introduction/Background:**

Obsessive Compulsive Disorder (OCD) is a potentially debilitating and life-long condition. While current treatments can be effective, many individuals continue to experience symptoms or do not respond to interventions. Resilience has been identified as a protective factor that enhances quality of life and may reduce psychopathological symptoms, including OCD. Self-complexity—the cognitive representation of the self in terms of distinct aspects—has been proposed as a factor influencing resilience. However, its relationship with OCD symptoms remains unclear.

**Methods:**

Two hundred and twelve undergraduate students completed online questionnaires assessing obsessive-compulsive symptoms, quality of life, resilience, and self-complexity. Self-complexity was operationalised using two measures: number of aspects of self and overlap between aspects.

**Results:**

A moderate-to-large negative correlation was found between obsessive compulsive symptoms and both quality of life and resilience. While self-complexity did not show a direct relationship with obsessive-compulsive symptoms, both, the number of aspects and their overlap, were significantly associated with resilience, suggesting that higher self-complexity may promote psychological resilience.

**Conclusion:**

Resilience is negatively associated with obsessive-compulsive symptoms and positively associated with quality of life. Although self-complexity is not directly linked to obsessive-compulsive symptoms, it may indirectly contribute to better outcomes through its association with resilience.

**Clinical practice relevance:**

- Findings highlight resilience as a potential target for intervention in OCD treatment.
- Self-complexity could be explored as a novel factor to enhance resilience.
- Supports the integration of cognitive-personality frameworks into OCD prevention strategies.

**Disclosure of Interest Statement:**

The authors have no conflicts of interest to disclose.

**Short biography of presenter:**

Maja Nedeljkovic is a clinical psychologist and Professor at Swinburne University of Technology. Her work explores the relationship between OCD and self-concept, aiming to understand how individuals with OCD perceive themselves and how this impacts treatment outcomes.

## Paper 4 Abstract

### Using Thematic Analysis and Topic Modelling to Analyze Online Reddit Posts made by Adult Children of Parents with Hoarding Behaviour

#### Authors:

Kocol O<sup>1</sup>, Sabel I<sup>1</sup>, Timpano, K.R., Grisham, J.R<sup>1</sup>

<sup>1</sup>School of Psychology, University of New South Wales, Australia, <sup>2</sup>Department of Psychology, University of Miami, USA

**Speaker:** Jessica Grisham

#### Introduction/Background:

Hoarding disorder profoundly impacts family members who witness the accumulated clutter. Disagreement regarding the severity of the hoarding issue can lead to tremendous strain in intrafamilial relationships. To date, only a handful of studies have shed light on the experiences and needs of adult children of individuals who hoard. In this study we analysed Reddit discussions from two online communities for adult children of hoarding parents to gain insights into their lived experiences, support needs, and unique concerns. We employed a natural language processing approach, which utilised machine learning computational approaches.

#### Methods:

Posts from the r/ChildofHoarder and r/ChildrenOfHoardersCOH subreddits were extracted, covering submissions made over a 1-year period. A multi-pronged analysis approach was employed, including: 1) An open coding thematic analysis on a subset of posts to identify major themes and subthemes; 2) A closed-dictionary semantic analysis using Linguistic Inquiry and Word Count (LIWC) software; and 3) Topic modelling with unsupervised learning and neural embeddings. Results were compared against a reference dataset of Reddit discussions by children of parents with bipolar disorder.

#### Results:

The closed-dictionary semantic and topic modelling analyses highlighted distinct linguistic patterns and topic clusters specific to the adult children of hoarding parents. The predominant type of post was “vent,” which constituted extensive narratives sharing frustrations and dilemmas. Additional posts reflected information seeking and efforts to find community. Topic modelling supported eleven main themes.

#### Conclusion:

This natural language processing analysis provides an in-depth understanding of the perspectives and experiences of those raised by parents with hoarding behaviours.

#### Clinical practice relevance:

- Findings illustrate the extensive emotional, psychological, and practical impacts of hoarding.
- The uniquely hoarding-relevant topics and linguistic signatures point to specialized needs of this community and suggest new avenues of research to

understand the impact and transmission of hoarding and to provide support to an underserved population.

**Disclosure of Interest Statement:**

The authors have no conflict of interest.

**Short biography of presenter:**

Jessica Grisham is a Professor of Psychology at UNSW, specializing in anxiety and obsessive-compulsive disorders. Her research focuses on cognitive and emotional factors underlying OCD, hoarding, and related conditions. She is committed to improving psychological interventions through evidence-based approaches and enhancing the understanding of mental health across diverse populations.



Maja Nedeljkovic

*Advancing digital mental health: enhancing engagement, alliance, and assessment [2569]*

### **Symposium Description:**

Digital mental health interventions (DMHIs) are transforming the delivery of psychological care, offering scalable and accessible support for diverse populations. However, challenges remain in fostering engagement, maintaining therapeutic alliance, and monitoring outcomes in virtual settings—particularly for individuals with complex presentations. This symposium brings together a series of complementary studies exploring user-informed, developmentally sensitive, and ethically sound innovations in DMHIs.

Drawing on qualitative and quantitative methods, presenters examine how features such as trauma-informed design, mentalization-based enhancements, and flexible group formats can improve engagement and outcomes. Findings highlight the importance of psychological safety, therapeutic communication, and user-centred content in building meaningful alliances online. Additionally, the integration of artificial intelligence for routine outcome monitoring is explored, offering insights into the potential and limitations of speech-based biomarkers in tracking psychological distress.

Across clinical populations—from children with anxiety to adults with trauma and eating disorders—this body of work underscores the need for digital interventions that are co-designed, clinically adaptable, and ethically implemented. Collectively, these studies point to a future in which digital mental health care is both evidence-based and responsive to the lived experiences of users.

**Chair:** Maja Nedeljkovic, Swinburne University of Technology, Australia

### **Paper 1 Abstract**

#### **A Qualitative Study Exploring Facilitators and Barriers to Engaging with Digitally Based Interventions for Adults with Lived or Living Experience of Eating Disorders and/or Trauma Exposure**

#### **Authors:**

Radatti S<sup>1</sup>, Nedeljkovic M<sup>1,2</sup>, Tremain H<sup>2</sup>, and Gnatt I<sup>1,2</sup>

<sup>1</sup>Department of Psychological Sciences, Swinburne University of Technology, Melbourne, 3122, Australia, <sup>2</sup>Centre for Mental Health and Brain Sciences, Swinburne University of Technology, Melbourne, 3122, Australia.

**Speaker:** Simone Radatti

#### **Introduction/Background:**

Eating disorder (ED) and trauma symptoms are highly comorbid, leading to serious psychiatric concerns and health risks, often resulting in higher rates of treatment dropout and relapse. Emerging evidence suggests they can be treated together; however, access to such treatments is limited by geographical and intrapersonal

barriers. Digital interventions offer a promising solution, but their effectiveness remains under-researched, particularly from the perspectives of those with lived/living experience – an important factor to integrate when designing interventions. Therefore, this study aims to explore the perceived facilitators and barriers to engagement with online interventions among adults with living/lived experience of EDs and/or trauma symptoms.

**Methods:**

Data were collected from 13 adult participants through a two-stage process: (1) an online survey assessing demographics, the International Trauma Questionnaire, and the Eating Disorder Examination Questionnaire to determine eligibility and contextualise the sample; and (2) semi-structured interviews with eligible participants to explore their experiences with online interventions.

**Results:**

Reflexive thematic analysis was employed to analyse the data, identifying key preliminary themes relating to the facilitators and barriers of engaging with online interventions. Facilitators included: 1) a safe space, 2) delivery of the intervention, 3) access, 4) content and design of the intervention, and 5) the group format. Barriers included: 1) the volume of information, 2) disembodiment, 3) inconsistency, and 4) privacy/security.

**Conclusion:**

The insights from this study are hoped to inform the development of a tailored and effective online group intervention for adults experiencing comorbid EDs and trauma symptoms

**Clinical practice relevance:**

- Provides guidance for clinicians into adapting current face-to-face therapeutic interventions for digital delivery.
- Informs the development of an efficacious and tailored online group intervention to treat individuals with comorbid EDs and trauma symptoms.
- Supports the integration of co-designed, lived-experience informed approaches into digital mental health services.

**Disclosure of Interest Statement:**

Ms Radatti is supported by Australian Government Research Training Program Stipend.

**Short biography of presenter:**

Simone Radatti is a second-year PhD (Clinical Psychology) student at Swinburne University of Technology, in Melbourne, Australia. Her research focuses on the co-occurrence of eating disorders and trauma symptoms, with a particular interest in co-developing and evaluating an online group compassion-focused therapy intervention for individuals with these comorbid conditions.

## Paper 2 Abstract

### Integrating mentalization principles into an online behavioural treatment of childhood anxiety disorders: A pilot study

Morello J<sup>1</sup>, and Ludlow C<sup>1</sup>

<sup>1</sup> Swinburne University of Technology, Melbourne, VIC

**Speaker:** Chris Ludlow

#### **Introduction/Background:**

The integration of mentalization principles into behavioural therapy for childhood anxiety has received limited empirical attention. Mentalization, or the capacity to understand behaviour in terms of mental states, may enhance parent-led interventions by improving emotional attunement and reflective capacity. This study explores a novel integration within a telehealth-based parent-assisted graded exposure program.

#### **Methods:**

Twenty-one children (aged 5–11;  $M = 8.81$ ,  $SD = 1.58$ ; 52.4% female) and their parents participated in a 7-session psychotherapy program delivered via telehealth. Outcome measures included parent-reported assessments of child anxiety, reflective functioning, parental self-efficacy, and symptom impact, collected pre-intervention, post-intervention, and at follow-up. The study followed a single-group repeated measures design.

#### **Results:**

Significant reductions were found in child anxiety symptoms ( $\eta^2 = .41$ ) and symptom impact ( $\eta^2 = .35$ ), alongside increases in parental self-efficacy ( $\eta^2 = .30$ ). Reflective functioning did not show significant change. Retention was high (71.4%), no adverse events were reported, and participants rated the program as helpful.

#### **Conclusion:**

The integration of mentalization principles into parent-led behavioural therapy is feasible and potentially effective. This approach may enrich traditional exposure-based treatments and support better engagement and outcomes, particularly via scalable telehealth delivery.

#### **Clinical practice relevance:**

- This approach offers a developmentally sensitive enhancement to behavioural therapy.
- The telehealth model improves access to treatment in underserved communities.
- May be beneficial for children with complex presentations involving attachment disruptions or developmental trauma.

**Disclosure of Interest Statement:**

The authors have no conflict of interest.

**Short biography of presenter:**

Chris Ludlow is a clinical psychologist and senior lecturer at Swinburne University of Technology. His research focuses on child and adolescent mental health, with particular interests in cognitive-behavioural therapy, attachment-informed interventions, and telehealth delivery. He is committed to improving access to effective psychological care for families and young people.

**Paper 3 Abstract****Facilitators of the therapeutic alliance in digitally-based interventions (DBIs) among individuals with complex trauma**

**Authors:** Aliferis C<sup>1</sup>, Blackie M<sup>1</sup>, Nedeljkovic M<sup>1</sup>

<sup>1</sup>Swinburne University of Technology, Melbourne, VIC

**Speaker:** Maja Nedeljkovic

**Introduction/Background:**

Since the introduction of COVID-19 restrictions, digitally-based interventions (DBIs) have expanded access to psychological treatment for various psychiatric conditions. Although concerns exist around the capacity to build therapeutic alliances online, research indicates no significant differences in scores on therapeutic alliance measures for DBIs compared to face-to-face therapy—even among high-risk groups such as those with complex trauma. However, the lived experiences of these individuals in DBIs remain underexplored.

**Methods:**

Using qualitative methodologies, including semi-structured interviews and Interpretive Phenomenological Analysis (IPA), four female participants with histories of complex trauma shared their experiences of DBIs.

**Results:**

Four overarching themes and nine subordinate themes were identified. Findings suggest that key therapeutic factors such as effective communication, psychological safety, clear goal-setting, and therapist competence facilitated therapeutic alliance in DBIs, mirroring findings in traditional therapy research. Additionally, the remote and less clinical nature of DBIs was perceived as a more approachable entry point into treatment for some individuals with complex trauma.

**Conclusion:**

DBIs can support the formation of a therapeutic alliance comparable to that in face-to-face settings and may serve as a more accessible entry into therapy for those with complex trauma, potentially improving engagement and outcomes.

**Clinical practice relevance:**

- DBIs may lower barriers to engagement for individuals with complex trauma.
- Training therapists in digital communication can enhance therapeutic alliance online.
- Designing DBIs with trauma-informed principles could further optimise outcomes.

**Disclosure of Interest Statement:**

An Australian Government Research Training Program Stipend supports Meg Blackie.

**Short biography of presenter:**

Maja Nedeljkovic is a clinical psychologist and Professor at Swinburne University of Technology. Her research focuses on the development and evaluation of psychological interventions for a range of disorders including trauma, with a particular interest in enhancing engagement in digital mental health platforms.

**Paper 4 Abstract**

**Using artificial intelligence in routine outcome monitoring of psychological distress: A pilot feasibility study amongst treatment seeking females in community based psychological service**

**Authors:**

Seabrook E<sup>1</sup>, Brennan C<sup>1</sup>, Iyer R<sup>2</sup>, Ludlow C<sup>1</sup>, & Nedeljkovic M<sup>1,2</sup>

<sup>1</sup>Department of Psychological Sciences, Swinburne University of Technology, Hawthorn, VIC <sup>2</sup>Centre for Mental Health and Brain Sciences, Swinburne University of Technology, Hawthorn, VIC

**Speaker:** Catherine Brennan

**Introduction/Background:**

Routine outcome monitoring of psychological distress has consistently been associated with improved treatment outcomes in psychological therapy. With advancements in artificial intelligence (AI), speech data has emerged as a promising biomarker in psychological assessment. This pilot study aimed to evaluate the feasibility of a machine-learning derived speech signal model to assess psychological distress in a clinical population. The objectives were to: (1) identify speech features correlated with psychological distress; (2) examine the temporal stability of the model over a one-week period; and (3) assess the feasibility and acceptability of AI in clinical settings from the clients' perspective.

**Methods:**

Speech samples were collected during a speech elicitation task at two time points from six female clients of a psychological service. Participants also completed the Depression, Anxiety and Stress Scale (DASS-21).

**Results:**

Speech features associated with depression and anxiety symptoms were identified. Intra-class correlation coefficients suggested some stability in vocal features over time. However, a low participation rate (4.9%, 6 out of 123 eligible participants) suggested limited client acceptability of AI in clinical practice.

**Conclusion:**

Speech signal analysis may offer a reliable, automated, and non-invasive approach to monitoring psychological distress. Nonetheless, significant concerns about feasibility and acceptability remain and must be addressed before clinical integration.

**Clinical practice relevance:**

- AI-supported outcome monitoring may provide objective, non-intrusive, efficient and continuous assessment of client progress.
- Integration of speech biomarkers could enhance early identification of psychological deterioration.
- Acceptability and ethical considerations must be central in the implementation of AI in therapy settings.

**Disclosure of Interest Statement:**

The authors have no conflict of interest.

**Short biography of presenter:**

Catherine Brennan is a researcher and clinician with expertise in mental health, digital interventions, and psychological assessment. She is the Director of the Swinburne Psychology Clinic and has also worked within public mental health sector. Her work focuses on improving client outcomes through innovation in clinical practice.

Lies Notebaert

*Navigating adversity: cognitive mechanisms behind resilient and vulnerable trajectories [2552]*

### **Symposium Description:**

Understanding why some individuals remain emotionally resilient in the face of stressors while others struggle is a central question in psychological science. This symposium brings together four innovative studies exploring cognitive factors that contribute to individual differences in resilience, with a particular focus on emotion regulation, cognitive bias, and information processing styles.

The first presentation examines the interplay between beliefs about emotions, regulation strategies, and emotional resilience in undergraduate students, testing whether strategy orientation mediates the relationship between beliefs and outcomes. The second presentation tests whether grit, conceptualised as a resilience factor, can be experimentally enhanced to reduce escape-driven responses to interpersonal adversity, though findings challenge the efficacy of brief interventions. The third presentation dissects trait anxiety into reactivity and perseveration dimensions, revealing that attentional biases toward negative implicational content are particularly predictive of anxiety perseveration. The final presentation shows that anxious students selectively access more negative information about university life, and that this negative interrogation bias amplifies negative expectations and affect during the transition to university.

Together, these studies illustrate that resilience is not a static trait but emerges from dynamic interactions between cognition, context, and individual differences. They highlight key psychological mechanisms—emotion beliefs and biases in information processing—that can either buffer or exacerbate responses to stressors. The symposium will provide a platform for discussing the theoretical and clinical implications of these findings, particularly how they may inform interventions that target modifiable cognitive processes to enhance resilience in vulnerable populations.

**Chair:** Lies Notebaert, The University of Western Australia

### **Paper 1 Abstract**

**Emotionally resilient outcomes in undergraduate students: beliefs about emotions and emotion regulation strategy orientation**

**Authors:**

Steens H S<sup>1</sup>, Notebaert L<sup>1</sup>

<sup>1</sup>The University of Western Australia, Perth, WA

**Speaker:** Hannah Steens

### **Introduction/Background:**

In the face of adversity, undergraduate students attending their first semester at university show individual differences in emotionally resilient outcomes. As part of a



larger longitudinal research project—the Perth Resilience Project—we aim to increase understanding of the processes that contribute to these individual differences. Researchers have found that emotion regulation is associated with beliefs about emotions and emotional resilience. Accordingly, we tested the novel hypothesis that students who hold more maladaptive beliefs about emotions show less emotionally resilient outcomes by using more disengagement-oriented emotion regulation strategies and less engagement-oriented emotion regulation strategies.

#### **Methods:**

We measured emotionally resilient outcomes using the Frequent Stressor and Mental Health Monitoring approach, beliefs about emotions using the Emotion Beliefs Questionnaire, and emotion regulation strategy orientation using the Process Model of Emotion Regulation Questionnaire. Undergraduate students completed the measures online at three time points across the 12-week semester.

#### **Results:**

We used mediation to analyse the direct and indirect effects between measures of beliefs about emotions and emotionally resilient outcomes via emotion regulation strategy orientation. The results partially supported the hypothesis.

#### **Conclusion:**

The results advance our understanding of how beliefs about emotions and emotion regulation strategy orientation contribute to individual differences in emotionally resilient outcomes among undergraduate students in their first semester of university.

#### **Clinical practice relevance:**

These findings could inform the development of prevention and intervention programs that target beliefs about emotions and emotion regulation strategy orientation to optimise emotionally resilient outcomes in undergraduate students.

#### **Disclosure of Interest Statement:**

The authors have no conflicts of interest to disclose.

#### **Short biography of presenter:**

Hannah Steens is an Honours student at The University of Western Australia. Her dissertation explores emotionally resilient outcomes in undergraduate students, focusing on the role of beliefs about emotions and emotion regulation strategy orientation. She will apply for the Doctor of Philosophy and Master of Clinical Psychology program in 2025.

### **Paper 2 Abstract**

#### **Investigating whether enhancing grit confers resilience through attenuation of the desire to escape from experimentally elevated interpersonal risk factors**

#### **Authors:**

Soh F<sup>1</sup>, Hoffmann W<sup>1</sup>, Gray C<sup>1</sup>, Notebaert L<sup>1</sup>, Stritzke, W<sup>1</sup>, Page A<sup>1</sup>

<sup>1</sup> The University of Western Australia, Perth, WA

**Speaker:** Soh, Florence

**Introduction/Background:**

The interpersonal theory of suicide posits that perceived burdensomeness and thwarted belongingness are two interpersonal risk factors that cause a desire to escape life in the form of suicide. The current study aimed to test the hypothesis that enhancing grit as a potential resilience factor could causally attenuate the desire to escape from experimentally elevated perceived burdensomeness and thwarted belongingness, as an experimental proxy and potential antecedent to desiring suicide.

**Methods:**

Across three experiments, participants were randomly allocated to complete a brief 10-minute grit intervention or control conditions before completing a computerised team task used to manipulate high or low levels of perceived burdensomeness and thwarted belongingness. Experiment 1 ( $N = 113$ ) used a published brief grit intervention procedure that successfully enhanced grit by encouraging participants to reflect and write about their failure to overcome a past difficulty. Experiment 2 ( $N = 37$ ) modified the published grit intervention to increase its effectiveness. Experiment 3 ( $N = 118$ ) used the modified grit intervention and encouraged participants to reflect and write about successfully overcoming an important interpersonal difficulty to enhance grit. Perceived burdensomeness, thwarted belongingness, grit, and the desire to escape the task were measured.

**Results:**

Grit was not successfully enhanced across all three experiments. Participants did not report a significant difference in grit irrespective of whether they completed the grit intervention or control conditions.

**Conclusion:**

Encouraging participants to reflect and write about their past difficulties did not enhance grit. Thus, the hypothesis could not be tested.

**Clinical practice relevance:** Our study did not find support that encouraging participants to briefly reflect and write about their past difficulties successfully enhanced grit. Therefore, whether enhancing grit could confer resilience against experimentally manipulated perceived burdensomeness and thwarted belongingness remains unclear.

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

**Short biography of presenter:**

Florence is a Masters/PhD candidate in Clinical Psychology at The University of Western Australia. She has an interest in researching and understanding how individuals exhibit resilience amidst hardship.

## Paper 3 Abstract

### Why, How, And What. Disentangling the Cognitive Mechanisms Underpinning Anxiety Reactivity and Anxiety Perseveration.

#### Authors:

Moore SC<sup>1</sup>, Dondzilo L<sup>1</sup>, Mazidi Sharafabadi M<sup>1</sup>, Notebaert L<sup>1</sup>.

<sup>1</sup> School of Psychological Sciences, The University of Western Australia, WA.

**Speaker:** Sophia Moore

#### Introduction/Background:

People differ substantially in their ability to cope in the lead up to, and aftermath of, stressful events. One consistent factor advanced to explain these individual differences is trait anxiety. While traditionally viewed as a single construct, there is growing consensus that trait anxiety comprises two dimensions: anxiety reactivity and anxiety perseveration. However, the cognitive mechanisms underlying these dimensions have received less scrutiny. Two studies investigated the contribution of automatic (attention) and effortful (selection) cognitive biases to anxiety reactivity and anxiety perseveration during a novel experimental stressor.

#### Methods:

Participants were exposed to video clips and sentence strings differing in content (situational vs. implicational) and valence (positive vs. negative). A dual-probe attentional bias task and a selective interrogation task generated measures of biased attention and biased information selection, which were compared against state anxiety assessments collected throughout the experimental session.

#### Results:

Biased attention towards negative implicational information predicted heightened anxiety perseveration scores. Although the predictive model for selective interrogation bias did not reach significance, the pattern of results suggests that selectively interrogating negative implicational information may also contribute to anxiety perseveration. Neither biased attention nor selective interrogation bias for either type of information significantly predicted anxiety reactivity scores.

#### Conclusion:

Findings suggest that attentional bias towards negative implicational information contributes to prolonged anxiety perseveration. This finding opens the possibility for testing causality, and modifying this bias should it play a causal role. No evidence emerged that either bias contributed to heightened anxiety reactivity, though methodological and theoretical considerations must be acknowledged when interpreting these findings.

#### Clinical practice relevance

- Trait anxiety is a transdiagnostic vulnerability factor which can predict anxiety related diagnoses and dysfunction, as well as negative outcomes across a variety of domains.
- Enhancing the prediction of individual differences in trait anxiety could lead to the development of interventions aimed at targeting and reducing key cognitive biases.

**Disclosure of Interest Statement:**

The authors acknowledge the support provided by an Australian Research Council Research Training Program Scholarship awarded to Sophia Moore.

**Short biography of presenter**

Sophia is a Doctor of Philosophy and MPsy (Clinical) candidate at the University of Western Australia. She is a part of the Centre for the Advancement of Research on Emotion (CARE), adding to their significant body of work that aims to explain individual differences related to cognition and emotion.

**Paper 4 Abstract**

**Choose your own adventure: Examining the role of selective interrogation of information in expectations and state affect of students vulnerable to anxiety during their transition to university.**

**Authors:**

Reynolds A<sup>1</sup>, MacLeod C<sup>1</sup>, Grafton B<sup>1</sup>

<sup>1</sup> The University of Western Australia, Perth, WA,

**Speaker:** Amelia Reynolds

**Introduction/Background:**

For many young adults, transitioning from high school to university is as stressful as it is exciting. As this period introduces a plethora of new, potentially stressful academic and social experiences, individuals prone to anxiety are at more vulnerable to experiencing poor mental health. To advance our understanding of the mechanisms that give rise to such variation in vulnerability, we tested the hypothesis that young adults differ in the types of information they choose to access, i.e., *selectively interrogation*, about potentially stressful aspects of university, and that, those prone to anxiety disproportionately access negative information (i.e., exhibit a *negative interrogation bias*), which predicts increased negativity in their expectations and state affect as they commence university.

**Methods:**

We recruited 117 Australian students varying in proneness to anxiety, who were attending their first semester of university. We provided them the opportunity to access positive and negative information describing peer experiences of potentially stressful aspects of university. Participants were permitted to selectively access half the available information, and the proportion of negative information they selected taken as a measure of their negative interrogation bias. Expectancies and state affect were also assessed throughout the testing session.

**Results:**

Results indicated that, participants prone to anxiety disproportionately accessed negative information; And that this negative interrogation bias was, in turn, associated with greater negative expectations and, in turn again, greater negative state affect.

**Conclusion:**

Findings are discussed with regards to limitations and potential implications for the prevention and intervention of poor mental health outcomes in young adults commencing university.

**Clinical practice relevance**

To mitigate poor mental health outcomes, requires a contemporary understanding of the mechanisms underpinning emotional vulnerability in today's information-rich environment. In the present study, we build on an emerging line of research, which suggests individual differences in information seeking can elicit and sustain maladaptive cognitions and emotions in vulnerable people.

**Disclosure of Interest Statement**

This research was supported by an Australian Government Research Training Program scholarship. The supporter had no role in the study design, data collection, or analysis.

**Short biography of presenter**

Amelia is a PhD candidate at the Elizabeth Rutherford Memorial Centre for the Advancement of Research on Emotion, University of Western Australia. Amelia's research examines how individual differences in information consumption online contribute to our mental wellbeing, both directly and indirectly via interplay with the algorithms personalising our online world.

## Jamie-Lee Pennesi

*Expanding access and impact: targeting transdiagnostic processes in early intervention for eating disorders [2521]*

### Symposium Description:

Adolescence and emerging adulthood are peak periods for eating disorders (EDs) onset, with incidence rates increasing significantly during and after the pandemic. Intervention outcomes, however, remain poor, with only 26% of individuals achieving recovery after receiving cognitive behaviour therapy (CBT). There is an urgent need for early, accessible, and scalable interventions that can prevent EDs from developing. This symposium presents five papers that explore innovative approaches to improve ED intervention outcomes by identifying and targeting transdiagnostic processes—psychological, cognitive, and behavioural mechanisms shared across different psychiatric disorders—and prioritising consumer-informed development. The first paper presents a meta-review synthesising Level I evidence to identify key transdiagnostic processes implicated in EDs. The second paper highlights discrepancies between stakeholder groups—particularly between researchers and those with lived experience—regarding which processes are most important to target. The third and fourth papers describe the co-design of digital single-session interventions for early intervention, developed in collaboration with adolescents and university students respectively, highlighting the importance of age-specific, user-informed design. The final paper evaluates a parent-delivered CBT program targeting childhood perfectionism, incorporating parental feedback in its design and showing promising feasibility and impact on ED risk factors. Together, these studies highlight a shift toward more collaborative, accessible approaches to intervention—developed with and for those affected by EDs. The symposium advocates for a new direction in early intervention for EDs that is collaborative, scalable, and centred on real-world applicability.

**Chair:** Jamie-Lee Pennesi<sup>1</sup>

<sup>1</sup> Flinders University Institute for Mental Health and Wellbeing and Blackbird Initiative, Flinders University, Adelaide, Australia

### Paper 1 Abstract

**Meta review of Level I evidence: Identifying transdiagnostic processes across disordered eating, anxiety and depression to provide new directions in early intervention**

#### Authors:

Zhou Y<sup>1</sup>, Radunz M<sup>1</sup>, Wade TD<sup>1</sup>

<sup>1</sup> Flinders University Institute for Mental Health and Wellbeing and Blackbird Initiative, Flinders University, Adelaide, Australia

**Speaker:** Yuan Zhou

#### Introduction/Background:

Eating disorders are complex mental illnesses triggered and maintained by multiple transdiagnostic processes. A transdiagnostic process can be defined as a

psychological (e.g., perfectionism, intolerance of uncertainty), psychophysiological (e.g., anxiety sensitivity, or sleep problems), cognitive (e.g., selective bias) or behavioural (e.g., using safety behaviours) risk or maintenance factor that is present across multiple diagnoses. To date, despite many existing reviews on individual transdiagnostic processes (e.g., perfectionism; Egan et al., 2011), no meta-review has systematically synthesized all the transdiagnostic processes that are relevant to eating disorders.

### **Methods:**

We conducted a meta-review (i.e., a review of reviews) synthesizing Level I evidence (prospective) of transdiagnostic processes relevant to eating disorders. Specifically, we are interested in evidence across meta-analyses, systematic reviews, or network meta-analyses of randomized controlled trials, prospective cohort studies, or longitudinal studies. Initial searches across three databases (PsycINFO, Medline, and Scopus) yielded 12,141 results after removing duplicates.

### **Conclusion:**

This meta-review is the first comprehensive review that synthesizes existing transdiagnostic processes in eating disorders. Given that eating disorders are notoriously difficult to treat with up to 60% of individuals failing to respond to existing evidence-based treatment (Linardon & Wade, 2018), understanding these transdiagnostic processes is critical. By identifying and targeting these shared mechanisms, the findings from this review could potentially enhance the effectiveness of existing treatments for eating disorders.

### **Clinical practice relevance:**

- Inform the development of effective Single Session Interventions to prevent the onset of eating disorder among individuals vulnerable to transdiagnostic processes.
- Guide the selection of augmentations to existing evidence-based treatments for eating disorders.
- Understand the complexity of treatment non-responders, reduce drop-out rates and increase treatment effectiveness in eating disorders.

### **Disclosure of Interest Statement:**

This research was funded by a National Health and Medical Research Council Investigator Grant (2025665) awarded to Tracey Wade.

### **Short biography of presenter:**

Dr Yuan Zhou is a Research Fellow in the Flinders University Institute for Mental Health and Wellbeing and a clinical psychologist. Her research interests include imagery rescripting, self-compassion, perfectionism, digital interventions for young people at risk of developing an eating disorder.

## **Paper 2 Abstract**

**Are researchers out of touch with the community when identifying processes to target interventions for eating disorders?**

**Authors:**

Pellizzer ML<sup>1</sup>, Pennesi J-L<sup>1</sup>, Wade TD<sup>1</sup>

<sup>1</sup> Flinders University Institute for Mental Health and Wellbeing and Blackbird Initiative, Flinders University, Adelaide, Australia

**Speaker:** Jamie-Lee Pennesi

**Introduction/Background:**

Little is known about which transdiagnostic processes (precipitating or maintaining factors across different psychiatric disorders) are most important to target to improve eating disorder (ED) interventions. A recent Delphi study investigated whether consensus can be reached among stakeholders on critical processes for early intervention and augmenting evidence-based treatment for EDs. Consensus was reached for one fifth of the processes but there was a clear disconnect between lived experience and researcher panels.

**Methods:**

We conducted a secondary analysis of the Delphi study to better understand discrepancies among stakeholders regarding important processes for EDs. Four panels were included: people with lived experience of an ED ( $N=38$ ), significant others ( $N=27$ ), ED clinicians ( $N=44$ ), and ED researchers ( $N=29$ ). Three consultation rounds were used to reach consensus on 49 processes for both early intervention and augmenting treatment (98 items in total). Chi-square analyses were conducted to explore differences in endorsement rates between panels.

**Results:**

Post-hoc analyses revealed researchers had significantly lower endorsement rates for 70 (71.4%) items, while people with lived experience had significantly higher endorsement rates for 25 (25.5%) items. Consensus was impacted by lower endorsement rates from a single panel for 16 (16.3%) items, with researchers contributing to 12 of these.

**Conclusion:**

Findings highlight a marked discrepancy between stakeholder perspectives, particularly between lived experience and researcher panels, on key processes to target in ED interventions. This encourages the adoption of a bottom-up, complexity-science approach to developing of effective ED interventions and may have broader implications for mental health implementation.

**Clinical practice relevance:**

- Findings highlight discrepancies between stakeholder perspectives on key processes for ED interventions.
- Researchers had significantly lower endorsement rates, suggesting they were at odds with the opinions and priorities of other panels.
- Findings highlight the need for a bottom-up, complexity-science approach for ED interventions and may impact broader mental health implementation.

**Disclosure of Interest Statement:**

This research was funded by a National Health and Medical Research Council Investigator Grant (2025665) awarded to Tracey Wade.



**Short biography of presenter:**

Dr Jamie-Lee Pennesi is a Research Fellow in the Flinders University Institute for Mental Health and Wellbeing and a practising psychologist. Her research focuses on the development and prevention of eating disorders, body image issues, and disordered eating behaviours, and changes in eating disorder behaviours over time.

**Paper 3 Abstract****Youth-informed development of the NourishED Mind app: Co-designing digital single session interventions for the early intervention of eating disorders****Authors:**

Radunz M<sup>1</sup>, Pellizzer ML<sup>1</sup>, Pennesi J-L<sup>1</sup>, Zhou Y<sup>1</sup>, Wade TD<sup>1</sup>

<sup>1</sup> Flinders University Institute for Mental Health and Wellbeing and Blackbird Initiative, Flinders University, Adelaide, Australia

**Speaker:** Marcela Radunz

**Introduction/Background:**

The incidence of eating disorders (EDs) among mid to late adolescence and emerging adulthood has disproportionately increased since COVID when compared to depression or anxiety. Despite this, many adolescents and young people hide the core symptoms of their illness and delay-help seeking. There is a need for early intervention strategies that addresses problems as they emerge, preventing long-term chronicity. The present study reports on the co-design process of the NourishED Mind smartphone app with adolescents, a single session intervention approach targeting the transdiagnostic processes implicated in the development and maintenance of EDs.

**Methods:**

This qualitative co-design study will recruit up to 20 adolescents, aged 14-17, via community groups, school newsletters and social media groups. Adolescents will participate in semi-structured online interviews, providing feedback on app content, usability, preferences and age-appropriateness. Interview data will be thematically analysed to inform iterative development of the app. This project is currently in the recruitment phase, with data collection scheduled to commence in May.

**Conclusion:**

This project will generate insights into adolescents' perspectives on digital single session interventions and inform the design of single session interventions targeting early intervention of EDs.

**Clinical practice relevance:**

- This work offers a radical departure from typical multi-session therapeutic approaches to indicated single session interventions tackling transdiagnostic cognitive behavioural processes.
- Adolescents' feedback on this novel model of early intervention can inform the development of different types of scalable indicated interventions in the future.

**Disclosure of Interest Statement:**

This research was funded by a National Health and Medical Research Council Investigator Grant (2025665) awarded to Tracey Wade.

**Short biography of presenter:**

Dr Marcela Radunz is a Research Fellow in the Flinders University Institute for Mental Health and Wellbeing and a practising clinical psychologist. Her research focuses on youth mental health, with particular interests in eating disorders, disordered eating, social media use and technology addiction, including mobile phone use and gaming.

**Paper 4 Abstract****Co-Designing and Testing Digital App-Based Transdiagnostic Single-Session Interventions for Eating Disorder Prevention in University Students****Authors:**

Jabs M<sup>1</sup>, Wade TD<sup>1</sup>

<sup>1</sup> Flinders University Institute for Mental Health and Wellbeing and Blackbird Initiative, Flinders University, Adelaide, Australia

**Speaker:** Maya Jabs

**Introduction/Background:**

Eating disorders (EDs) are common yet undertreated among university students, with stigma, cost, and limited-service access acting as major barriers. Digital single-session interventions (SSIs) offer a low-cost, scalable approach to prevention. This study presents the co-design of transdiagnostic SSIs within the NourishED Mind app, to understand how to best engage university students in such interventions.

**Methods:**

This four-phase project engages students aged 17 to 25. Phase 1 surveys 100 students to identify their top 9 transdiagnostic targets and examine stated reasons for choosing these targets and whether it is impacted by mental health status and app use. Phases 2 and 3 involve approximately 66 students in online focus groups. In Phase 2, participants provide feedback on content that would encourage continued app use. In Phase 3, they suggest design features to support engagement and adapt language and examples for university students. Phase 4 involves at least 18 students trialling a SSI and completing a feedback checklist evaluating engagement factors. Focus group data will be thematically analysed, and revisions will undergo expert review. This project is in the recruitment phase, with data collection scheduled to begin in May.

**Conclusion:**

This study will co-design and validate user-informed, transdiagnostic digital SSIs for ED prevention, integrating student feedback and expert validation. This process ensures the interventions are both user-informed and clinically sound, making the interventions suitable for pilot testing. The findings will guide the development of accessible, scalable tools for ED prevention in university settings.

**Clinical practice relevance:**

- The digital intervention integrates university student feedback to ensure relevance and engagement.
- It incorporates personalization, user engagement strategies, and evidence-based therapeutic approaches, aligning with current trends in mental health technology.
- These cost-effective, accessible SSIs for eating disorder prevention are designed for scalable implementation in university settings.

**Disclosure of Interest Statement:**

The authors have no conflicts of interest to disclose.

**Short biography of presenter:**

Maya Jabs is a PhD student and research assistant at Flinders University, focusing on early intervention for eating disorders through app-based approaches. She concentrates on developing, testing, and evaluating evidence-based psychological interventions using digital tools to address mental health challenges in youth and clinical populations.

**Paper 5 Abstract****Guided parent-delivered cognitive behaviour therapy for children's perfectionism: A pilot randomised controlled trial****Authors:**

de Valle MK<sup>1</sup>, Jabs M<sup>1</sup>, Egan SJ<sup>2,3</sup>, Shafran R<sup>4</sup>, Wade TD<sup>1</sup>

<sup>1</sup> Flinders University Institute for Mental Health and Wellbeing and Blackbird Initiative, Flinders University, Adelaide, Australia, <sup>2</sup> enAble Institute, Faculty of Health Sciences, Curtin University, Perth, Australia, <sup>3</sup> Discipline of Psychology, School of Population Health, Curtin University, Perth, Australia, <sup>4</sup> Great Ormond Street Institute for Child Health, University College London, United Kingdom

**Speaker:** Madelaine de Valle

**Introduction/Background:**

Perfectionism increases risk of psychopathology such as eating disorders and is on the rise in youth. Early intervention can prevent mental health disorders. Given the association between parent and child perfectionism, positioning parents to intervene can make treatment more accessible and empower parents to model healthy achievement-related behaviour. We examined the feasibility, acceptability, and preliminary efficacy of a guided, parent-delivered cognitive behaviour therapy intervention for youth perfectionism (GPD-CBT-P).

**Methods:**

This randomised controlled trial (RCT) compared GPD-CBT-P to waitlist control. Children (aged 7-12, with perfectionism) and parents completed measures at baseline (T1), post-intervention (T2), and 6-weeks post-intervention (T3). The 6-module program contained psychoeducation and homework exercises, with weekly online guidance from a psychology Honours graduate.

**Results:**

Forty-nine parent-child pairs were randomised (intervention:  $n = 25$ ; control:  $n = 24$ ). Most intervention participants (60%) completed all sessions and provided positive feedback. There were no baseline group differences. At T3, children in the intervention group reported lower weight/shape concerns ( $g = 0.58$ , 95% CIs = 0.02 - 1.15) and depression, and improved school satisfaction and academic self-efficacy than children in the control group. These differences followed reductions in parental perfectionism at T2. However, children's perfectionism did not significantly change.

**Conclusion:**

GPD-CBT-P shows promising feasibility and acceptability, reducing weight/shape concerns and improving children's wellbeing. It lowered parental perfectionism, but not children's perfectionism. Addressing parental perfectionism may represent an efficient avenue to improving children's wellbeing and reducing their eating disorder risk. A larger RCT with extended follow-up is needed to clarify mechanisms of change.

**Clinical practice relevance:**

- This guided self-help intervention represents a lower-cost option for addressing youth eating disorder risk than traditional face-to-face approaches.
- The intervention can be delivered by someone with no clinical training and still result in positive feedback and outcomes.
- We may be able to improve children's wellbeing by reducing their parents' perfectionism.

**Disclosure of Interest Statement:**

This research was funded by the Channel 7 Children's Research Foundation (ID:27413665). Tracey Wade is supported by a National Health and Medical Research Council Investigator Grant (2025665). Roz Shafran, Sarah Egan, and Tracey Wade are co-authors of the book 'Overcoming Perfectionism: A self-help guide using scientifically supported cognitive behavioural techniques', upon which the guided self-help intervention examined in this trial was based.

**Short biography of presenter:**

Dr Madelaine de Valle is a Research Fellow in the Flinders University Institute for Mental Health and Wellbeing and a practising clinical psychologist. Her research interests include eating disorders, disordered eating, body image, perfectionism, social media, clinical interventions, and supports provided to those on the waitlist for psychological treatment.

## Matthew Sanders

*Innovation in evidence-based parenting and family interventions: responding to the contemporary needs of children young people and their families [2559]*

### Symposium Description:

Evidence-based parenting and family intervention programs must evolve to remain relevant in addressing the contemporary needs of parents and children. This symposium uses the Triple P-Positive Parenting Program as an example of how ongoing research and development has continued to inform how Triple P is best delivered to address social, emotional and behavioural problems of children and young people. Four different types of innovations are described, including the development of an online version of the Stepping Stones Triple P program for parents of neurodiverse children with a disability (Trevor Mazzucchelli), the development of parenting interventions to support health media us by adolescents (Alina Morawska), individual differences in their responses to a low intensity Triple P seminar series delivered through primary schools (Tianyi Ma), and integrating the Triple P Online System into existing services and clinical interventions (Lisa Studman). A brief discussion will be hosted by Matthew Sanders.

**Chair and Scientific Discussant:** Professor Matthew Sanders, Parenting and Family Support Centre, The University of Queensland

### Paper 1:

**Title: Latest developments in Stepping Stones Triple P Online**

### Authors:

Mazzucchelli TG<sup>1,2</sup>, Sanders MR<sup>2</sup>, Studman L<sup>3</sup>

<sup>1</sup>School of Population Health, Curtin University, Australia, <sup>2</sup>Parenting and Family Support Centre, The University of Queensland, Australia, <sup>3</sup>Triple P International, Australia

**Speaker:** Trevor Mazzucchelli

### Introduction/Background:

Families raising children with developmental disabilities often encounter substantial barriers to accessing evidence-based parenting support, including geographic, financial, and service delivery challenges. Stepping Stones Triple P Online (SSTP-OL) is a new, web-based adaptation of the established Stepping Stones Triple P program, supported by the Australian Government Department of Health and Aged Care. SSTP-OL was specifically designed to improve accessibility, inclusivity, and engagement for diverse families across Australia, reflecting a commitment to equity and cultural relevance.

### Methods:

The development of SSTP-OL was informed by contemporary disability research, feedback from families and practitioners, and a strong emphasis on inclusive design. Program materials were thoroughly re-scripted and re-imaged to ensure that families from a wide range of backgrounds, including those experiencing neurodiversity and different disabilities, would see themselves represented. Evaluation includes brief,

validated pre- and post-program measures: the Child Adjustment and Parent Efficacy Scale – Developmental Disability (CAPES-DD), Parenting and Family Adjustment Scale (PAFAS), and Parenting Self-Regulation Scale (PSRS). These tools capture child adjustment, parental self-efficacy, parenting practices, family functioning, and parent self-regulation.

### **Results:**

At the time of the conference, preliminary data on program uptake, user acceptability, and change in key outcomes will be shared if available, offering early insights into SSTP-OL's reach and benefits for families.

### **Conclusion:**

SSTP-OL marks a significant advance in scalable, accessible parenting support for families of children with developmental disabilities. Ongoing evaluation will inform its impact, future directions, and broader dissemination.

### **Clinical practice relevance:**

- Offers an accessible, freely available online intervention for families of children with disabilities
- Utilises validated measures to monitor outcomes in real-world settings
- Has potential to address service gaps for geographically or socially isolated families

### **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 UQ, to publish and disseminate Triple P worldwide. The authors of this report have no share or ownership of TPI. Mazzucchelli, Sanders and Studman receive royalties from TPI. TPI had no involvement in the study design, collection, analysis or interpretation of data, or writing of this report. Mazzucchelli and Sanders have positions at UQ.

### **Short biography of presenter:**

Trevor Mazzucchelli is a clinical psychologist and Associate Professor at Curtin University, specialising in parenting interventions and self-regulation. He leads research and training on evidence-based supports for families of children with disabilities.

## **Paper 2: Parenting intervention to support healthy social media use in adolescence**

### **Authors:**

Morawska A<sup>1,2</sup>, Adina J<sup>3</sup>, Khan A<sup>4</sup>, Turner, KMT<sup>1,2</sup>

<sup>1</sup>Parenting and Family Support Centre, School of Psychology, The University of Queensland, Australia

<sup>2</sup>Australian Research Council Centre of Excellence for Children and Families over the Life Course, Australia

<sup>3</sup>Institute for Human Development, The Agha Khan University, Nairobi, Kenya

<sup>4</sup>School of Health and Rehabilitation Sciences, The University of Queensland, Australia

**Speaker:** Alina Morawska

### **Introduction/Background:**

Adolescent social media use is identified as a major concern for families, schools and society more broadly. Interventions to assist adolescents to use social media in a healthy way are scarce, and the role of parents in supporting their teens in this domain has been overlooked.

### **Methods:**

Two systematic reviews were undertaken to identify (1) the role of parents in influencing social media use in adolescence by examining key proximal, modifiable factors which may serve as intervention targets, and (2) the efficacy of existing parenting interventions and their effective components to support healthy social media use in adolescence. The reviews were pre-registered with PROSPERO (CRD42024520793). Searches were conducted across four databases PsycInfo, Scopus, PubMed, and ERIC.

### **Results:**

The first review included 27 studies and identified four aspects of parenting practices (parent modelling, mediation/communication, monitoring, and limit-setting) linked with adolescent engagement with social media. Parental mediation positively correlated with adolescent social media engagement while parental monitoring showed mixed results on adolescent social media use. Proactive limit-setting strategies appeared to mitigate problematic social media use, while reactive approaches were associated with increased social media engagement and risky behaviours. Only two studies were eligible for inclusion in the second review. The review findings point to the scarcity of studies on parenting interventions for adolescent social media use.

### **Conclusion:**

This review demonstrates the multifaceted role of parental practices in shaping adolescent social media use behaviours and supports the need for more empirical research, as well as better understanding of the behaviour change mechanisms associated with interventions.

### **Clinical practice relevance:**

- Parenting practices contribute to shaping adolescent social media use behaviours.
- Parent modelling and mediation/communication are important intervention targets.
- Parenting interventions have the potential to assist families in establishing healthy social media use practices.

**Disclosure of Interest Statement:**

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**Short biography of presenter:**

Prof Alina Morawska is Director of the Parenting and Family Support Centre, The University of Queensland. She has published extensively in the field of parenting and family intervention and has received numerous grants to support her research. She has been recognised as Australia's top scholar in family studies.

**Paper 3 Abstract**

**Understanding the variability in parents' responses to school-based delivery of a low-intensity, evidence-based parenting program: Family profiles and intervention-related transitions**

**Authors:**

Ma T.<sup>1,2</sup>, Tellegen C. L.<sup>1</sup>, Hodges J.<sup>1,2</sup>, Boyle C.<sup>2</sup>, Sanders M. R.<sup>1</sup>

<sup>1</sup> The University of Queensland, St Lucia, QLD, <sup>2</sup> The University of Adelaide, Adelaide, SA

**Speaker:** Tianyi Ma

**Introduction/Background:**

Evidence-based parenting programs represent the best opportunity to prevent and treat childhood mental health problems. However, significant heterogeneity is often observed in parents' responses to parenting interventions, and conventional statistical methods do not allow for the clear examination of differential responses to intervention. Using data from a school-based cluster randomised trial of a low-intensity parenting program, the Triple P seminar series, this study aimed to explore variabilities in parents' outcomes through latent transition analysis.

**Methods:**

Data were collected from 912 parents of children (4-13 years old; 50.2% girls) attending 160 primary schools in Australia on three occasions. Our model included indicators of direct intervention targets, namely children's emotional, behavioural, and peer relationship problems and parental self-regulation, as well as indicators of the quality of the home-school partnership. We estimated a three-wave model, and a two-wave model to evaluate the impact of intervention attendance on profile transitions.



**Results:**

We identified four distinct parent profiles with consistent characteristics across the three assessment times, namely proactive, adequate, help-seeking, and disengaged groups. Moderate levels of post-intervention improvements in terms of transitioning to more desirable profiles were observed. The intervention was found to be associated with significant prevention effects for parents from the proactive and adequate profiles, while parents who identified as help-seeking prior to the intervention were more likely to transit to more desirable profiles.

**Conclusion:**

Our study found notable variabilities in parents' responses to a school-based, preventive, evidence-based parenting program. Parents with the help-seeking profile at the baseline experienced the greatest benefits.

**Clinical practice relevance:**

- The study highlighted presence of significant individual differences in the responses to a low-intensity evidence-based parenting program.
- This study stressed the importance of considering certain contextual factors (e.g., the quality of the home-school partnership) in selecting the intervention options or the adaptation the program offering to suit individual's needs.

**Disclosure of Interest Statement:** *(see example below)*

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 Uniquist 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, or analysis or interpretation of data. Prof Sanders receives royalties and/or consultation fees from TPI. Dr Hodges may receive royalties in the future. Dr Tellegen and Mr Ma are employees at UQ. Mr Ma is also a graduate student at UQ.

**Short biography of presenter:**

Tianyi is a postdoctoral research fellow at the Parenting and Family Support Centre, The University of Queensland. Despite being early in his career, Tianyi has been prolific in publications. He is skilled in advanced quantitative modelling and is a sought-after contributor to research projects as a methodologist and statistician.

**Paper 4:****Integrating the Triple P Online System into existing services and clinical interventions****Authors:**

Studman, L.<sup>1</sup>

<sup>1</sup>Triple P International, Australia

**Speaker:** Lisa Studman

**Introduction/Background:**

The Triple P Online System has enabled approximately nine hundred thousand parents globally to access parenting support. Agencies and practitioners play an active role in promoting and integrating programs.

**Methods:**

There are five comprehensive broad-based parent support programs. These include Triple P Online; Fear-Less Triple P; Triple P for Baby; Family Transitions Triple P; and Stepping Stones Triple P.

Agencies and practitioners can integrate programs via a 3-step self-directed tool that assists them to: (1) “Get Ready” by identifying agency goals, relevant programs, and a coordinator to oversee of the process of integration, (2) “Get Started” by enhancing practitioner awareness of-, training, and support to integrate programs, and (3) “Get Better”, by using multi-media promotional resources, monitoring uptake, and reporting outcomes to stakeholders.

**Results:**

The self-guided implementation resource has aided hundreds of agencies to support practitioners to either promote and refer to programs or to integrate course content into clinical practice.

Clinical level support is widely adopted by mental health practitioners. Online programs are integrated into treatment plans in the initial stage of family engagement. For example, a treatment plan may include a course of child-only sessions with fortnightly consults for parents to review their progress through an online program and to assist in tailoring specific strategies to family context.

**Conclusion:**

Agencies and practitioners can integrate online programs using a self-directed implementation resource to integrate administrative or clinical support for families doing Triple P online programs.

**Clinical practice relevance:**

- Practitioners and agencies can integrate Triple P online programs into services.
- Integration of programs may range from promotional and information support to clinical integration of program content into treatment plans.
- This can address service gaps for isolated families and families of children on waitlists for mental health or diagnostic services.

**Disclosure of Interest Statement:**

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**Short biography of presenter:**

Lisa Studman is a clinical and educational/developmental psychologist. She has 30 years of experience as a practitioner supporting families and currently works with Triple P International as an implementation consultant. She is a co-author of Stepping Stones Triple P and her PhD research focussed on family adaptation to disability.

## Matthew Sanders

### *Learnings from large-scale implementation of evidence-based parenting and family interventions [2561]*

This symposium focuses on the development and global scaling of evidence-based parenting and family interventions to prevent serious social and emotional problems in children and young people, and to reduce child maltreatment. It aligns well with the conference theme, *"Innovating CBT for diverse minds, needs, and peoples,"* by highlighting innovations from large-scale efforts to disseminate an integrated, multi-level system of parenting support (Triple P – Positive Parenting Program) for diverse populations, including families with complex needs.

The symposium opens with Sanders (founder of Triple P) describing a seven-phase iterative model of research and development that has guided the program's evolution over four decades—from theory building to scaling and knowledge transfer. Ralph then discusses the development of a comprehensive professional training system, available both in-person and online, and presents data on its global reach. Challenges encountered during the transition to online delivery via Zoom during the COVID-19 pandemic are also examined. Finally, Boyle presents findings from the *Thriving Kids, Parents, and Schools Project*, a Commonwealth Government-funded initiative supporting families post-pandemic. The project was delivered across 380 schools in Queensland, South Australia, and Victoria, using a randomized stepped-wedge design. Two-hour seminars addressed key topics including "The Power of Positive Parenting," "Helping Children Manage Anxiety," and "Helping Children Reduce Bullying at School."

Together, the presentations illustrate how evidence-based parenting interventions can be scaled and adapted using a systems-contextual approach to meet the diverse needs of children, families, and communities.

Our discussant Trevor Mazzucchelli will draw together learnings and implications of findings for research, policy and practice for enhanced social impact.

**Chair:** Matthew Sanders, The University of Queensland

**Scientific Discussant:** Trevor Mazzucchelli, Curtin University

## Paper 1 Abstract

### **Learnings from the scaling of parenting and family interventions: From thesis to global impact**

**Author:** Sanders MR<sup>1</sup>

<sup>1</sup> Parenting and Family Support Centre, The University of Queensland

**Speaker:** Matthew Sanders

## Introduction

The scaling of evidence-based interventions focusing on children and young people is a major challenge for clinical researchers, prevention scientist and program

developers. This presentation provides an overview of an iterative model of research and development that has informed the growth and evolution of the Triple P system of parenting intervention over four decades. The program has reached millions of children and their families around the world with trained and accredited practitioners from 84 countries. This presentation will focus on the key challenges, obstacles program developers and clinical researchers face in ensuring evidence-based programs can have real social impact.

### **Methods**

The Research and Development and scaling framework was informed by contemporary implementation science theory, principles of public health, CBT principles and self-regulation theory. Learnings derived from practitioner and parent feedback from the large scale rollouts in different countries and cultures has led to refinement of the training model over time.

### **Results**

The presentation will summarise the scaling of Triple P as an Australian social and behavioural science innovation and will report on the growth of the evidence base supporting the efficacy of training. At time of submission 33 different in-person and online programs have been developed and trialled. An evidence base comprises over 872 studies (including over 432 evaluation studies, 207 RCT's). Triple P evaluations have involved nearly ~2000 researchers, from 593 research institutions across 43 countries. The collective evidence supporting Triple P makes it the most extensively studied and widely implemented evidence-based parenting program globally.

### **Conclusion**

Evidence-based parenting and family intervention can be successfully scaled to influence policy, research and practice, and positively impacting the lives of millions of children and their families.

### **Clinical Relevance:**

- Evidence-based parenting programs can be implemented successfully by multiple disciplines with appropriate training and implementation support
- Practice-based evidence is important to complement RCT's and should inform the refinement of existing programs and the development of new programs

### **Disclosure statement**

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### **Short biography of Presenter**

Professor Matthew Sanders is the founder of the Triple P Positive Parenting Program and an Emeritus Professor and the University of Queensland. He was the foundation director of the Parenting and Family Support Centre (1996-2023). He is a Fellow of the AACBT, Australian Psychological Society, and Academy of Social Sciences. He was foundation Chair of the Parenting and Family Research Alliance.

### **Paper 2 Abstract**

#### **The development of a sustainable training model to facilitate the global dissemination of an evidence-based parenting and support system**

#### **Authors:**

Ralph, A.<sup>1</sup>, Sanders M. R.<sup>1</sup>

<sup>1</sup> The University of Queensland, St Lucia, QLD,

**Speaker:** Alan Ralph

#### **Introduction/Background:**

Taking an evidence-based parenting program to scale is an essential step in making programs that work accessible to large numbers of practitioners and families in many geographical locations globally. Over the past 30 years, the Triple P Positive Parenting program has developed an international training system to address this challenge.

#### **Methods:**

The training model adopted uses an systems-contextual theoretical perspective with a focus on building the self-regulatory capacities of practitioners and the public health principle of minimal sufficiency. Training begins with the training of trainers using the direct input of the founder of Triple P and Master trainer Professor Matt Sanders at the Parenting and Family Support Centre at the University of Queensland, with the assistance of the Head of Training at the agency with the responsibility for global dissemination, Triple P International which is also based in Brisbane.

#### **Results:**

Triple P trainers are recruited from a pool of highly skilled and qualified personnel. They then participate in an intensive 40-hour training program delivered by Sanders and Ralph, during which they are exposed to the fundamental processes and content of 9 of the core Triple P programs. Following this they receive additional support as they begin to train practitioners who are then accredited to deliver Triple P to parents. Details of this support will be described during the presentation.

270 Triple P trainers have been trained over the last 30 years. These trainers have delivered over 12,000 Triple P professional training courses to over 110,000 practitioners based in 84 different countries. Training was adapted from face-to-face delivery to include Zoom-based courses during the COVID pandemic with no decrease in quality ratings.

**Conclusion:**

Our experience with Triple P has demonstrated that a high-quality training system can be developed, successfully scaled and sustained over 3 decades.

**Clinical practice relevance:**

- This endeavour demonstrates how evidence-based parenting programs can be made available to large populations with no loss of treatment fidelity.
- This presentation describes a training model that is sustainable and broadly implemented globally.

**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 Uniquist 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, or analysis or interpretation of data. Prof Sanders and Associate Professor Ralph receive royalties and/or consultation fees from TPI.

**Short biography of presenter:**

Alan has taught at three Australian Universities, and developed programs to assist teenagers and parents to manage problems commonly encountered during the transition into adolescence.

He is a Fellow of the Australian Psychological Society, past Chair of the College of Clinical Psychologists, and a Chartered Clinical Psychologist of the British Psychological Society.

**Paper 3 Abstract**

**How a school-based, low-intensity, evidence-based parenting program can enhance the well-being of children and families and the home-school partnership: Findings from a cluster randomised trial in Australian primary schools.**

**Authors:**

Boyle C<sup>1</sup>, Sanders MR<sup>2</sup>, Ma T<sup>1,2</sup>, Hodges J<sup>1,2</sup>, Allen KA<sup>3</sup>, Cobham VE<sup>2,4</sup>, Darmawan I<sup>1</sup>, Dittman CK<sup>2,5</sup>, Healy KL<sup>2,6</sup>, Hepburn SJ<sup>2</sup>, MacLeod LM<sup>1</sup>, Teng J<sup>1</sup>, Trompf M<sup>3</sup>, Warton W<sup>3</sup>

<sup>1</sup> The University of Adelaide, Adelaide, SA, <sup>2</sup> The University of Queensland, Brisbane, QLD, <sup>3</sup> Monash University, Clayton, VIC, <sup>4</sup> Children's Health Queensland Hospital and Health Service, Brisbane, QLD, <sup>5</sup> Central Queensland University, Bundaberg, Queensland, <sup>6</sup> QIMR Berghofer Medical Research Institute, Brisbane, QLD

**Speaker:** Chris Boyle

## Introduction

Given the widespread nature of the challenges in child mental health, an integrated public health model of intervention was required to address the problems and to safeguard the wellbeing of children. The Thriving Kids and Parents Schools Project evaluated a seminar series 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 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.

## Clinical Practice relevance

- Brief, school-based parenting seminars can improve child mental health outcomes and parenting practices at a population level.
- The intervention showed consistent effects across multiple sites, supporting its scalability and real-world applicability.
- High parent satisfaction suggests strong acceptability and potential for integration into routine school-based mental health strategies.

## Disclosure statement:

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are employees at UQ. Dittman and Healy hold honorary titles at UQ. Ma is also a graduate student at UQ. The other authors have no competing interests.

**Short biography.**

Professor Boyle (FBPS) is a Professor of Inclusion and Educational Psychology and the Associate Head (Research) in the School of Education, The University of Adelaide. Professor Boyle has over 25 years' experience in education and psychology, whose research is generally in the domain of psychology, wellbeing, and inclusive education.

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“

The Fear-Less program has helped us not only build our children's emotional resilience and given us a better understanding of what anxiety looks like, but also given us some tools that the whole family can use in the long term.

Jules J.

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## Open Papers

Christopher Basten

*Cognitive, behavioural and emotion-focused interventions for functional neurological disorder: a case series [2545]*

### Authors

Christopher Basten; M.Psychol.; PhD

### Abstract

**Introduction:** Functional neurological disorder (FND) is a heterogeneous condition where neurological symptoms cannot be explained by any structural pathology in the nervous system. Cognitive-behaviour therapy (CBT) is known to be an effective intervention for FND. The goals of this naturalistic cohort study were to document the range of FND symptoms presenting to a psychology practice, the treatments employed and symptom changes with treatment.

**Method:** Participants were 30 consecutive people presenting for treatment from 2021 to Dec 2024. The age range was 14 to 67 years. Ten (30%) were male.

**Results:** The types of FND present in this sample included dissociative fainting/blacking out, non-epileptic seizures, dystonia, other movement disorders, stroke-like symptoms and paralysis. Not all had a known trauma history. All clients received certain treatment elements including psychoeducation, personal case formulation, training in emotional awareness and symptom reattribution. Additional interventions selected for some participants were habit reversal, assertiveness training, structured problem-solving, cognitive therapy for anxiety and stress, and CBT for PTSD. There were mixed outcomes and those who experienced symptom reduction showed early response to treatment. Certain of these interventions were more helpful for particular subtypes of FND.

**Conclusions:** This case series suggested that an Australian help-seeking sample is similar in many ways to other studies. Consistent with existing research, the data suggested that CBT is effective for some who present with FND. While a standardised version of treatment is available in published form, the heterogeneous nature of FND means that it may be more effective to tailor some of the treatment.

### Clinical Practice Relevance

FND is common in the community, with a growing awareness. Mental health professionals trained in CBT can readily learn to treat this condition. Some of the interventions available can be matched to the presenting subtype or a standardised manual is available.

### Disclosure of Interest Statement

The author has no conflicts of interest to disclose.

## Rebecca Bissett

*From maladaptive self-oriented perfectionism to excellencism: a path for final-year high school girls [2522]*

### Authors:

Bissett R.<sup>1</sup>, Waters A<sup>1</sup>., Clough B<sup>1</sup>., Hood M.<sup>1</sup>, Sluis R.<sup>1</sup>

<sup>1</sup>Griffith University, Brisbane, QLD.

**Speaker:** Rebecca Bissett

### Introduction/Background:

Adolescent girls in their final year of high school are at heightened risk of developing maladaptive perfectionism, which can impact mental health and academic motivation. Excellencism—defined as adaptive, flexible striving—offers a promising alternative. This study evaluated a school-based intervention designed to reduce perfectionistic tendencies while preserving healthy achievement behaviours.

### Methods:

A total of 119 Year 12 girls (M = 16.8 years) participated in a four-week cognitive-behavioural therapy program delivered during class time. The intervention included values clarification, cognitive restructuring, and emotion regulation strategies. A quasi-waitlist control was created through staggered program delivery across two cohorts. Data were collected at pre-, post-, and four-week follow-up.

### Results:

Self-oriented perfectionism significantly decreased from pre- to post-intervention and remained stable at follow-up. Excellencism scores remained constant, indicating preservation of adaptive striving. While no significant changes were found in anxiety, depression, or positive affect, emotional stability was maintained during a high-stakes academic period. No increases in psychological distress were observed.

### Conclusion:

This intervention demonstrates early effectiveness in reducing maladaptive perfectionism in adolescent girls without undermining adaptive striving. The program was feasible, well-received, and psychologically safe to deliver during a high-pressure academic phase. Excellencism-based strategies offer a promising avenue for fostering coping and academic achievement in school settings.

### Clinical practice relevance:

- Brief, school-based CBT interventions can be used to reduce maladaptive perfectionism in adolescent girls
- Excellencism provides a practical, evidence-based alternative to maladaptive perfectionism that supports healthy striving
- Findings can guide clinicians and school wellbeing staff in delivering scalable programs that promote mental health without compromising academic motivation

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

### Short biography of presenter:

**Rebecca Bissett** is a PhD candidate at Griffith University's School of Applied Psychology. Her research focuses on maladaptive perfectionism and excellencism in adolescents. She has developed and evaluated school-based interventions supporting mental wellbeing and is passionate about translating psychological science into practical tools to support adolescent mental health and achievement.



## Rosie Blackburn

*On hold: a reflexive thematic analysis exploring the experience of waiting for adult eating disorder treatment in Australia [2509]*

Blackburn R<sup>1</sup>, Tonta KE<sup>1,2,3</sup>, Targowski K<sup>2</sup>, Breen LJ<sup>1,3</sup>, Raykos BC<sup>2</sup>, and McEvoy PM<sup>1,2,3</sup>

<sup>1</sup> School of Population Health, Curtin University, Perth, WA; <sup>2</sup> Centre for Clinical Interventions, Perth, WA; <sup>3</sup> enAble Institute, Curtin University, Perth, WA

**Speaker:** Rosie Blackburn

### **Introduction/Background:**

Prolonged waitlists for eating disorder (ED) treatment are a growing concern in Australia, with limited access to specialised services contributing to delays in care. Despite increasing awareness of these systemic barriers, little is known about the lived experience of adults (18+) awaiting psychological treatment for EDs. This study aimed to explore the psychological and emotional impacts of being on a waitlist for ED treatment and the coping strategies individuals employ during this time.

### **Methods:**

Fourteen females ( $M=27.1$  years) who were currently on, or had recently been on, a waitlist for ED treatment in Australia participated in semi-structured interviews. Data were analysed using reflexive thematic analysis (Braun and Clarke, 2019) within a critical-realist framework to identify themes reflecting participants' experiences.

### **Results:**

Participants described feeling deprioritised, not "sick enough," and that the waitlist itself contributed to symptom escalation. We generated four key themes from the data: *living in limbo*, reflecting uncertainty and disempowerment; *incubation period*, describing exacerbation of ED symptoms and psychological distress; *reliance on other support*, illustrating variable use of formal and informal support networks; and *development of coping mechanisms*, highlighting the use of previously learned strategies.

### **Conclusion:**

Participants reported that prolonged waiting for ED treatment can intensify distress, entrench ED behaviours, and undermine recovery motivation. Enhancing communication, providing interim support, and offering structured self-help resources during wait periods may mitigate these harms. These findings underscore the urgent need for system-level changes to reduce delays and support clients more effectively while on waitlists.

### **Clinical practice relevance:**

- Clinicians should be aware that clients may internalise prolonged waitlists as personal failings, exacerbating feelings of unworthiness and symptom escalation.
- Services should provide regular communication about waitlist length to reduce client uncertainty.
- Validating language should be used when discussing waitlists to counteract feelings of invalidation and being "not sick enough."

**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 the impact of waitlists on eating disorder symptoms, and what can be done during the waitlist period to support clients when they first seek help.

**Simon Byrne**

*Predictors of parent willingness to conduct exposure therapy with their child [2540]*

**Authors:**

Byrne S & Sewell D

School of Psychology, University of Queensland, Brisbane, Australia

**Speaker:** Simon Byrne

**Introduction/Background:**

Parents are often asked to conduct exposure therapy with their anxious child, however, they experience varying levels of success. In this study, we examined variables that predict parent willingness to conduct exposure therapy with their child, including parent anxiety, attachment style, parenting style and demographics.

**Methods:**

N = 132 parents reported their willingness to conduct exposure therapy with their child for mild, moderate or severe anxiety on an 11-point Likert scale (0% = definitely not; 100% = definitely). They also provided written responses regarding their attitudes to parent guided exposure therapy. We then used *k*-means clustering to identify sub-groups of parents and children across variables to predict parent willingness to conduct exposures.

**Results:**

Parents reported varied willingness to conduct exposure therapy with their child across quantitative and qualitative measures. For example, they reported 66% mean willingness for mild anxiety (SD = 29%) and 41% reported concerns in the written response. Clustering revealed qualitatively different response profiles regarding parent attitudes about exposure therapy (concerns regarding exposure harm and effectiveness) and behaviors (differences in attitudes to avoidance). Regression analyses found the parent attitudes to exposure cluster to be the only consistent significant predictor across all anxiety severities (Cohen's *ds* = 0.66-1.27)

**Conclusions:**

Many parents are ambivalent about conducting exposure therapy with their child. Parent beliefs about exposure therapy's effectiveness and potential for harm should be targeted in treatment to increase their willingness to engage.

**Clinical practice relevance:**

- Clinicians should be aware that many parents are ambivalent about conducting exposure therapy with their child and many have concerns.

- Targeting parent beliefs about the harm and efficacy of exposure therapy can improve their willingness to try it.

**Disclosure of Interest Statement:**

The authors have no conflicts of interest to disclose.

**Short biography of presenter:**

Dr Byrne is a Lecturer in Clinical Psychology at the University of Queensland. His research has focused on the unconventional use of psychiatric drugs to treat mental disorders, treatments for anxiety and treatments for children.

**James Clarke**

*Authentic expression is key: Understanding the relationship between self-compassion, emotional labour, and burnout in healthcare professionals [2543]*

**Authors:**

Buissink P<sup>1</sup>, Mazzucchelli TG<sup>1,2</sup>, Joffe AD<sup>3</sup>, Clarke JJ<sup>1,2</sup>

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**Speaker:** James J Clarke

**Introduction/Background:**

Burnout is concerning common amongst healthcare professionals (HCPs) and contributes to significant personal and systemic costs. Self-compassion has been associated with lower levels of burnout through reduced emotional labour in psychologists. However, it is unknown *how* these constructs are related and whether such relationships can be observed in HCPs broadly. Therefore, we investigated whether self-compassion, emotional dissonance, and burnout are associated through mechanisms of deep acting, natural acting, and self-criticism in HCPs.

**Methods:**

We designed an online survey to collect cross-sectional data to enable regression-based analyses. We collected data from 234 healthcare professionals residing in Australia and New Zealand and performed path analysis to examine theorised relationships.

**Results:**

Despite most variables accounting for unique variance in constructs as predicted, our path analysis results indicated that only natural acting and self-criticism were unique pathways through which self-compassion affected emotional labour and various dimensions of burnout after controlling for age, emotional job demands, and social desirability bias. However, further indirect effects analysis found self-compassion predicted burnout only through natural acting and emotional labour for personal, work-related, and client-related burnout.

**Conclusion:**

We suggest that authentic emotional expression may be a key mechanism through which self-compassion affects emotional labour and consequent burnout. Our findings extend previous research to healthcare professionals and provide support for the development and evaluation of burnout interventions for HCP's predicated on self-compassion and emotional labour management.

**Clinical practice relevance:**

- HCP burnout may be prevented/ameliorated through self-compassion and authentic emotional displays between service provider and recipient
- Workplaces promoting practitioner authenticity and compassion may assist HCPs to effectively manage the emotional demands of their work
- An empirical basis exists for future self-compassion and emotional labour interventions to mitigate burnout in HCPs

**Disclosure of Interest Statement:**

The authors have no conflicts of interest to disclose.

**Short biography of presenter:**

James is a Clinical Psychologist, Supervisor, and Lecturer. His research has focused on emotional labour, self-compassion, psychological flexibility, psychologist and healthcare provider wellbeing, as well as health promoting community initiatives. He works clinically at the Drug and Alcohol Youth Service and teaches into the Curtin University postgraduate psychology courses.

**Melissa Cleary**

*The perspectives of autistic adolescents and their parents on sleep strategies for insomnia [2516]*

**Authors:**

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**Speaker:** Melissa Cleary

**Introduction/Background:**

Autistic adolescents are particularly susceptible to sleep difficulties, with up to 80% experiencing sleep problems, most commonly insomnia. Despite this high prevalence, there is limited understanding of how autistic adolescents perceive their sleep difficulties and the extent to which they are engaged in managing them. The aims of this study were to investigate autistic adolescent and parent perspectives of experiencing and managing insomnia and identify the factors that shape these views and approaches to treatment.

**Methods:**

Semi-structured interviews were conducted with 11 autistic adolescents experiencing insomnia (45% female; mean age = 11.6 years) and 16 parents of autistic adolescents experiencing insomnia (94% female; mean age = 45.1 years). A qualitative content analysis was employed to identify key thematic categories within the data.

**Results:**

Adolescents often perceived their sleep as adequate, despite describing symptoms and functional outcomes of insomnia. Insomnia was commonly addressed through intentional routines involving sounds, stimulus reduction, and regular bedtimes. Parents actively sought information about their child's sleep independently, while adolescents obtained most of their understanding from their parents.

**Conclusion:**

Findings from this study highlight a range of techniques that autistic adolescents and their parents use to address sleep difficulties. Findings suggest the need for enhanced professional awareness of sleep problems in autistic adolescents and further recommendations to parents for available sleep services.

**Clinical practice relevance:**

- More than one sleep related question is needed to be asked
- Ask both adolescents and parents sleep related questions
- Work with autistic adolescents to design a personalised sleep routine

**Disclosure of Interest Statement:** Author Melissa Cleary was supported through an Australian Government Research Training Program Scholarship. Jenny Downs is supported by a Fellowship from the Stan Perron Charitable Foundation. There are no conflicts of interest to report.

**Short biography of presenter:**

Melissa Cleary is a PhD student at the University of Western Australia. Melissa's research primarily focuses on sleep in young people with autism. Her PhD is looking at insomnia in autistic adolescents, and how digital CBT-I can play a part in their sleep treatment.

## Caroline Donovan

*Helping more young children sleep: an open trial of Lights Out Online [2551]*

**Authors:** Caroline Donovan<sup>1,2</sup>, Evren Etel<sup>1</sup>, Laura Uhlmann<sup>1</sup>, Amy Shiels<sup>1</sup>, Tamsin Joynt<sup>1</sup>, Sonja March<sup>3</sup>, Lisa Metzler<sup>4</sup>, Laurie McLay<sup>5</sup>, Lara Farrell<sup>1,2</sup>, Allison Waters<sup>1,2</sup>, Rob Ware<sup>1</sup>

**Affiliations:** <sup>1</sup>School of Applied Psychology, Griffith University, Queensland Australia; <sup>2</sup>Griffith Centre for Mental Health; <sup>3</sup>Centre for Health Research, and School of Psychology and Wellbeing, University of Southern Queensland, Queensland, Australia; <sup>4</sup>Department of Pediatrics, National Jewish Health, Denver, CO, USA; <sup>5</sup>Child Well-being Research Institute and Faculty of Health, University of Canterbury, Christchurch, NZ.

**Speaker:** Caroline Donovan

**Introduction/Background:** Sleep problems in young children are highly prevalent and place them at risk for numerous detrimental child and family outcomes. This pilot study aimed to test the preliminary efficacy and transdiagnostic impact of an online, parent-focused sleep intervention, the *Lights Out Online* program, in terms of its ability to a) reduce child sleep, anxiety, and behaviour problems, and b) to reduce parent sleep, depression, anxiety and stress problems, and improve parental self-efficacy.

**Methods:** This open trial included 24 parents ( $M_{age} = 36.2$ ,  $SD = 4.1$ ) of children aged 3-6 years ( $M_{age} = 4.1$  years,  $SD = 1.1$ ) with sleep problems. Measures of child sleep, anxiety, and behaviour problems, as well as parental self-efficacy, and parent sleep, anxiety, depression and stress, were taken at pre- and post-treatment.

**Results:** A series of mixed-effects linear regression models demonstrated significant improvements in child sleep, child anxiety, child behaviour problems, parent sleep, parent anxiety and parental self-efficacy, from pre- to post-intervention. However, significant improvements were not demonstrated for parent depression and parent stress. Post-program feedback from parents suggested that they were satisfied with the program content and presentation.

**Conclusion:** This study provides preliminary support for the efficacy and acceptability of an online, parent-focused program targeting child sleep problems.

#### **Clinical practice relevance:**

- Lights Out Online was shown to have significant transdiagnostic impact, improving not only child sleep, but also child anxiety, child behaviour problems, parent anxiety, parental self-efficacy and parental sleep.
- The program is efficient and has the potential to be delivered at scale (through our existing Momentum online platform).

#### **Disclosure of Interest Statement:**

This paper was funded by an Australian Rotary Mental Health Research Grant (2023-2025).

#### **Short biography of presenter:**

Caroline Donovan is a Clinical Psychologist and Professor within the School of Applied Psychology and the Centre for Mental Health at Griffith University. She has received over \$9 million worth of funding throughout her career and has published 13 book chapters and 95 peer reviewed journal articles.

### **Lara Gillen**

*“Goodnight, poor sleep”: a randomized-controlled trial of a brief, peer-led, psychological sleep intervention for university students [2524]*

Gillen L.<sup>1</sup>, Nguyen E.V.<sup>1</sup>, Dodd S.<sup>1</sup>, Irving T.<sup>1</sup>, Tan A.<sup>1</sup>, Boyne E.<sup>2</sup>, Hartung K.<sup>2</sup>, Olaithe M.<sup>1</sup>, Bucks R.S.<sup>1,3</sup>, Ree M.J.<sup>1</sup>, & Richardson C.<sup>1</sup>

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**Speaker:** Lara Gillen

**Introduction/Background:** This study evaluated the efficacy of “Goodnight, Poor Sleep (GPS)”, a very brief, single-session, peer-delivered sleep intervention based on cognitive behavioural therapy for insomnia, on sleep, daytime functioning, mental health, and substance use in university students.

**Method:** In this 3-week, parallel-group, randomized controlled trial, 178 university students ( $M_{age}=19.07\text{yrs}\pm 1.54$ , 17-25yrs; 77% female) were randomized to either treatment (GPS; n



= 89) or waitlist control (n = 89) groups. Sleep hygiene, sleep, sleepiness, fatigue, depression, anxiety, and substance use were measured at baseline, 1-week later at pre-treatment, and at 2-weeks post-treatment.

**Results:** Intent to treat analyses indicated that the treatment group experienced increases in sleep hygiene ( $d = 0.94$ ,  $p < .001$ ) and decreases in insomnia ( $d = -0.77$ ,  $p < .001$ ), fatigue ( $d = -0.66$ ,  $p < .001$ ), depression ( $d = -0.41$ ,  $p = .010$ ), and substance-related difficulties ( $d = -0.44$ ,  $p = .004$ ) from pre- to post-treatment, relative to the control group. Both groups reported improved sleep diary parameters (sleep onset latency, wake after sleep onset, total sleep time, sleep efficiency), daytime sleepiness, and anxiety, such that there were no differences between the control and treatment groups ( $ps > .053$ ). There were no improvements in objective sleep (WASO, TST) for either group ( $ps > .377$ ).

**Conclusion:** These findings provide preliminary support for the efficacy of GPS as a brief intervention for insomnia symptoms in university students, with additional benefits in reducing daytime fatigue, depressive symptoms, and substance-related difficulties.

#### Clinical relevance:

- The GPS intervention may be a low-barrier option for improving sleep and associated symptoms of daytime fatigue, depression, and substance-related difficulties in university students.
- Results from this preliminary efficacy trial highlight possibilities for the dissemination of GPS as a first-line intervention for student sleep difficulties in a stepped-care model.

#### Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

#### Short biography of presenter:

Lara Gillen is a PhD candidate at the University of Western Australia's School of Psychological Science, where she is also completing a Master of Clinical Psychology. Her research focuses on evaluating the efficacy of the "Goodnight, Poor Sleep" intervention for improving sleep and mental health outcomes in university students.

## Penelope Hasking

*Emotional reactivity, experiential avoidance, and non-suicidal self-injury: does distress tolerance play a moderating role? [2534]*

**Authors:** Muir A<sup>1</sup>, Boyes M<sup>1,2</sup>, Hasking P<sup>1,2</sup>

<sup>1</sup>School of Population Health, Curtin University, Perth, Australia

<sup>2</sup>Curtin enAble Institute, Curtin University, Perth, Australia

**Speaker:** Penelope Hasking

#### Introduction/Background:

The Experiential Avoidance Model proposes that experiential avoidance mediates the well-established association between emotional reactivity and non-suicidal self-injury (NSSI). However, experiential avoidance is a multidimensional construct, and it is currently unclear which dimensions of experiential avoidance relate to NSSI. An additional prediction of the model is that distress tolerance moderates the relationship between emotional reactivity and experiential avoidance, however this is yet to be tested. By testing these pathways, we can improve our understanding of NSSI and develop targeted interventions. We tested whether

there was an indirect effect from emotional reactivity to NSSI through specific dimensions of experiential avoidance, and whether distress tolerance moderates the relationship between emotional reactivity and dimensions of experiential avoidance.

### Methods:

Five hundred and fifty-five Australian undergraduate university students (79.3% female, 67.6% lifetime NSSI history) completed an online survey including measures of emotional reactivity, experiential avoidance, and distress tolerance.

### Results:

A moderated mediation analysis tested predicted direct, indirect, and moderating effects. Emotional reactivity was associated with a lifetime history of NSSI, directly ( $B = 0.45 [0.18, 0.72]$ ) and indirectly through two dimensions of experiential avoidance: repression/denial ( $B = 0.06 [0.01, 0.14]$ ) and behavioural avoidance ( $B = -0.14 [-0.28, -0.03]$ ). No moderating effects were observed for distress tolerance.

### Conclusion:

These findings provide partial support for the Experiential Avoidance Model, suggesting that repression/denial and behavioural avoidance may be particularly important in understanding NSSI. Future research could explore the practical implications of targeting emotional reactivity, repression/denial, and behavioural avoidance in NSSI intervention and prevention plans.

### Clinical practice relevance:

- This research points to three emotion related variables to be targeted in future NSSI intervention and prevention efforts: emotional reactivity, repression/denial, and behavioural avoidance
- Emotion regulation therapy has shown promise in reducing self-injurious behaviours among adolescents and should be investigated in other age groups

### Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

### Short biography of presenter:

Penelope Hasking is a Professor of Psychology at Curtin University. Her primary research interest is in Non-Suicidal Self-Injury (NSSI) with a particular interest in the experience of self-injury from lived experience perspectives.

## Nikki Huang

*Understanding repetitive negative thinking in early adolescence: a descriptive qualitative survey study [2519]*

### Authors:

Huang NN<sup>1,2</sup>, Moulds ML<sup>1</sup>, Newby JM<sup>1,2</sup>, Werner-Seidler A<sup>1,2</sup>

<sup>1</sup> Black Dog Institute, UNSW, Sydney, <sup>2</sup> School of Psychology, UNSW, Sydney.

### Introduction/Background:

Early adolescence is a critical window for preventing the onset of common mental disorders. Repetitive negative thinking (RNT; e.g., rumination, worry) is a transdiagnostic process



contributing to depression and anxiety and therefore a key prevention target. However, little is known about early adolescent experiences of RNT. This study explored adolescent experiences of RNT from adolescent and parental perspectives.

### **Methods:**

Adolescents and parents of adolescents aged 10-18 answered open- and close-ended questions about adolescent RNT experiences in an online survey. Participant responses were coded into themes. Participants also completed standardised questionnaires of RNT, co-rumination, depression, and anxiety.

### **Results:**

72 adolescents and 57 parents completed the survey (adolescent-report: mean age = 14.51; parent-report: mean age = 12.25). Both younger and older adolescents reported comparable levels of RNT, co-rumination, depression, and anxiety. RNT was primarily past-focused, verbal, and most likely to occur at night. Most adolescents reported nighttime RNT as difficult to control and interfering with sleep. Common RNT triggers included being alone or in a quiet environment, interpersonal/social, and school-related triggers. Common RNT-reduction strategies included distraction and interacting with others. However, almost half of adolescents were unsure what triggered their RNT and reported not doing anything to stop it. Most adolescents and parents perceived RNT as entirely unhelpful/purposeless. RNT reduction was expected to improve emotional wellbeing and engagement in valued actions.

### **Conclusion:**

High RNT and moderate co-rumination are experienced from early adolescence. Future interventions should support adolescents in identifying RNT triggers, developing RNT and co-rumination reduction strategies, and managing nighttime RNT.

### **Clinical practice relevance:**

- RNT should be assessed from early adolescence as a transdiagnostic process contributing to depression and anxiety.
- Adolescents require support in identifying RNT triggers, developing RNT-reduction strategies, and managing nighttime RNT.
- Co-rumination between friends and/or between parents and children may be a transdiagnostic target in adolescent depression and anxiety.

### **Disclosure of Interest Statement:**

The authors have no conflicts of interest to disclose.

### **Short biography of presenter:**

Nikki Huang is a Master of Clinical Psychology / PhD student at UNSW Sydney and the Black Dog Institute. Her research focuses on preventing depression and anxiety in early adolescence by reducing repetitive negative thinking.

**Anthony D Joffe**

*Psychologists' use of artificial intelligence at work [2527]*

### **Authors:**

Joffe A D<sup>1</sup>, Lasater Z<sup>2</sup>, Godinho V<sup>2</sup>, Tang S<sup>2</sup>, & Newby J M<sup>1,3</sup>

<sup>1</sup> Black Dog Institute, Sydney, NSW, <sup>2</sup> Australian Psychological Society, Melbourne, NSW, <sup>3</sup> University of New South Wales, Sydney, NSW

**Speaker:** Anthony D Joffe

**Introduction/Background:**

Artificial Intelligence (AI) technologies have changed workflows across various industries. In psychology, AI has been used to develop administrative tools to streamline administrative work, and AI-based interventions, which can be used with clients as an adjunct or replacement to therapy. However, despite a rapid uptake of this technology, several outstanding questions remain. How are psychologists using AI in their work? Are there clear benefits or barriers to AI implementation among psychologists? Can training, guidance, and policy change positively influence AI implementation? This study examines psychologists' attitudes toward, and use of, AI technologies at work.

**Methods:**

A mixed methods study was undertaken. Over 150 Australian psychologists completed a demographic questionnaire and answered questions about their attitudes toward, and use of, AI administrative tools and interventions. More than 10 psychologists opted to complete a follow up interview, which examined their reasons for using or not using AI at work.

**Results:**

Results showed heterogeneity among psychologists in their utilisation of AI technologies. Even among psychologists who adopted AI tools and/or interventions, the types of technology/modes of implementation varied. While AI was seen as a promising technology, various barriers to implementation were also identified. These included concerns regarding privacy, workplace autonomy, and limited awareness of AI technologies. The capacity for AI to effectively cater to diverse populations was also raised as a concern.

**Conclusion:**

Findings suggest that psychologists are adopting AI technologies in their work, despite some outstanding barriers to their implementation. Findings provide a basis for policy, training, and practical AI implementation within this critical workforce.

**Clinical practice relevance:**

- Identifies barriers to the implementation of AI technologies in the psychology profession and explores how these can be overcome
- Describes unique ways AI tools are currently being implemented by psychologists, providing information for clinicians and researchers
- Highlights emerging ethical considerations that may warrant policy change

**Disclosure of Interest Statement:**

This research is supported by NHMRC Centre of Research Excellence in Depression Treatment Precision (2024796). Jill Newby is supported by a NHMRC Investigator Grant (2008839).

**Short biography of presenter:**

Anthony Joffe is a postdoctoral research fellow at the Black Dog Institute, and a clinical psychologist. His current research examines how artificial intelligence can be used to aid in precision treatment for depression.

## Katarina Kikas

### *Illness anxiety disorder: a longitudinal investigation [2511]*

#### **Authors:**

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#### **Speaker:** Katarina Kikas

**Introduction:** In the DSM-5, individuals with severe health anxiety can receive a diagnosis of Illness Anxiety Disorder (IAD) or Somatic Symptom Disorder (SSD) based on somatic symptom severity. Cross-sectional research suggests minimal differences between these disorders, with differences related to severity. This is the first longitudinal study to compare IAD and SSD and examine diagnostic stability of IAD over time.

**Methods:** 118 participants (M age=41 years, 84% female) completed an online survey and diagnostic interview at baseline, 3-months, and 6-months. The survey included self-report measures of health anxiety, generalised anxiety, depression, quality of life, and health service use. The ADIS-5 assessed IAD, SSD and comorbid diagnoses. Linear mixed models examined the effects of health anxiety diagnoses on outcomes over time.

**Results:** At baseline, 25 participants (21.2%) met IAD criteria. By 3-months, 52% continued to meet IAD criteria, 24% were in remission, and 24% met SSD criteria. At 6-months, 41.2% met IAD criteria, 41.2% were in remission, 5.9% met SSD criteria, and 11.8% met comorbid IAD/SSD criteria. Compared to IAD, those with SSD had significantly higher somatic symptoms, greater health care utilisation, and poorer physical health-related quality of life over time. No significant group-by-time interactions were observed.

**Conclusion:** These findings suggest that IAD is stable for half of health anxious individuals; the remainder recover or transition to SSD. SSD appears more severe and impairing than IAD over time, but the lack of other differences suggest that these disorders should be reclassified into one health anxiety disorder in the next DSM.

**Clinical practice relevance:** For clinicians treating health anxious clients, these findings highlight that health anxious individuals commonly transition between IAD and SSD over time, and health anxious clients who meet IAD criteria are likely to exhibit less severe symptoms, better physical quality of life, and lower health care utilisation than clients with SSD.

#### **Disclosure of Interest Statement:**

This paper was supported by an NHMRC Investigator Grant Fellowship (GNT2008839) to Professor Jill Newby. The authors have no conflicts of interest to disclose.

#### **Short biography of presenter:**

Katarina is a PhD student investigating Illness Anxiety Disorder at UNSW and the Black Dog Institute. Katarina has contributed to the field through two publications and over the past three years she has presented her research at two international (WCCBT23 & ABCT24) and five domestic conferences (AACBT23/24 & SMHR22/23/24).

## Victoria Manning

### *Efficacy of a standalone telephone-delivered alcohol intervention: secondary outcomes of a double-blind randomised controlled trial [2529]*

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<sup>2</sup>Turning Point, Eastern Health, Monash University, Melbourne, Australia.

**Speaker:** Victoria Manning

#### **Background:**

Less than half of the population who would seek and benefit from formal alcohol treatment receive it, highlighting the need to establish effective, accessible, telephone-delivered interventions. We previously published the effectiveness of 'Ready2Change' (R2C), a stand-alone telephone-delivered cognitive and behavioural intervention with non-treatment seekers in the community, at 3-months. This paper examines the interventions' longer-term effectiveness.

#### **Methods:**

In a pre-registered double-blind RCT, 344 participants received either 4-6 psychologist-delivered R2C intervention sessions, or four 5-minute telephone check-ins with a researcher (active control). Outcomes included alcohol problem severity (Alcohol Use Disorders Identification Test; AUDIT), hazardous alcohol use (AUDIT-C), past-month drinking days, and total standard drinks. Change in outcomes were assessed from baseline to 6- and 12-months.

#### **Results:**

173 participants were randomised to the intervention, 171 to active control. With an intention-to-treat approach we observed a significant decrease in alcohol problem severity in both conditions, with change from baseline not differing between arms (6-months: difference=0.56,  $p=0.45$ ; 12-months: difference=-0.66,  $p=0.37$ ). A significantly greater reduction in hazardous alcohol use was observed at 6-months ( $p=0.04$ ) but not at 12-months ( $p=0.51$ ). When adjusting for exposure to  $\geq 2$  sessions, R2C showed greater reductions in hazardous use at both 6- ( $p=0.04$ ), and 12-months ( $p=0.009$ ), and in past-month drinking days ( $p=0.04$ ) and total standard drinks at 12-months ( $p=0.01$ ).

#### **Conclusion:**

Findings indicate that R2C had sustained benefits in terms of reducing hazardous alcohol consumption, and several other relevant outcomes when participants received the initial (assessment-focussed treatment planning) session as well as at least one therapeutic intervention session.

#### **Clinical practice relevance:**

The Ready2Change intervention reduces hazardous alcohol use (but not alcohol problem severity) for 6-months post-intervention.

- Receiving at least two sessions of R2C helps people reduce the frequency and quantity of alcohol use up to 12-months later.
- Results demonstrate the longer-term benefits of this highly accessible, scalable model of alcohol treatment.

#### **Disclosure of Interest Statement:**

This paper was funded by a National Health and Medical Research Council (NHMRC) Project Grant GNT1125026.

The authors have no conflicts of interest to disclose.

### **Short biography of presenter:**

Victoria Manning is a Professor in Addiction Studies at Monash University and Head of Research and Workforce Development at Turning Point, an addictions treatment provider. She leads a program of research examining the effectiveness of novel psychological and neurocognitive treatments for people with alcohol and other drug use disorders.

## **Amanda Maxwell**

*Critical shortage of psychologists delivering psychological interventions for tic disorders: findings from a national survey [2576]*

### **Authors:**

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**Speaker:** Amanda Maxwell

### **Introduction/Background:**

Tic disorders are childhood neurodevelopmental movement disorders, with 2–5% of the population diagnosed with a Chronic Tic Disorder. The impact of tics can be profound, affecting all areas of daily life. Behavioural interventions are the first-line treatment for Chronic Tic Disorders, but recognition and support for people with tic disorders in Australia are limited. This national survey aimed to collect data on the experiences and unmet needs of those affected by tic disorders, with findings highlighting the significant mental health impact, unmet needs, and service gaps, particularly in the delivery of psychological interventions.

### **Methods:**

A national survey of 189 individuals from across Australia, including 112 caregivers of children (68% male), and 77 adults (29% male) with a tic condition. The survey explored seven impact domains: diagnosis, functioning, services and intervention, education, employment, finance, and quality of life. Standardised questionnaires included the Mood and Feelings Questionnaire, KIDSCREEN-10, and WHOQOL-Brief. Semi-structured interviews were also conducted with 13 young people (8–24 years) and 6 caregivers.

### **Results:**

Key findings included 82% of children having poor health-related quality of life, with significant comorbid mental health difficulties. 47% of caregivers reported suicidal ideation in their children, and 1 in 10 children had attempted suicide. Access to evidence-based behavioural tic interventions was poor, with most interventions targeting comorbid conditions. Government priorities include increased funding, clinician training, and availability of evidence-based behavioural interventions.

### **Conclusion:**

This survey highlights mental health challenges and gaps in evidence-based interventions, with key recommendations for the psychology profession to address.

**Clinical practice relevance:**

- Development of clinical guidelines for assessment, diagnosis and treatment of tic disorders
- Increased training for psychologists in evidence-based behavioural interventions for tics across Australia, including in rural and regional areas
- Recognition of tic disorders as a disability and funding provision through the NDIS scheme

**Disclosure of Interest Statement:**

This project was supported through internal funding awards at The Kids Research Institute Australia, including a 2023 Julie Bishop Award and 2024 Embrace Award, to Dr Licari.

**Short biography of presenter:**

Dr Amanda Maxwell is a Clinical Psychologist with 20 years' experience working with children and families across Australia, the UK, and Hong Kong. She has particular interest in tic disorders, including functional tics, and is Clinical Research Manager at the UNSW Tic Clinic. Amanda also works in private practice in Sydney.

**Rachel Menzies**

*The impact of psychologists' own death anxiety on the recognition and treatment of death anxiety in clients [2557]*

**Authors:**

Briggs, C<sup>1</sup> & Menzies RE<sup>1</sup>

<sup>1</sup> The University of Sydney, Sydney, NSW

**Speaker:** Rachel Menzies

**Introduction/Background:**

Death anxiety has been increasingly recognised as a transdiagnostic construct, underpinning a range of mental health conditions. However, it remains unclear to what extent psychologists are familiar with this construct, and whether their own death anxiety may impact their response to it.

**Methods:** We recruited a sample of 152 Australian psychologists. Participants were presented with clinical vignettes describing common anxiety-related presentations, and asked to identify which transdiagnostic constructs they believed were most relevant. Measures of death anxiety, in addition to measures assessing familiarity with this clinical construct, were also administered.

**Results:**

The results showed that psychologists with higher death anxiety were more likely to identify death anxiety as being relevant to clinical vignettes. Unexpectedly, familiarity with the construct (e.g., having attended a workshop or consumed material about death anxiety) was not associated with increased identification of death anxiety in relevant cases. Lastly, familiarity with the construct was significantly associated with confidence in treating this construct in clients, whereas personal level of death anxiety was not.

**Conclusion:**

These findings suggest that increased training materials on the topic of death anxiety may help to improve psychologist's confidence in administering relevant treatments. This may be particularly useful given that, for some disorders, only a minority of psychologists identified

death anxiety as being relevant. Psychologists who experience higher death anxiety themselves may also be more likely to identify this construct in clinical presentations.

**Clinical practice relevance:**

- Given that death anxiety was under-recognised in some vignettes, increasing clinicians' awareness of its relevance may enhance case conceptualisation across a range of disorders
- Therapist introspection is essential, given that personal experiences can heighten clinical attunement to relevant constructs

**Disclosure of Interest Statement:**

RM is supported by a National Health and Medical Research Council (NHMRC) Investigator Grant (grant number: G215120 2017628).

**Short biography of presenter:**

Dr Rachel Menzies is a lecturer at the University of Sydney, and Director of the Menzies Anxiety Centre. Rachel's research has been awarded various prizes, including the Australian Psychological Society (APS) national PhD Prize and Early Career Research Award. Rachel has published five books on the topic of existential issues.

## Rachel Michael

*Fluency and psychosocial sequelae in school-aged children who stutter: the Curtin University School-aged Stuttering Program (CUSSP) [2564]*

**Authors:**

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**Speaker:** Rachel Michael

**Introduction/Background:**

Stuttering often persists into the primary school years, accompanied by psychosocial challenges. School-aged children who stutter (SCWS) are at increased risk of peer victimisation, including teasing and bullying, which can lead to emotional dysregulation, anxiety, and reduced social participation. While fluency-focused therapies can reduce stuttering severity, they often overlook these broader impacts. There is a growing need for integrated interventions addressing both fluency and emotional wellbeing.

**Methods:**

This study evaluated a 16-week intervention for SCWS aged 7–12 and their caregivers, targeting both speech and psychosocial needs. The program combined eight weeks of fluency techniques with eight weeks of socioemotional training using the Resilience Triple P Program for parent-child dyads. Weekly sessions (1–1.5 hours) focused on self-regulation, emotional regulation, peer relationship skills, and empowering parents to manage teasing and support their child.

**Results:**

The intervention's effectiveness was assessed using pre, post, and three-month follow-up measures of fluency, psychosocial wellbeing, and parenting efficacy. Qualitative feedback



from children and parents was also gathered to inform program improvements. Generalised linear mixed modelling will analyse outcomes and predictors of improvement.

### **Conclusion:**

This research highlights the importance of holistic, family-focused approaches to stuttering treatment. By addressing both fluency and psychosocial factors, the integrated CUSSP intervention may offer more sustainable, meaningful outcomes than fluency-only approaches.

### **Clinical practice relevance:**

- Findings could inform clinical guidelines and professional training for speech pathologists, emphasising the importance of addressing emotional regulation, peer relationships, and parenting support in stuttering therapy.
- Results may guide service design, promoting integrated, interdisciplinary models that combine speech pathology and child mental health services for school-aged children who stutter.

### **Disclosure of Interest Statement:**

The authors have no conflicts of interest to disclose.

### **Short biography of presenter:**

Rachel Michael is a PhD candidate at Curtin University, conducting research affiliated with the Curtin Stuttering Clinic. Her work focuses on integrated interventions for school-aged children who stutter, combining fluency techniques with psychosocial support. Rachel is passionate about providing holistic, family-focused intervention to improve outcomes for children and their families.

## **Kristin Naragon-Gainey**

*In their own words: participants' identification of most-bothersome symptoms in clinical assessment and daily life [2563]*

### **Authors:**

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**Speaker:** Kristin Naragon-Gainey

### **Introduction/Background:**

Clinical assessments typically use standardized measures for a few specific symptoms. However, this approach may miss some symptoms or not match how the client describes their experiences. As such, idiographic assessment—using the client's description of their most-bothersome symptoms—may be informative throughout therapy, but this method has rarely been researched thus far. Thus, the current study characterises participants' reported most-bothersome symptom and tests associations with standard self-report (lab and daily life) and interview symptom measures.



**Methods:**

345 community adults (50% currently seeking/receiving psychological treatment) completed questionnaires, clinical interview, and a 7-day experience sampling study with 6 brief reports daily from home. The intensity of participant-identified most bothersome symptoms was assessed at each report, along with distress and wellbeing. Symptoms were coded based upon content focus and using the Hierarchical Taxonomy of Psychopathology (HiTOP). Multilevel modeling was used for analyses.

**Results:**

25% of most-bothersome symptoms aligned with a diagnostic label, with others focused on work/school, finances, unhappiness broadly, and others' health/wellbeing. In the HiTOP framework, the majority of most-bothersome symptoms (88%) reflected distress symptoms. Severity of the most-bothersome symptom in daily life was moderately associated with baseline measures of internalising symptoms ( $r=.27-.43$ ). Where most-bothersome symptom implied a diagnosis, 60% matched the diagnoses assigned from clinical interviews. Last, momentary intensity of the most-bothersome symptoms predicted momentary wellbeing, above and beyond a momentary standardized measure of distress.

**Conclusion:**

While people's self-identified primary symptom was related to standardised symptom assessments, it appears to provide important additional information in understanding wellbeing. Replication in clinical settings is needed.

**Clinical practice relevance:**

- Primary concerns that are distressing do not always align with diagnostic constructs, extending to broader daily life issues.
- Measuring and tracking participant-described primary symptoms may provide a useful alternative/addition to standardized symptom measures.
- Consistent with a client-centered view, people's self-identified concerns may be particularly important in predicting wellbeing.

**Disclosure of Interest Statement:**

This paper was funded by National Center for Complementary and Integrative Health/National Institutes of Health Grant 1R21AT009470.

**Short biography of presenter:**

Kristin Naragon-Gainey is an associate professor and clinical psychologist at the School of Psychological Science, University of Western Australia, where she leads the Emotional Wellbeing Lab. Her research and clinical activities focus on how emotional processes relate to depression, anxiety, and wellbeing, often using real-time measurement in daily life.

**Luke John Ney**

*The importance of temporal proximity of trauma cues in exposure therapy for posttraumatic stress disorder: evidence from fear conditioning [2502]*

**Authors:** Ney LJ<sup>1</sup>, Eales K<sup>1</sup>, Jarvis M<sup>1</sup>, Anderson J<sup>1</sup>, Lipp OV<sup>1</sup>

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**Speaker:** Luke Ney

**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. In these experiments, the 'extinction' phase is conceptually analogous to exposure therapy for PTSD. Based on Ehlers & Clark's (2000) cognitive model, stimulus temporal proximity should create the strongest learning conditions and result in the best target for extinction.

**Methods:**

Two experiments were conducted in healthy participants (N=138) using a standard conditioning paradigm, the extinction efficiency a novel stimulus that was temporally proximal to aversive reinforcement was assessed compared to: (1) a conventional predictive stimulus, and (2) another novel stimulus that had semantic similarity to the aversive reinforcement (electric shock).

**Results:**

In both experiments, we found that the conditional stimulus presented at the same time as the aversive reinforcement resulted in significantly stronger conditioning compared to a conditional stimulus that predicted aversive reinforcement onset. In experiment 2, we further found that the temporally proximal stimulus that was not semantically related to the aversive reinforcement outperformed the stimulus that was semantically similar.

**Conclusion:**

These findings have significant implications for the study of PTSD using fear conditioning and 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. In particular, we find preliminary evidence that targeting memories with semantic similarity to the aversive event may be a less powerful way of conducting therapy compared to stimuli that are temporally proximal, but semantically unrelated, to the aversive event.

**Clinical practice relevance:**

- Fear conditioning and extinction are used as experimental models of PTSD and exposure therapy
- This work suggests that targeting memories that are temporally proximal to the traumatic experience is most likely to reduce relapse
- Further, this work suggests that targeting memories that are semantically unrelated may be more effective at reducing relapse compared to targeting memories that are semantically similar to the traumatic event

**Disclosure of Interest Statement:**

This paper was funded by an NHMRC Investigator Grant Fellowship (GNT2017125) awarded to LNJ.

**Short biography of presenter:**

Dr Luke Ney is a NHMRC Senior Research EL1 Fellow who works at Queensland University of Technology (QUT). His areas of research include fear, trauma, and experimental psychology as it relates to PTSD. He leads the Biology, Trauma, and Memory Lab at QUT.

## Thomas Nicholl

### *Cognitive factors associated with performance anxiety in musicians [2503]*

**Authors:** Nicholl T J<sup>1</sup>, Abbott M J<sup>1</sup>

<sup>1</sup> The University of Sydney, Sydney, NSW

**Speaker:** Thomas Nicholl

#### **Introduction/Background:**

Understanding the factors associated with the development and maintenance of performance anxiety (PA) in musicians is critical to reducing its prevalence and impact on the performance experience of musicians. Current PA research has applied a transdiagnostic approach to targeting symptoms identified by musicians. Despite their use, prevalence rates remain high, and researchers are yet to validate theoretically informed interventions that reduce PA symptoms. Since PA is often endured, despite the experience of debilitating symptoms of anxiety, assessing relevant cognitive models is necessary to identify treatment targets for cognitive-based interventions. The aim of this study was to assess the utility of cognitive and attentional processes involved in the development and maintenance of PA for musicians, including trait- and state- social anxiety, performance appraisals, threat appraisals, negative attentional focus, and rumination in relation to music performances.

#### **Methods:**

One hundred and seven (N = 107) Australian musicians aged 18 or older were recruited to complete a series of questionnaires in relation to their most recent, and their upcoming performances.

#### **Results:**

A series of multiple regressions revealed performance appraisals, rumination, and negative attentional focus, made unique and significant contributions to explaining variance in PA, as measured by the PAI-M in this sample of musicians. Further mediation analysis revealed significant direct and indirect relationships between PA and negative attentional focus, via rumination, and PA and rumination, via negative attentional focus in relation to music performance.

#### **Conclusion:**

Results support the use of available cognitive models of SAD in the context of PA in musicians. As such, perhaps targeting cognitive components identified in models of SAD in the treatment of PA for musicians would be beneficial in reducing their impact on performances.

#### **Clinical practice relevance:**

- Cognitive processes relevant to SAD should be used as treatment targets when working with performance anxiety.
- Interventions should apply cognitive-behavioural techniques to evaluate performance goals, identify attentional targets, and manage maladaptive processes such as negative rumination.
- Such mechanisms can also be explored to develop adaptive performance approaches, developing flexible thinking and managing the relationship between the performer and their anxiety.

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

**Short biography of presenter:**

Thomas Nicholl is a Clinical Psychologist and recent PhD graduate from the University of Sydney. His clinical practice focuses on the treatment of anxiety disorders in child and adolescents, with his research expanding to understanding the mechanisms involved in performance related anxiety.

**Lies Notebaert**

*Positive appraisal style predicts resilient outcomes in students via positive expectations and emotional reactivity [2556]*

**Authors:**

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**Speaker:** Lies Notebaert

**Introduction/Background:**

Emotional resilience refers to the capacity to maintain emotional wellbeing in the face of adversity. While positive emotional reactivity has been associated with greater resilience, the cognitive antecedents of this reactivity remain underexplored. This study tested a novel sequential model proposing that a positive appraisal style promotes resilient outcomes indirectly via relatively positive expectations and emotional reactivity.

**Methods:**

Ninety-five first-year university students completed measures at three timepoints across a semester. Positive appraisal style (PASS-C) was assessed early in semester; positive expectations about university life were measured mid-semester; emotional reactivity (PERS) and emotionally resilient outcomes (residualised wellbeing controlling for stressor exposure) were assessed later in semester. A serial mediation model was tested using Partial Least Squares Structural Equation Modelling.

**Results:**

Positive appraisal style predicted more positive expectations ( $\beta = .35$ ), which in turn predicted greater positive emotional reactivity ( $\beta = .47$ ), which predicted greater emotional resilience ( $\beta = .70$ ). A significant indirect effect was observed linking appraisal style to resilience via expectations and emotional reactivity ( $\beta = .11$ ,  $p < .05$ ).

**Conclusion:**

Findings support a sequential model in which positive appraisal style promotes resilient outcomes through its influence on expectations and emotional reactivity. These results extend the PASTOR model and highlight cognitive targets for resilience interventions.

**Clinical practice relevance:**

- Appraisal style and expectations may be effective targets for resilience-building interventions
- Orientation programs could be designed to foster more realistic but positive expectations
- Screening tools might identify at-risk students early in university transitions

**Disclosure of Interest Statement:**

The authors have no conflicts of interest to disclose.

**Short biography of presenter:**

Lies Notebaert is an Associate Professor at The University of Western Australia. Her research examines cognitive processes such as attention, interpretation, memory, and complex planning, to experimentally test hypotheses of how these affect mental health and resilience in people who are dealing with adversity.

**Jamie-Lee Pennesi**

*Early warning signs for eating disorders in children: a realist synthesis of websites summarising caregiver and consumer perspectives [2548]*

**Authors:**

Pennesi J-L<sup>1</sup>, Jabs M<sup>1</sup>, Baillie S<sup>2</sup>, Hart L<sup>2</sup>, Hay P<sup>3,4</sup>, Mitchison D<sup>5</sup>, Norton L<sup>2,3</sup>, Prnjak K<sup>5</sup>, Wade TD<sup>1</sup>

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**Speaker:** Jamie-Lee Pennesi

**Introduction/Background:**

A larger number of younger children are being diagnosed with an eating disorder (ED), with parents typically reporting a delay between early warning signs (EWS) and seeking help. The aim of the current investigation was to identify the common EWS for EDs in children noticed by caregivers and consumers as reported on websites to inform earlier detection and intervention.

**Methods:**

A realist synthesis of websites summarising caregiver and consumer perspectives on the EWS for EDs in children was conducted by searching Google, Bing, and Yahoo! for all years covered through 24 October 2023.

**Results:**

The initial search identified 140 websites, of which 62 met criteria for eligibility (93.5% summarised content targeted at caregivers, 6.5% included direct perspectives). Six categories and 24 sub-categories of EWS were identified across 214 individual EWS. The most common EWS, mentioned in at least 40% of websites, were: excessive or compulsive

exercise, any weight loss, obsession or preoccupation with food or food preparation, and cutting out major food groups.

### **Conclusion:**

This web synthesis identified the EWS of developing EDs in children most reported by caregivers and consumers; however, many of the websites contained subjective interpretations of people's experiences which were unverified and may capture potential bias. Future prospective research is required to verify caregiver and consumer experiences and to explore whether these EWS are predictive of ED onset. These results can then inform early detection strategies for EDs and may assist caregivers in recognising when clinical assessment for an ED is required.

### **Clinical practice relevance:**

- Identifies common early warning signs for eating disorders in children, as reported by caregivers and consumers, to inform early detection strategies
- Provides guidance to caregivers on when clinical assessment is required based on observed warning signs
- Supports clinicians in educating parents about recognisable early signs

### **Disclosure of Interest Statement:**

This research was funded by a Australian Government Medical Research Future Fund Grant (MRF2026538). Funding for Maya Jabs was received from the Channel 7 Children's Research Foundation. The authors have no conflicts of interest to disclose.

### **Short biography of presenter:**

Dr Jamie-Lee Pennesi is a Research Fellow in the Flinders University Institute for Mental Health and Wellbeing and a practising psychologist. Her research focuses on the development and prevention of eating disorders, body image issues, and disordered eating behaviours, and changes in eating disorder behaviours over time.

## **Jason I Racz**

*Training community clinicians in implementing CBT-ERP for youth with OCD: a pilot study in Australia [2520]*

**Authors:** Racz JI<sup>1</sup>, Perkes IE<sup>2,3,4</sup>, Bialocerkowski A<sup>5</sup>, Dyason KM<sup>3,4</sup>, Grisham JR<sup>6</sup>, McKenzie ML<sup>1</sup>, Farrell LJ<sup>1,7</sup>

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**Speaker:** Racz JI

### **Introduction/Background:**

Obsessive-compulsive disorder (OCD) in youth is effectively treated with cognitive-behavioural therapy with exposure and response prevention (CBT-ERP). Despite this effectiveness, ERP is underutilised in community settings. This study evaluated the

outcomes of a training workshop aimed at improving Australian clinicians' capabilities and motivations to implement ERP for youth with OCD.

#### **Methods:**

Australian clinicians ( $n = 17$ ) from community youth mental health services participated in a two-day training workshop. The study used a repeated measures design to assess changes in knowledge, beliefs, confidence, and implementation behaviour at pre-training, post-training, and 6-month follow-up. Data were collected via questionnaires and structured role-plays.

#### **Results:**

Post-training, clinicians showed significant improvements in knowledge, beliefs, confidence, and adherence to ERP. However, improvements in beliefs were not maintained at follow-up. Competence in delivering ERP significantly improved by the 6-month follow-up. Despite high intentions to implement ERP, actual utilisation remained low, highlighting a persistent gap between intention and behaviour.

#### **Conclusion:**

The training workshop was associated with significant improvements in clinicians' capabilities to implement ERP for youth with OCD. However, additional strategies may be needed to support improvements in motivation and utilisation behaviour in community settings.

#### **Clinical practice relevance:**

- Training improves clinicians' capabilities to utilise ERP for youth with OCD, but the impact on motivation and utilisation behaviour was less clear.
- Broader interventions are required to support sustained utilisation.
- Future research must explore the opportunities clinicians have to utilise ERP and strategies to support training (e.g., supervision, organisational interventions).

#### **Disclosure of Interest Statement:**

Jl Racz was a recipient of an Australian Government Research Training Program Scholarship for his postgraduate research studies. This study forms part of a larger project funded by Mindgardens Neuroscience Network (funded by the Australian Government Department of Health and Aged Care). LJ Farrell is the author of the OCD Busters program and receives consultancy fees for the delivery of training and supervision in relation to these materials. She receives royalties for published works and ongoing editorial work. The authors declare they have no other conflicts of interest.

#### **Short biography of presenter:**

Jason is a Postdoctoral Researcher at Griffith University and a psychologist and clinical registrar. His doctoral research explored the underutilisation 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.

#### **Eileen Seah**

*An investigation of self-structure mediating the relationship between multidimensional perfectionism and self-criticism: a cross-sectional study [2510]*

#### **Authors:**

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**Speaker:**

Eileen Seah

**Introduction/Background:**

Multidimensional perfectionism is a transdiagnostic construct with pervasive implications for psychological adjustment. However, there is a paucity of published empirical work focused on self-structure in perfectionism, despite that self-constructs, such as self-process (e.g., self-criticism) and self-content (e.g., self-esteem), have been proposed as key components in models of perfectionism. This study aimed to elucidate the associations between multidimensional perfectionism, self-structure (self-concept clarity, self-complexity, self-organisation), self-criticism, and self-esteem; as well as to investigate self-structure as a mediator between multidimensional perfectionism and self-criticism, while controlling for self-esteem.

**Method:**

University students and community participants ( $n = 240$ ; 82.9% female) with a mean age of 21.28 years ( $SD = 6.05$ ) were recruited for this cross-sectional study, where self-report measures of multidimensional perfectionism, self-concept clarity, self-complexity, self-organisation, self-criticism, and self-esteem were completed online.

**Results:**

Findings revealed that perfectionism dimensions (specifically strivings and concerns) had opposing relationships with self-concept clarity and self-esteem, but strivings and concerns shared similar correlational patterns with self-complexity and self-criticism. A hierarchical regression found that perfectionistic strivings, perfectionistic concerns, self-concept clarity, and self-esteem were unique predictors of self-criticism. Mediation analyses demonstrated that self-concept clarity and self-complexity partially mediated the relationship between perfectionistic concerns and self-criticism. However, self-structure did not mediate the relationship between perfectionistic strivings and self-criticism.

**Conclusions:**

Overall, the findings highlight the potential of including the study of self-structure in perfectionism. Future research could also investigate whether clinical interventions facilitating structural self-change may help to reduce self-criticism and resultant distress in individuals with high levels of perfectionistic concerns. The clinical implications of this study will be discussed.

**Clinical Practice Relevance:**

- Interventions that assist perfectionistic individuals to reduce self-recriminations through structural self-change could help lessen psychological distress.
- Techniques that facilitate structural self-change, e.g., by enhancing self-concept clarity, could be integrated with current approaches in treating self-criticism in perfectionism.
- Helpful techniques may be drawn from modalities that utilise parts work, such as schema therapy, emotion focused therapy, compassion focused therapy, chairwork, amongst others; as well as integrating acceptance and commitment therapy's self-as-context.



**Disclosure of Interest Statement:**

The authors have no conflicts of interest to disclose.

**Short Biography of Presenter:**

Eileen is a PhD candidate at the Clinical Psychology Unit in the School of Psychology at the University of Sydney, as well as a practicing clinical psychologist who provides therapy to adult clients and clinical supervision. Her clinical and research interests include perfectionism, self-criticism, self-compassion, self-concept clarity, and metacognitions about perfectionism.

**Adam Theobald**

*Does a CBT-I app for sleep work in the wild? Real world impact data for Sleep Ninja. [2533]*

**Authors:** Theobald A<sup>1</sup>, South A<sup>1</sup>, Li S<sup>1</sup>, Werner-Seidler A<sup>1</sup>

<sup>1</sup>Black Dog Institute, University of New South Wales, Sydney, NSW, Australia

**Speaker:** Adam Theobald

**Introduction/Background:**

Sleep Ninja® is a self-guided digital intervention for sleep disturbance in adolescence based on Cognitive Behavioural Therapy for Insomnia (CBT-I). A randomised controlled trial of 264 Australian teenagers found that using Sleep Ninja improved sleep and reduced depression. Sleep Ninja was released free of charge to the public in February 2023. The purpose of this project was to examine and report on accumulating sleep and mental health data from public users and investigate the impact of Sleep Ninja beyond the controlled context of a clinical trial.

**Methods:**

After installing Sleep Ninja, users were asked to provide basic demographic information including age and gender identity. At the start, midpoint and end of the intervention, users were invited to complete brief measures of sleep (Insomnia Severity Index), mood (PHQ-2), and worry (GAD-2). Descriptive analyses were used to characterise Sleep Ninja users. A linear mixed modelling approach was used to examine changes in sleep and mental health.

**Results:**

11807 individuals downloaded Sleep Ninja between February 2023 and July 2024. 65% were female, 33% were aged 12-16y, and 39% live outside a major city. 44% of users completed at least the first content module, with 5.3% completing all modules. Improvements in self-reported sleep, mood and worry were observed between baseline and completion.

**Conclusion:**

Sleep Ninja is an effective, evidence-based CBT intervention for sleep problems in young people. Now that it is widely and freely available, it is important to understand who is using the app and assess whether it continues to deliver clinical benefits for these people.

**Clinical practice relevance:**

- Sleep disturbance is common in adolescence and is an important risk factor for depression.
- Sleep Ninja is an important CBT-I program that is freely available.

- Demonstrating ongoing clinical efficacy ‘in the wild’ will provide greater confidence to clinicians in recommending its use with adolescent clients.

**Disclosure of Interest Statement:**

The authors have no conflicts of interest to disclose.

**Short biography of presenter:**

Adam Theobald (BPsych(Hons), MPsych(Clin)), is a Senior Clinical Research Manager in the Adolescent Mental Health Research team at Black Dog Institute in Sydney. Adam has extensive experience in clinical research with at-risk populations.

**Nick Titov**

*Can we experimentally trigger and then resolve symptoms of depression and anxiety? A randomised controlled trial testing the Things You Do/Big 5 model of mental health. [2523]*

**Authors:**

Titov N<sup>1,2</sup>, Dagnall A<sup>1</sup>, Dear B<sup>1,2</sup>

<sup>1</sup>eCentreClinic, School of Psychological Sciences, Macquarie University

<sup>2</sup>MindSpot, MQ Health, Macquarie University

**Speaker:** Nick Titov

**Introduction/Background:**

Depressive and anxiety disorders are highly prevalent and disabling, but little is known about how symptoms develop or resolve. Such information could lead to the development of new preventive and clinical interventions. This randomised controlled trial examined whether systematically restricting specific target behaviours that are associated with good mental health, The Big 5, increased symptoms in adult participants without significant baseline symptoms, and then whether resuming those actions restored symptoms to baseline levels.

**Methods:**

Sixty eight adults were randomly allocated to an intervention (IG) or a control (CG) group. IG participants completed an 8-week protocol comprising a two-week (A), two-week restriction (B) and four-week recovery (C) phase. Symptoms of depression (PHQ-9) and anxiety (GAD-7), frequency of target actions (Big 5-15 item), and participant's perceptions about their mental wellbeing were measured weekly in both groups.

**Results:**

Scores were similar between groups at Phase A. Compared to Controls, IG participants had significantly increased symptoms of depression and anxiety during Phase B, with the majority of IG moving from the ‘healthy’ category of the PHQ-9 and GAD-7 into higher severity categories. Resuming Big 5 actions resolved symptoms in the IG during Phase C.

**Conclusion:**

This study provides further evidence that reducing the frequency of specific actions can result in a rapid increase in symptoms of depression and anxiety, which resolve after the resumption of those actions. This contributes to our understanding of the mechanisms of how some depressive and anxiety disorders may develop, and about simple actions for preventing symptoms.

**Clinical practice relevance:**

- Measuring daily activities can help identify simple actions clients can take to improve their mental health.
- Encouraging ongoing engagement in The Big 5 actions will support relapse prevention.
- Education about The Big 5 actions can help consumers learn more about their own mental health.

**Disclosure of Interest Statement:**

This study was funded by the Western Australian Primary Health Alliance (WAPHA) 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 >60. Nick serves on multiple advisory groups to national and international organisations.

**Natalie Windsor**

*Intrusive thoughts, Health Anxiety and fears of death [2546]*

**Authors:**

Windsor N. A<sup>1</sup>, Li<sup>2</sup> S. H., Moulds<sup>1</sup> M. L., Newby J. M<sup>1,2</sup>

<sup>1</sup> University of NSW, Sydney, NSW, <sup>2</sup> Black Dog Institute, Sydney, NSW

**Speaker:** Natalie Windsor

**Introduction/Background:**

Intrusive thoughts and images (intrusions) are a common symptom of health anxiety (HA) that frequently relate to death. People with HA often have high levels death anxiety (DA). However, the relationship between death-related intrusions and levels of DA for those with HA is yet to be explored.

**Methods:**

We recruited individuals with HA and intrusions (N = 88), 53 (60.2%) with death-related intrusions and 35 (39.7%) with non-death-related intrusions. We compared those with and without death-related intrusions on their levels of Death anxiety (The Multidimensional Fear of Death Scale), intrusion characteristics (The Intrusions in Health Anxiety Questionnaire, content, characteristics, behaviours) and appraisals (The Interpretation of Intrusions Inventory).

**Results:**

The majority of participants experienced death-related intrusions (60.2%). Those with death-related intrusions scored significantly higher on scales of fear of the dying process, fear of premature death, and fear for significant others. They also scored significantly higher regarding how bad it would be if the intrusion came true and were more likely to use distraction as a behavioural response. There were no other differences between groups.

**Conclusion:**

Death related intrusions are more common than non-death intrusions for people with HA. People with HA and death-related intrusions experience significant anxiety about their own

and loved ones' deaths, the dying process, and the impact of their death on loved ones. These thoughts are highly undesirable, and people try and avoid these thoughts through distraction. These findings highlight the importance of assessing and addressing death-related fears for those with HA and death-related intrusions in treatment for HA.

**Clinical practice relevance:**

- Levels of co-occurring anxieties regarding a client's own death or their loved ones' death or the process of themselves or loved ones dying should be assessed for those with HA and death-related intrusions.
- Client's specific fears of death and dying should be addressed as part of treatment for those with HA and death-related intrusions.

**Disclosure of Interest Statement:**

JN is supported by a National Health and Medical Research Council grant (2008839).

**Short biography of presenter:**

Natalie Windsor is a Clinical Psychologist and is currently a PhD candidate at UNSW.

## Thomas Woldhuis

*"Your pain is real": working towards validating healthcare for Australian adults managing chronic pain [2570]*

**Authors:**

Woldhuis T<sup>1,2</sup>, Todd J<sup>1</sup>, Gandy M<sup>2</sup>, Sharpe, L<sup>1</sup>

<sup>1</sup> University of Sydney, Camperdown, NSW, <sup>2</sup> Macquarie University, Macquarie Park, NSW

**Speaker:** Thomas Woldhuis

**Introduction/Background:**

Many adults managing chronic pain regularly report having their pain symptoms dismissed, psychologised (e.g., "your pain is in your head"), and/or not being taken seriously by healthcare professionals. Given the invisible nature and often unclear medical aetiology of chronic pain symptoms, many Australian adults experience pain invalidation, resulting in psychological distress, misdiagnosis, and inadequate healthcare provision. Increasing pain validating healthcare may be one approach to reducing these problems. Validating pain symptoms involves communicating an attitude of belief and acceptance that a person's pain experience is legitimate, real, and worthy of attention. However, our understanding of how to validate pain symptoms effectively in healthcare contexts is limited. Therefore, this project aimed to investigate i) what Australian adults with lived experience of chronic pain found beneficial and effective in validating their chronic pain symptoms, and ii) understanding which healthcare contexts may benefit most from intervention in this area.

**Methods:**

This presentation combines the findings of two research projects, which includes a large mixed-methods cross-sectional survey ( $N = 816$ ) and a thematic analysis of semi-structured interviews with Australian adults managing chronic pain.

**Results:**

Formal analyses of the results from these two studies are yet to be conducted; however, the results are expected to i) increase understanding around how Australian healthcare professionals can more effectively validate chronic pain symptoms and ii) identify where intervention in the Australian healthcare system may be most beneficial.

**Conclusion:**

Exploration around effectively validating pain symptoms may assist the assessment and treatment of Australian adults managing chronic pain.

**Clinical practice relevance:**

- Improving the effective assessment, treatment and support of clients experiencing chronic pain symptoms, particularly those with ambiguous or unclear pain aetiologies
- Informing future guidelines and recommendations for increasing validating pain healthcare in psychology and wider healthcare professions
- Addressing disparities in healthcare for people with chronic pain

**Disclosure of Interest Statement:**

The authors have no conflicts of interest to disclose.

**Short biography of presenter:**

Thomas Woldhuis is currently a combined PhD and Master of Clinical Psychology student at the University of Sydney, as well as a Research Officer at the eCentreClinic at Macquarie University. Thomas' research focuses on translating and applying health and pain psychology theory into clinical practice, particularly in healthcare communication.

**Ozgur Yalcin**

*The Young Schema Questionnaire - Revised (YSQ-R): recent developments in the assessment of early maladaptive schemas [2575]*

**Authors:**

Yalcin O<sup>1,2</sup>, Marais I<sup>3</sup>, Lee C. W<sup>3</sup>, & Correia H<sup>4</sup>.

<sup>1</sup> Curtin University, Enable Institute, Curtin University, Perth, WA, Australia

<sup>2</sup> ANIMA Health Network, Perth, WA, Australia

<sup>3</sup> University of Western Australia, Perth, WA, Australia

<sup>4</sup> ACAP University College, Perth, WA, Australia

**Speaker:** Dr Ozgur Yalcin

**Introduction/Background:**

Early Maladaptive Schemas (EMS), arising from unmet childhood needs, are central to Schema Therapy. The Young Schema Questionnaire (YSQ) is the primary tool for assessing EMS, yet its psychometric properties have been subject to debate. This presentation highlights recent advancements in understanding and assessing EMS through rigorous psychometric evaluation of the YSQ and the development of the YSQ-Revised (YSQ-R).

**Methods:**

Three studies were conducted to evaluate and refine the YSQ. The first study involved factor analysis of the YSQ-Long Form (YSQ-L3) using a large sample ( $N=838$ ) to identify the underlying factor structure. The second study employed Rasch analysis on a large mixed clinical and non-clinical sample to assess the item-level psychometric properties of the YSQ-L3, resulting in the development of the YSQ-R. The third study compared the predictive validity of the YSQ-L3, YSQ-3 (Short Form), and YSQ-R in predicting psychological distress across three psychiatric groups and a non-clinical group.

**Results:**

**Study 1:** Factor analysis supported 20 rather than the originally proposed 18 schemas. The original Emotional Inhibition schema was better understood as two separate schemas: Emotional Constriction and Fear of Losing Control. Similarly, Punitiveness was better represented by two constructs: Punitiveness (Self) and Punitiveness (Other).

**Study 2:** Rasch analysis revealed that 116 of 232 items showed poor fit. Removing the poorly fitting items resulted in a more psychometrically robust, revised version, the YSQ-R. This study also confirmed 20 rather than 18 EMS.

**Study 3:** The predictive validity comparison indicated that the YSQ-R and YSQ-L3 demonstrated similar predictive power across all samples, while the YSQ-S3 showed limitations in predicting EMS and symptom severity in some of the clinical groups.

**Conclusion:**

These findings suggest refining the conceptualisation of specific EMS and highlight the YSQ-R as a more reliable and efficient tool for assessing EMS in both research and clinical settings

**Clinical practice relevance:**

- The YSQ-R combines the breadth of the long form with the brevity of the short form.
- It is becoming the preferred tool internationally to assess EMS in Schema Therapy.
- Participants will have access to the YSQ-R and relevant resources.

**Disclosure of Interest Statement:**

The authors have no conflicts of interest to disclose.

**Short biography of presenter:**

Dr. Ozgur Yalcin is a Clinical Psychologist and Director of ANIMA Health Network. He has delivered numerous presentations and seminars on ADHD, complex trauma, and Schema Therapy locally and internationally. He has published research in the neurosciences, psychometric assessment, and schema therapy which led to the development of the YSQ-R.

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## Short-form Presentations

Rapid Presentations, Static Poster Display, or combined

### Mohammadali (Ali) Amini-Tehrani

*Shame as a mediator of the association of childhood emotional abuse with aversive cognitive perseveration in adults [2542]*

Poster Display

#### Authors:

Amini-Tehrani M<sup>1</sup>, Sim K<sup>2</sup>, Ohan JL<sup>1</sup>, Weinborn M<sup>1</sup>, Naragon-Gainey K<sup>1</sup>

<sup>1</sup> School of Psychological Science, University of Western Australia, Perth, WA

<sup>2</sup> College of Education, Psychology & Social Work, Flinders University, Adelaide, South Australia

#### Background:

Childhood emotional abuse (CEA) represents early shaming experiences. In adulthood, CEA history is associated with aversive cognitive perseveration (ACP), including brooding, experiential avoidance, and emotional non-acceptance. Given evidence linking ACP use to shame stimuli, we tested whether shame functions as the emotional context (mediation) in which CEA history prioritises ACP use.

#### Methods:

Ninety-three psychology students (66.6% female) participated in a within-subject design study. A piloted shame induction task assessed the following variables at three timepoints: pre-induction shame, post-induction reactive-state shame and negative affect, and subsequent use of ACP and engagement strategies (e.g., positive appraisal) as emotion regulation responses. Participants also completed trait assessments of childhood maltreatment history, trait shame, and trait ACP. Two sets of state and trait mediation models were tested using Bayesian estimation, adjusting for negative affect, engagement strategies, and physical abuse, emotional and physical neglect.

#### Results:

The models primarily supported the association of shame with ACP across both reactive-state and trait models. Trait shame, but not reactive-state shame, mediated the association of CEA history with reactive-state ACP use and trait ACP. A post-hoc moderation analysis suggested that reactive-state shame decreased as CEA history increased, while subsequent ACP use remained elevated at moderate-to-severe CEA levels. The effects of CEA history and shame remained robust to the covariates.

#### Conclusions:

CEA history is associated with higher trait shame that encourages reliance on ACP use in adulthood. Additionally, CEA history might increase difficulties with acute shame responses, marked by a blunted immediate reaction to shame stimuli despite subsequent ACP use.

#### Clinical practice relevance:

- Shame should be a priority target in adults with a history of CEA.
- Interventions may target negative self-focused thinking broadly, especially with emphasis on elevated interpersonal vulnerabilities.
- Adults with higher CEA history might exhibit difficulties with the experience of shame states, which may require tailored emotion-focused interventions.

#### Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.



**Short biography of presenter:**

Mohammadali Amini-Tehrani is a PhD candidate at the University of Western Australia, researching childhood emotional abuse and emotion regulation.

**Henry Austin**

*Investigating the relationship between perseverative negative thinking and disrupted sleep in the laboratory and daily life [2558]*

Rapid Presentation & Poster Display

**Authors:**

Austin HRT<sup>1, 4</sup>, Kyron M<sup>1</sup>, Richardson, C<sup>1</sup>, Bylsma, L<sup>2</sup>, Fresco, D<sup>3</sup>, and Gainey, K<sup>1</sup>

<sup>1</sup> University of Western Australia, Perth, WA

<sup>2</sup> Department of Psychiatry, University of Pittsburgh

<sup>3</sup> Department of Psychiatry, University of Michigan

<sup>4</sup> Canopy Clinical Psychology, Perth, WA

**Speaker:** Henry Austin

**Introduction/Background:**

Perseverative negative thinking (e.g., worry, rumination; PNT) is known to contribute to sleep disruption (SD) at night. Recent literature also suggests that SD may, over time, worsen aspects of emotional disorders, including by increasing PNT. Thus, it may be that the relationship between PNT and SD is bidirectional, contributing to the development and maintenance of co-occurring emotional and sleep problems.

**Methods:**

In the laboratory, participants completed a measure of self-reported SD over the past month (Pittsburgh Sleep Quality Index; PSQI) and an assessment of PNT (Mind Wandering Task; MWT). Following this in vitro assessment, participants completed a 10-day in vivo Ecological Momentary Assessment (EMA) programme to measure daily relationships between SD and PNT.

**Results:**

The relationship between SD (PSQI scores) and PNT in the laboratory (Mind Wandering Task) will be assessed with correlation analyses. Multilevel Structural Equation Modelling (SEM) will be employed to model the potentially bidirectional relationship between SD and PNT in daily life using EMA measurements. Data analysis is expected to be completed by August 2025.

**Conclusion:**

The present research is ongoing and due to be completed by August 2025.

**Clinical practice relevance:**

- The present research may aid in understanding the dynamic interplay between sleep and emotional disorders
- If SD contributes to escalating PNT, then cognitive-behavioural interventions aimed at improving sleep could aid in the treatment of emotional problems characterised by PNT (e.g., anxiety, trauma, and mood disorders)

**Disclosure of Interest Statement:**

This research was funded by a grant from the National Institutes of Health (NIH; R01MH118218).

**Short biography of presenter:**

Henry is a Clinical Psychologist working in public and private health and an occasional Lecturer at the University of Western Australia (UWA). He conducts this research in collaboration with the Emotional Wellbeing Lab at UWA and Canopy Clinical Psychology.

**Arunima Basu**

*Content and phenomenal qualities of future thinking in posttraumatic stress disorder [2526]*

Rapid Presentation & Poster Display

**Authors:**

Basu, A<sup>1</sup>, Bryant, RA<sup>1</sup>

<sup>1</sup>University of New South Wales, Sydney, NSW

**Introduction/Background:**

Emerging research demonstrates that deficits in episodic future thinking are a phenomenological characteristic of posttraumatic stress disorder (PTSD). Individuals with PTSD experience difficulties imagining their future and are more likely to imagine future events as negative, unattainable, and impoverished in detail. No research to date has explored whether this pattern is a consequence of posttraumatic stress symptoms or an artefact of experiencing a traumatic event in one's lifetime.

**Methods:**

The present study investigated whether the presence and severity of posttraumatic stress symptoms impacts the content and quality of future thinking in participants who had experienced at least one lifetime traumatic event. We utilised a goal-oriented future simulation paradigm to investigate participants' ability to imagine their future.

Trauma-exposed veterans who either met or did not meet criteria for PTSD (N=140) were asked to imagine short-term and long-term future goals and then rate their imaginings on measures of perceived detail, emotional valence, and beliefs about goal attainment. We analysed differences between the PTSD group and trauma-exposed groups in terms of their goal ratings.

**Results:**

Results indicated that participants with PTSD displayed deficits in being able to generate future goals. Specifically, PTSD participants displayed less detail, more negative valence, and were less confident that they could achieve goals. Analyses also indicated that the capacity to generate goals was related to the extent to which people could imagine future scenarios with sufficient detail.

**Conclusion:**

These findings have significant theoretical and clinical implications for understanding the nature of future thinking impairments in PTSD.

**Clinical practice relevance:**

- The capacity to engage in future thinking is an important process involved in Cognitive Behavioural Therapy, the gold-standard treatment for PTSD. Future thinking is implicated in goal-setting, planning, and behavioural activation. We offers insights into

how the delivery of these future-oriented treatment strategies may influence or enhance treatment of PTSD.

**Disclosure of Interest Statement:**

The authors have no conflicts of interest to disclose.

**Short biography of presenter:**

Arunima is a PhD/MPsych (Clinical) candidate at the University of New South Wales who is conducting doctoral research on future thinking in PTSD.

**Simon Byrne**

*Developing and testing an immersive ethics simulation for postgraduate psychology students [2541]*

Rapid Presentation

**Authors:**

Byrne S, McMahon H, Chawla I & Dingle, G

School of Psychology, University of Queensland, Brisbane, Australia

**Speaker:** Simon Byrne

**Introduction/Background:**

Simulations are a type of experiential learning where students encounter an environment that mimics real life conditions. Simulations of ethical dilemmas have shown promise for training nursing and medical students, yet they have not been fully tested in psychology students.

**Methods:**

This study compared psychology student experience for two types of ethics simulation: one that focused on an immersive experience versus another that assessed competence. For the immersive simulation, we developed a realistic clinic environment where students faced challenging ethical dilemmas. We used actors, reduced focus on performance and emphasized reflection.

**Results:**

Students who took part in the immersive simulation more strongly endorsed its realism, impact and learning benefits compared to students who took part in the competency, with moderate to large effect sizes ( $r = .27-.55$ ). They strongly endorsed they would remember the immersive simulation and that it was highly realistic (Mdn = 10/10 "definitely"). The thematic analysis also suggests the immersive simulation had greater realism and enhanced learning.

**Conclusion:**

Experiential learning should be emphasized during postgraduate psychology training. Preliminary results suggest we can develop realistic ethics simulations which have the potential to powerfully influence psychology practice.

**Clinical practice relevance:**

- Teaching ethics to psychology students can be challenging due to low engagement and perceived relevance.
- Experiential learning and reflection from a simulation can be a powerful means for students to learn.

- An immersive ethics simulation can enhance student experience and improve their future practice.

**Disclosure of Interest Statement:**

The authors have no conflicts of interest to disclose.

**Short biography of presenter:**

Dr Byrne is a Lecturer in Clinical Psychology at University of Queensland. His research has focussed on unconventional use of psychiatric drugs to treat mental disorders, treatments for anxiety and treatments for children.

**Justin Catania**

*Pilot trial of a group-based blended care program for anxiety in Australian adults [2532]*

Rapid Presentation & Poster Display

**Authors:**

Catania J<sup>1,2</sup>, Miller R<sup>1</sup>, Whitton A<sup>1</sup>, Newby JM<sup>1,2</sup>

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**Speaker:** Justin Catania

**Introduction/Background:**

Transdiagnostic treatment for anxiety are an effective option due to addressing shared underlying mechanisms across anxiety disorders. Blended care integrates face-to-face and digital interventions, offering a scalable solution to enhance treatment accessibility and outcomes. Digital components in blended care provide structured, self-paced modules that complement in-person sessions. There is limited research on blended care for anxiety and no research into these models in Australia. This pilot trial aims to evaluate the feasibility and preliminary effectiveness of a group-format transdiagnostic blended care program for treating anxiety disorders in Australian adults.

**Methods:**

Participants will be recruited and enrolled in an 8-week transdiagnostic group-based blended intervention. The program combines cognitive-behavioural therapy (CBT) a smartphone application, myNewWay. Participants will be assessed on anxiety severity (primary outcome: GAD-7; secondary outcomes: Mini-SPIN; PADIS, WI-6), depressive symptoms (PHQ-9), self-efficacy (GSES) and functioning (WSAS) at pre-, mid- and post-treatment. Acceptability will be evaluated through recruitment and retention rates, and treatment satisfaction ratings. Data will be analysed using within-group pre-post comparisons and effect size estimation.

**Results:**

30 clients are expected to be recruited (start: June 2025). We will present trial outcomes for clients, specifically change in symptom severity scores, self-efficacy, recruitment and retention rates.

**Conclusion:**

This pilot trial will test the feasibility and outcomes of a transdiagnostic blended care group program for anxiety disorders in Australian adults. If successful, blended group programs have potential to address treatment gaps. A larger randomized controlled trial can further evaluate efficacy and scalability.



**Clinical practice relevance:**

- Digital interventions can be blended with group CBT to significantly influence change in symptoms
- Blended care can improve self-efficacy
- Incorporating digital interventions into treatment does not negatively impact the therapeutic relationship

**Disclosure of Interest Statement:**

Jill Newby is supported by an NHMRC Investigator Grant fellowship (GNT2008839).

**Short biography of presenter:**

Justin Catania is a clinical psychologist and researcher from Sydney. Combining his clinical and research interests, his work focuses on improving the delivery of mental health treatment to improve outcomes for patients. His previous publication has explored transdiagnostic features of disordered eating.

**James Clarke**

*Identity leadership in mutual aid organisations: What is it and how can it promote mental health in the community? [2544]*

Poster Display

**Authors:**

Clarke JJ<sup>1,2</sup>, Nelson AG<sup>1</sup>, Guerrini B<sup>3</sup>, Haslam, SA<sup>4</sup>, Sharman LS<sup>4</sup>, Holmes K<sup>1</sup>, Wild J<sup>5</sup>, Talbot R<sup>5</sup>, McEvoy PM<sup>1,2,6</sup>

<sup>1</sup>Curtin University, Bentley, WA, <sup>2</sup>enAble Institute, Bentley, WA, <sup>3</sup>The Kids Research Institute Australia, Nedlands, WA, <sup>4</sup>The University of Queensland, Brisbane, QLD, <sup>5</sup>Men's Sheds of Western Australia, Perth, WA, <sup>6</sup>Centre for Clinical Interventions, Northbridge, WA

**Introduction/Background:**

Mutual aid organisations such as the Men's Sheds movement have a growing empirical research base to support their role in promoting positive community-based mental health outcomes. Such initiatives are particularly helpful for people traditionally considered as 'hard to reach' with conventional health promotion strategies. Leadership of these groups is essential for their functioning, but it is unclear what kinds of leadership may impact psychological outcomes. Thus, we explored whether leadership cultivating social identity within groups (termed identity leadership) promotes psychological health of members, and what qualities comprise such leadership.

**Methods:**

An online survey of Men's Sheds members was developed to collect cross-sectional quantitative and qualitative data. We used path analysis to analyse quantitative data from 162 Australian Men's Sheds members and examined whether identity leadership is associated with mental health outcomes indirectly through psychological safety, social network quality, and social identity. Additionally, we performed thematic analysis on qualitative data provided by 117 members in the form of open-text box responses.

**Results:**

Identity leadership demonstrated significant associations with well-being, depression, meaning in life, and loneliness indirectly through social network quality and psychological safety. Our thematic analysis indicated that Shed members constructed identity leadership to represent key qualities relating to governance, activity planning, behavioural modelling, and fostering supportive relationships.

**Conclusion:**

We suggest that identity leadership promotes psychological health in mutual aid group members through social networks and psychological safety. Further, our findings provide discrete guidance about how to promote identity leadership in such contexts to enhance capacity for mental health benefits.

**Clinical practice relevance:**

- Leaders of mutual aid organisations can adopt tenets of identity leadership to promote member mental health.
- Social network quality within such organisations likely provides a 'social cure' to support member mental health.
- Practical strategies we suggest may be considered to develop identity leadership and consequently promote group well-being.

**Disclosure of Interest Statement:**

This study was supported by a Lotterywest grant. Lotterywest operates according to the provisions of the Lotteries Commission Act 1990 (as amended), as a statutory authority responsible for the selling of lottery games and distributing the proceeds for the benefit of the Western Australian community.

**Short biography of presenter:**

James is a Clinical Psychologist, Supervisor, and Lecturer. His research has focused on emotional labour, self-compassion, psychological flexibility, psychologist and healthcare provider wellbeing, as well as health promoting community initiatives. He works clinically at the Drug and Alcohol Youth Service and teaches into the Curtin University postgraduate psychology courses.

**Patrick Clarke**

*Investigating the role of negative choice bias in the relationship between objective social media use and emotional wellbeing [2572B]*

Rapid Presentation

**Authors:**

Clarke P<sup>1</sup>, Benny D<sup>1</sup>, Rudaizky D<sup>1</sup>, Notebaert L<sup>2</sup>

<sup>1</sup> Cognition and Emotion Research Group, Curtin University, Perth, WA

<sup>2</sup> Centre for the Advancement of Research on Emotion, The University of Western Australia, Perth, WA

**Speaker:** Patrick Clarke

**Introduction/Background:**

Research exploring the relationship between social media use and mental health has produced mixed findings, potentially due to heavy reliance on self-reported usage data, and limited consideration of individual difference factors that could shape the effect of social media use on mental health. This study examines whether negative choice bias, being the tendency to selectively choose to engage with more negative content, potentially moderates the relationship between objectively recorded social media use and emotional wellbeing.

**Methods:**

Undergraduate psychology students ( $n = 150$ ) provided one week of objective screen time data across five major social media platforms. Emotional wellbeing was assessed using validated measures of depressive symptoms (PHQ-9), anxiety symptoms (GAD-7), and dispositional positive emotions (DPES). Negative choice bias was measured via a selective interrogation task, calculating the proportion of negatively valenced information selected.

**Results:**

Data analyses currently underway will focus on moderation analyses to reveal whether the relationship between social media use and wellbeing are moderated by choice bias. If choice bias does influence this relationship, then a stronger negative association between social media use and emotional wellbeing is likely to be observed among those with higher negative choice bias, whereas those with lower bias may show weaker or even positive associations.

**Conclusion:**

Understanding the role of cognitive biases in shaping the psychological impacts of social media use may help explain inconsistencies in the literature and inform more targeted intervention strategies.

**Clinical practice relevance:**

- Findings highlight the importance of considering individual cognitive biases in digital wellbeing assessments.
- Suggests the need for interventions that target maladaptive information-seeking patterns.
- Supports the use of objective behavioural data in clinical research on technology use.

**Disclosure of interest statement:**

The authors have no conflicts of interest to disclose.

**Biography of presenter:**

Patrick Clarke is an Associate Professor and clinical psychologist at Curtin University. His research focuses on the ways in which cognitive processes and digital/social media directly and interactively contribute to emotional vulnerability and resilience.

**Melissa Cleary**

*Effectiveness of current digital cognitive behavioural therapy for insomnia interventions for adolescents with insomnia symptoms: a systematic review and meta-analysis [2517]*

Rapid Presentation

**Authors:**

Cleary MA<sup>1,2</sup>, Richardson C<sup>3</sup>, Ross R<sup>3</sup>, Heussler H<sup>4,5,6</sup>, Wilson A<sup>2,7,8</sup>, Downs J<sup>2,9</sup>, Walsh J<sup>1,10</sup>

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Children's Health Research, Faculty of Medicine, University of Queensland, <sup>7</sup>Respiratory and Sleep Medicine, Perth Children's Hospital, Western Australia, Australia, <sup>8</sup>Discipline of Paediatrics, School of Medicine, The University of Western Australia, Perth, Australia, <sup>9</sup>Curtin School of Allied Health, Curtin University, Perth Australia, <sup>10</sup>West Australian Sleep Disorders Institute, Sir Charles Gairdner Hospital, Perth, Western Australia

**Speaker:** Melissa Cleary

**Introduction/Background:**

Sleep problems occur in approximately 20–45% of adolescents. This systematic review and meta-analysis evaluated the effectiveness of digital cognitive behavioural therapy for insomnia (dCBT-I) in addressing insomnia symptoms in adolescents. The objective was to synthesize and quantify through meta-analyses, changes in sleep following the completion of a dCBT-I based intervention.

**Methods:**

A comprehensive search was conducted across MEDLINE, PubMed, PsycINFO, Scopus, EMBASE, CENTRAL, and Web of Science from January 2012 to March 2024. Eligible studies included within-subject designs and randomized controlled trials assessing the impact of dCBT-I. Study quality was assessed using the Integrated Quality Criteria for Review of Multiple Study Designs (ICROMS). Random-effects meta-analyses estimated pooled standardised within-subject mean differences to assess effectiveness.

**Results:**

Nine studies involving 486 adolescents met the inclusion criteria. Digital CBT-I significantly reduced insomnia symptoms (Hedges'  $g = 1.40$ ), subjective sleep onset latency (Hedges'  $g = 0.72$ ), and wake after sleep onset (Hedges'  $g = 0.47$ ). It also led to improvements in both subjective and objective total sleep time (Hedges'  $g = -0.29$  and  $-0.23$ , respectively), other objective sleep parameters showed no significant change. All studies met the minimum quality threshold according to ICROMS, although seven within-subject studies did not fulfill all mandatory criteria.

**Conclusion:**

The findings suggest that dCBT-I is effective in improving adolescents' perceptions of their sleep but less effective at improving some objective measures of sleep. Further high-quality randomized controlled trials comparing digital interventions with traditional in-person therapies are needed to better understand their relative efficacy.

**Clinical practice relevance:**

- Digital CBT-I is effective in improving adolescents' perceptions of their sleep
- Digital CBT-I allows adolescents to be involved in their sleep treatment not just their parents

**Disclosure of Interest Statement:**

Authors Melissa Cleary and Ruby Ross were supported through an Australian Government Research Training Program Scholarship. Jenny Downs is supported by a Fellowship from the Stan Perron Charitable Foundation. There are no conflicts of interest to report.

**Short biography of presenter:**

Melissa Cleary is a PhD student at the University of Western Australia. Melissa's research primarily focuses on sleep in young people with autism. Her PhD is looking at insomnia in autistic adolescents, and how digital CBT-I can play a part in their sleep treatment.

## Isabel Clegg

### *Negative interpretation bias and repetitive negative thinking as mechanisms in the association between insomnia and depression in young adults [2513]*

Rapid Presentation & Poster Display

#### **Authors:**

Clegg, I.<sup>1</sup>, Notebaert, L.<sup>1</sup>, Whittle-Herbert, A.<sup>1</sup>, & Richardson, C.<sup>1</sup>.

<sup>1</sup>School of Psychological Science, University of Western Australia, Crawley, Western Australia, Australia

#### **Introduction:**

Despite evidence supporting sleep's role in the development and maintenance of depression, mechanisms underlying this association in young people are less established. Negative interpretation bias (the tendency to interpret ambiguous situations negatively) and repetitive negative thinking (RNT) are important candidate mechanisms. Whilst negative interpretation bias is implicated in depression development, it is a transdiagnostic process and may result from insomnia. Yet, research relating to these constructs is lacking. RNT is another transdiagnostic process implicated in association between negative interpretation bias, depression and insomnia. However, an elaborated model that includes both mechanisms is yet to be tested. It was hypothesised that negative interpretation bias and RNT would sequentially mediate the relationship between sleep/insomnia and depressive symptoms in young people.

#### **Method:**

Young people (N= 214, M<sub>age</sub> = 19.19 years, SD = 1.67, 20% male) completed questionnaire measures of insomnia symptoms, depression symptoms and RNT, an ambiguous scenarios task measuring interpretation bias and a 1-week sleep diary.

#### **Results:**

Results were consistent with negative interpretation bias and RNT as sequential mechanisms which partially account for the relationship between sleep (i.e., insomnia severity and sleep parameters) and depression.

#### **Discussion:**

This study supports negative interpretation bias and RNT as mechanisms linking insomnia and depression in young people, as the predicted associations between these variables were observed. Future research should investigate the causal/directional associations. However, results support theoretical models, and suggest sleep, interpretation bias and RNT may be important processes to target in preventing and treating depression.

#### **Clinical relevance:**

- Treatments that target mechanistic processes may combine interventions that target sleep, negative interpretation bias and RNT to improve symptoms of depression.
- Targeting mechanistic processes may increase efficacy of interventions for depression.

**Disclosure of Interest Statement:**

The authors have no conflicts of interest to disclose.

**Short biography of presenter:**

Isabel Clegg is a PhD candidate at the University of Western Australia's School of Psychological Science, concurrently completing a Master of Clinical Psychology. Her research investigates how cognitive processes mediate the relationship between insomnia and depression in young people.

**Ashleigh B Correa**

*Australian adults' treatment credibility and outcome expectancy regarding psychological therapy for anxiety and depression [2514]*

Rapid Presentation

**Authors:**

Correa AB<sup>1</sup>, Bisby MA<sup>1</sup>, Scott AJ<sup>1</sup>, Dear BF<sup>1</sup>

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**Speaker:** Ashleigh B Correa

**Introduction/Background:**

Psychological therapy effectively treats anxiety and depression symptoms, whether delivered face-to-face or online. However, therapy uptake and engagement are low in Australian adults with mental health difficulties. Studies show that higher treatment credibility (how logical therapy seems) and outcome expectancy (how helpful therapy will be in reducing symptoms) are associated with greater uptake and engagement. Most research has focused on individuals already undergoing therapy, who likely believe it is more logical and helpful than those not seeking treatment. No studies have investigated such beliefs in the broader community, where more negative beliefs may hinder treatment seeking. This study examined the distribution of credibility and outcome expectancy in a community sample of Australian adults. We also examined whether credibility and outcome expectancy were associated with demographic or clinical characteristics (e.g., treatment history, education level) to identify potential factors to be targeted to improve credibility and outcome expectancy, and subsequent treatment-seeking behaviour.

**Methods:**

Australian adults completed an online survey covering demographic information, anxiety and depression symptoms, credibility and outcome expectancy regarding psychological therapy, and previously identified predictors of credibility and outcome expectancy (e.g., coping self-efficacy). Descriptive statistics and linear regressions were conducted.

**Results:**

911 adults participated. Credibility and outcome expectancy were skewed, indicating generally positive beliefs about therapy. Several characteristics were associated with credibility and outcome expectancy.

**Conclusion:**

Australian adults generally believe that psychological therapy is logical and helpful, suggesting that additional barriers to uptake exist. Certain factors could be targeted (e.g., low coping self-efficacy) to improve beliefs about therapy.

**Clinical practice relevance:**

- Australians generally have positive beliefs about how logical and helpful psychological therapy is.
- More research is needed to identify additional barriers hindering access to mental healthcare.
- Certain factors are associated with more negative beliefs about therapy (e.g., less than a tertiary education, lower coping self-efficacy).

**Disclosure of Interest Statement:**

Ms Ashleigh Correa is supported by a Macquarie University Research Training Program Scholarship. This paper was funded by the School of Psychological Sciences Higher Degree Research Grant, which includes funding support for participant recruitment and data collection.

**Short biography of presenter:**

Ashleigh is a registered psychologist and PhD candidate from Macquarie University. Alongside her studies, she is completing her clinical psychology registrar at the eCentreClinic within Macquarie University and at Westmead Children's Hospital in New South Wales.

**Paige Davis**

*A mixed methods systematic review of interventions for caregivers of young people with an eating disorder [2566]*

Rapid Presentation

**Authors:**

Davis P<sup>1</sup>, Gnatt I<sup>1,2</sup>, Mackelprang J<sup>1</sup>, Nedeljkovic M<sup>1,2</sup>

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**Speaker:** Paige Davis

**Introduction/Background:**

Eating disorders (EDs) are becoming increasingly prevalent, with onset commonly occurring in adolescence. Caregivers, typically parents, play a vital role in supporting young people through treatment and recovery, however, often report poor physical and emotional health, reduced quality of life, and increased burden. In response, various interventions have been developed to support caregivers. This review systematically examines interventions for caregivers of young people with EDs. While a previous review explored interventions for caregivers of individuals with EDs across the lifespan, the current review updates and expands on this by synthesising findings from qualitative, quantitative, and mixed-methods studies, with a specific focus on caregivers of young people with an ED.

**Methods:**

Five databases were systematically searched. Eligible studies included interventions for caregivers of young people (aged ≤25) with a body image related ED diagnosis. Qualitative, quantitative, and mixed-methods studies were considered, limited to publications from 2003 onwards.



**Results:**

Twenty studies met inclusion criteria, encompassing a range of intervention types, durations, and content. Intervention content broadly included education, skill development, caregiving behaviours, self-care, and peer support. Across studies, positive outcomes were reported for caregivers, including reductions in distress, burden, and expressed emotion, along with improved coping skills and self-efficacy.

**Conclusion:**

The review highlights the importance of supporting caregivers of young people with EDs to enhance their wellbeing, strengthen coping, build skills, and increase understanding of EDs. In alignment with the National Eating Disorder Strategy, priority must be placed on engaging caregivers early in treatment and providing support that meets their unique needs.

**Clinical practice relevance:**

- Caregiver focused interventions should be integrated into ED treatment services for young people.
- Services should routinely assess caregiver wellbeing and needs as part of standard ED treatment for young people.
- The review supports the development and implementation of interventions and supports tailored to caregivers of young people with EDs.

**Disclosure of Interest Statement:**

The authors have no conflicts of interest to disclose.

**Short biography of presenter:**

Paige is a clinical psychology PhD candidate at Swinburne University. Her research interests include clinical psychology, eating disorders, and performing arts. Paige's PhD project is being conducted in partnership with Eating Disorders Families Australia and focuses on developing an intervention for caregivers of young people with eating disorders.

**Marloes Duijzings**

*A randomized controlled trial modifying insomnia-consistent interpretation bias in students [2560]*

Rapid Presentation & Poster Display

**Authors:**

Duijzings M.<sup>1</sup>, Todd J.<sup>1,2</sup>, Notebaert L.<sup>2</sup>

<sup>1</sup>The University of Sydney, Sydney, NSW, Australia, <sup>2</sup>The University of Western Australia, Perth, WA, Australia

**Speaker:** Marloes Duijzings

**Introduction/Background:**

Insomnia symptoms are highly prevalent among students and can negatively impact mental health, academic performance, and cognitive functioning. According to the cognitive model of insomnia, a maintaining factor is interpretation bias, where neutral situations are perceived as sleep-related threats. While Cognitive Bias Modification for Interpretation (CBM-I) has successfully reduced interpretation biases in other psychological conditions, its application to insomnia has not yet been explored.



**Methods:**

This study tested whether a single session of CBM-I could reduce insomnia-related interpretation bias and improve sleep among students with subclinical insomnia symptoms. A sample of 128 students was randomly assigned to either an online CBM-I session or a sham training session. Participants then tracked pre-sleep worry and sleep parameters for seven days. Interpretation bias was assessed pre- and post-training using an insomnia-specific encoding-recognition task, where participants interpreted ambiguous scenarios. In CBM-I, participants were consistently guided toward benign interpretations, while the sham condition left scenarios unresolved. A 2 (CBM-I vs. sham) × 2 (pre- vs. post-training) mixed ANOVA examined changes in interpretation bias, and multilevel modelling analysed effects on pre-sleep worry and sleep outcomes.

**Results:**

CBM-I significantly reduced insomnia-consistent interpretation bias compared to sham training, with bias absent in the CBM-I group after treatment. However, reductions in bias did not lead to improvements in pre-sleep worry or sleep parameters.

**Conclusion:**

This study shows that insomnia-consistent interpretation bias is modifiable using a single session of online CBM-I. Further research is warranted to clarify the role of interpretation bias in insomnia and enhance CBM-I efficacy.

**Clinical practice relevance:**

- Be aware that sleep-related cognitive biases exist in students experiencing subclinical insomnia and may maintain insomnia symptoms.
- Interpretation bias related to sleep can be modified in a single online session.
- Further research is needed to refine CBM-I for effective clinical application.

**Disclosure of Interest Statement:**

The authors have no conflicts of interest to disclose.

**Short biography of presenter:**

Marloes Duijzings is a PhD candidate at the University of Sydney, investigating interpretation biases within health-related contexts. Her research explores how individuals interpret ambiguous information across domains such as pain and sleep, aiming to better understand how cognitive processes influence perception, behaviour, and well-being.

**Chloe N. Jones**

*Investigating the links between objective social media use, attentional control, and psychological distress [2572A]*

Rapid Presentation & Poster Display

**Authors:**

Jones CN<sup>1</sup>, Rudaizky D<sup>1</sup>, Mahalingham T<sup>1</sup>, Clarke P<sup>1</sup>

<sup>1</sup> Cognition and Emotion Research Group, Curtin University, Perth, WA

**Speaker:** Chloe N. Jones

**Introduction/Background:**

There has been a growing narrative, both in popular media and policy, about the negative impact of social media on mental health. However, much of the research supporting these

claims relies on self-reported estimates of social media use, which can be inaccurate. Therefore, this study took an objective approach to measure social media use and its relationship with psychological distress and inhibitory attentional control.

### Methods:

Participants (N = 425) completed the DASS-21 and an antisaccade task, and social media use data was accessed via mobile phones, as minutes/week spent using TikTok, Instagram, Snapchat, Facebook, and Twitter/X. Bivariate correlations were examined, and a moderation analysis was conducted to determine whether attentional control moderated the association between social media use and psychological distress.

### Results:

Social media use was positively associated with attentional control and anxiety, while TikTok use was positively associated with attentional control, and Facebook use with psychological distress. However, the observed associations were very small. No moderating effect of attentional control on the relationship between social media use and psychological distress was observed.

### Conclusion:

The reported links between social media use and both psychological distress and attentional control may be over-stated, particularly in studies that have utilised self-report social media use measures.

### Clinical practice relevance:

- Our findings highlight the importance of using objective measures of social media use when examining the role it plays in mental health.
- Considering the relevance of this topic to current government policy decisions, these findings emphasise the need for future investigators to use objective measures of social media use.

### Disclosure of interest statement:

This paper was funded by the Curtin Research Graduate School. The supporter had no role in the study design, data collection, or analysis.

### Biography of presenter:

Chloe has completed Bachelor of Psychology (Honours) requirements, including a supervised research project, research methods units, and ethics training, qualifying her for the PhD program. Her research focuses on the mental health and cognitive effects of social media use, with the presented paper recently published in *Social Science and Medicine*.

**Gia Nhi (Nhi) Lam**

*Generalised trauma film paradigm: a novel approach to assess fear generalisation [2508]*

Rapid Presentation & Poster Display

### Authors:

Lam GN<sup>1</sup>, Lipp OV<sup>1</sup>, Mehta D<sup>1</sup>, Ney LJ<sup>1</sup>

<sup>1</sup>Queensland University of Technology, Brisbane, QLD

**Speaker:** Gia Nhi Lam

**Introduction/Background:**

Although PTSD treatments are effective, there remain high relapse rates due to the complexity of this psychopathology. Intrusive memories are a hallmark characteristic of PTSD, yet how they are maintained is not well understood. Generalisation of fear has been proposed as a driver for intrusive memories, thus maintaining psychopathological presentation. This study explored the relationship between generalisation in fear conditioning and trauma film paradigms, to inform new ways of researching fear generalisation in analogue trauma.

**Methods:**

Healthy participants ( $N = 45$ ) completed a standard generalised conditioning procedure, followed by a novel adaptation of the trauma film paradigm. In the latter, participants watched eight neutral clips, followed by one aversive clip. Participants then watched the eight neutral clips again. The neutral clips were either similar or dissimilar to the aversive clip. Pleasantness and intensity ratings were provided. A 4-day digital intrusive memory diary was completed. The study thus examined the correlation between generalisation of fear conditioning and generalisation of intrusive memories.

**Results:**

Data collection is ongoing, with preliminary results to be expected. It was hypothesised that participants with greater generalisation during standard conditioning would have a greater change in responding to the neutral clips, pre- and post-aversive clip viewing. Participants with greater change in responding were then hypothesised to report more neutral clips intrusions in the following days.

**Conclusion:**

This study will present a novel way to explore fear generalisation, and generalisation of intrusive memories. Consequently, it is a step closer in our investigation of the mechanisms which maintain PTSD.

**Clinical practice relevance:**

- Further our understanding on the relationship between intrusive memories and fear generalisation.
- Characterise intrusive memories as being driven by more than trauma exposure/experience.
- Inform interventions/treatments that better capture the lived experience of PTSD.
- Can be applicable to various anxiety-related disorders and presentations of generalised fear and/or intrusive memories.

**Disclosure of Interest Statement:**

This paper was funded by Early Career Research grants awarded to LJJ. LJJ is supported by an NHMRC Investigator Grant Fellowship (GNT2017125).

**Short biography of presenter:**

Gia Nhi (Nhi) Lam is a PhD candidate and AOD counsellor. She commenced her program in February 2024 in the School of Psychology and Counselling (QUT), under the supervision of Dr Luke Ney. She is part of the Biology, Memory and Trauma Lab and the Emotion, Learning and Psychophysiology Lab.

## Ai-Jing Lim

### *A narrative review of cognitive behavioral therapy (CBT) on geriatric hoarding disorder [2505]*

Rapid Presentation

#### **Authors:**

Lim AJ, Tay KW<sup>1</sup>

<sup>1</sup> Department of Psychology and Counselling, Tunku Abdul Rahman University, Malaysia

#### **Speaker:**

Ai-Jing Lim

#### **Background:**

Hoarding disorder (HD) among older adults is a complex and often treatment-resistant condition that significantly impairs functioning, safety, and well-being. While Cognitive Behavioral Therapy (CBT) has shown strong efficacy in general populations, its effectiveness in geriatric HD remains questionable due to cognitive, physical, and motivational barriers. This narrative review examines the effectiveness of CBT in treating geriatric HD and the adaptations made to improve outcomes.

#### **Methods:**

A literature search was conducted using Scopus and PubMed databases from 2010 to the present.

#### **Results:**

Six articles focusing on CBT for geriatric HD were identified. The findings reviewed the effectiveness of CBT and adaptations made for geriatric HD. Effective treatment components include structured behavioral interventions, such as graded exposure to decluttering and direct home visits. Motivational interviewing and psychoeducation help enhance engagement, while skill-based training targets decision-making, organization, and problem-solving. A strong therapeutic relationship is essential for fostering trust and maintaining adherence. Adaptations for the geriatric population include cognitive rehabilitation techniques to address deficits in memory, planning, and cognitive flexibility. Remote or home-based CBT formats also show promise, especially with therapist or family involvement. Traditional cognitive strategies like cognitive restructuring are less effective due to difficulties with abstract thinking. Homework noncompliance, driven by executive dysfunction and life stressors, remains a significant challenge. High relapse rates further highlight the need for long-term maintenance strategies and ongoing support.

#### **Conclusion:**

CBT remains a viable treatment for geriatric HD. Optimizing outcomes requires an emphasis on behavioral techniques, cognitive rehabilitation, and motivational strategies.

#### **Clinical practice relevance:**

- Tailored CBT approaches for geriatric hoarding disorder improve treatment outcomes by addressing age-related cognitive and motivational challenges.

- Emphasizing behavioral techniques, cognitive rehabilitation, and strong therapeutic alliances can enhance engagement and adherence.
- Findings support the need for age-adapted protocols, caregiver involvement, and policies promoting long-term, home-based support in clinical practice.

#### **Disclosure of Interest Statement:**

The authors have no conflicts of interest to disclose.

#### **Short biography of presenter:**

Lim Ai Jing is a registered Clinical Psychologist in Malaysia with diverse clinical experience across hospital, university, and private settings. She is skilled in evidence-based therapies and neuropsychological assessments, actively involved in mental health outreach, and has presented internationally. She also serves as a reviewer for dementia research in Scopus-indexed journal.

#### **Anna Malerba**

*Validating the state intolerance of uncertainty scale in adolescents: beyond the bifactor, there's so much more [2571]*

Poster Display

#### **Authors:**

Malerba A<sup>1</sup>, Lauriola M<sup>2</sup>, Marini M<sup>2</sup>, Parisse C<sup>2</sup>, Prislei L<sup>2</sup>, Livi S<sup>2</sup>, Eid M<sup>3</sup>, Bottesi G<sup>4</sup>  
<sup>1</sup>Department of Dynamic and Clinical Psychology, and Health Studies, Sapienza University of Rome, Rome, Italy, <sup>2</sup>Department of Social and Developmental Psychology, Sapienza University of Rome, Rome, Italy, <sup>3</sup>Department of Education and Psychology, Freie Universität Berlin, Germany, <sup>4</sup>Department of General Psychology, University of Padova, Padova, Italy

#### **Introduction:**

Intolerance of Uncertainty (IU) has a longstanding history as a personality trait. Recent endeavours have begun to explore its situation-specific component. Recent studies have advocated for the bifactor model as a more fitting depiction of the structural validity of IU. Nonetheless, there are lingering questions regarding the scale's dimensionality and the interpretation of general and specific factors within this model. The present study aimed to validate a new measurement model for a measure of state IU. Objectives: 1) evaluate the fit of an S-1 bifactor model in an adolescent sample; 2) assess relative generality vs. specificity represented by manifest factors; 3) examine convergent validity of the general and specific factors.

#### **Methods:**

A total of 122 Italian adolescents completed an online survey. The item set was developed from existing trait IU scales. Before responding, participants described a recent and salient uncertain situation they had experienced. Adolescents' subjective well-being was assessed. The measurement model was evaluated using confirmatory factor analysis in R.

#### **Results:**

A bifactor S-1 model was superior to alternatives in fit and substantive interpretation. The S-1 bifactor model included well-supported prospective and inhibitory specific factors and an uncertainty tolerance referent, core factor capturing common variance. The state IU scale was associated with adolescents' subjective well-being at school.

**Conclusion:**

This study provides preliminary validation of the IU state scale and supports the application of an S-1 bifactor as a viable solution for addressing the challenges associated with symmetrical bifactor models of the IU scale. The scale also demonstrated initial convergent validity.

**Clinical practice relevance:**

- Applying the S-1 bifactor model provides interpretable factors for assessing IU in adolescents. Having demonstrated convergent validity, these factors may enhance the understanding of individual IU profiles.
- Improved clinical assessment through interpretable factor scores that go beyond overall severity.
- More precise information for planning targeted interventions based on specific IU profiles.

**Disclosure of Interest Statement:**

The authors have no conflicts of interest to disclose.

**Short biography of presenter:**

Anna Malerba is a Ph.D. student in Clinical Psychology. Her research focuses on integrating individual differences in responses to uncertainty into broader personality models and frameworks. Her current interests include employing state-trait models and structural equation modeling to investigate meaningful variability in intolerance of uncertainty.

**Karishma Rajan Menon**

*Feasibility of group schema therapy for co-occurring anxiety and depression in adults: preliminary findings [2555]*

Rapid Presentation

**Authors:** Rajan Menon K<sup>1</sup>, Norton A<sup>1</sup>, Seeley-Wait E<sup>1</sup>, Younan R<sup>2</sup>, Webb S<sup>1</sup>, Abbott M<sup>1</sup>

<sup>1</sup> The University of Sydney, NSW, <sup>2</sup> Schema Therapy Institute Australia, VIC

**Speaker:** Karishma Rajan Menon

**Background:**

Co-occurring anxiety and depression often present a clinical picture of greater symptom severity and reduced functioning (Spijker, Muntingh, & Batelaan, 2020). Given high co-occurrence rates for anxiety and depressive disorders, innovations to traditional models of treatment are warranted. Interventions targeting underlying and shared mechanisms, including factors that predispose individuals to negative reactions, and avoidance of, unpleasant feelings or experiences may be beneficial. This study explores the feasibility of an adapted 18-week Group Schema Therapy program (Farell & Shaw, 2012; Younan, Farrell & May, 2018) that targets such cognitive and emotional patterns for adults experiencing co-occurring anxiety and depression.

**Method:**

Participants (N=6, age  $M=28.17$ ,  $SD=4.85$ , 33.3% female) were recruited from a community sample and enrolled in an 18-week program delivered by clinical psychologists. The adapted protocol incorporated elements of tailored psycho-education, cognitive restructuring and experiential techniques, including imagery rescripting and chair work. Quantitative measures of acceptability, anxiety, depression, schemas and schema modes, shame, attachment,

quality of life, work adjustment, group factors, (pre, post, follow-up), diagnostic interviews, and qualitative interviews were conducted and analysed.

### Results and Conclusion:

Preliminary results of the adapted group program will be presented. Data collection is ongoing but preliminary results indicate that the program is both suitable and feasible. Data and participant feedback highlight relevance, helpfulness and suitability of tailored group treatment programs for more complex presentations.

### Clinical practice relevance

- The adapted program has potential to extend on existing CBT interventions or be used independently to target such chronic co-occurring conditions.
- This may provide a structured framework for clinicians to offer evidence-based treatment in addition to individual sessions, especially relevant with limits to Medicare rebated sessions.

### Disclosure of Interest Statement:

Karishma Rajan Menon (Clinical Psychologist and PhD candidate) is supported by The University of Sydney Post-Graduate Award and RTP fee-offset. The authors have no conflicts of interest.

### Amy J Mickelberg

*When misdiagnosed with a mental illness, is there always stigma? Corrections are ineffective in mitigating mental health stigma. [2518]*

Rapid Presentation & Poster Display

### Authors:

Amy J Mickelberg<sup>1</sup>, Bradley Walker<sup>1</sup>, Ullrich K H Ecker<sup>1,2</sup>, Nicolas Fay<sup>1</sup>

<sup>1</sup> School of Psychological Science, The University of Western Australia, Australia

<sup>2</sup> Public Policy Institute, The University of Western Australia, Australia

**Speaker:** Amy J Mickelberg

### Introduction/Background:

Diagnostic labels for mental health conditions can inadvertently reinforce harmful stereotypes and exacerbate stigma. If a diagnosis is incorrect and a label is wrongly applied, this may negatively impact person impressions even if the inaccurate label is later corrected. This registered report examined this issue.

### Methods:

Participants ( $N = 560$ ) read a vignette about a hospital patient who was either diagnosed with schizophrenia, diagnosed with major depressive disorder, or not diagnosed with a mental health condition. The diagnostic labels were later retracted strongly, retracted weakly, or not retracted. Participants completed several stigma measures (desire for social distance, perceived dangerousness, and unpredictability), plus several inferential-reasoning measures that tested their reliance on the diagnostic label.

### Results:

As predicted, each mental health diagnosis elicited stigma, and influenced inferential reasoning. This effect was stronger for the schizophrenia diagnosis compared to the major depressive disorder diagnosis. Importantly, the diagnostic label continued to influence person judgments after a clear retraction (strong or weak).



**Conclusion:**

Study findings highlight the limitations of corrections in reducing reliance on person-related misinformation and mental health stigma.

**Clinical practice relevance:**

- Our findings show how diagnostic labels of mental illness can be stigmatizing and highlight the tendency for these effects to endure after the diagnostic label is retracted.
- Given the ineffectiveness of retractions in eliminating label effects on mental health stigma, our findings underscore the importance of diagnostic accuracy when diagnosing serious mental health conditions.

**Disclosure of Interest Statement:**

This paper was supported by a Postgraduate Research Scholarship from the Defence Science and Technology Group of the Department of Defence and an Australian Government Research Training Program Scholarship to the first author (AM), an Australian Research Council grant FT190100708 to the third author (UE), and an Office of National Intelligence and Australian Research Council grant NI210100224 to the last author (NF).

**Short biography of presenter:**

Amy Mickelberg is a Clinical Psychologist Registrar at Royal Perth Hospital and Post-Doctoral Researcher at the University of Western Australia. Her research focuses on misinformation and impression formation, investigating how stigma contributes to the continued influence of retracted person-related misinformation during impression formation.

**Thomas Nicholl**

*Performing without debilitating anxiety: a qualitative analysis from the perspective of professional musicians [2504]*

Poster Display

**Authors:** Nicholl T J<sup>1</sup>, Abbott M J<sup>1</sup>

<sup>1</sup> The University of Sydney, Sydney, NSW

**Speaker:** Thomas Nicholl

**Introduction/Background:**

Qualitative insights are useful in understanding the nuanced experience of those who identify as experiencing performance anxiety (PA). Whilst research has been conducted to elucidate the experiences of musicians who perform with anxiety, the experiences of those who perform without is scarce. This is particularly important given prevalence rates of PA up to 60%. Learning from these experiences can support the development of treatment interventions and performance-related experiential goals for musicians, especially for those who are yet to perform without experiencing impairing anxiety. The aim of this study was to examine the cognitive and schematic experiences of professional musicians who perform in the absence of debilitating PA using qualitative interview methods. Hofmann's (2007) model of social anxiety disorder (SAD) was used to explore the cognitive mechanisms participants used in preparation, during and after their performances.

**Methods:**

Six professional western classical musicians were interviewed (3 female, 3 male) examining the cognitive and schematic features of their performance experience.



**Results:**

A thematic analysis was completed, describing six core themes across three layers comprising early experiences, pre-performance and during performance experiences. Participants identified early experiences of PA, where they developed confidence through repetition and the positive influence of others. They relied upon foundation technical, performance, and mental skills to perform, which encompassed a strong 'why' when it came to performing. During performances, participants reported a deep sense of connection to the music, their peers, and the audience, externally focusing their attention beyond themselves.

**Conclusion:**

Results highlight the utility of interventions aligned with the experiences of those who perform in the absence of debilitating anxiety and call for continued values-driven cognitive performance preparation education for musicians.

**Clinical practice relevance:**

- Cognitive processes relevant to SAD should be used to both alleviate symptoms of PA and support positive performance experiences.
- Cultivating adaptive attitudes toward performance can support the development of flexible psychological experience during performances.
- Clinicians can use these results to map the performance experiences for performers of all backgrounds, not just music.

**Disclosure of Interest Statement:**

The authors have no conflicts of interest to disclose.

**Short biography of presenter:**

Thomas Nicholl is a Clinical Psychologist and recent PhD graduate from the University of Sydney. His clinical practice focuses on the treatment of anxiety disorders in child and adolescents, with his research expanding to understanding the mechanisms involved in performance related anxiety.

**Lisa Porritt**

*Psychosocial factors related to women's persistent or recurrent vulvovaginal pain: a systematic review and suggestions for future research [2507]*

Rapid Presentation & Poster Display

**Authors:**

Porritt LMM<sup>1</sup>, Zimmer-Gembeck MJ<sup>1, 2</sup>, Green HJ<sup>1</sup>, Edwards, E-J<sup>1</sup>

<sup>1</sup>School of Applied Psychology, Gold Coast Campus, Griffith University, Queensland Australia, <sup>2</sup>Griffith University Centre for Mental Health, Queensland Australia

**Speaker:** Lisa Porritt

**Introduction/Background:**

Vulvovaginal pain and discomfort impacts between 12.5 to 49% of women within their lifetime. This pain can be related to a physical cause or be psychological in nature, with the impacts of this pain experience spanning across multiple facets of a woman's life (e.g., mood, relationships, self-perception).

**Methods:**

The aim of this systematic review was to summarise the findings from studies exploring psychological and social factors as related to vulvovaginal pain and discomfort. PRIMSA guidelines and the Critical Appraisal Skills Programme were utilised in the systematic review.

**Results:**

The majority of the included studies used a cross-sectional survey design and investigated anxiety and/or depression as correlates of pain. Overall, multiple studies reported positive associations between higher levels of anxiety or fear, depression, psychological distress, sexual distress, avoidance, pain catastrophising, perfectionism, psychological inflexibility, negative cognitions about vaginal penetration, perceived injustice, and sexual abuse with reports of greater pain intensity. Additionally, sexual satisfaction, coping self-efficacy, partner communication, and relationship satisfaction were associated with lower pain intensity.

**Conclusion:**

The findings highlight the multiple psychosocial factors associated with vulvovaginal pain while drawing attention to the need for further research to differentiate precursors of pain from outcomes or covariates of pain. Additionally, there is a need for research in this area on protective factors (e.g., self-efficacy) and helpful coping strategies (e.g., pain acceptance) for women experiencing vulvovaginal pain and discomfort. Regardless, knowledge of the identified psychosocial correlates of pain in this review can assist in health care to improve responses to women's pain.

**Clinical practice relevance:**

- Assist clinicians to tailor interventions to address potential psychosocial mechanisms associated with vulvovaginal pain.
- Useful for policy development to assist women when there is no obvious physical pain contributor.
- Aid in information campaigns, to assist in health literacy and raising awareness around this particular issue for women.

**Disclosure of Interest Statement:** The first author received the Australian Government Research Training Program Scholarship. The authors have no other conflicts of interest to disclose.

**Short biography of presenter:**

Lisa is in her final year in completing the Doctor of Philosophy in Clinical Psychology. Lisa's PhD focuses on developing a deeper understanding of the psychosocial factors, and coping strategies utilised, that are associated with the experience of vulvovaginal pain when there is no physical cause for the pain experienced.

**David Preece**

*The Emotion Regulation Questionnaire-Short Form (ERQ-S): a 6-item measure of cognitive reappraisal and expressive suppression [2515]*

Rapid Presentation & Poster Display

**Authors:**

Preece DA<sup>1,2</sup>, Heekerens JB<sup>2</sup>, & Gross JJ<sup>2</sup>

<sup>1</sup>Curtin University, School of Population Health, Australia.

<sup>2</sup>Stanford University, Department of Psychology, United States.

**Introduction/Background:**

Emotion regulation is a central process targeted in CBT. The Emotion Regulation Questionnaire (ERQ) is one of the most widely used measures of emotion regulation, a self-report tool assessing frequency of use of two common emotion regulation strategies highly relevant to CBT—*cognitive reappraisal* (i.e., changing the way one is thinking about a situation to change its emotional impact) and *expressive suppression* (i.e., inhibiting behavioral expression of emotion). Recently, we developed the 6-item official short form of the ERQ, known as the Emotion Regulation Questionnaire-Short Form (ERQ-S). In this paper, we outline the development of the ERQ-S and report findings from a set of studies we conducted on its validity and utility.

**Method:**

We examined the performance of the ERQ-S across clinical and non-clinical samples ( $N > 1200$ ).

**Results:**

Factor analyses of the ERQ-S supported its intended 2-factor (subscale) structure, comprised of cognitive reappraisal and expressive suppression factors. Both factor scores exhibited high reliability ( $\alpha > .80$ ). As expected, the ERQ-S correlated highly with the ERQ ( $r > .90$ ). A profile of low cognitive reappraisal use and high expressive suppression use on the ERQ-S is significantly associated with higher levels of emotion regulation difficulties and psychopathology symptoms.

**Conclusion:**

Taken together, the ERQ-S appears to successfully retain the strengths of the ERQ. The shorter format of the ERQ-S should therefore help to optimize the measurement of emotion regulation in time-pressured settings. It is a strong option for tracking treatment change in key processes targeted by CBT.

**Clinical practice relevance:**

- With the ERQ-S, we have introduced a short and robust measure of two key emotion regulation strategies central to CBT, cognitive reappraisal and expressive suppression.
- ERQ-S scores can be used to inform CBT intervention planning and track treatment change.
- The ERQ-S is freely available online.

**Disclosure of Interest Statement:**

The authors declare no conflicts of interest.

**Short biography of presenter:**

Dr David Preece is a Clinical Psychologist and Academic at Curtin University, where he directs the Perth Emotion & Psychopathology Lab. He is a Fulbright Scholar and Raine Robson Fellow. David's main area of research and practice is the understanding, assessment, and treatment of emotional disorders.

**Tessa Rooney**

*Cognitive bias modification for interpretation mitigates placebo hyperalgesia [2537]*  
Rapid Presentation & Poster Display

**Authors:**

Rooney T<sup>1</sup>, Sharpe L<sup>1</sup>, Todd J<sup>1</sup>, Colagiuri B<sup>1</sup>

<sup>1</sup> School of Psychology, The University of Sydney, Australia

**Speaker:** Tessa Rooney

**Introduction/Background:**

Nocebo hyperalgesia refers to the experience of increased pain which is not due to a pain inducing stimulus or treatment. Given that nocebo hyperalgesia results from expectancies generated by the treatment context, it is quite plausible that the extent to which the treatment context elicits expectancies and therefore pain is influenced by the individual's propensity to interpret stimuli as pain-related, i.e. their interpretation bias. If so, then cognitive bias modification for interpretation (CBM-I) may pose a means to minimise nocebo hyperalgesia.

**Methods:**

CBM-I was used to induce biases towards pain interpretations or towards benign interpretations. This involved presenting a series of ambiguous scenarios that ended in a word fragment, where participants were required to complete the word fragment which would resolve the ambiguity as either pain-related or benign. Participants then completed a nocebo instruction and conditioning induction, where a sham treatment was paired with increased thermal pain stimuli. A nocebo test phase followed where treatment and no-treatment trials were paired with identical thermal pain, such that any difference would be indicative of nocebo hyperalgesia.

**Results:**

Results found reliable evidence of nocebo hyperalgesia, which was mediated by pain expectancy. Interpretation bias was also successfully manipulated between CBM-I groups. Critically, participants who received CBM-I training away from pain exhibited significantly smaller nocebo hyperalgesia than the towards pain training group.

**Conclusion:**

These results highlight the importance of interpretation bias as a causal factor in pain experience and nocebo hyperalgesia specifically. Given this, modifying interpretation biases away from pain may provide a cheap and effective intervention to mitigate nocebo hyperalgesia.

**Clinical practice relevance:**

- Pre-treatment CBM-I may help reduce nocebo-related pain during medical procedures or treatments
- CBM-I could be a low-cost, scalable tool to minimise negative treatment effects.
- Integrating interpretation bias training with expectation management may enhance clinical pain management and improve patient satisfaction.

**Disclosure of Interest Statement:**

This research was supported by an Australian Government Research Training Program Stipend Scholarship awarded to Tessa Rooney and Australian Research Council Grants DP200101748 awarded to Ben Colagiuri and DP210101827 awarded to Louise Sharpe. The authors have no conflicts of interest to disclose.

**Short biography of presenter:**

Dr. Rooney recently completed her PhD at the University of Sydney, examining the role of cognitive factors such as anxiety, pain catastrophising and attention bias in nocebo effects. She is currently working under Dr. Todd, examining the influence of mental imagery on pain outcomes.

## Alexandra South

### *Clinician perspectives on the implementation of blended care models in adolescent mental health [2531]*

Rapid Presentation & Poster Display

#### **Authors:**

South A.J.<sup>1</sup>, Theobald A<sup>1</sup>, Corkish B<sup>1</sup>, Achilles M<sup>1</sup>, Subotic-Kerry M<sup>1</sup>, Li S<sup>1</sup>, O'Dea B<sup>3</sup>, Werner-Seidler A<sup>1,2</sup>

<sup>1</sup>Black Dog Institute, University of New South Wales, Sydney, NSW, Australia, <sup>2</sup>School of Psychology, University of New South Wales, Sydney, NSW, Australia, <sup>3</sup>College of Education, Psychology and Social Work, Flinders University.

**Speaker:** Alexandra J. South

#### **Introduction/Background:**

Psychological services for young people cannot meet demand. Blended care models which combine the benefits of digital interventions with face-to-face support may help to address some access barriers. Developed in collaboration with young people, parents, and mental health professionals, ClearlyMe® is a self-directed, CBT-based smartphone app for adolescents with mild-to-moderate symptoms of depression. The aim of this study was to understand the perspectives of mental health professionals on the development of a blended care model integrating ClearlyMe into treatment for adolescent depression.

#### **Methods:**

Participants were 37 mental health professionals working with adolescents in schools or private practice settings. Qualitative data were collected via focus group or interview, exploring perspectives of clinicians about the most effective and practical methods for integrating ClearlyMe® into face-to-face therapy, as well as training and support requirements. A thematic analysis approach was used to analyse the data.

#### **Results:**

Five key themes were identified. First, clinicians discussed how they would best integrate the app alongside the existing therapeutic process. The second theme was the suitability of clients for a blended care model, and third, the facilitators and barriers to adopting blended care. The fourth theme was data and privacy issues that may arise with app use, and fifth, training and support requirements for those delivering the care.

#### **Conclusion:**

Overall, clinicians were supportive of the development of a blended care approach and emphasised the need for brief resources and training to support them in integrating the blended care model into their existing practice.

#### **Clinical practice relevance:**

- Blended care models may improve access to mental health support for adolescents.
- The model can support continuity of care between in-person sessions.
- Professional clinical judgement remains central when incorporating digital interventions.

#### **Disclosure of Interest Statement:**

This research was funded by The Goodman Foundation.

**Short biography of presenter:**

Alex South is a Research Officer at the Black Dog Institute and a PhD candidate at the University of Wollongong. Her research focuses on adolescent mental health, personality, and digital interventions. She is passionate about improving access to mental health care through evidence-based approaches and engaging with young people's voices.

**Lewis Stulcbauer**

*Alexithymia and the implementation and monitoring of emotion regulation strategies [2506]*

Rapid Presentation & Poster Display

**Authors:**

Stulcbauer LB<sup>1</sup>, Gainey K<sup>1</sup>, Preece DA<sup>1,2,3</sup>, Becerra R<sup>1</sup>

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<sup>3</sup>Curtin University, School of Population Health, Perth, WA

**Speaker:** Lewis Benjamin Stulcbauer

**Introduction/Background:**

While alexithymia, a personality trait characterised by difficulties understanding and describing one's emotions, has long been linked to emotion regulation (ER) difficulties, much is not known about what specific aspects of ER in alexithymia cause these problems. By examining various stages of the ER process as conceptualised by the most current evidence-based ER framework, the Extended Process Model, this study explores how alexithymia is linked to difficulties implementing context-congruent ER strategies and monitoring ongoing ER efforts.

**Methods:**

Participants completed an online survey assessing alexithymia and a lab-based task involving down-regulating emotions in response to positive and negative images of high or low intensity. Participants were assigned to use either distraction or reappraisal strategies when first viewing the image. To simulate monitoring processes, participants then selected which strategy to use before reviewing the image. Participants rated their emotional intensity after each regulation attempt.

**Results:**

Multilevel modelling will be used to assess how different alexithymia facets are associated with difficulties implementing and monitoring ER strategies. Elevated alexithymia is expected to be associated with greater difficulty implementing context-congruent ER strategies (e.g., reappraisal in low-intensity contexts) and lower overall strategy implementation effectiveness. Alexithymia may also be linked to greater difficulty utilising emotional feedback to guide monitoring decisions (i.e., whether to maintain or switch strategies based on prior ER success) and lower effectiveness of monitoring decisions.

**Conclusion:**

This research will highlight the specific nature of ER difficulties within alexithymia by investigating whether alexithymia is linked to difficulties implementing context-congruent strategies and monitoring ER efforts.

**Clinical practice relevance:**

- Assist clinicians to understand why clients with high alexithymia have difficulty managing and tracking emotions.

- Point clinicians toward areas where high alexithymia clients may need assistance developing their ER.
- Provide a breakdown of which specific alexithymia sub-components impact different ER stages, helping clinicians tailor interventions to a client's alexithymia profile.

#### **Disclosure of Interest Statement:**

The first author's PhD is being supported by a federal government Research Training Program scholarship. There are no other possible conflicts of interest.

#### **Short biography of presenter:**

Lewis is a PhD and Master of Clinical Psychology candidate in the Perth Emotion and Psychopathology lab at UWA. His research focuses on understanding the mechanisms behind the link between alexithymia and poor emotion regulation outcomes. This interest comes from a broader concern with identifying transdiagnostic mechanisms underpinning mental illness.

### **Emily Upton**

*A pilot trial of brief tailored online treatment for rumination and worry in pre-menstrual dysphoric disorder [2530]*

Rapid Presentation

#### **Authors:**

Upton E<sup>1,2</sup>, Mahoney AEJ<sup>3,4</sup>, Moulds ML<sup>1</sup>, Werner-Seidler A<sup>1,2</sup>, Newby JM<sup>1,2</sup>.

<sup>1</sup>School of Psychology, Faculty of Science, University of New South Wales, Sydney, NSW, 2052, Australia, <sup>2</sup>Black Dog Institute, University of New South Wales, Sydney, NSW, 2052, Australia, <sup>3</sup>Clinical Research Unit for Anxiety and Depression (CRUfAD), St. Vincent's Hospital, Level 4 O'Brien Centre, 394- 404 Victoria Street, Darlinghurst, Sydney, New South Wales, 2010, Australia, <sup>4</sup>Discipline of Psychiatry and Mental Health, Faculty of Medicine and Health, University of New South Wales, Sydney, NSW, 2052, Australia.

**Speaker:** Emily Upton

#### **Introduction/Background:**

Pre-Menstrual Dysphoric Disorder (PMDD) is characterised by severe mood changes across the menstrual cycle, affecting up to 8% of menstruating individuals. Current biological treatment options only offer modest relief. Repetitive Negative Thinking (i.e., rumination and worry; RNT) contributes to the onset and severity of PMDD symptoms, and therefore may be an important but untested psychological treatment target.

#### **Methods:**

This single group pilot trial will evaluate the outcomes, feasibility and acceptability of a brief, online, CBT treatment targeting rumination and worry in participants (N=60) with probable PMDD or moderate-severe Premenstrual Syndrome (PMS) and elevated levels of RNT (RTQ-10 score of  $\geq 28$ ). Participants will receive a 4-module clinician-supported online treatment delivered over 4 weeks.

Outcomes will be evaluated at pre-, mid- and post-treatment (week 5) and follow-up (weeks 10 and 15; allowing for two menstrual cycles) evaluating participants' PMDD symptoms (PSST), RNT (RTQ-10, RRS-Brooding, PSWQ-A), depression and suicidality (PHQ-9), anxiety (GAD-7), distress (DQ-5), mental wellbeing (SWEMWBS), and functioning (WSAS), as well as treatment satisfaction and feedback. Qualitative interviews will explore participants' treatment needs and preferences.

**Results:**

Data collection will be finalised by August 2025. We expect that the sample will improve significantly on measures of PMDD, RNT and other outcomes (e.g., functioning), and the program will be feasible and acceptable to participants.

**Conclusion:**

This online RNT intervention tailored to individuals with PMDD has potential to serve as an accessible and scalable treatment for a population who currently lack psychological treatment options.

**Clinical practice relevance:**

- PMDD is an under-researched mood disorder; few evidence-based psychological treatments exist.
- This brief, online intervention targeting Repetitive Negative Thinking may be an effective treatment option either alone or combined with biological treatments.
- Understanding lived experiences of PMDD and treatment needs can help inform more comprehensive future psychological treatments for PMDD.

**Disclosure of Interest Statement:**

This paper was funded by Australian Research Training Program Scholarships awarded to Emily Upton. Jill Newby is supported by an NHMRC Investigator Grant Fellowship (GNT2008839). The authors declare no conflicts of interest.

**Short biography of presenter:**

Emily Upton is a PhD student, Clinical Psychologist, and Research Officer at UNSW and Black Dog Institute. Her research focuses on women's mental health and the use of online treatment for rumination and worry in the general population and specific groups, such as people with Pre-Menstrual Dysphoric Disorder.




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