

# **38<sup>TH</sup> NATIONAL CONFERENCE OF THE AUSTRALIAN ASSOCIATION FOR COGNITIVE AND BEHAVIOUR THERAPY**

*Innovations in Cognitive and Behavioural  
Therapies across the Lifespan*

## **ABSTRACT HANDBOOK**

26 – 28 OCTOBER 2017

CROWNE PLAZA COOGEE BEACH  
HOTEL, SYDNEY



**AACBT**

AUSTRALIAN ASSOCIATION  
FOR COGNITIVE AND  
BEHAVIOUR THERAPY



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**Distinguished Career Award for  
Contribution to Cognitive or  
Behavioural Research and Therapy**

**Oceanic Ballroom, 26<sup>th</sup> October 2017,  
10:05am – 10:45am**

*Professor Matt Sanders, Director  
Parenting and Family Support Centre,  
School of Psychology, The University of  
Queensland*

**Transforming the lives of children,  
parents and communities through  
positive parenting**

After four decades of intervention research behaviourally based parenting and family interventions have been shown to be effective in the prevention and treatment of a range of child and adolescent social, emotional, behavioural and health problems. However, the field is at a cross roads and the potential impact of evidence-based parenting support interventions has not been fully realised. Challenged by evidence that existing coaching models of parent training do not work for all families and evidence that traditional clinical models of program delivery through one-one or small group interventions reach only a small proportion of parents experiencing difficulties with children, two different yet complementary fields of innovation are evolving to further improve outcomes for children and adolescents. The first seeks to extend applications of parenting interventions to a more diverse and increasingly complex range of clinical and health problems beyond traditional applications for children with conduct problems or ADHD. The second involves the adoption and implementation of a “whole of population approach” to ensure programs that work have wider population reach. This presentation argues that to shift “the needle” on population level indicators of child problems we need a blending of targeted and universal programs based on the principles of proportionate universalism, self-regulation and minimal sufficiency. The creation of “pull demand” in parents as consumers and end users combined with rigorous application of

learning from implementation science has the potential to transform the lives of children, parents and communities.

**The Tracy Goodall Early Career Award**

**Oceanic Ballroom, 27<sup>th</sup> October 2017,  
8:30am – 9:15am**

**Memory-based interventions for the  
treatment of depression and the role of  
prevention**

*Aliza Werner-Seidler, Black Dog Institute*

Significant progress has been made in the field of evidence-based psychological treatment for depression. However, considerable challenges remain: CBT is expensive, inaccessible to many who need it, and even for those who receive treatment, response rates are varied and relapse common. In this presentation I will suggest avenues through which some of these challenges may be addressed. First, I review a program of research that explores the use of low-intensity memory-based interventions to treat adult depression. These easy-to-deliver interventions target cognitive biases common in depression (e.g., over general memory recall), which can maintain the disorder and increase risk for recurrence.

Even though these interventions have the capacity to improve effectiveness, the disease burden cannot be fully ameliorated by treatment alone. To this end there is emerging evidence that depression prevention is possible. In the second part of this presentation, evidence for the prevention of depression during adolescence will be evaluated, drawing on data from school-based prevention trials. The discussion will focus on broad, scalable e-health technologies which have the ability to address issues of cost, accessibility and fidelity. Although great challenges to the field remain, the use of technology, a greater focus on prevention and the emergence of simple memory-based interventions represent initial steps towards reducing incidence and improving treatment outcomes for depression.

## KEYNOTE PRESENTATIONS

Oceanic Ballroom, 26<sup>th</sup> October 2017,  
9:00am - 10:00am

### **A Theoretical Framework and Therapy Model for Fear of Cancer Recurrence: Practical Strategies**

*Professor Phyllis Butow, University of Sydney, Australia*

Up to 70% of cancer survivors report clinically significant fear of cancer recurrence (FCR), which, without intervention, may not resolve over time. Clinical FCR negatively impacts QOL, health service usage and adherence to follow-up recommendations. Our team developed a theoretical framework and intervention (Conquer Fear), to help cancer survivors better manage FCR. ConquerFear combines principles from the commonsense model of illness, the self-regulatory executive function model (S-REF) which targets meta-cognitions, and Relational Frame Theory, the theoretical basis for Acceptance and Commitment Therapy. ConquerFear includes 5 sessions incorporating attention training, detached mindfulness, challenging unhelpful metacognitions, values clarification and psychoeducation. ConquerFear was piloted and then evaluated in a randomized controlled trial involving 222 disease-free breast, colorectal or melanoma cancer survivors, 2 months to 5 years posttreatment, with clinical FCR when screened prior to study entry. Results showed significant reductions in FCR immediately post, 3 months and 6 months after treatment in the intervention versus control group. In this presentation, I will discuss the prevalence, severity, correlates and consequences of FCR, and describe in detail the theoretical framework underpinning ConquerFear, the therapeutic strategies employed in the intervention, and the trial outcomes.

Oceanic Ballroom, 26<sup>th</sup> October 2017,  
11:00am - 12:00pm

### **Transdiagnostic Approaches to the Treatment of Anxiety and Emotional Disorders**

*Professor Peter Norton, Monash University, Australia*

Transdiagnostic models of anxiety, and cognitive-behavioural treatments based on these models, have been gaining considerable empirical support. Transdiagnostic models hold that common elements across the anxiety and emotional disorders outweigh differences. From these models, treatments have been developed which incorporate different emotional diagnoses under the same protocol. Recent research from a number of clinical trials has shown that Transdiagnostic Cognitive-Behavioural Therapy is efficacious and highly economical for treatment providers. Further, a majority of patients present with two or more “comorbid” diagnoses at once. Given that Transdiagnostic CBT focuses on the patient’s entire emotional presentation, as opposed to just one primary diagnosis, several psychological scientists have suggested that Transdiagnostic CBT may be more efficient than traditional CBT in treating comorbid presentations (those with more than one anxiety disorder or depressive diagnosis). The presentation will present a state-of-the-art relating to transdiagnostic CBT for anxiety and emotional disorders. Future directions for the treatment of complex comorbid anxiety and anxiety-depression patients will be discussed.

**Oceanic Ballroom, 26<sup>th</sup> October 2017,  
4:00pm - 5:00pm**

**Evidence-based treatment for late-life depression**

*Professor Patrick Raue, University of Washington, USA*

In this keynote address, Dr Raue will discuss the complexities and consequences of late-life depression. He will review the evidence base for psychotherapy for older adults with depression, and recent advances in tailoring approaches for special populations characterized by chronic or acute medical illness, disability, and cognitive impairment. Dr Raue will review adaptations for psychotherapy to overcome barriers to its accessibility in non-specialty settings such as primary care, homebound or hard-to-reach older adults, and social service settings. He will also discuss the available clinician workforce as an impediment to extending the reach of evidence-based psychotherapy, and recent recommendations from an Institute of Medicine report on psychosocial interventions. Dr Raue will then describe efforts to develop streamlined stepped-care approaches and effectively train the workforce.

**Oceanic Ballroom, 27<sup>th</sup> October 2017,  
9:15am - 10:15am**

**Failure is fun and Important! Attempts to develop a new treatment for children with callous-unemotional traits**

*Professor Mark Dadds, University of Sydney, Australia*

Parent interventions are the frontline evidence-based treatment for children with early onset conduct problems. Outcomes may be less than ideal however for children with limited prosocial emotions or callous-unemotional (CU) traits. A major priority for clinical research in developmental psychopathology is to develop ways to fine tune existing treatments to improve outcomes for this specific group of children. This paper will present a decade of research culminating in a randomised controlled trial of new strategies that target improvements in parent-child emotional warmth and emotional engagement for children referred for treatment of conduct problems and impairments in empathy or high CU traits. We have been successful in developing a clear model of what is happening with these children; we have been successful in designing interventions that can be implemented with high fidelity and rated as high acceptability and usefulness by parents. We have also been successful in producing large decreases in disruptive, antisocial behaviour in these children that were maintained to follow-up. Despite this we have not been able to show one technique is better than another, and unfortunately, the treatments are associated with little improvement in levels of CU traits. Children with early-onset behavioural problems and limited prosocial emotions (high CU traits) are a challenging group to treat, and while targeting emotional engagement is widely argued, these data indicate that the adjunctive interventions are associated with clinically significant reductions in disruptive behaviour, parallel reductions in levels of CU traits may be more difficult to achieve. Where to next?!

**Oceanic Ballroom, 27<sup>th</sup> October 2017,  
10:30am - 11:30am**

**The Impact of Childhood Trauma on Adult Functioning: Neurobiological, Psychological and Cognitive Effects**

*Professor Kim Felmingham, The University of Melbourne, Australia*

Childhood trauma (including child abuse, neglect and loss) is a key risk factor that predicts a range of psychological problems in adulthood. Converging evidence reveals a significant impact of childhood trauma on neurobiological development (in terms of brain structure and function), hormonal function, psychological processes, and cognitive functioning, which may underlie the effect of childhood trauma on later psychological health. This talk will present an overview of current research findings on the impact of childhood trauma on key neural, hormonal, cognitive and psychological functions, and will highlight a potential role of critical “sensitive periods” of trauma exposure on development. A better understanding of the underlying processes that may mediate the impact of childhood trauma on later mental health may lead to novel interventions which focus on preventing the long-term impact of childhood trauma.

Professor Kim Felmingham is internationally known for her work in trauma and Posttraumatic Stress Disorder. She is the Chair of Clinical Psychology at the University of Melbourne, and teaches into the clinical program. She has over 15 years of experience working as a clinical psychologist with traumatized individuals, and over 90 publications in this field examining clinical outcomes and mechanisms underlying cognitive behavioural trauma treatments. She has worked for many years treating individuals with complex clinical presentations and a history of childhood trauma.

**Oceanic Ballroom, 27<sup>th</sup> October 2017,  
4:00pm – 5:00pm**

**Schema therapy and its role across personality disorders and other complex presentations**

*Professor Arnoud Arntz, University of Amsterdam, the Netherlands*

Schema Therapy is an integrative treatment developed for severe personality disorders, but also effective for related problems like chronic depression and eating disorders. It is based on the assumption that if childhood needs are not adequately met, chances are high that personality problems develop, based on maladaptive schemas and dysfunctional coping. The here-and-now emotional states of the patient are described as “schema modes”, i.e. the combination of an activated schema (e.g., abandonment) and coping (e.g., surrender). The example will lead to a state described as the abandoned child mode, a feeling state in which the patient feels the threat and panic that a child would feel when threatened with abandonment. Schema Therapy has developed basic schema mode models of most personality disorders, and sets of techniques to deal with the modes that are active in the session. The techniques can be grouped in experiential, cognitive and behavioural techniques; and typically all three channels are used to bring about change. The focus of treatment is threefold: on the past, with a specific emphasis on repairing what went wrong in early relationships and on trauma processing; on the therapeutic relationship, with the therapist fulfilling partially the unmet needs of the patients (“limited reparenting”); and on the here-and-now, that is addressing problems in the patient’s current life. Schema Therapy has been found to be effective in the treatment of Borderline, cluster-C and other personality disorders, as well as in chronic depression. Recent findings indicate that it is also an effective treatment for forensic patients with personality disorders, including those that meet criteria for psychopathy.

In this contribution I will focus on the main principles underlying the treatment model. I will discuss the main outcome studies, and pay attention to research that indicates that specific treatment techniques do matter and that it is not the general therapeutic relationship, though usually of high quality in the trials so far, but especially the specific techniques that drive the effectiveness of schema therapy. Lastly, I'll discuss what meta-analyses tell us about treatment retention and effectiveness of ST compared to other treatments, and what possible explanations are for the good effects reported for ST.

## SYMPOSIUM PRESENTATIONS

**Symposium Presentation 1, Oceanic Ballroom, 26<sup>th</sup> October 2017, 12:05pm – 1:05pm**

### **Innovations in child and adolescent internalising disorders**

#### **Symposium Description:**

Internalising disorders such as anxiety and depression, are common in childhood and adolescence. This symposium has two aims. The first is to examine innovations in understanding the underlying mechanisms and maintaining factors of internalizing disorders in children and adolescents. The second is to outline innovations in treating child and adolescent internalizing symptoms, and will include the presentation of the results from three randomised controlled trials. This includes psychological interventions for stress management in Year 12 students, treatment of anxiety and depression in somatic populations, and cognitive behavioural therapy of anxiety with and without psychotropic medication.

**Chair:** Viviana Wuthrich, Centre for Emotional Health, Department of Psychology, Macquarie University, Sydney, Australia

**Discussant:** Allison Waters, School of Applied Psychology, Griffith University, Queensland.

#### **Paper 1 Abstract**

**The relationship between social risk-taking and depression in adolescence: The mediating effect of perceived social acceptance**

**Authors:** Morris T M<sup>1</sup>, Hudson J L<sup>1</sup>, Dodd H F<sup>2</sup>

<sup>1</sup> Centre for Emotional Health, Macquarie University, Sydney, NSW, <sup>2</sup> University of Reading, Reading, UK

**Introduction/Background:** Adolescence is a time of change, including growth in the importance of social interactions, rises in risk-taking behaviour and a significant increase in the risk for developing depression. Utilising a novel measure of

social risk-taking, the current study examined the relationship between social risk-taking and depressive symptoms and the possibility that this relationship is mediated by experiences with peers.

**Methods:** Using a longitudinal design (n = 76), it was hypothesised that decreased social risk-taking at time 1 during early adolescence (11-12 years of age) may be associated with increased depressive symptoms at time 2, six months later. Further, it was hypothesised that depressive symptoms at time 1 may be associated with later reductions in social risk-taking behaviour.

**Results:** A bidirectional relationship was shown. Increased depressive symptoms at time 1 predicted reduced social risk-taking at time 2, providing some support to the social risk hypothesis of depression. Increased social risk-taking at time 1 predicted increased depressive symptoms at time 2. Finally, social acceptance partially mediated the relationship between depressive symptoms and social risk-taking: more depressive symptoms at time 1 was associated with less social acceptance at time 1 and less social risk-taking at time 2.

**Conclusion:** This finding provides evidence of a possible mechanism by which depressive symptoms may impact social experiences for early adolescents.

#### **Paper 2 Abstract**

**The relationship between fathers' parenting behaviours and childhood anxiety disorders: A systematic review**

**Authors:** Lazarus R S<sup>1</sup>, Hudson J L<sup>1</sup>

<sup>1</sup> Centre for Emotional Health, Macquarie University, Sydney, NSW

**Introduction/Background:** Extensive research has focused on the role of parenting factors, parent-child interactions and their association with the development of childhood anxiety disorders. Whilst a considerable body of research has examined the relationship between mothers' parenting behaviour and childhood anxiety disorders, the majority of studies to date have either included

insufficient numbers of fathers or have excluded them altogether, making it difficult to differentiate parental effects. The aim of this systematic review was to provide an overview of the empirical literature investigating the relationship between fathers' parenting behaviours (rejection, control, modelling, and challenging parenting behaviour) and childhood anxiety disorders.

**Methods:** Employing the PRISMA method, a search of the literature to date was conducted across multiple databases in 2014. Over 30,000 articles and dissertations were identified. A stringent protocol for study inclusion and quality control was applied, resulting in eighty-nine studies meeting inclusion criteria.

**Results and Discussion:** The review summarises the findings between paternal rejection, control, modelling, and challenging parenting behaviour and childhood anxiety disorders. Findings will be discussed in light of methodological considerations such as paternal psychopathology and child gender. The clinical implications of these findings will also be discussed. This review provides a summary of the role of fathers' parenting behaviours towards childhood anxiety disorders.

### Paper 3 Abstract

**Randomised controlled trial of the study without stress program: a CBT program that aims to reduce stress in HSC students**

**Authors:** Lowe C<sup>1</sup>, Wuthrich V<sup>1</sup>, Hudson J<sup>1</sup>

<sup>1</sup> Centre for Emotional Health, Department of Psychology, Macquarie University, Sydney, Australia

**Introduction/Background:** Year 12 students in New South Wales, Australia, sit the Higher School Certificate (HSC). Previous research has found approximately forty percent of Year 12 students experience high levels of psychological distress. This paper describes the results of a small randomised controlled trial of the *Study*

*without Stress* program, a group manualized cognitive behavioural program that aims to reduce stress in Year 12 students.

**Methods:** Forty-two Year 12 students across four Sydney schools were randomly allocated to an 8 week program, run by trained school staff, or to an 8 week waitlist. Effects on self-reported psychological distress and self-efficacy measures as well as teacher reported emotional problems were assessed at pre-treatment, post-treatment and follow up.

**Results:** Using a mixed model analyses, at post-treatment, adolescents in the *Study without Stress* condition compared with those on a waitlist, were found to have significant reductions in the self-reported stress and depression and the benefits were maintained at three month follow-up. In addition, all measures of self-efficacy significantly improved, with improvements being maintained at the three month follow-up. There were no significant differences in teacher reported emotional problems between the two groups over time.

**Conclusion:** The *Study without Stress* program is effective in reducing stress and improving self-efficacy in Year 12 students in a school setting.

### Paper 4 Abstract

**Treatment of functional somatic symptoms with comorbid anxiety or depressive symptoms: An evaluation of the new cool kids & adolescent health program**

**Authors:** Kangas<sup>1</sup> M, Rapee R<sup>1</sup>, Jones M<sup>1</sup>, Lemberg D<sup>2</sup>

<sup>1</sup>Centre for Emotional health, Department of Psychology, Macquarie University, Sydney, Australia. <sup>2</sup> Sydney Children's Hospital, Randwick; University of New South Wales, Sydney, Australia.

**Introduction/Aim:** Approximately 1/3 of children and adolescents experience recurring somatic symptoms which are 'functional' yet medically benign. This phenomenon is referred to as functional somatic syndrome (FSS). Notably, there is

no gold standard definition or measure for paediatric FSS. Importantly, up to 80% of youth with FSS also experience emotional disorders. However, to date, FSS interventions for youth have primarily focused on pain management, whilst overlooking the co-occurring anxiety and depressive disturbances. Accordingly the aim of the current study is to evaluate the efficacy of our new Cool Kids and Adolescent Health (CKH) program in reducing FSS, anxiety and depressive symptoms in distressed children (aged 7-17 years) experiencing recurring FSS with at least subclinical levels of anxiety and/or depression.

**Method:** The CKH program is currently being tested in a pilot RCT design using a wait-list control (WLC) design. The manualised program comprises 10 x 60minute individual weekly sessions. Assessments include clinical interviews and self-report measures.

**Results and Discussion:** To date, 45 children have commenced the trial, and 28 children (N=14 CKH vs. N=14 WLC) have completed post-therapy assessments. By post-treatment, based on ADIS interviews, a significantly greater proportion of CKH children were diagnostic free or at sub-threshold levels for Somatic Symptom Disorder and comorbid anxiety/depressive disorders relative to children in the WLC condition. These findings provide preliminary support for the efficacy of the CKH program. Findings will also be discussed in context of baseline child/parent moderator effects.

## **Paper 5 Abstract**

### **Double blind randomised controlled trial of CBT with and without sertraline for child anxiety**

**Authors:** Hudson JL<sup>1</sup>, Eapen V<sup>2</sup>, McLellan, L<sup>1</sup>.

<sup>1</sup> Centre for Emotional Health, Department of Psychology, Macquarie University Sydney, NSW, <sup>2</sup> University of NSW, Sydney, NSW,

**Introduction:** Walkup and colleagues concluded that Cognitive Behavioural

Therapy combined with Sertraline (a Selective Serotonin Reuptake Inhibitor: SSRI) produced superior outcomes in the treatment of paediatric anxiety disorders compared to CBT alone, SSRI alone or placebo (Walkup et al., 2008). A limitation of this study was that families receiving combined therapy were aware they were receiving the 'best' dose, markedly increasing the expectancy effects. The aim of the current study was to use a double-blind randomised controlled design to examine whether children receiving CBT + medication show significantly better outcomes than those receiving CBT + pill placebo.

**Method:** Children aged 7-16 years (n = 99) were randomized to receive either a 12 week CBT + pill placebo or 12 week CBT + SSRI intervention. We utilised a multi-informant, multi-method approach to measure diagnosis, symptoms and functioning pre- and post- and 6-months following treatment. All children received 10 sessions of individual CBT as well as 3 sessions with a psychiatrist to manage medication dosage and tolerance.

**Results:** The proportion of participants who no longer met criteria for any anxiety diagnosis in the two conditions will be examined using  $\chi^2$  tests of independence. Secondary outcomes include diagnostic severity, anxiety symptoms, general psychopathology, life interference, and quality of life will be analysed using mixed models containing random factors for subject and fixed effects for treatment group and 3 levels of time

**Conclusions:** The study will determine whether adding medication significantly enhances the benefits of CBT for children with anxiety disorders.

**Symposium Presentation 2, Coogee Room, 26<sup>th</sup> October 2017, 12:05pm – 1:05pm**

**Current status and future directions in internet-delivered CBT**

**Symposium Description:**

Over the past decade there have been significant advancements in the development and evaluation of online interventions for mental health, including internet-delivered CBT (iCBT), which aim to improve the dissemination and accessibility of evidence-based treatment for mental disorders across the lifespan.

ICBT for major depression and anxiety disorders in adults has established efficacy in primary and secondary care, now forming part of the stepped-care approach to treatment of these emotional disorders.

Treatment development research has continued to focus on improving patient outcomes, with the emergence of transdiagnostic protocols showing promising results. Recent studies have also begun exploring the applications of iCBT, including in treatment of perinatal anxiety and depression, adverse trauma reactions, and as a prevention strategy for at risk pre-schoolers and their parents.

Overall, iCBT appears to be a promising clinical tool with demonstrated benefits and a wide range of applications, which can be used to bridge the gap between availability and demand for evidence-based mental health services.

The aim of this symposium is to showcase the latest clinical research into the efficacy and applications of iCBT, and the learning objectives are:

1. To improve the knowledge and awareness of the recent advancements in iCBT for treatment of anxiety and depression in adults.
2. To understand novel applications of online interventions, including early interventions for women experiencing perinatal distress and supporting pre-schoolers to develop self-regulation skills in order to prevent adverse outcomes in adulthood.
3. To gain knowledge of how these treatments can be used in routine clinical practice.

**Chair:** Dr Alison, Mahoney, Clinical Research Unit for Anxiety and Depression (CRUfAD)

**Discussant:** Dr Jill, Newby, School of Psychology, UNSW

### **Paper 1 Abstract**

#### **Integrating mindfulness into CBT – randomised controlled trial of online mindfulness-enhanced CBT for anxiety and depression**

**Authors:** Kladnitski N<sup>1</sup>, Smith J<sup>1</sup>, Uppal S<sup>1</sup>, James M<sup>1</sup>, Allen A<sup>1</sup>, Andrews G<sup>1</sup>, Newby J M<sup>2</sup>

<sup>1</sup> Clinical Research Unit for Anxiety and Depression (CRUfAD), Sydney, NSW; <sup>2</sup> University of NSW, Sydney, NSW

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

Transdiagnostic internet-delivered CBT (iCBT) interventions demonstrate large effect size superiority over control conditions for anxiety and depression, but there remains room for improvement. A number of underlying mechanisms shared by these disorders, such as repetitive negative thinking, cognitive-emotional avoidance, and emotion dysregulation, are inadequately targeted in pure CBT protocols. Mindfulness training is hypothesised to target these mechanisms and may be a useful addition to more traditional iCBT in order to improve patient outcomes. The aim of this study was to assess the efficacy of a mindfulness-enhanced iCBT compared with usual care and two active controls: pure iCBT and pure mindfulness training.

**Methods:** Participants throughout Australia, who met the DSM-5 criteria for an anxiety and/or depressive disorder, were randomized into one of the three treatment groups, or a treatment-as-usual (TAU) group. Participants completed a 6-lesson internet-delivered program over 14 weeks with clinician support provided by e-mail and phone contact.

**Results:** Primary outcome measures included distress (K10), depression (PHQ-9) and anxiety (GAD-7). Secondary outcome measures included well-being (WEMWBS), rumination/worry (RTQ-10),

difficulties with emotion regulation (DERS), experiential avoidance (BEAQ), and mindfulness (FFMQ). Between-group comparisons at post-treatment and at three month follow-up will be presented. Preliminary results suggest that integrating online mindfulness training into iCBT may improve its efficacy for current-episode major depression.

**Conclusion:** Integrating mindfulness training into more traditional forms of CBT for anxiety and depression will (a) clarify the relative effect of pure versus combined interventions on both symptom severity and underlying transdiagnostic mechanisms; and (b) allow for more informed, evidence-based treatment selection.

### Paper 2 Abstract

#### **A randomised controlled trial of internet-based CBT for post-traumatic stress disorder (PTSD)**

**Authors:** Allen A R<sup>1</sup>, Newby J M<sup>2</sup>, Smith J<sup>1</sup>, Kladnitski N<sup>1</sup> & Andrews G<sup>1</sup>

<sup>1</sup> Clinical Research Unit for Anxiety and Depression (CRUfAD), Sydney, NSW; <sup>2</sup> University of NSW, Sydney, NSW

**Introduction/Background:** Research demonstrates the efficacy of internet cognitive behavioural therapy (iCBT) type interventions for adverse trauma reactions, namely posttraumatic stress disorder (PTSD). However, variations in research design, sample composition, diagnostic status and course structure mean further research into the efficacy of iCBT for PTSD is warranted. The current randomised controlled trial (RCT) sought to establish the efficacy of a 6-lesson 10-week iCBT program for PTSD (the PTSD Program).

**Methods:** Patients with PTSD (n=49) were randomised to a treatment group or waitlist control group. The PTSD Checklist Civilian version (PCL-C) was the primary outcome measure, with the Patient Health Questionnaire (PHQ9) and the Kessler-10 Psychological Distress Scale (K10) used to measure general distress and depressive symptoms, respectively.

Measures were administered at pre-treatment, post-treatment and 3-month follow-up. PTSD Program efficacy was determined using intent-to-treat mixed models.

**Results:** Patients who completed the PTSD Program showed reduced PTSD severity on the primary outcome measure at post-treatment and 3-month follow-up.

**Conclusion:** Results from the current RCT contribute to the evidence base for internet-delivered PTSD treatment and inform conduct and delivery of iCBT for PTSD.

### Paper 3 Abstract

#### **Development and evaluation of an online intervention for perinatal anxiety and depression: The MUMentum program**

**Authors:** Loughan S<sup>1</sup>, Newby J M<sup>2</sup>, Sie A<sup>1</sup> & Andrews G<sup>1</sup>

<sup>1</sup> Clinical Research Unit for Anxiety and Depression (CRUfAD), Sydney, NSW; <sup>2</sup> University of NSW, Sydney, NSW

**Introduction/Background:** To improve maternal help-seeking during the perinatal period convenient and accessible evidence-based interventions tailored to the unique challenges of this period are needed. The MUMentum Program consists of two 3-lesson online modules, based on internet-delivered Cognitive Behavioural Therapy (iCBT), which aim to help women manage symptoms of antenatal (The Pregnancy Program) and postnatal (The Postnatal Program) anxiety and depression in the privacy and convenience of their own home.

**Methods:** Two randomised controlled trials were conducted to evaluate the efficacy of each MUMentum intervention in reducing clinically elevated symptoms of anxiety and/or depression during pregnancy or the postpartum period. Participants were required to be between 13-30 weeks gestation or within 12 months postpartum, fluent in written and spoken English, have access to a computer and internet, and have minimal safety risk issues at application. Antenatal

participants completed The Pregnancy Program over a period of 4 weeks, whilst The Postnatal Program was completed over a period of 6 weeks. Primary and secondary outcome data were collected at baseline, one week post-treatment, and 1-month follow-up.

**Results:** The efficacy of each program in reducing symptoms of anxiety and depression; its effects on maternal outcomes such as the mother-infant attachment and quality of life; as well as treatment acceptability and satisfaction will be discussed.

**Conclusion:** This study will be the first to report on the efficacy of a brief, iCBT-based intervention specifically tailored to clinical symptoms of maternal anxiety and depression experienced during the pregnancy or the postpartum period.

#### **Paper 4 Abstract**

##### **Promoting self-regulation in pre-schoolers: The iENGAGE program**

**Authors:** Mahoney A<sup>1</sup>, Healy D<sup>2</sup>, Grierson A<sup>1</sup>, Joubert A<sup>1</sup>, Poulton R<sup>2</sup>, & Andrews G<sup>1</sup>

<sup>1</sup> Clinical Research Unit for Anxiety and Depression (CRUfAD), Sydney, NSW; <sup>2</sup> University of Otago, Dunedin, NZ

**Introduction/Background:** The Dunedin Child Development study is tracking a birth cohort of 1,000 people born in New Zealand in 1972/73. A principal finding is that self-control measured at age 3 is the single best predictor (and more important than socioeconomic status or IQ) of adult status at age 38 in terms of physical health, wealth, life satisfaction, freedom from addiction and crime, and good parenting of the next generation. Recent studies examining the efficacy of innovative face-to-face interventions for improving self-control in pre-schoolers have been very promising. Can these interventions be automated and disseminated nationally via the Internet? This pilot study evaluated such an online intervention: the iENGAGE program.

**Methods:** Parents with difficult-to-manage 3 and 4 year old children (n=30) completed the 6 lesson iENGAGE

program over the Internet. Parent-rated child hyperactivity, aggression, and attentional problems, as well as parent-child relationship satisfaction were assessed at pre-, mid-, and post-treatment and follow-up. Participants also provided feedback on the acceptability and feasibility of the program.

**Results:** Preliminary findings suggest that iENGAGE is acceptable to parents and their children, and is beneficial in addressing child behaviour problems associated with poor self-regulation.

**Conclusion:** iENGAGE has demonstrated promise as a novel intervention that can be widely disseminated for promoting self-control in at-risk pre-schoolers. Randomised controlled trials are now required to establish the efficacy and safety of the intervention and to examine the mechanisms that cause therapeutic change.

#### **Symposium Presentation 3, Centennial Room, 26<sup>th</sup> October 2017, 12:05pm – 1:05pm**

##### **Refugee trauma and the settlement process: understanding the underlying emotional, cognitive and social mechanisms**

##### **Symposium Description:**

The impact of extreme trauma on mental health and wellbeing is profound, but little is known regarding the underlying psychological mechanisms. This symposium will draw upon experimental, observational and intervention work to explore some of the possible factors influencing the post-trauma recovery process amongst survivors of refugee trauma and torture. The first paper investigates the contribution of moral injury to PTSD among refugees. The results indicated that moral injury has a differential impact on psychopathology depending on whether moral injury appraisals were external or internal. The second paper investigates the effects of control and emotion regulation on responses to distressing stimuli. The

analogue findings indicated that cognitive reappraisal may be an adaptive strategy following uncontrollable stress, and highlights the differential benefits of coping styles with trauma. The third paper investigates the efficacy of cognitive reappraisal in reducing distress and intrusive memories in refugees who are exposed to trauma reminders. The final paper presents an online intervention program (Tell Your Story) aimed to reduce mental health self-stigma among refugee men. Findings demonstrated that the program led to reduced levels of stigma and increased help-seeking behaviours, compared to the waitlist control. These series of papers highlight moral injury, control and emotion regulation as possible mechanisms underlying trauma recovery, and may guide interventions for refugees.

**Chair:** Angela Nickerson, UNSW

**Discussant:** Kim Felmingham, University of Melbourne

### Paper 1 Abstract

#### Moral injury appraisals in refugee trauma

**Authors:** Hoffman J<sup>1</sup>, Liddell B<sup>1</sup>, Bryant R A<sup>1</sup>, Nickerson A<sup>1</sup>

<sup>1</sup>University of New South Wales, Sydney, NSW

**Introduction/Background:** Refugees are often exposed to a number of traumatic experiences, which can lead to elevated rates of posttraumatic stress disorder (PTSD). While PTSD has largely been conceptualised as a fear-based disorder, refugees often report emotions such as anger, guilt or shame. These may be a result of moral injury, which we define as appraisals that violate deeply held moral beliefs and frameworks.

**Methods:** This study investigated the factor structure of the Moral Injury Scale (MIS), to see if moral injury appraisals differentiated, depending on whether the appraisal was made externally (violation from others) or internally (violation from oneself). Additionally, we were interested in how these factors would be related to key predictor (age, gender, trauma

exposure) and outcome (PTSD symptoms, anger, depression) variables. A diverse group of 222 refugees participated in this study.

**Results:** Confirmatory factor analyses revealed a two-factor structure (external and internal) in line with our hypothesis. Structural equation modelling indicated that both factors were predicted by higher trauma exposure. Additionally, higher moral injury in both factors was associated with higher levels of anger and depression. External moral injury was associated with higher PTSD symptom severity across all symptom clusters. In contrast, internal appraisals predicted lower levels of re-experiencing symptoms.

**Conclusion:** These findings suggest that the underlying mechanisms of internal and external moral injury may be distinct, which may have important implications in designing treatments that are effective for traumatized refugees.

### Paper 2 Abstract

#### Effects of control and emotion regulation on psychological responses: An empirical investigation

**Authors:** Le L<sup>1</sup>, Moulds M<sup>1</sup>, Nickerson A<sup>1</sup>

<sup>1</sup>University of New South Wales, Sydney, NSW

**Introduction/Background:** The experiences of refugees not only encompass the exposure to multiple traumatic events in their country of origin, but also the post-migration living difficulties. These challenges are often outside of their personal control, and can bring about strong negative emotions for the individual. However, little empirical research has directly investigated the effects of controllability and emotion regulation on negative psychosocial outcomes among refugees. Preliminary evidence from non-refugee studies suggest that in the context of uncontrollable stress, emotion-focused coping strategies such as cognitive reappraisal may be potentially useful in reducing distress.

**Methods:** This analogue study empirically examined the impact of controllability and emotion regulation on responses to aversive stimuli in a student sample. Participants were 77 undergraduate students assigned to an experimental condition where they had control or no control over the viewing duration of emotional video clips. Next, participants were randomly assigned to reappraise or ruminate about their emotional responses to the clips. Participants then completed a behavioural measure of distress tolerance.

**Results:** Result revealed that cognitive reappraisal led to significantly lower levels of negative affect compared to rumination, following uncontrollable stress. There were no significant differences between emotion regulation strategies on negative affect following controllable stress.

**Conclusion:** The findings suggest the differential benefits of coping styles under varying degrees of controllable stress. Future research extending these findings to the refugee population is indicated.

### Paper 3 Abstract

#### Negative emotions and intrusive memories in refugees

**Authors:** Nickerson A<sup>1</sup>, Garber B<sup>1</sup>, Liddell B<sup>1</sup>, Litz B<sup>2</sup>, Hofmann SG<sup>3</sup>, Asnaani A<sup>4</sup>, Ahmed A<sup>1</sup>, Cheung J<sup>1</sup>, Huynh L<sup>1</sup>, Pajak R<sup>1</sup>, Bryant R<sup>1</sup>

<sup>1</sup>School of Psychology, UNSW Australia, Sydney NSW, Australia, <sup>2</sup>Massachusetts Veterans Epidemiological Research and Information Center, Boston University Boston, MA, <sup>3</sup>Department of Psychological and Brain Sciences, Boston University, Boston, MA, <sup>4</sup>Department of Psychiatry, University of Pennsylvania, Philadelphia, PA

**Introduction/Background:** Refugees report high rates of posttraumatic stress disorder (PTSD), however lack of understanding of basic processes underpinning PTSD in these groups has hampered the development of tailored intervention for refugees. This study investigated the efficacy of cognitive reappraisal in reducing negative affect,

physiological arousal and intrusive memories in refugees.

**Methods:** Participants were 76 refugees with varying levels of PTSD who received instructions in cognitive reappraisal or emotion suppression before viewing emotional images depicting trauma-related scenes.

**Results:** Findings indicated that cognitive reappraisal led to fewer subsequent intrusive memories relating to the emotional images in refugees high in PTSD symptoms. Trait suppression moderated the efficacy of cognitive reappraisal such that participants high in PTSD who had low levels of trait suppression reported significantly lower levels of negative affect when using cognitive reappraisal compared to emotional suppression.

**Conclusion:** These findings highlight the potential utility of cognitive reappraisal when treating the psychological effects of the refugee experience.

### Paper 4 Abstract

#### Tell your story: An online intervention targeting mental health stigma in refugee men

**Authors:** Byrow Y<sup>1</sup>, Pajak R<sup>1</sup>, Christensen H<sup>2</sup>, McMahon T<sup>3</sup>, Nickerson A<sup>1</sup>

<sup>1</sup>University of New South Wales, Sydney, NSW, <sup>2</sup>Black Dog Institute, Sydney, NSW, <sup>3</sup>Settlement Services International, Sydney, NSW

**Introduction/Background:** There are currently over 60 million forcibly displaced persons worldwide. A significant percentage of refugees meet criteria for posttraumatic stress disorder (PTSD) and major depressive disorder during resettlement. Despite these elevated rates of psychopathology, levels of help-seeking for mental health difficulties are low, especially amongst refugee men. Self-stigma relating to mental health problems (negative beliefs about oneself and their symptoms) represents a significant barrier to seeking treatment and is associated with many negative outcomes (unemployment, interpersonal difficulties,

and decreased self-esteem). To date, however, there have been no interventions that directly target self-stigma in refugee men.

**Methods:** We developed and tested the 'Tell Your Story' (TYS) program, an online intervention incorporating psychoeducation and cognitive reappraisal techniques, to reduce self-stigma related to PTSD in refugee men. A randomized controlled trial (N = 72) was conducted to examine the impact of YYS on participants' levels of self-stigma associated with help-seeking, PTSD, and actual help-seeking behaviour, compared to a wait-list control condition.

**Results:** Findings indicated that YYS resulted in reduced levels of stigma and increased help-seeking behaviours, compared to the control condition.

**Conclusion:** YYS represents a promising intervention that is effective in reducing mental health stigma and facilitating access to mental health care.

#### **Symposium Presentation 4, Coogee Room, 26<sup>th</sup> October 2017, 1:45pm – 2:45pm**

#### **Physical and mental disorder comorbidity in older adult populations: Underlying factors and psychological interventions**

##### **Symposium Description:**

Older age is associated with increased risk for multi-morbidity with physical illness, as well as increased risk for cognitive decline and dementia. Mental disorders such as anxiety and depression interact with these conditions in a bidirectional way, increasing disability and reducing wellbeing. This symposium aims to examine how these factors interact together by looking at the underlying mechanisms, and the impact of these interacting factors on outcomes of psychological trials. This symposium also aims to examine how psychological interventions can be used in older populations with various physical, cognitive and mental disorder

comorbidities to prevent and treat mental disorders such as anxiety, depression, and cognitive decline with good outcomes. These studies are important steps forward in understanding and treating mental disorders in older adults. Four papers are presented.

**Chair:** Viviana Wuthrich, Centre for Emotional Health, Department of Psychology, Macquarie University, Sydney, Australia.

**Discussant:** Patrick Raue, Department of Psychiatry and Behavioral Sciences, University of Washington

##### **Paper 1 Abstract**

#### **The role of rumination and cognitive reappraisal in late-life depression in patients with multimorbidity**

**Authors:** Sharpe L<sup>1</sup>, McDonald S<sup>1,2</sup>, Read J<sup>1</sup>, Correia H<sup>3</sup>, Raue P J<sup>4</sup>, Meade T<sup>5</sup>, Nicholas M<sup>6</sup>, Arean P<sup>7</sup>.

<sup>1</sup> School of Psychology, University of Sydney, Sydney, Australia, <sup>2</sup> Department of Psychology, Macquarie University, Sydney, Australia, <sup>3</sup> School of Psychology, Murdoch University, Perth, Australia, <sup>4</sup> Psychiatry and Behavioral Sciences Division of Population Health, AIMS Centre University of Washington, USA, <sup>5</sup> School of Social Sciences and Psychology, University of Western Sydney, Sydney, Australia; School of Medicine, University of Sydney, Sydney, Australia, <sup>6</sup> Pain Management Research Institute, University of Sydney at Royal North Shore Hospital, Sydney, Australia, <sup>7</sup> Psychiatry and Behavioral Sciences Division of Population Health, AIMS Centre University of Washington, USA.

**Introduction/Background:** Physical health is a strong predictor of late-life depression. This study aimed to determine whether emotion regulation strategies, such as rumination, emotional suppression and cognitive reappraisal were associated with psychopathology in older adults with multi-morbidity. We hypothesized that individuals with a diagnosable depression would endorse greater rumination, greater emotional

suppression and less cognitive re-appraisal than individuals without depression.

**Methods:** We recruited 164 older adults with multi-morbidity (two or more chronic physical illnesses), 53 of whom met criteria for a depressive illness on standard clinical interview. Individuals completed a geriatric depression screener, provided medical and demographic variables, and completed a structured diagnostic phone interview as well as additional questionnaires to assess anxiety, rumination, emotional suppression and cognitive reappraisal.

**Results:** As hypothesized, after controlling for health and demographic covariates, results from regression analyses indicate that individuals who report higher depressive symptoms ruminative response style predicted an additional 31% of the variance ( $F_{8,141} = 17.772, p < .001$ ) in depressive symptoms. Further each increase in 1 point on the ruminative responses scale was associated with increased odds of depression diagnosis of 1.213 (95% CI 1.13 and 1.31). In contrast to our predictions, we found that increase in one score on the cognitive reappraisal subscale is associated with increased odds of depression diagnosis of 1.179 (95% CI 1.01 and 1.28).

**Conclusion:** These findings suggest that while rumination is an important factor that consistently predicts depression for older adults with multimorbidity, the role of cognitive reappraisal may be different for older adults with multi-morbidity.

## Paper 2 Abstract

**Internet-delivered cognitive behavioural therapy to prevent depression in older adults with multi-morbidity: A randomised controlled trial**

**Authors:** [Read J](#)<sup>1</sup>, [Sharpe L](#)<sup>1</sup>, [Dear B](#)<sup>2</sup>

<sup>1</sup> School of Psychology, University of Sydney, Sydney, Australia, <sup>2</sup> eCentreClinic, Department of Psychology, Macquarie University, Sydney, Australia

**Introduction/Background:** The risk for depressive disorder is three times greater for people with multi-morbidity, compared to those with no chronic physical conditions. Given the global ageing population trend, and the high prevalence of multi-morbidity in older adults, it is timely to investigate whether an internet delivered cognitive-behaviour therapy (iCBT) could prevent depression in older adults with multi-morbidity.

**Methods:** Participants ( $n=308$ ) aged 65 years and over, who had at least two chronic physical conditions but did not meet criteria for a diagnosis of depression were randomised to a five session iCBT or to treatment as usual. We hypothesized that there would be fewer diagnoses of depressive illness and lower depressive symptoms at six month and twelve month follow-up following iCBT.

**Results:** Results indicated good completion rates for iCBT (75%) with positive participant feedback. iCBT resulted in significantly lower depressive symptoms than the control group by the end of treatment; however these treatment effects were not maintained at six month follow-up. A per protocol analysis revealed approximately three times as many new cases of depressive disorder in the control group compared to the treatment group, by six month follow-up. Final six month and twelve month results will be presented.

**Conclusion:** Brief iCBT is an acceptable and effective intervention for older adults with multi-morbidity. Although treatment gains on depressive symptoms were not evident at six month follow-up, results looking at diagnoses of depressive illness during this period are encouraging that iCBT may be effective for preventing depressive illness in older adults with multi-morbidity.

### Paper 3 Abstract

#### **Update on follow up outcomes of a psychological intervention to reduce cognitive decline in at-risk older adults with anxiety and depression**

**Authors:** Wuthrich V<sup>1</sup>, Rapee R<sup>1</sup>, Draper B<sup>2</sup>, Brodaty H<sup>3</sup>, Low LF<sup>4</sup>, Naismith S<sup>5</sup>.

<sup>1</sup> Centre for Emotional Health, Department of Psychology, Macquarie University, Sydney, Australia, <sup>2</sup> Department of Psychiatry, University of New South Wales, Sydney, Australia, <sup>3</sup> Centre for Healthy Brain Aging, University of New South Wales, Sydney, Australia, <sup>4</sup> Faculty of Health Sciences, University of Sydney, Sydney, Australia, <sup>5</sup> Brain and Mind Institute, University of Sydney, Sydney, Australia

**Introduction/Background:** Recent systematic reviews and meta-analyses indicate that potentially modifiable risk factors for the development of cognitive decline and dementia include cognitive (low social and mental stimulation), health (smoking, alcohol use, poor diet, sedentary lifestyle, obesity) and emotional (anxiety, depression) factors. Therefore interventions that can reduce these risks are needed. To date, intervention studies are in their infancy, and none have targeted emotional risks along with lifestyle risks. This study examined the efficacy of a psychological intervention in a small randomised controlled trial.

**Methods:** Participants over 65 years with anxiety and depression as assessed on a semi-structured clinical interview were recruited. Exclusion criteria were: delirium, moderate dementia, active suicidal ideation, and psychosis. Participants completed a semi-structured clinical interview, neuropsychological assessments, self-report measures of anxiety, depression, and measures of lifestyle risk factors at baseline, post-treatment and 3 month follow up. Suitable participants were randomised to receive the psychological intervention either face-to-face or as tip sheets supported by therapist calls in a work-at-home format. Both programs targeted emotional risk factors as well as other cognitive, health

and behavioural risk factors for cognitive decline.

**Results:** The face to face program was associated with significant decreases in emotional risk factors, health risks and cognitive risks compared to the active control. The benefits of the program were maintained at 3-month follow-up.

**Conclusion:** This study demonstrates initial efficacy of using face-to-face and work-at-home programs to reduce and maintain reductions in emotional, health and lifestyle risk factors associated with cognitive decline and dementia in at-risk older adults.

### Paper 4 Abstract

#### **Effects of a multi-faceted “Healthy Brain Ageing” cognitive training program in older adults at risk of dementia**

**Authors:** Mowszowski, L.<sup>1,2</sup>, Naismith, S.L.<sup>1,2,3</sup>, Diamond, K.<sup>2</sup>

<sup>1</sup> Healthy Brain Ageing Program, Brain and Mind Centre, University of Sydney, Sydney, Australia; <sup>2</sup> School of Psychology, University of Sydney, Sydney, Australia; <sup>3</sup> Charles Perkins Centre, University of Sydney, Sydney, Australia.

**Introduction/Background:** With dementia incidence expected to increase, early intervention strategies are urgently required for older adults at increased risk of developing dementia, such as those with Mild Cognitive Impairment or late-life depression. Cognitive Training (CT) is a safe and engaging behavioural intervention anticipated to improve cognitive and psychosocial functioning in these groups.

**Methods:** This presentation will provide an overview of findings from two waitlist-controlled trials of our multi-faceted Healthy Brain Ageing CT program in ‘at risk’ older adults. The pilot trial comprised 10 weeks of psychoeducation targeting modifiable risk factors for dementia, alongside individually-tailored computer-based CT. The second trial followed a RCT design and (based on participant feedback), involved a more intensive

twice-weekly program for seven weeks. All participants completed pre- and post-intervention neuropsychological and psychiatric assessments, as well as informant reports of cognition and wellbeing. Additionally, participants were invited to return for longitudinal follow-up at least 12 months later.

**Results:** Overall, 129 participants completed the HBA CT program, demonstrating improvements in verbal memory, subjective memory efficacy, depressive symptoms, sleep quality and knowledge regarding modifiable risk factors for cognitive decline. 85 participants have completed longitudinal follow-up to-date (mean time to follow up = 30.4 months (range 12-59). Data collection is ongoing.

**Conclusion:** Findings demonstrate the efficacy and acceptability of multi-faceted CT as a therapeutic intervention for older adults at risk of cognitive decline. Longitudinal benefits will be explored during this presentation. Further research is now required to delineate optimal CT methods, as well as to facilitate translation to community settings.

### **Symposium Presentation 5, Centennial Room, 26<sup>th</sup> October 2017, 2:45pm – 3:45pm**

#### **Parenting constructs in the modern world**

**Symposium Description:** All practitioners Interested in parenting stand on the shoulders of some of the giants of cognitive-behaviour therapy, specifically, the well-known researchers who developed Parent Management Training as an effective treatment for child disruptive behaviour disorders. Parent Management training developed from a history of treating the disruptive behaviour disorders. But what about other constructs or problems that might be important? How can relatively new disorders such as child and adolescent obesity be treated via parenting interventions? This symposium pulls together speakers who are interested in

parenting constructs that are just a little bit different. We will be focusing on chaos, criticism, uncertain environments and mindfulness. How do these constructs influence parenting and what impact do they have?

**Chair:** Gerri Minshall, the Children's Hospital at Westmead; Anxiety Solutions CBT.

**Discussant:** Gerri Minshall, The Children's Hospital at Westmead, Anxiety Solutions CBT

#### **Paper 1 Abstract**

##### **Constructs to be considered in parenting interventions**

**Authors:** Minshall G A <sup>1,2</sup>

<sup>1</sup> Weight Management Service, the Children's Hospital at Westmead, <sup>2</sup>Anxiety Solutions CBT

**Introduction/Background:** So what if you or your client group does not have to deal with coercive cycles very much but rather has issues with disorganization, poverty, an obesogenic environment or the parents own exacerbated distress. What does a parenting intervention have for you and would it look different to a Parent Management Training program that exists today? This speaker describes the emerging literature of what could be thought of as the transdiagnostic concepts of parent/child distress. The focus will be on chaos, poverty and the role of parenting treatments in severe child obesity. Key research will be described. We will end by speculating on what the parenting programs of the future might look like.

#### **Paper 2 Abstract**

##### **Childhood obesity and the parent-child relationship**

**Authors:** Moul, C<sup>1</sup>.

<sup>1</sup> University of Sydney, Sydney, NSW

**Introduction/Background:** Obesogenic environments and psychological stressors have both been identified as risk factors for childhood obesity. This research

sought to investigate the relationships between these factors in a large retrospective online study.

**Methods:** Participants (N>400) completed questionnaires online.

**Results:** Critical parenting was associated with childhood overweight and obesity only for participants who did not have a parent who was overweight or obese during the participant's childhood. Critical parenting was not associated with overweight or obesity for participants who grew up in obesogenic environments (one or more parent(s) overweight or obese). Unexpected sex differences will be discussed.

**Conclusion:** An analysis of the immediate obesogenic environment of the child may help to target treatment.

### Paper 3 Abstract

#### **Impulsivity under uncertainty: Examining childhood obesity from a life history theory perspective**

**Authors:** Liew O<sup>1</sup>, Moul C<sup>2</sup>

<sup>1</sup>University of New England, Armidale, NSW, <sup>2</sup>University of Sydney, Sydney, NSW

**Introduction/Background:** The current study examined why children from of lower socioeconomic status (SES) are at higher risk of childhood obesity. Previous research has found that adults who grew up in a low socioeconomic environment behave more impulsively when exposed to experimental uncertainty (i.e. they enact a fast life history strategy), regardless of current SES. The current study extended this research by investigating: (a) whether children of lower SES behave more impulsively when exposed to experimental uncertainty, and (b) whether a fast life history strategy strengthens the relationship between food accessibility and body mass index (BMI).

**Methods:** Children aged 8 – 12 were randomly allocated to watch one of two videos – one intended to induce uncertainty, or one intended to serve as a control. Participants' sense of certainty,

sense of control, and impulsivity (via a delay discounting task) were then assessed.

**Results:** Contrary to hypotheses, participants of different SES did not perceive experimental uncertainty differently according to sense of control, but according to sense of certainty. Consequently, the effect of experimental uncertainty on participants' impulsivity was not moderated by SES. Moreover, the association between food accessibility and BMI did not appear to be stronger for children who enacted a fast life history strategy.

**Conclusion:** Our current findings suggest that life history theory may not explain socioeconomic differences in the development of childhood obesity, perhaps due to developmental differences in comparison to participants in previous studies. Nevertheless, the current study offers a novel and unique developmental perspective to the existing literature on life history theory.

### Paper 4 Abstract

#### **Mind the parent: What can mindfulness add to parenting programs?**

**Authors:** Donovan M<sup>1</sup>, Konza G<sup>2</sup>,  
Wosinski N<sup>1</sup>

<sup>1</sup>University of Wollongong, NSW; <sup>2</sup>Private Practice

**Introduction/Background:** Behavioural parenting programs work for 50-70% of parents/carers, however various sociodemographic and parent factors often lead to poor engagement or persistence with well-proven social learning theory strategies (Scott & Dadds 2009). This paper reports findings from a mindfulness/ACT integrated parenting program – Confident Carers Cooperative Kids – which was developed to improve engagement and persistence. This is the first mindful parenting study to incorporate a micro-level observational measure and a specific parental mindfulness scale, alongside measures of child behaviour and parenting style widely utilised in the parenting literature.

**Methods:** Mothers (n=13) with children aged 3-12 years presenting with mild to severe behavioural/emotional problems attended a 9 week, 2 hours per week, ACT-integrated parenting program. Pre and post measures were taken of mindful parenting, child behaviour, parenting style and coded-observations of parent-child play.

**Results:** Significant positive short-term effects were found for improvements in mothers' parental mindfulness, parenting style and child behaviour, with large effect sizes. The intervention resulted in non-significant improvements in mothers' observed positive and negative attentional behaviours, with small to moderate effect sizes.

**Conclusion:** Overall findings show preliminary support for mindful parenting interventions which integrate ACT and behavioural components in improving child and parenting outcomes in families of 3 to 12 year olds with moderate to severe behavioural and emotional problems.

#### **Symposium Presentation 6, Centennial Room, 27<sup>th</sup> October 2017, 10:30am – 11:30am**

##### **Manualised treatments across the lifespan and in different settings**

###### **Symposium Description:**

The symposium will encourage delegates to form their own informed opinions on the advantages and disadvantages of manualised treatments. Manuals are traditionally disseminated and researched in universities but this symposium will provide four speakers, who have developed, published, implemented and researched the outcomes of manualised treatments in Australian private practice or public health settings. Can a manual be as effective in private practice as a research setting? We have examples of two manuals used effectively in Australian private practice. One of these is a cognitive-behavioural manual for anxiety disorders and the other is a distinctive and unique treatment model for adolescents

with anorexia. While the Maudsley treatment model for adolescent anorexia has impressive outcome research, none of the techniques within the manual have the laboratory based research history that the strategies within cognitive-behavioural approach have. What do we make of this? Is a manual alone enough to make effective treatment happen? Is a knowledge of the clientele and good therapy generally also required? This symposium will cover the issues in a thorough and relevant way to Australian practitioners.

**Chair:** Gerri Minshall, the Children's Hospital at Westmead; Anxiety Solutions CBT.

**Discussant:** Gerri Minshall, The Children's Hospital at Westmead, Anxiety Solutions CBT

###### **Paper 1 Abstract**

##### **Advantages and disadvantages of manualised treatments**

**Authors:** Minshall G A<sup>1,2</sup>

<sup>1</sup> Weight Management Service, the Children's Hospital at Westmead, <sup>2</sup>Anxiety Solutions CBT

**Introduction/Background:** This speaker aims to clarify and make explicit the controversy surrounding treatment manuals. Firstly, manuals are defined and how they have incredibly changed our profession described. Does the plethora of easily obtained manuals mean that we are all doing better evidence based treatments or are we merely buying lots of books with shiny covers? What makes a good manual? And why would we use such a manual? Some literature exists describing this debate but also surveying practitioners' opinions. Manuals help our adherence, our learning and guard against therapeutic drift so what are the problems and what gets in the way of actually doing a manualised treatment in therapy? There is the potential for manuals to embed evidence-based treatments into the most isolated clinics in the world. Consistent treatment can be delivered in far flung branches of a public health department.

Throughout the presentation the speaker will attempt to answer questions such as: are manuals culturally specific? Are manuals closing the research gap? Can manuals move as fast as research and help us to treat new disorders and phenomena? (For example it is difficult to find credible treatment manuals for adult separation anxiety disorders, internet gaming disorder and weight loss in severely obese youth.) Manuals can create a dissonant state in the practitioner user – simultaneously the clinician can think they are too good for manuals while desperately scanning them for ideas.

## **Paper 2 Abstract**

### **How I developed published and researched my own anxiety treatment manual**

**Authors:** Mill, R<sup>1</sup>

<sup>1</sup>Anxiety Solutions CBT

**Introduction/Background:** This talk describes the steps and processes involved in using an original manual in private practice from inception, review, to decisions on techniques to include and leave out. How the manual came to be published and branded and what has been the reaction of clients in private practice will be described. Questions around the demographic will be explored.

**Methods:** The manual includes well known cognitive-behavioural techniques but describes them in a unique way and applies them to almost all DSM-V anxiety disorders. Since publication in 2011, approximately 500 clients have undertaken this manualised treatment. They are administered the Depression, Anxiety Stress Index (DASS) at initial assessment, midway and at the end.

**Results:** Attrition is low once the manual has begun, about 5%. This is because there are 1-3 evaluative sessions before beginning the manual.

**Conclusion:** Manualised treatments are highly acceptable to clients in private practice and can be used for multiple anxiety disorders. Caveats and experiences are discussed.

## **Paper 3 Abstract**

### **The use of manualized therapy in the treatment of adolescent anorexia nervosa: Can it be done effectively in private practice?**

**Authors:** Goldstein M<sup>1,2</sup>, Thornton CE<sup>2</sup>

<sup>1</sup> Mandy Goldstein Psychology, <sup>2</sup> Chris Thornton and Associates, The Redleaf Practice

**Introduction/Background:** Anorexia nervosa (AN) is a severe psychiatric illness with significant mortality risk. While the uptake of effective treatment has been emphasized, the research-practice gap persists. Among adolescents with AN, family-based treatment (FBT), an established, behavioural and manualized model, is currently considered the outpatient treatment of choice, with a growing evidence base to support it. However, research on this model has emanated largely from specialist services in University/public health settings. This study therefore sought to investigate the effectiveness of manualized FBT in a case series of adolescent AN treated in a private practice setting.

**Methods:** Thirty-four adolescents with full or partial AN, diagnosed according to DSM-IV criteria, participated, and were assessed at pre- and post- treatment. Assessments included change in % Expected Body Weight, mood and eating pathology. All families underwent FBT according to the treatment manual.

**Results:** Significant weight gain was observed pre- to post-treatment. 45.9% of the sample demonstrated full weight restoration; 43.2% achieved partial weight-based remission. Missing data precluded an examination of change in mood and ED psychopathology.

**Conclusion:** These weight restoration data lend preliminary support to the implementation of FBT in real world treatment settings. However, the study is limited by its presentation of weight related data alone, and raised questions about barriers to the uptake of this treatment, both which this paper will briefly explore.

## Paper 4 Abstract

### The how of manual use in private practice. The case of adolescent anorexia nervosa

**Authors:** Thornton CE<sup>1</sup>, Goldstein M<sup>12</sup>

<sup>1</sup> Chris Thornton and Associates The Redleaf Practice, <sup>2</sup> Mandy Goldstein Psychology

**Introduction/Background:** Following on from Dr Goldstein's presentation of the dissemination of manualised treatment for adolescent anorexia nervosa this paper attempts to go deeper and explore the 'how' of manualised treatment.

**Methods:** Drawing on 25 years of clinical experience with eating disorders and 15 years' experience delivering Family Based Treatment, this presentation will consider what a specialist practice and a specialist clinician bring to the use of the manual. The core principles of the manual will be differentiated from the various techniques used in the manual to help understand how two clinicians, despite showing adherence to the same manual, may have a therapy that looks different.

**Results and Conclusion:** Rather than slavish adherence to a manual we would argue that successful dissemination of a manualised and evidenced based treatment in anorexia nervosa requires a thorough knowledge of both the illness and its complexities, and a detailed knowledge of the core principles of the manualised treatment. When this is achieved the often criticized "colour-by-numbers" approach of manuals can be infused by the 'art' of good eating disorder therapy.

**Symposium Presentation 7, Centennial Room, 27<sup>th</sup> October 2017, 10:30am – 11:30am**

**Using CBT strategies to achieve change: Future directions from the Eating As Treatment trial for head and neck cancer patients**

#### Symposium Description:

Head and neck cancer (HNC) patients experience unique challenges due to the structures affected by the malignancy and treatment. HNC patients are often noncompliant with dietary advice and have to overcome significant barriers to eat.

The aim of the symposium is to describe how cognitive and behavioural strategies can be used to change patient behaviour, clinician practice and a hospital systems' provision of care for HNC patients.

The first paper aims to describe the development of the "Eating as Treatment" (EAT) intervention and the results of the main outcome from this trial; nutritional status. EAT employs behaviour change strategies of motivational interviewing (MI) and Cognitive Behaviour Therapy (CBT) and was developed specifically for HNC patients undergoing radiotherapy to target behaviours around nutrition

The second paper aims to describe the behavior change principles and techniques used in the intervention and how to employ these and will also discuss the impact of training on dietitian application of and competence in the EAT Intervention. The third paper will highlight how the use of behaviour change strategies improved clinician provision of care relative to best practice guidelines in the EAT trial. The fourth paper will discuss considerations for future directions of the EAT intervention.

The objectives of the symposium include:

1. Learn skills in changing behaviour in a cancer population notoriously resistant to change
2. Gain an appreciation of evidence based strategies to change health professional behaviour and systems such as public hospitals
3. Learn innovative ways to trial CBT interventions that go beyond randomized controlled trials (RCTs)

**Chair:** Ben Britton, University of Newcastle

**Discussant:** Amanda Baker, University of Newcastle

## **Paper 1 Abstract**

### **A health behaviour change intervention to improve treatment outcomes for head and neck cancer patients undergoing radiotherapy**

**Authors:** Britton B<sup>1</sup>, Baker A<sup>1</sup>, Wolfenden L<sup>1</sup>, Wratten C<sup>2</sup>, Bauer J<sup>3</sup>, Beck A<sup>1</sup>, McCarter K<sup>1</sup>, Carter G<sup>1</sup>

<sup>1</sup> University of Newcastle, Callaghan, NSW, <sup>2</sup> Calvary Mater Newcastle Hospital, Waratah, NSW, <sup>3</sup> University of Queensland, St Lucia, QLD

**Introduction/Background:** A pilot trial investigated the feasibility and effectiveness of a psychological intervention to improve nutritional status, depression and mortality in HNC patients undergoing radiotherapy. Based on promising results from the pilot trial, an NHMRC funded multi-centre trial combining elements of CBT, motivational interviewing and clinical practice was conducted to evaluate the effectiveness of a Dietitian delivered health behaviour intervention to reduce malnutrition in HNC patients undergoing radiotherapy: Eating As Treatment (EAT).

**Methods:** A stepped wedge cluster randomised design was used. Four participating Australian radiotherapy departments underwent training in the EAT intervention. EAT is based on established behaviour change counselling methods, including MI, CBT and incorporates clinical practice change theory. It was designed to improve motivation to eat despite a range of barriers (pain, mucositis, nausea, reduced or no saliva, taste changes and appetite loss), and to provide patients with practical behaviour change strategies.

**Results:** Nutritional status as measured by the PG-SGA found that participants in the intervention group had significantly lower (better) scores than those in the control group at the end of radiotherapy.

**Conclusion:** The EAT intervention demonstrated an improvement in

nutritional status as measured by the PG-SGA at the critical time point at the end of radiotherapy. It is the first trial to utilise psychological strategies, delivered by dietitians, to improve malnutrition in HNC patients and demonstrates the importance of psychological interventions in an oncology setting.

## **Paper 2 Abstract**

### **Eating as treatment: The eat intervention**

**Authors:** Beck A<sup>1</sup>, Britton B<sup>1</sup>, Baker A<sup>1</sup>, Wolfenden L<sup>1</sup>, Wratten C<sup>2</sup>, Bauer J<sup>3</sup>, McCarter K<sup>1</sup>, Carter G<sup>1</sup>

<sup>1</sup> University of Newcastle, Callaghan, NSW, <sup>2</sup> Calvary Mater Newcastle Hospital, Waratah, NSW, <sup>3</sup> University of Queensland, St Lucia, QLD

**Introduction/Background:** The intervention aimed to reframe eating as part of radiotherapy treatment, beginning with the intervention name, "Eating As Treatment" and flowing through to the way the dietitians discuss nutrition in their consults. To do this, EAT used cognitive behavioural therapy (CBT) strategies and motivational interviewing (MI) consultation styles.

**Methods:** The EAT intervention was presented as a set of principles as opposed to a manualized intervention. Dietitians were trained in implementing these techniques. The first principle of EAT referred to the MI interactional style of a collaborative, empathic conversation. Once motivation for good nutritional behaviour had been established, it was supported by CBT strategies aiming to reinforce the likelihood that the behaviour would happen after the patient had gone home (e.g. written nutrition planner). Intervention adherence was assessed using a checklist developed by the research team and the Behaviour Change Counselling Index. Competence was assessed using two items from the Cognitive Therapy Scale-Revised.

**Results:** Relative to dietetic consultations conducted during treatment as usual, after training, we saw an increase (i.e.

improvement) across ten of the twelve adherence and competence outcomes assessed. Furthermore, session duration was unaffected.

**Conclusion:** After training, dietitians demonstrated greater application of the EAT Intervention in their routine consultations with HNC patients undergoing radiotherapy. Given these observed changes, we can be confident in the contribution of the EAT Intervention to the improvements seen in the nutritional status of intervention patients. Furthermore, as session duration was unaffected, it is feasible for delivery within busy clinical settings.

### Paper 3 Abstract

#### Practice change in the clinical oncology setting

**Authors:** McCarter K<sup>1</sup>, Britton B<sup>1</sup>, Baker A<sup>1</sup>, Wolfenden L<sup>1</sup>, Wratten C<sup>2</sup>, Bauer J<sup>3</sup>, Beck A<sup>1</sup>, Carter G<sup>1</sup>

<sup>1</sup> University of Newcastle, Callaghan, NSW, <sup>2</sup> Calvary Mater Newcastle Hospital, Waratah, NSW, <sup>3</sup> University of Queensland, St Lucia, QLD

**Introduction/Background:** Best practice guidelines make a number of recommendations regarding dietitian management of head and neck cancer (HNC) patients. Despite such guidelines, research suggests that many patients do not receive care consistent with best practice. Multi-strategic clinical practice change interventions can improve guideline adherence.

**Methods:** During the intervention phase, sites received a range of supportive clinical practice change strategies to facilitate dietitian adherence to clinical practice guidelines. The following evidence based clinical practice change strategies were included: executive support, staff training, academic detailing, systems and prompts, performance audit and feedback and provision of tools and resources. In order to assess the associated practice change by dietitian staff, we evaluated the change in implementation of six guideline

recommendations for dietitians from control to intervention periods.

**Results:** Adherence to the clinical practice guidelines during the control period was generally very low. The clinical practice change strategies significantly improved the odds of provision of four of the six guideline recommendations.

**Conclusion:** The study found the intervention significantly enhanced dietitian provision of recommended care for head and neck cancer patients during the intervention period. This finding holds clinical importance for clinician and health service effective implementation of guideline recommendations using systems change strategies.

### Paper 4 Abstract

#### Patient, clinician and systems change: Where to from here?

**Authors:** Britton B<sup>1</sup>, Baker A<sup>1</sup>, Wolfenden L<sup>1</sup>, Wratten C<sup>2</sup>, Bauer J<sup>3</sup>, Beck A<sup>1</sup>, McCarter K<sup>1</sup>, Carter G<sup>1</sup>

<sup>1</sup> University of Newcastle, Callaghan, NSW, <sup>2</sup> Calvary Mater Newcastle Hospital, Waratah, NSW, <sup>3</sup> University of Queensland, St Lucia, QLD

**Introduction/Background:** This trial demonstrated the effectiveness of the EAT intervention to improve nutrition in HNC patients receiving radiotherapy. Following the success of the trial, considerations for improvement and future directions can be discussed.

**Methods:** The primary outcome of nutritional status as measured by the PG-SGA was analysed using a Generalised Linear Mixed Models (LMM) regression. Additional planned analyses and future work has been considered.

**Results:** The intensive training and support provided to sites was critical to the success of the intervention. Tailoring training to address clinician barriers to intervention delivery may further improve effective delivery. Several strategies may serve to improve systems level uptake of the intervention in future implementation including greater stakeholder

engagement, more timely performance feedback and support for barriers to implementation at a systems level. On a clinician level, a peer supervision model and use of technology may improve ongoing support and use of specific CBT principles (e.g. written plans) respectively.

Planned analyses of interest include a mediation analysis (dietetic skills in CBT prior as mediator of effect) and an economic analysis using Quality Adjusted Life Years.

**Conclusion:** The EAT intervention is a relatively inexpensive, effective and acceptable intervention that has demonstrated efficacy in a multi-centre trial around Australia. It should be considered for use in all radiotherapy departments in which malnutrition in HNC patients is a problem. As an intervention based on MI and CBT principles, it may also have applications beyond the HNC population.

### **Symposium Presentation 8, Oceanic Ballroom, 27<sup>th</sup> October 2017, 11:35am – 12:35pm**

#### **Risks to adolescent well being**

#### **Symposium Description:**

Adolescence is a period of dramatic change that has significant implications for functioning across the lifespan. During the adolescent years changes occur in a young person's biology, cognitive functioning, relationships, and ability to regulate their emotions. Given these substantial changes it is not surprising that a range of mental disorders have their onset at this time. The Risk to Adolescent Well-Being (RAW project) was established in 2016 and will follow 500 young people across their teenage development. Baseline assessments begin when the young people are in Year 6 of school and is expected to be completed by August 2017. Repeat assessments will be annual. Each year children and their parents will complete a comprehensive assessment including questionnaires, diagnostic interviews and a laboratory session,

examining mental health, body image, cognitive biases, coping styles, social functioning, social media use, parenting, and sleep quality. This study will provide one of the richest datasets of teenage emotional development worldwide.

This symposium will present a series of studies from the first year of the RAW project. It aims to advance our knowledge relating to potential predictors and mechanisms of risk to emotional well-being in young people. Presentations will explore fear learning, perfectionism and social difficulties, social media use and sleep disturbance in youth. At the conclusion of the symposium the discussant, Professor Jennifer Hudson, a world renowned anxiety researcher across children and adolescents, will provide insights for future research.

**Chair:** Ella Oar<sup>1</sup>

**Discussant:** Jennifer Hudson<sup>1</sup>

<sup>1</sup> Centre for Emotional Health, Department of Psychology, Macquarie University

#### **Paper 1 Abstract**

#### **Social media use in preteens: Links with body dissatisfaction and eating pathology**

**Authors:** Fardouly J, Magson N, Johnco C<sup>1</sup>, Oar EL<sup>1</sup>, Rapee, RM<sup>1</sup>

<sup>1</sup> Centre for Emotional Health, Department of Psychology, Macquarie University

**Introduction/Background:** Social media use has become popular among pre-teenage boys and girls. Research suggests that body dissatisfaction may emerge in the pre-teenage years and may be a precursor for later eating pathology.

**Methods:** Our study examined the associations between 10-12 year old boys' and girls' (N = 333) use of different social media platforms (e.g., Instagram), engagement in different appearance-related activities on social media (e.g., appearance comparisons), and their emotional wellbeing.

**Results:** In our sample, 73% of pre-teens used social media, with Instagram and

Snapchat amongst the most popular platforms used. Users of Instagram and/or Snapchat reported higher body dissatisfaction and more eating pathology than did non-users. In addition, engaging in more appearance-related activities on social media (e.g., making appearance comparisons or editing images) was associated with higher body dissatisfaction, more eating pathology, lower life satisfaction, and more depressive symptoms. The pattern of results were similar amongst boys and girls.

**Conclusion:** These findings suggest that social media literacy and disordered eating intervention programs might be needed prior to the teenage years.

## Paper 2 Abstract

### The preteen perfectionist: Associations with adolescent social functioning and mental health outcomes

**Authors:** Magson N, Oar EL<sup>1</sup>, Fardouly J<sup>1</sup>, Johnco C<sup>1</sup>, Rapee RM<sup>1</sup>

<sup>1</sup> Centre for Emotional Health, Department of Psychology, Macquarie University

**Introduction/Background:** The Perfectionism Social Disconnection Model (PSDM) posits that individuals high in perfectionism experience a variety of interpersonal problems. As little is known about when these interpersonal problems develop as a result of perfectionism this research aimed to investigate the association between subtypes of perfectionism and social functioning in pre-teenagers. The PSDM also suggests that perfectionism leads to mental health problems via interpersonal difficulties, yet there is limited research testing this prediction in young adolescents. Therefore, a secondary aim was to determine whether social isolation and rejection sensitivity moderated the associations between perfectionism subtypes and mental health.

**Methods:** To date 340 pre-teens (10-12 years) have been included in the study. Youth were administered self-report

questionnaires and completed the Cyberball experimental task.

**Results:** Preliminary results indicated that high levels of perfectionism were significantly associated with greater peer victimisation, lower perceived social support and sense of belonging, greater rejection sensitivity, and increased feelings of social isolation. Additionally, higher levels of all three types of perfectionism were significantly associated with lower life satisfaction, increases in eating disorder symptoms, lower appearance and weight satisfaction, and higher social, separation, and general anxiety. Finally, moderating analyses revealed that Rejection Sensitivity moderated the relation between Socially Prescribed Perfectionism and depressive symptomology, and Social Isolation moderated the association between Socially Prescribed Perfectionism and generalised anxiety.

**Conclusion:** These findings reveal some support for the PSDM and indicate that mental health treatments for individuals high in perfection should include elements of social skills training to enhance treatment outcomes.

## Paper 3 Abstract

### Sleep disturbance in youth internalising and externalising disorders

**Authors:** Oar EL<sup>1</sup>, Johnco C<sup>1</sup>, Magson N<sup>1</sup>, Fardouly J<sup>1</sup>, Rapee RM<sup>1</sup>

<sup>1</sup> Centre for Emotional Health, Department of Psychology, Macquarie University

**Introduction/Background:** In recent years there has been a surge of interest in the role of sleep in child psychopathology. Clinical samples of youth have been found to experience significant sleep disturbance (e.g., insomnia, nightmares, shorter sleep duration). The present study aimed to examine differences in a range of sleep related problems between youth with an anxiety disorder or externalizing disorder in comparison to a non-clinical control sample. Moreover, the potential mechanisms that underlie the relationship

between these disorders and sleep related problems will also be explored.

**Methods:** Twenty-five children who met criteria for a primary anxiety disorder, 25 children who met criteria for a primary externalising disorder and 25 non-clinical controls were included in the present sample. Recruitment is ongoing as part of the RAW project. Children were compared on a range of sleep self-report measures.

**Results:** Preliminary results revealed that children and adolescents with a primary anxiety disorder reported significantly greater daytime sleepiness, pre-sleep cognitive and physiological arousal, a poorer sleep environment and shorter average sleep duration in comparison to non-clinical controls. Moreover, they also presented with a reduced morningness preference. While youth with a primary externalising disorder only reported a shorter average sleep duration in comparison to non-clinical youth. Following additional data collection analyses will be conducted to explore whether cognitive biases mediate the relationship between sleep related problems and these disorders.

**Conclusion:** Findings suggest that anxious youth may experience a broader range of sleep-related problems than youth with externalising disorders when compared to non-clinical controls.

**Symposium Presentation 9, Centennial Room, 27<sup>th</sup> October 2017, 11:35am – 12:35pm**

**Innovations in brief parenting interventions: Applications across age, context and place**

**Symposium Description:** The case for prevention and early intervention of child behavioural and emotional problems is compelling. Evidence based parenting interventions have been widely tested, however numerous questions remain, including issues of engagement, generalizability of outcomes, and accessibility.

While some families and children require intensive, tailored support, in this symposium, we will focus on the evidence for brief parenting interventions as a strategy for improving reach and accessibility for families in diverse contexts. Brief interventions developed within the Triple P-Positive Parenting Program will be used to illustrate applications across different age groups, cultural contexts, needs and respondents.

The first study in this symposium will describe the outcomes of a randomized controlled trial of a brief parenting intervention in Kenya. The presentation will highlight the challenges of evaluating a parenting intervention in a low-resource setting. The second and third studies focus on evaluations of brief interventions for parents of children with a chronic health condition. The studies will explore the diverse assessment issues and nature of the respondent in assessing outcomes within a health context. The fourth and fifth papers will address assessment and evaluation of brief parenting interventions for parents of adolescents, a developmental context with limited evidence to date. While each study targets a different population, setting, or problem, each illustrates how evidence based parenting interventions can be adapted for a variety of risk factors, conditions, and clinical settings. An integrating discussion will bring together key themes and conclusions from these studies.

**Chair:** Alina Morawska, The University of Queensland

**Discussant:** Amy Mitchell, The University of Queensland

### **Paper 1 Abstract**

**Do fathers report benefits from brief parenting intervention? Father outcomes from a randomised controlled trial of a brief parenting intervention for children with asthma and eczema**

**Authors:** Morawska A<sup>1</sup>, Mitchell A<sup>1</sup>, Burgess S<sup>2</sup>, Fraser J<sup>3</sup>

<sup>1</sup> Parenting and Family Support Centre, The University of Queensland, <sup>2</sup> University of Sydney, <sup>3</sup> Lady Cilento Children's Hospital, Brisbane

### **Introduction/Background:**

Understanding of father involvement and participation in parenting intervention and the extent to which fathers report benefits from such programs is limited. This study assessed father reported outcomes for families who participated in a brief parenting intervention for parents of 2- to 10-year-old children with asthma and/or eczema.

**Methods:** The study was a 2 (intervention vs. care as usual) by 3 (baseline, post-intervention, 6-month follow-up) randomized controlled trial. The intervention comprised two 2-hour group discussions. Fifty-five fathers completed questionnaires assessing ineffective parenting practices, general and illness-related child behaviour problems, parental adjustment, self-efficacy with managing the illness and illness-related child behaviour problems, and health-related quality of life.

**Results:** Intent-to-treat analyses indicated some support for the hypotheses. Self-efficacy for managing eczema improved as did health-related quality of life for children, while eczema-related child behaviour problems decreased. There were no significant intervention effects for other measures.

**Conclusion:** Fathers reported improvements for some illness-related outcomes, but intervention effects did not generalise to broader parenting or child behaviour variables.

### **Paper 2 Abstract**

#### ***Positive parenting for healthy living (Triple P): Randomised controlled trial of a brief group program for parents of children with type 1 diabetes***

**Authors:** Mitchell A<sup>1</sup>, Morawska A<sup>1</sup>, Lohan A<sup>1</sup>, Filus A<sup>2</sup>, Sofronoff K<sup>1</sup>, Batch J<sup>3</sup>

<sup>1</sup>Parenting and Family Support Centre, The University of Queensland, <sup>2</sup>University

of Southern California, <sup>3</sup>Lady Cilento Children's Hospital, Brisbane

**Introduction/Background:** Type 1 diabetes has a significant and ongoing impact on the health and wellbeing of affected children and their families. Problems with non-adherence to management plans are common, and put children at risk of short- and long-term health complications. Parents are key to successful management, and parenting and family factors are important predictors of variation in child wellbeing, treatment adherence, and glycaemic control. Thus, we aimed to test the efficacy of a brief, group-based parenting intervention for parents of young children (2-10 years) with type 1 diabetes.

**Methods:** A community sample of parents of children with type 1 diabetes was recruited from June 2014 onwards. Families were randomly assigned to intervention or care-as-usual. Assessment at pre-intervention, 4-weeks post-intervention, and 6-month follow up included parent-report measures (parenting behaviour, child behaviour/adjustment, health-related quality of life, parental self-efficacy, and parental stress); behavioural observations coded for parent-child interactions; and routine blood glucose and HbA1c levels, which provide an indication of short- and longer-term glycaemic control. The intervention consisted of two 2-hour group sessions delivered by trained, accredited Triple P practitioners.

**Results:** Preliminary results of intent-to-treat analyses for each of the outcome variables will be presented.

**Conclusion:** This study contributes to the emerging literature examining the role of parenting interventions in improving outcomes for this clinical group. While a life-long condition such as diabetes is unchangeable, parenting behaviours are readily modifiable, and more effective parenting behaviours can be developed. Parenting interventions are a promising avenue to improving outcomes for children and their families.

### Paper 3 Abstract

#### **Assessing the multifaceted influence of parents on adolescent adjustment: Development and applications of a new parent-adolescent questionnaire battery**

**Authors:** Burke K<sup>1</sup>, Dittman C<sup>1</sup>

<sup>1</sup>Parenting and Family Support Centre, The University of Queensland

**Introduction/Background:** This paper will describe a program of research to develop a set of theoretically-linked and behaviourally-specific measures to assess multiple and interconnected facets of the parent-adolescent relationship, parenting and adolescent adjustment. The development of the scales was guided by the need for brief, freely available, and multi-dimensional scales that could be flexibly used across research, evaluation, clinical and community contexts. We aimed to develop measures that were applicable across the pre-teen to emerging adult developmental period and that reliably and validly assessed both positive and negative dimensions of adolescent functioning, the parent-adolescent relationship and parenting practices from the perspective of both parents and adolescents.

**Methods:** Participants were parents and adolescents who completed the new measures as part of a series of survey studies and randomised controlled trials conducted by the Parenting Teenagers Research Group at the Parenting and Family Support Centre at The University of Queensland.

**Results:** We will present the development and initial validation including factor structure, reliability (internal consistency and test-retest) and validity (content, convergent and discriminant) of: a) the Adolescent Functioning Scale (AFS); b) the Parent-Adolescent Functioning Scale; and c) the Parenting of Adolescents Scale (PAS).

**Conclusion:** We will discuss the uses of this assessment battery within our recent cross-sectional and intervention research,

and its potential value as a monitoring tool within clinical settings and prevention and intervention programs that address the adolescent problem behaviours that lead to health and mental health morbidity in adulthood.

### Paper 4 Abstract

#### **A mixed methods evaluation of the efficacy of brief, targeted parenting groups for parents of teenagers**

**Authors:** Dittman C<sup>1</sup>, Burke K<sup>1</sup>, Barton K<sup>1</sup>

<sup>1</sup>Parenting and Family Support Centre, The University of Queensland

**Introduction/Background:** This paper will present the findings from two trials of brief parenting interventions for parents of teenagers: *Reducing Family Conflict* and *Coping with Teenager's Emotions*. Both trials examined the effects of these Teen Triple P discussion groups on teenager adjustment, parenting and the parent-teenager relationship.

**Methods:** Both studies were RCTs with parents of teenagers aged 11-16 years reporting problems targeted in their nominated discussion group. Parents completed questionnaires about adolescent functioning, parent-adolescent relationship and parenting at pre- and post-intervention and at 6-month follow up. In the *Coping with Teenager's Emotions* trial, parents participated in a follow-up telephone interview to provide qualitative information regarding the usefulness and relevance of presented strategies.

**Results:** In the *Reducing Family Conflict* trial to date, 90 parents were randomly allocated to the Intervention ( $N = 44$ ) or Waitlist ( $N = 46$ ) conditions. Post-intervention findings indicated that, in comparison to control parents, intervention parents reported significantly greater declines in adolescent oppositional-defiant behaviour and in hostility in the parent-adolescent relationship. In the smaller-scale *Coping with Teenager's Emotions* discussion group trial, 10 parents were allocated to the intervention group and 11 to the waitlist group. Ten parents completed follow-up telephone interviews,

with findings indicating high satisfaction with the group and the successful use of at least 2 out of 8 of the strategies presented in the group.

**Conclusion:** Brief parenting interventions show promise and may be attractive to parents of teenagers, who are typically more difficult to engage than parents of younger children.

**Symposium Presentation 10, Oceanic Ballroom, 27<sup>th</sup> October 2017, 1:15pm – 2:15pm**

**Psychological features and mechanisms of obsessive compulsive spectrum disorders**

**Symposium Description:** Over the past decade, clinicians and researchers have become interested in how differences in reasoning and imagining may contribute to the maintenance of psychological disorders. In this symposium, we will present new research on cognitive and emotional mechanisms proposed to underpin two obsessive-compulsive spectrum disorders, obsessive-compulsive disorder (OCT) and hoarding disorder (HD). The first three papers in this symposium will apply experimental approaches to understanding reasoning devices and imagery characteristics that may be implicated in OCT. The next two studies will examine vulnerability factors for hoarding disorder (HD) that may impact upon clinical interventions. The fourth paper will examine psychological and psychophysiological of inattention in HD and fifth paper will examine whether distress intolerance impacts upon treatment outcome for individuals with HD. The overall aim of the symposium will be to explore the specific role of these potential contributing factors in maintaining OCT and HD and to consider future directions for these exciting lines of research. We will also consider the clinical implications of better understanding imaginal processes, reasoning deficits, and cognitive and emotional vulnerability factors when treating these complex OC spectrum disorders.

**Chair:** Jessica Grisham, UNSW Sydney

**Discussant:** Melissa Norberg, Macquarie University

**Paper 1 Abstract**

**Immersion in imagined possibilities among individuals with OCT**

**Authors:** Wong, SF<sup>1</sup>; Grisham, JR<sup>1</sup>

<sup>1</sup> UNSW Sydney, Sydney, NSW

**Introduction/Background:** The inference-based approach (IBA) is an alternative cognitive model to the prominent cognitive appraisal model of obsessive-compulsive disorder (OCT). The IBA conceptualises obsessions as pervasive doubts about reality inferred to be true due to faulty reasoning processes, such as inverse reasoning. These reasoning processes are purportedly responsible for an OCT individual's immersion in their obsessive doubts, subsequently leading to obsessional distress. In the current study, we evaluated associations among inverse reasoning, immersion in hypothetical scenarios, and distress in a sample of individuals diagnosed with OCT relative to non-OCT comparison groups.

**Methods:** We recruited three groups: a clinical OCT group ( $n = 25$ ), a clinical control group ( $n = 25$ ), and a healthy control group ( $n = 25$ ). For the experimental paradigm, we provided participants with the beginning and ending of both OCT and non-OCT related hypothetical scenarios and asked them to generate the middle section. This paradigm was used to mimic the generation of obsessive doubts. Ratings of immersion and distress were taken following each scenario. Inverse reasoning was measured using a reasoning task.

**Results:** We will compare the three groups with respect to immersion and distress during the experimental task, as well as on measures of inverse reasoning. We expect that immersion in these scenarios will predict distress and OCT symptoms only for the OCT group and that this relationship would be mediated by their endorsement in inverse reasoning.

**Conclusion:** Collection of data is ongoing and conclusions are pending subject to completion of the final analyses.

### **Paper 2 Abstract**

#### **Imagining as an Observer: Manipulating Visual Perspective in Obsessional Imagery**

**Authors:** Minihan S<sup>1</sup>, Grisham J R<sup>1</sup>

<sup>1</sup> UNSW Sydney, Sydney, NSW

**Introduction:** Although obsessions in obsessive-compulsive disorder often involve distressing mental pictures, no research has studied how the visual features of such intrusions relate to their emotional and cognitive consequences.

**Methods:** In this study, we examined the relationship between visual perspective and prospective obsessional imagery in a sample of undergraduate students with high obsessive-compulsive (OC) symptomatology ( $N = 150$ ). Participants imagined a hypothetical future obsessional scenario from their natural visual perspective, then were randomly assigned to re-imagine the scenario from either a field perspective, an observer perspective, or again from their natural visual perspective. Subjective, physiological, and behavioural responsivity to the imagery induction task was measured.

**Results:** Consistent with predictions, a greater field perspective was associated with increased ratings of imagery vividness and likelihood during the initial induction. However, manipulating visual perspective did not differentially influence obsessional imagery phenomenology.

**Conclusion:** We discuss findings in relation to theoretical distinctions between memory and prospective imagery. We also consider clinical implications of mental imagery and visual perspective in OCT.

### **Paper 3 Abstract**

#### **Psychological and physiological indices of inattention in hoarding disorder**

**Authors:** Baldwin PA<sup>1</sup>, Grisham JR<sup>1</sup> & Whitford TJ<sup>1</sup>

<sup>1</sup> UNSW Sydney, Sydney, NSW

**Introduction/Background:** Many hoarding individuals report significant difficulties with inattention and these symptoms are related to severe impairments in daily functioning. Neuropsychological studies have found specific deficits in attention, and a recent review of attentional data from numerous hoarding studies concluded that inattention likely represents an etiological factor in hoarding, rather than a comorbidity. Our study aimed to examine which symptoms of inattention are related to the key clinical features of HD, and if hoarding individuals display a neurophysiological marker of poor attention that might explain these associations. We hypothesised that: (1) hoarding individuals would report clinically severe problems with inattention; (2) that this would not be better explained by mood or anxiety; and (3) that hoarding individuals would also exhibit a neurophysiological marker of inattention associated with ADHD (elevated theta/beta ratio), relative to a health control group.

**Methods:** Participants completed self-report measures relating to attention, hoarding, and general psychopathology. A smaller group of participants underwent resting measures of electroencephalography (EEG), electrooculography (EOG), and electromyography (EMG) across two epochs: either with eyes open, or with eyes closed.

**Results:** Several dimensions of hoarding were associated with clinical difficulties with inattention; however, hoarding individuals did not exhibit an elevated theta/beta ratio.

**Conclusion:** Hoarding appears to be related to inattention and this may be independent of anxiety or mood. Further investigations may help clarify this association and help inform attention-based treatments.

#### **Paper 4 Abstract**

##### **Distress Intolerance and treatment outcome for community-based hoarding treatment**

**Authors:** Grisham JR<sup>1</sup>, Isemann S<sup>2</sup>, Svehla J<sup>2</sup>, Cerea S<sup>3</sup>, Blancquart S<sup>1</sup>, & Roberts LV<sup>4</sup>

<sup>1</sup>UNSW Sydney, Sydney, NSW, <sup>2</sup>Lifeline Harbour to Hawkesbury, NSW, <sup>3</sup>University of Padua, Italy, <sup>4</sup>University of Technology Sydney, Sydney, NSW

**Introduction/Background:** Despite promising outcomes of CBT for hoarding disorder (HD), many patients continue to exhibit significant symptoms after treatment. Distress intolerance (DI), defined as the inability to accept and tolerate negative emotional states, may be associated with hoarding severity and with treatment outcomes.

**Methods:** We investigated the efficacy of a group CBT for HD based on the Buried in Treasures self-help book (BIT; Tolin et al., 2007), with the addition of two treatment sessions targeting DI. Treatment was conducted for six groups of individuals diagnosed with HD (N= 63). We expected that the enhanced BIT would be statistically and clinically effective in reducing hoarding symptoms and distress intolerance from pre-treatment to post-treatment and that pre-treatment distress intolerance predicted hoarding treatment outcome.

**Results:** Consistent with our predictions, analyses revealed significant reductions in hoarding symptoms, hoarding related-beliefs and an increase in reported ability to tolerate distress from pre to post treatment. Controlling for initial severity, changes in distress intolerance predicted post-treatment hoarding beliefs, but not post-treatment hoarding symptoms.

**Conclusion:** We will discuss the clinical implications and challenges of targeting vulnerability factors in treatment for HD.

#### **Symposium Presentation 11, Coogee Room, 27<sup>th</sup> October 2017, 1:15pm – 2:15pm**

##### **How placebo effects could influence CBT outcomes: Lessons learned from medicine**

**Symposium Description:** The placebo effect is the fascinating phenomenon whereby improvement occurs following a fake treatment. Many remarkable placebo effects have been observed in recent decades. For example, placebo surgery for knee osteoarthritis has proven just as effective as real surgery and sham deep brain stimulation was shown to produce just as much improvement in Parkinson's disease as real stimulation. In this symposium, we describe recent evidence regarding the role of placebo effects in medical practice and clinical trials and discuss the implications of these findings for cognitive behavioural therapy and related psychological interventions. Dr Kate Faasse will talk about how the simple labelling of a medication can influence treatment responses. Prof Ian Harris will talk about how the placebo effect may contribute to a large proportion of the benefits reported following surgery. Dr Ben Colagiuri will talk about how beliefs about treatment allocation in clinical trials can significantly influence the trial's outcomes. Dr Brett Deacon will talk about how selective reporting and publication bias can artificially inflate estimates of treatment efficacy for antidepressants. Discussion will centre on implications of the placebo effect for the evaluation and outcomes of CBT and related psychological interventions.

**Chair:** Dr Ben Colagiuri, School of Psychology, University of Sydney, NSW

**Discussant:** Prof Mark Dadds, School of Psychology, University of Sydney, NSW

## Paper 1 Abstract

### Labels matter: The role of branding in treatment outcomes

**Authors:** Faasse, K<sup>1</sup>

<sup>1</sup> UNSW Sydney, Sydney, NSW

**Introduction/Background:** Many people hold negative perceptions of generic medicines – including that generics are of lower quality, less effective, less safe, and more likely to cause side effect than their brand name counterparts. These beliefs can lead to treatment refusal and non-adherence, as well as reducing treatment effectiveness and increasing side effects.

**Methods:** First, a recent systematic review of public, physician, and pharmacist perceptions of generic medicines will be discussed. Then, three experimental studies using both placebo (inert) treatments and active analgesics will be presented. These studies investigate the role of brand name and generic labelling in influencing treatment outcomes, and the effectiveness of an intervention to improve perceptions of generic medicines.

**Results:** Brand name labelling increases the effectiveness of a placebo treatment compared to generic labelling. Switching from a brand name to a generic placebo increases side effects and decreases treatment effectiveness when compared to remaining on the same branded treatment. Finally, a simple video intervention improved perceptions of generic medicines, but had unexpected effects on treatment effectiveness.

**Conclusion:** Labelling – and the expectations and beliefs associated with different labels – can influence treatment outcomes. The way treatments are perceived and presented in the context of clinical care can have an important impact of how well these treatments are likely to work, and the experience of adverse treatment outcomes.

## Paper 2 Abstract

### Is surgery the ultimate placebo? A review of placebo effects for surgical interventions

**Authors:** Harris, I.<sup>1</sup>

<sup>1</sup>UNSW Sydney, NSW

**Introduction/Background:** The use of placebo is well understood but the placebo effect is less well understood. The idea of surgery as a placebo is not familiar to many people.

**Methods:** This paper will review the evidence for a placebo effect in surgery, and investigate reasons behind any placebo response. The ethics of placebo surgery will also be discussed.

**Results:** Many surgical procedures have been shown to be no more effective than placebo in blinded randomized trials. The 'placebo response' however, can be largely attributed to natural history, regression to the mean and concomitant treatment. Placebo trials of surgery are ethical where uncertainty of effectiveness exists as they provide the best evidence of effectiveness and they reduce the ethical problems of performing surgery without such evidence.

**Conclusion:** New and current surgical procedures performed for subjective symptoms should be considered for testing against a sham procedure.

## Paper 3 Abstract

### Can beliefs influence treatment responses in clinical trials?

**Author:** Colagiuri, B<sup>1</sup>

<sup>1</sup>School of Psychology, University of Sydney

**Introduction/Background:** Double-blind randomized placebo-controlled trials (RCTs) attempt to establish the efficacy of a treatment over and above the placebo effect and other forms of bias. Despite this, a growing body of research suggests that participant expectancies can significantly influence the outcomes of these trials.

**Methods:** First, a re-analysis of data from a large pharmacological RCT for alcohol dependence was undertaken to test the relationship between perceived treatment and treatment responses. Then, a series of two experimental studies were conducted in which healthy volunteers were led to believe they were taking part in a double-blind RCT of a cognitive enhancer, but were in fact all given placebos. In these studies feedback about performance was manipulated to directly test the extent to which a detectable improvement influenced beliefs about perceived treatment and, critically, whether these beliefs affect subsequent treatment responses.

**Results:** The re-analysis indicated a strong positive link between participants' beliefs about treatment allocation and their treatment outcomes. The experimental studies showed that false feedback indicating improvement led the vast majority of participants to believe they had been given an active treatment relative to false feedback indicating no change. Most interestingly, these induced beliefs influenced treatment responses, with greater cognitive performance demonstrated by those who developed the belief that they were receiving an active treatment.

**Conclusion:** Beliefs about treatment outcomes can influence how participants respond in clinical trials via the placebo effect. As such, beliefs about treatment allocation should be assessed and considered when evaluating both pharmacological and psychological treatments.

#### **Paper 4 Abstract**

##### **The placebo response in antidepressant trials: Quantifying the effects of publication bias**

**Author:** Deacon B<sup>1</sup>, Kirsch I<sup>2</sup>

<sup>1</sup>Illawarra Anxiety Clinic, Wollongong, NSW, <sup>2</sup>Harvard Medical School, Boston, MA, USA

**Introduction/Background:** Previous research has quantified the drug-placebo

difference in trials of newer-generation antidepressants for adult depression. However, the magnitude of this difference is inflated in the published literature due to publication bias. The present study quantified this inflation by comparing results from trials submitted to the US Food and Drug Administration with published versions of these trials, including duplicate and pooled publications.

**Methods:** Efficacy data for drug and placebo conditions were obtained for trials of six antidepressants approved by the FDA from 1987 to 1999. Published versions of these trials were located via a comprehensive search process. Data from 47 trials submitted to the FDA were obtained, 42 of which reported mean Hamilton Rating Scale for Depression (HRSD) change scores for both conditions. Data from these trials were published in 54 studies.

**Results:** A pooled analysis of HRSD scores for drug and placebo conditions, weighted for sample size, yielded a mean drug-placebo difference of 2.18 points in the FDA dataset. This was inflated by 69.7% (3.70 points) in the published studies. Less than half (46.8%) of the FDA trials yielded a significant drug effect, whereas the majority (85.2%) of published studies did so.

**Conclusion:** Newer antidepressants appear substantially more effective in the published literature than they actually are. The practice of selective and multiple publication of those data which favour the sponsor's drug reflects marketing rather than scientific considerations. Policy-makers, scientists, practitioners, and laypersons cannot rely on the published literature for accurate information about the efficacy of these drugs.

## ORAL PRESENTATIONS

### Open Papers Session 1: General

Coogee Room, 26<sup>th</sup> October 2017,  
10:05am – 10:45am

#### Paper 1

##### **Therapist perspectives on working with clinical perfectionism: Client motivation, level of insight, and barriers to change**

**Authors:** Sadri S<sup>1</sup>, McEvoy P<sup>1</sup>, Anderson R<sup>1</sup>, Breen L<sup>1</sup>, Egan S<sup>1</sup>

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

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

Perfectionism is a rigid and subjectively valued personality trait that can compromise therapeutic engagement and outcomes. The first trial of group cognitive behavioural therapy for perfectionism (CBT-P) in obsessive compulsive disorder (Sadri et al., 2017) revealed a high level of drop-out, treatment refusal, and therapist difficulties in engaging clients with high perfectionism, which raised important questions regarding barriers to change. The purpose of the current study was to describe therapists' experiences of working with perfectionistic clients in order to understand difficulties in treatment and ways to improve participant engagement.

#### **Methods:**

A qualitative approach was adopted, comprising individual, semi-structured interviews with the population of therapists (N=6) who administered perfectionism treatment in the preceding CBT-P trial. Thematic analysis was used to synthesise themes regarding therapist experiences and perspectives on barriers to change.

#### **Results:**

Thematic analysis of the interview transcripts revealed key themes regarding barriers to change: the impact of participant insight, rigidity in thinking, client motivation (which was impacted by group dynamics and size), client-therapist communication of difficulties, and the balance of content-process across

sessions. For a number of clients with low motivation and limited insight, post-treatment progress was characterised by simply coming to understand perfectionism and its impact on functioning, as opposed to significant reductions in perfectionism or disorder-specific symptoms.

**Conclusion:** The study provides a basis for further research into the role of perfectionism pathology in treatment. Extending the length of treatment and using individual motivational interviewing as a pre-treatment or adjunctive component of the group intervention may be warranted.

#### Paper 2

##### **Clinical recommendations for psychological treatment of men: A scoping review and evaluation**

**Authors:** Seidler, Z<sup>1</sup>, Rice, S<sup>2</sup>, Oliffe, J<sup>3</sup>, Ogradniczuk, J<sup>3</sup> & Dhillon, H<sup>1</sup>

<sup>1</sup>The University of Sydney, Sydney, NSW;

<sup>2</sup>The University of Melbourne, Melbourne, VIC; <sup>3</sup>University of British Columbia, Vancouver, CANADA

#### **Introduction:**

Tailoring mental health treatments to men's specific needs has been a topic of concern for decades given evidence many men are reticent to seek professional health care. However, existing literature providing clinical recommendations or guidance for treating men's mental health concerns is diffuse and not empirically evaluated. The aim of this scoping review was to provide a comprehensive summary for clinicians and researchers on the state of men's mental health treatment recommendations.

#### **Methods:**

Four electronic databases (MEDLINE, PubMed, CINAHL, Psycinfo) were searched [terms: masculinity AND psychological treatment AND recommendations], 2001-present. Titles and abstracts were reviewed; data extracted and synthesised thematically.

## Results:

Of 3,603 citations identified, 44 met inclusion criteria. Twenty-eight (64%) were reviews or commentaries; 22 (50%) provided broad recommendations for working with all men. Findings suggest to provide male-appropriate psychological treatment, clinicians need to consider the impact of masculine socialisation on their client, themselves, and clinical outcomes across the treatment trajectory. Existing literature emphasised specific process micro-skills (e.g., self-disclosure, normalizing, language, shared decision-making, humour), male-specific assessment (e.g. externalising symptoms, alexithymia), and treatment components most engaging for men (e.g., action-oriented, solution-focused).

## Conclusion:

Presented are clinical recommendations for psychological treatment of men typified by negative focus on traditional masculinity with less attention being paid to the strengths of multiple masculinities co-existing within and across men. Our review suggests more empirically informed structured and nuanced interventions are needed, along with formal program evaluations to advance the evidence-base.

## Paper 3

### Clinical supervisors: Made or taught?

**Authors:** Glover, F., Redpath, P., & Venning, A.

Flinders University, Department of Psychiatry, Adelaide, South Australia

### Background:

Supervisors are made not found. While most services identify senior clinicians as those best situated to provide supervision, this is not often beneficial. A good clinician does not necessarily make a good supervisor. Merging evidence suggests the opposite to be true. Rather, to be effective, supervisors *must* be formally trained and supervised rather than just allowing them to evolve via natural selection.

## Method:

The Department of Psychiatry, Flinders University, has developed a training program for health practitioners to become Cognitive Behaviour Therapy (CBT) supervisors. The 2-day training program, facilitated by practicing CBT clinicians, is underpinned by learning frameworks and competencies of effective supervision, to support supervisors to undertake regular, structured and accountable supervision. The competencies developed include the establishment of the supervisory alliance, supervision contracting, dealing with strains and ruptures to the alliance, technical competence, evaluation and feedback, and legal and ethical issues.

## Results:

Participants indicated that they had previously not received such relevant and structured training regarding their role as CBT supervisors, while the underpinning frameworks and competencies discussed enabled them to see their supervisory role within a broader empirical context.

## Conclusion:

The presentation will discuss the needs that drove, and the subsequent development of, CBT supervision training at Flinders University. People attending the presentation will learn about a why such training is needed to ensure fidelity to a CBT model, and discuss areas for further research including whether such courses influence a change in participants supervisory practice and outcomes this has for both supervisee and clients.

## Open Paper Session 2: Obsessive-compulsive disorder

Centennial Room, 26th October 2017,  
10:05am – 10:45am

### Paper 1

### The role of dissociation in obsessive-compulsive washing

**Authors:** Holmes-Preston E<sup>1</sup>, Jones M.K<sup>2</sup>

<sup>1</sup> School of Psychology, University of Sydney, Sydney, NSW, <sup>2</sup> Discipline of Behavioural and Social Sciences in Health, University of Sydney, Sydney, NSW

### **Introduction/Background:**

Research in obsessive-compulsive disorder (OCD) has demonstrated that repeated checking reduces individuals' confidence in memory of the most recent check and is associated with a decline in the vividness and detail of this memory. Recently, dissociation has been posited to play a key role in this self-perpetuating cycle of uncertainty and checking. However, it remains unclear whether the same mechanism underpins compulsive handwashing. The present study investigated whether dissociation mediates the effects of repeated handwashing on individuals' confidence in their memory, perception, and attention.

### **Methods:**

Using a 2 x (2) design, 86 undergraduate students were randomly assigned to a control (3 hand washes) or compulsive condition (20 hand washes). Following a contamination induction, confidence ratings of metamemory, attention, perception, and cleanliness, as well as measures of urge to wash and dissociation, were obtained post-first handwashing trial and post-final handwashing trial.

### **Results:**

Confidence in metamemory, attention, perception, and sense of touch significantly declined over time in the compulsive handwashing condition compared to the control group. The decrease in confidence in perception and touch reported by participants in the experimental condition was significantly mediated by an increase in depersonalisation/derealisation.

### **Conclusion:**

The findings provide the first experimental evidence that repeated handwashing induces feelings of depersonalisation/derealisation,

contributing to a loss of confidence in one's perceptual abilities and sense of touch. Targeting dissociative symptoms and incorporating psychoeducation about the paradoxical effects of repeated handwashing may be beneficial in the treatment of compulsive handwashing.

### **Paper 2**

#### **Moderators and predictors of face-to-face and telephone delivered CBT outcome for paediatric OCD**

**Authors:** Nair A <sup>1</sup>, Turner C <sup>2</sup>, Mataix-Cols D <sup>3</sup>, Lovell K <sup>3</sup>, Krebs G <sup>3</sup>, Lang S <sup>3</sup>, Byford K <sup>3</sup>, Heyman I <sup>3</sup>, O'Kearney R <sup>1</sup>

<sup>1</sup> The Australian National University, Canberra ACT, Australia <sup>2</sup> The Australian Catholic University, Brisbane QLD, Australia <sup>3</sup> Institute of Psychiatry, London UK, UK

### **Background:**

To explore moderators and identify predictors of treatment response in a non-inferiority randomised control trial of 72 children (aged 11 to 18 years) with obsessive compulsive disorder (OCD) who received either 14 sessions of face-to-face cognitive behavioural therapy (CBT) or telephone delivered CBT (TCBT).

### **Method:**

Pre-randomisation levels of potential moderator variables, their interaction with treatment group (CBT, TCBT) and baseline levels of OCD severity were entered into separate regression models where the primary outcome measure was the post-intervention Children's Yale Brown Obsessive Compulsive Scale (CYBOCS). Separate regressions were used to test associations between predictors and outcome controlling for pre-treatment CYBOCS.

### **Results:**

While the outcomes of the two groups were not different overall (non-inferiority margin 5 points), parent-rated child peer problems moderated the between group difference at post-treatment ( $\beta = 3.63$ ;  $p =$

0.05; CI = 0.04 to 7.31). Peer problems scores were strongly negatively associated with post-intervention CYBOCS in TCBT ( $r = -.42$ ;  $p = 0.02$ ) but not in face-to-face CBT ( $r = -0.12$ ;  $p = 0.56$ ). After controlling for baseline levels CYBOCS, only level of family accommodation rated by the mother predicted poorer outcomes in both groups ( $\beta = 0.26$ ;  $p < 0.01$ ; CI = 0.10 to 0.41).

### Conclusions:

While TCBT and face-to-face CBT appear equally effective for most children and adolescents with OCT, TCBT can enhance outcomes particularly for children with higher levels of peer problem. The result for the predictor analyses reinforce the importance of directly addressing family accommodation during the course of CBT for paediatric OCT.

### Paper 3

#### **Moderators and predictors of response to cognitive behaviour therapy for paediatric obsessive-compulsive disorder: A systematic review and meta-analysis**

**Authors:** Turner CM, O'Gorman B, Nair A, O'Kearney R

### Background:

Obsessive-Compulsive Disorder (OCT) in children and adolescents is a serious mental health disorder, associated with significant distress and impairment. Cognitive behavioural therapy (CBT) is the recommended psychological treatment of choice for youth with this condition. However, research indicates that even following CBT, many young people remain symptomatic and fail to achieve disorder remission. Given the sub-optimal rates of response to first line treatment and the risks associated with protracted OCT symptoms, clinical decisions which optimise the initial treatment for a particular patient are of critical importance.

### Methods:

We conducted a registered systematic review and meta-analysis examining moderators and predictors of response to

CBT for paediatric OCT (PROSPERO: CRD42014009386). We identified studies reporting on a pre-treatment characteristic of children/youth, their illness or the context, measured in an RCT with a CBT arm, and which tested this characteristic as a moderator of CBT efficacy relative to another trial arm. We also sought to identify evidence pertaining to which pre-treatment factors (predictors) were associated with CBT treatment response.

### Results:

Significant moderators and predictors of paediatric CBT treatment outcome will be reported.

### Conclusions:

In addition to value in treatment planning, evidence about moderators of treatment response can assist researchers in developing models of the different mechanisms of action of treatments for paediatric OCT, and information pertaining to predictors will help clinicians clarify whether their patients may require adjunct or extended treatment to optimise outcomes.

### Open Papers 3: Mindfulness

**Coogee Room, 26<sup>TH</sup> OCTOBER 2017, 11:00am – 12:00pm**

### Paper 1

#### **Processes of change in two worksite mindfulness-based interventions**

**Authors:** Flaxman, P<sup>2</sup>, Morris, E<sup>1,3</sup>, Oliver J<sup>3</sup>, Christodoulou V<sup>3</sup>, Guenole N<sup>4</sup>, Lloyd, J<sup>4</sup> & Bond, F<sup>4</sup>

<sup>1</sup> La Trobe University, Melbourne, VIC, <sup>2</sup> City University London, London, UK, <sup>3</sup>South London & Maudsley NHS Foundation Trust, London UK, <sup>4</sup>GoIDSMiths, University of London, London UK

### Introduction/Background:

There is growing enthusiasm for offering mindfulness-based interventions (MBIs) to improve mental health in workplace

settings. However, most previous evaluations of worksite MBIs have focused exclusively on outcome effects, and there is little research examining potential mechanisms of change.

### **Methods:**

In the present study, employees of a large healthcare organisation were randomly assigned to one of three conditions: mindfulness training (MT; n = 63) based on the principles and procedures of mindfulness-based stress reduction; a similar length training programme based on acceptance and commitment therapy (ACT; n = 67); or a waiting list control group (n = 69). The effects of the interventions on employees' general psychological health and mindfulness skills were repeatedly assessed on five occasions spread over a six-month evaluation period.

### **Results:**

Outcome analyses revealed a significant and beneficial impact of both MT and ACT on employees' mental health and mindfulness skills (when compared to the control group). These intervention effects were maintained up to the final six month assessment point. There were no significant differences between the two interventions on the main study variables. Latent growth curve analyses were performed to examine *indirect* effects of ACT and MT on employees' mental health via three distinct mindfulness skills. In both interventions, an increase in acceptance of difficult thoughts and feelings (or a non-judgemental attitude) was found to be the primary mediator of change.

### **Conclusion:**

Discussion focuses on the importance of (a) assessing mediators of change and (b) cultivating mindful attitudes in worksite MBIs.

## **Paper 2**

### **Mind the parent: What can mindfulness add to parenting programs?**

**Authors:** Wosinski N<sup>1</sup> Donovan M<sup>1</sup>, Deane F<sup>1</sup>

<sup>1</sup>University of Wollongong, NSW

**Speaker:** Donovan M

### **Introduction/Background:**

Behavioural parenting programs work for 50-70% of parents/carers, however various socio-demographic and parent factors often lead to poor engagement or persistence with well-proven social learning theory strategies (Scott & Dadds 2009). This paper reports findings from a mindfulness/ACT integrated parenting program – Confident Carers Cooperative Kids – which was developed to improve engagement and persistence. This is the first mindful parenting study to incorporate a micro-level observational measure and a specific parental mindfulness scale, alongside measures of child behaviour and parenting style widely utilised in the parenting literature.

### **Methods:**

Mothers (n=13) with children aged 3-12 years presenting with mild to severe behavioural/emotional problems attended a 9 week, 2 hours per week, ACT-integrated parenting program. Pre and post measures were taken of mindful parenting, child behaviour, parenting style and coded-observations of parent-child play.

### **Results:**

Significant positive short-term effects were found for improvements in mothers' parental mindfulness, parenting style and child behaviour, with large effect sizes. The intervention resulted in non-significant improvements in mothers' observed positive and negative attentional behaviours, with small to moderate effect sizes.

### **Conclusion:**

Overall findings show preliminary support for mindful parenting interventions which integrate ACT and behavioural components in improving child and parenting outcomes in families of 3 to 12 year olds with moderate to severe behavioural and emotional problems.

### Paper 3

#### **Comparison of a brief mindfulness task with a distraction task in the reduction of induced pain with an additional moderator of attentional bias**

**Authors:** Alice Shires<sup>ab</sup>, Louise Sharpe<sup>a</sup>, Toby Newton-John<sup>b</sup>,

<sup>a</sup>School of Psychology, University of Sydney, Sydney, NSW, 2006, Australia

<sup>b</sup>Clinical Psychology Department, Graduate School of Health, University of Technology Sydney

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

There have been numerous studies that confirm the efficacy of mindfulness in pain, but findings have been mixed. One explanation is the fact that different types of mindfulness have been used in the context of pain. In these studies we trialed two types of mindfulness. The primary aim was to determine whether mindfulness resulted in better pain outcomes. However, we were also interested in whether attentional bias moderated outcomes.

#### **Methods:**

In study 1 (n =79), mindfulness of breath and body was compared to distraction on the perception of induced pain, using the cold pressor task. In study (N =100), the effects of the 2-minute mindfulness-based interceptive exposure task (MIET) was compared to a 2-minute distraction task and a control group on the same outcomes. Attentional bias was measured using the dot-probe, with eye tracking.

#### **Results:**

In study 1, there were no significant differences between mindfulness and distraction on any of the pain outcomes. However, in study 2, there were differences between the groups, favouring the MIET condition for pain tolerance ( $F(1,98)=16.706, p<0.0005$ ), pain threshold ( $F(1,98) = 3.450, p = 0.036$ ) and pain-related distress ( $F(1,98)=3.095, p=0.050$ ). We expected that those whose natural disposition was to attend to pain-related

information would benefit more from mindfulness. However the reverse was found.

#### **Conclusion:**

These results suggest that while mindfulness may have an important role in the management of pain, the type of mindfulness instructions are important. Mindfulness of breath and body did not seem to improve pain outcomes, whereas, the briefer MIET did. Further, it was found that people who could more easily disengage from pain benefited more from MIET.

### **Open Papers 4: Innovations in the treatment of children**

**Centennial Room, 26<sup>th</sup> October 2017, 11:00am – 12:00pm**

#### **Paper 1**

#### **ParentWorks: Preliminary effectiveness of a national, free, online, father-inclusive parenting intervention to reduce child externalising behaviour problems**

**Authors:** Tully LA<sup>1</sup>, Piotrowska PJ<sup>1</sup>, Hawes D<sup>1</sup>, Collins D<sup>1</sup>, Burns M<sup>1</sup>, Dadds MR<sup>1</sup>

<sup>1</sup> University of Sydney, Sydney, NSW, Australia

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

Childhood externalising problems are the most identifiable and reliable precursor for a lifetime of antisocial behavior as well as other mental health issues. Evidence-based parenting interventions are effective in reducing externalising behaviour, yet these interventions have low rates of father participation despite research suggesting enhanced outcomes when fathers participate. *ParentWorks*, Australia's first free, national, online, evidence-based father-inclusive parenting intervention, aims to decrease childhood externalising behaviours and promote positive parenting in mothers and fathers. It is one of several strategies being implemented as part of the *The Like*

*Father Like Son* project, which aims to enhance the engagement of fathers in evidence-based interventions for childhood conduct problems at the national level.

### **Methods:**

*ParentWorks* was launched in August 2016 and targets all parents/caregivers of children aged 2 to 16 years. *ParentWorks* is a self-directed online parenting intervention which has been specifically developed to be engaging for fathers as well as mothers. The intervention is being evaluated through questionnaires completed by each participating parent at three time points: pre-program, post-program and at three-month follow-up.

### **Results:**

This presentation will report on the preliminary findings of the *ParentWorks* online parenting program in terms of changes in child externalising behaviour and parenting practices from pre-to post-intervention.

### **Conclusion:**

The results of the study will be used to inform policy and practice about providing support to parents in the community for child externalising behaviour problems, and enhancing the engagement of fathers in parenting interventions.

## **Paper 2**

### **Engaging fathers in interventions for child mental health: Evaluation of a national practitioner training program**

**Authors:** Hawes DJ<sup>1</sup>, Tully LA<sup>1</sup>, Piotrowska PJ<sup>1</sup>, Collins D<sup>1</sup>, Burns M<sup>1</sup>, Dadds MR<sup>1</sup>

<sup>1</sup> University of Sydney, Sydney, NSW, Australia

### **Introduction/Background:**

Despite evidence that parenting interventions for emotional and behavioural problems in childhood are most effective when both mothers and fathers participate, father participation rates are often low. Emerging data

suggest that this may in part reflect skill deficits among practitioners, with training in strategies for effective father engagement often lacking. Our aims were to develop, implement, and evaluate, an innovative practitioner-training model for enhancing clinical skills in engagement of fathers in parenting interventions for childhood problems.

### **Methods:**

Engaging Fathers in Parenting Programs: National Practitioner Training, forms part of the Like Father Like Son Project (Movember Foundation), which aims to enhance engagement of Australian fathers in parenting interventions at a national level. The model utilises multimedia content (e.g., video, vignettes) and multiple formats of delivery (online and face-to-face) to target practitioner confidence and skills in such engagement. Data on program evaluation have been collected via self-report measures completed by Australian practitioners in child and family settings at three time points: pre-program, post-program and two-month follow-up.

### **Results:**

This presentation will report on preliminary evaluation data regarding change in practitioner confidence levels and father engagement skills, as well as organisational policies regarding father-inclusive practice. This evaluation will be discussed in relation to data on rates of father engagement in a range of child and family services across Australia.

### **Conclusion:**

Preliminary findings support the potential for this model to enhance engagement of fathers in evidence-based parenting interventions, and present potentially important policy and practice implications.

## **Paper 3**

### **Putting the “C” into BPT: Integrating parental attributions in behavioural parent training for high-risk families while treating child conduct problems**

**Authors:** Sawrikar V<sup>1</sup>, Dadds MR<sup>2</sup>

<sup>1</sup>University of New South Wales, Sydney, NSW, <sup>2</sup>University of Sydney, Sydney, NSW

### **Introduction/Background:**

Despite parental attributions being recognised as one of the great challenges facing BPT practitioners (e.g., Shaffer et al 2001), none of the contemporary programs provide practitioners with components focusing explicitly on parental attributions. Social cognitive models have been proposed in response, with parental attributions hypothesised to influence how parents engage, participate, and ultimately benefit from BPT (Hoza, Johnston, Pillow, & Ascoug, 2006). Evaluating this model for child conduct problems, this study investigated whether high-risk families are at-risk for poor outcomes because parents possess maladaptive parental attributions.

### **Methods:**

Participants were families with children aged from 3 to 16 referred to the Child Behaviour Research Clinic (USYD) and Royal Far West (a nongovernmental rural health service) for treatment of behavioural problems (N=162).

### **Results:**

Parents of children with greater conduct problem severity and high callous-unemotional (CU) traits possessed greater negative attributions. High CU traits also predicted lower positive parental attributions. Mother's negative attributions had a negative direct effect on post treatment success, and was found to mediate the relationship between pretreatment conduct problem severity and treatment outcomes in a way that it "suppressed" the immediate treatment effects of BPT. The three-month follow-up model indicated that both mothers and fathers positive attributions had a positive direct effect on successful treatment outcomes. No significant indirect effects were found.

### **Conclusion:**

These results highlight the influential role of parental attributions in treatment. They suggest that practitioners may benefit from

integrating parental attributions into BPT for parents of severe conduct problem children to help reduce the risk of poor outcomes for these families.

### **Paper 4**

#### **A randomised controlled trial of an intervention to help parents communicate to children about sexuality**

**Authors:** Teo S<sup>1</sup>, Morawska A<sup>1,2</sup>, Grabski M<sup>3</sup>

<sup>1</sup>The University of Queensland, Brisbane, QLD, <sup>2</sup>AACBT, Brisbane, QLD, <sup>3</sup>True Relationships and Reproductive Health, Brisbane, QLD.

### **Background:**

Most parents acknowledge their role as sexuality educators, yet often feel that they lack the skills and confidence in effectively communicating to their children about sexuality. This study evaluated the efficacy of a brief, group-based intervention for parents of children aged 3 to 10 years in improving parent-child sexuality communication.

### **Methods:**

A randomised control trial with two groups (intervention vs. control) and three assessment time-points (baseline, 4-week follow-up, and 3-month follow-up) was used. The intervention comprised of a single-session, two-hour parent discussion-group on how to positively communicate sexuality to children. Parental behaviours, self-efficacy, and beliefs about child sexuality communication were the primary outcome measures. Secondary outcome measures included parental knowledge, comfort, and child behaviours. Data from 83 parents who completed assessment measures at all three time-points were used in the final analyses.

### **Results:**

Parents in the intervention group reported greater sexuality teaching behaviours, increased self-efficacy in using sexuality teaching strategies, and decreased

negative beliefs about child sexuality communication relative to parents in the control group at the 4-week follow-up, with intervention effects being maintained after three months. No significant differences between parents in the intervention and control groups were found for outcomes on parental knowledge, comfort, and child behaviours.

### **Conclusion:**

Promising findings of this brief intervention to promote sexuality communication between parents and pre-adolescent children can encourage more rigorous research and program development in the future.

## **Open Papers 5: Issues in diagnosis and transdiagnostic practice**

**Centennial Room, 26<sup>th</sup> October 2017,  
1:45pm – 2:45pm**

### **Paper 1**

#### **Transdiagnostic processes in mental health: Flavour of the month or an enduring useful concept?**

**Authors:** Phillips L<sup>1</sup>

<sup>1</sup> Melbourne School of Psychological Sciences, University of Melbourne

### **Introduction/Background:**

Shared underlying cognitive processes are thought to explain some of the comorbidity observed between affective and anxiety disorders. Further, failure to address these processes is thought to contribute to poor outcomes in response to psychological treatment. Interest in these transdiagnostic processes in relation to phenomenology and cognitive therapies has proliferated in recent years. This paper reflects on the rise in interest in this concept and offers a critique of this burgeoning area of interest.

### **Methods:**

A literature search was conducted to evaluate the rise in publications associated with the concept of 'transdiagnostic processes' and themes

emerging from this literature were analysed.

### **Results:**

Whilst there has been huge growth in the number of papers published in recent years purporting to address 'transdiagnostic processes' there has also been some divergence in the definition of this concept. The potential implications of this for clinical practice will be discussed.

### **Conclusion:**

It is now recognized that many cognitive models of psychological syndromes may be too narrow and 'siloed' in their focus and cognitive therapies that address other cognitive processes may be associated with improved treatment outcomes. However, the investigation of transdiagnostic processes and 'dilution' of the definition of this concept risks overshadowing unique aetiological processes and individual factors that remain pertinent in addressing mental health problems.

### **Paper 2**

#### **Emotion regulation for adolescent anxiety and depression: Transdiagnostic treatment approaches**

**Authors:** Schniering C<sup>1</sup>, Einstein D<sup>1</sup>, Rapee R<sup>1</sup>, & Kirkman, J<sup>1</sup>

<sup>1</sup>Centre for Emotional Health, Department of Psychology, Macquarie University, 2109, NSW.

### **Background:**

Adolescents with anxiety and depression are a unique population with a complex presentation, and evidence suggests that they may have unique treatment needs. The aim of this study was to examine whether a transdiagnostic program targeting broad emotion regulation skills is effective for treating adolescent anxiety and depression when delivered over the Internet.

### **Methods:**

Adolescents (12-18 years) with anxiety and depressive disorders were randomly allocated to active treatment versus wait-

list. Active treatment involved completing “Chilled Plus”, an 8 module, therapist assisted, online program for anxiety and depression in youth. Modules targeted emotion regulation difficulties common to both disorders, in an intensive integrated format. Effects on diagnoses, symptoms and life interference were assessed at post-treatment, and 3-month follow up based on reports from both the young person and parents.

### **Results:**

The study is coming to a close, and to date we have data on approximately 90 participants. Compared to wait-list, treatment was associated with a significantly greater reduction in total number of diagnoses and clinician rated severity of diagnoses over time. Results from questionnaire measures were more mixed. Effects were maintained at 3-month follow up.

### **Conclusion:**

In summary, the transdiagnostic package demonstrated reductions in anxiety and depression in youth when delivered over the Internet, and shows promise as an efficacious treatment for this population. However, some effects were mixed, which is not surprising given the severity of this population. Results suggest that broader dissemination of emotion regulation programs using alternate methods of delivery is possible with this population.

### **Paper 3**

#### **Dialectical Behaviour Therapy for the treatment of emotional dysregulation within a community practice setting: Preliminary results and implications**

**Authors:** Davis N<sup>1</sup>, Sethi S<sup>1</sup>

<sup>1</sup> The Clinical Psychology Centre, Sydney, NSW

### **Introduction/Background:**

Whilst Dialectical Behaviour Therapy (DBT) is an economically viable intervention in hospital acute care environments for the treatment of borderline personality disorder and

emotional dysregulation, long waiting lists and limited health care rebates are prevailing barriers to the broader uptake of DBT. In an effort to increase community accessibility to DBT, we outline the dissemination and preliminary results of a comprehensive DBT program - in a private practice setting, over a five-year period from 2010-2015, including implementation barriers.

### **Methods:**

196 clients aged between 18 - 58, with a primary presentation of emotional dysregulation, enrolled in one or more of the DBT skills groups between 2010-2015. Each skills group included didactic teaching of distress tolerance, emotional regulation, and interpersonal effectiveness skills. The Schema Mode Inventory (SMI) and Depression Anxiety Stress Scale (DASS) were administered pre-and post each group to determine symptomatic change.

### **Results:**

117 participants completed at least one skills group. Change in symptoms and schema modes appear to be moderately and significantly correlated. Significant decreases in depression, anxiety, and stress were also found post-participation in at least one skills group.

### **Conclusion:**

This presentation demonstrates one possible pathway to the implementation and dissemination of a comprehensive DBT treatment program – in a private practice setting - that may increase accessibility to DBT in the community. Efforts to improving response rates within such a setting, further to evaluating outcomes and training procedures are examined to ensure continuous fidelity towards treatment.

### **Paper 4**

#### **A transdiagnostic taxonomy that can replace the DSM**

**Authors:** Bakker GM<sup>1</sup>

<sup>1</sup>University of Tasmania, Launceston, Tasmania

### **Background:**

The Division of Clinical Psychology of the British Psychological Society has called for a 'paradigm shift' away from the dominance of psychiatry's Diagnostic and statistical manual of mental disorders (DSM) toward clinical psychology's own taxonomy of clinical psychological problems (CPPs), without being able to specify what is to be listed and classified. This paper seeks to identify the essence of CPPs, if they are not all merely psychiatric 'mental disorders'.

### **Methods:**

Reviews of four converging fields of research were undertaken to identify the essence of what clinical psychologists actually target "in the field", i.e. CPPs. They were: (a) The limitations of borrowing psychiatry's 'mental disorders'; (b) The (re)emergence of a transdiagnostic movement in research and treatment; (c) The evidence-based models of psychopathology developed within CBT; and (d) The literature on 'kinds' of psychological problems.

### **Results:**

This convergence resulted in the proposition that the critical psychological-level phenomenon underlying CPPs is that of *problem-maintaining circles* (PMCs) of causally related cognitions, emotions, behaviours, and stimuli.

### **Conclusion:**

This concept provides an empirically-derived, theory-based, treatment-relevant, psychological-level, categorical, essentialist, parsimonious, and nonstigmatizing definition of CPPs. It distinguishes Type I psychological problems in which PMCs have not (yet?) formed, and which may respond to 'counselling', Type II clinical psychological problems in which active PMCs require clinical intervention, and Type III 'psychiatric' problems which are unlikely to be 'cured' by PMC-breaking alone. A subsequent classification and coding

system of PMCs is proposed, and expected benefits to research, communication, and the quality of case formulation in clinical psychology are described.

### **Paper 5**

#### **The effect of diagnostic labeling with the 'with limited prosocial emotions' (LPE) specifier for conduct disorder on decision-making**

**Authors:** Prasad AH<sup>1</sup>, Kimonis ER<sup>1</sup>

<sup>1</sup>School of Psychology, The University of New South Wales, Sydney, Australia.

### **Introduction/Background:**

The recent inclusion of the 'With Limited Prosocial Emotions' (LPE) specifier for diagnosing Conduct Disorder (CD) assesses for the presence of callous-unemotional (CU) traits. This designates a subgroup of antisocial youth (i.e., CD+LPE) who display severe conduct problems and cognitive-affective deficits that parallel adult psychopathy. Despite its close association with psychopathy, which is known to prejudice clinical decision-making, the implications of the LPE specifier on perceptions and clinical decision-making for antisocial youth has not been previously studied.

### **Methods:**

294 adult participants were randomly assigned to read one of four case descriptions of a juvenile offender who was either undiagnosed (control), undiagnosed but described as showing CU traits, or diagnosed with either CD or CD+LPE. Participants responded to various validated questionnaires assessing their perceptions of the youth's amenability to treatment and dangerousness, treatment needs with respect to sentencing decisions, and level of CU traits.

### **Results:**

Relative to undiagnosed youth, those with either a CD or CD+LPE diagnosis were perceived as less amenable to treatment, more dangerous, and requiring a more

restrictive treatment setting. Perceptions and treatment recommendations did not differ between youth with a CD versus CD+LPE diagnosis. Controlling for diagnostic status, higher levels of perceived CU traits in youth predicted negative perceptions and recommendations for more restrictive treatment settings.

### **Conclusion:**

With increasing evidence supporting the preliminary efficacy of cognitive-behavioural treatment for youth with CD+LPE, these findings highlight the prejudicial effect that diagnoses characterised by antisocial traits can have on clinical decision-making.

### **Open Papers (additional)**

**Coogee Room, 26<sup>th</sup> October 2017,  
3:15pm – 3:45pm**

#### **Single paper**

#### **An investigation of the transportability of imagery-enhanced group CBT for social anxiety disorder**

**Authors:** McEvoy, P

### **Open Papers 6: Health**

**Coogee Room, 26<sup>th</sup> October 2017,  
2:45pm – 3:45pm**

#### **Paper 1**

#### **Development of a model of cancer-related anxiety**

**Authors:** Curran L<sup>1,2</sup>, Sharpe L<sup>1</sup>, Butow P<sup>1,3,4</sup>

<sup>1</sup> School of Psychology, The University of Sydney, Sydney, NSW, <sup>2</sup> The Kinghorn Cancer Centre, St Vincent's Hospital, Darlinghurst, NSW, <sup>3</sup> PoCoG & CeMPED, School of Psychology, The University of Sydney, Sydney, NSW <sup>4</sup> SoURCe, Institute of Surgery, Sydney, NSW

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

The cancer experience is often characterized by unpredictability, uncertainty and ongoing anticipatory threats (Gurevich, Devins, & Rodin, 2002). Not surprisingly, anxiety is a common response. However few theoretical models have been developed to explain the development and maintenance of anxiety in people with cancer across the illness trajectory. The aim of the current project was to identify existing theories of cancer-related anxiety and propose a novel, trans-diagnostic model.

#### **Methods:**

A systematic literature search was conducted to identify existing theoretical models of anxiety in the context of cancer. These were reviewed for common themes and integrated with the clinical psychology literature on anxiety, trauma, death anxiety and existential distress, to develop a novel model of cancer-related anxiety.

#### **Results:**

Eight models of cancer-related anxiety were identified. A synthesis of these models identified five themes: pre-existing schema, the inherent nature of cancer, cognitive factors, coping responses and contextual factors. The resultant model developed from these themes suggests that pre-existing schema, past experiences of cancer, intolerance of uncertainty and meta-cognitive beliefs interact with the inherent nature of cancer to produce anxiety. In an attempt to re-establish control over aversive internal and external experiences, coping responses may be employed that also serve to maintain the anxiety. The model considers a range of systemic factors that can buffer or worsen the anxiety. The model also proposes an alternative, adaptive response.

#### **Conclusion:**

The newly developed model provides a transdiagnostic formulation that can assist psychologists in devising theoretically-driven interventions for cancer-related anxiety that may improve treatment efficacy.

## Paper 2

### Outcomes of online CBT for depression and anxiety tailored for early stage cancer survivors (iCanAdapt early)

**Authors:** Murphy M.<sup>1</sup>, Newby J.<sup>1,2</sup>, Kirsten L., Shaw J.<sup>3</sup>, Shepherd H.<sup>3</sup>, Price M.<sup>3, 4</sup>, Butow P.<sup>3</sup> & Andrews G.<sup>1</sup>

<sup>1</sup> Clinical Research Unit for Anxiety and Depression, UNSW Sydney at St Vincent's Hospital, Sydney, Australia <sup>2</sup> School of Psychology, UNSW Sydney, Sydney, Australia <sup>3</sup> Psycho-oncology Co-operative Research Group (PoCoG), School of Psychology, University of Sydney, Sydney, Australia <sup>4</sup> Nepean Cancer Care Centre, Sydney, Australia

#### Introduction/Background:

Depression and anxiety are common and disabling for individuals with cancer, yet there are no cancer-tailored online CBT interventions for people with early stage cancer who have clinical depression and/or anxiety. To address this gap, we developed 'iCanADAPT Early' an 8-lesson clinician-guided online CBT program, delivered over 16 weeks, which included core CBT skills to address general mental health and cancer-specific issues such as fear of cancer recurrence.

#### Methods:

We conducted a randomised controlled trial with participants who met DSM-5 criteria for an anxiety and/or depressive disorder or adjustment disorder. Participants were randomised into either the online CBT intervention or to usual care. Clinician support was provided by e-mail and phone.

#### Results:

113 individuals (mean age 53, 88% female, 66% with breast cancer) participated. Preliminary findings suggest the online CBT group showed statistically significant improvements on the primary outcome: Hospital Anxiety and Depression Scale (HADS) scores from baseline ( $M=21.28$ ;  $SD=5.31$ ) to post treatment ( $M=13.15$ ;  $SD=6.23$ ), whereas the usual care control group showed smaller

improvement from baseline ( $M=19.68$ ;  $SD=5.97$ ) to post treatment ( $M=17.36$ ;  $SD=5.62$ ). Expanded details of the trial, three month follow-up data, secondary measures and potential future implications will be discussed.

#### Conclusion:

Cancer-tailored online CBT is an acceptable, feasible, and effective treatment for depression and anxiety in early stage cancer survivors. Future studies should explore whether online CBT is similarly effective for people with advanced cancer.

## Paper 3

### The non-avoidant pacing scale: Development and preliminary validation

**Authors:** Hadzic R<sup>1</sup>, Sharpe L<sup>1</sup>, Wood B<sup>2</sup>, MacCann C<sup>1</sup>

<sup>1</sup> University of Sydney, Sydney, NSW, <sup>2</sup> Pain Management Research Institute, University of Sydney at Royal North Shore Hospital, Sydney, NSW

#### Introduction/Background:

Despite widespread use as a chronic pain management strategy, pacing has been linked to higher levels of pain and disability. A recent meta-analysis found a positive correlation between existing measures of pacing and avoidance, which may partially account for these poorer outcomes. It is necessary to differentiate the use of behaviours such as taking breaks as used in pacing – in a non-avoidant manner to increase functioning – from the use of identical behaviours to avoid pain.

#### Methods:

A measure was developed to differentiate pacing from avoidance by emphasizing non-pain-contingent behaviours and non-avoidance of pain. A sample of 283 adults with chronic pain completed the Non-Avoidant Pacing Scale (NAPS) and existing measures of pacing, avoidance, and key outcomes in chronic pain: pain,

physical functioning, and psychological functioning.

### **Results:**

Exploratory factor analysis (subsample 1,  $n = 141$ ) suggested two 4-item factors: *Planned Pacing Behaviours* and *Non-Avoidant Activity*. Confirmatory factor analysis (subsample 2,  $n = 142$ ) revealed satisfactory fit (GFI = 0.947, CFI = 0.964, RMSEA = 0.074). The pattern of correlations between each factor and avoidance and key outcomes suggests that the NAPS total scale ( $\alpha = 0.819$ ) is necessary to capture key behaviours and differentiate pacing from avoidance. Unlike existing measures, the NAPS was not positively correlated with avoidance and was associated with better functioning across affective and cognitive domains.

### **Conclusion:**

The NAPS assesses key behaviours in pacing and differentiates these from avoidance, allowing researchers and clinicians to assess the role of pacing in chronic pain management without artefactual overlap with avoidance.

## **Open Papers 7: Innovations in the treatment of eating disorders and emotion regulation**

**Centennial Room, 26<sup>th</sup> October 2017,  
4:00pm – 5:00pm**

### **Paper 1**

#### **The role of regular eating and self-monitoring in the treatment of bulimia nervosa: A pilot study of an online CBT program**

**Authors:** Barakat S<sup>1</sup>, Maguire S<sup>1,2</sup>, Touyz S<sup>1,2</sup>

<sup>1</sup> University of Sydney, Sydney, NSW, <sup>2</sup> Centre for Eating and Dieting Disorders, Sydney, NSW

### **Introduction/Background:**

Despite the treasured status of cognitive behavioural therapy (CBT) as the first-line treatment option for bulimia nervosa (BN),

several barriers, such as its time-consuming and expensive nature, prevent patient access. In order to broaden treatment availability, the efficacy and convenience of CBT must be improved through the use of online treatments and selective emphasis upon its most 'potent' components of which behavioural techniques form a favourable candidate.

### **Methods:**

Twenty-six individuals with BN were enrolled in an online CBT-based self-help programme and engaged in four weeks of regular eating and food-monitoring using the online Food Diary tool. Participants were contacted for a weekly check-in phone call and had their bulimic symptom severity examined at five time points (baseline, week one, week two, week three, and week four).

### **Results:**

There was a significant decrease in the frequency of objective binge episodes and associated loss of control, objective binge days and purging frequency reported between pre- and post-treatment measures. Moreover, significant improvements were observed in most subscales of the Eating Disorder Examination-Questionnaire.

### **Conclusion:**

As such, attendees will gain insight into the utility of online therapy as well as the powerful contribution behavioural techniques provide within the context of CBT, perhaps becoming inclined to emphasise such elements within their practice. Additionally, the study adds to the relatively few studies assessing the unique behavioural and cognitive interventions of CBT-BN, despite the plethora of empirical research supporting its effectiveness as an entire treatment package.

## Paper 2

### **Can family based interventions for eating disorders work as effectively across general mental health services as it does in specialized services: A control-intervention comparison study**

**Authors:** Conrad A<sup>1,2</sup>, Hart M<sup>2</sup>, Suthers B<sup>3</sup>, Searles, A<sup>3</sup> and Nagarsekar B<sup>2</sup>

<sup>1</sup>Centre for Brain and Mental Health Research, Hunter New England Mental Health and the University of Newcastle, PO Box 833, Newcastle, NSW 2300, Australia. <sup>2</sup> Hunter New England Mental Health and the University of Newcastle, PO Box 833, Newcastle, NSW 2300, Australia. <sup>3</sup> Hunter Medical Research Institute, Newcastle, NSW, Australia.

#### **Background:**

Eating disorders occur in approximately 4% of the Australian population with highest rates observed in the 15-19 year age group. Despite low prevalence rates, the impact of the disorder has high mortality and co-morbidity with associated social and economic costs. Current treatments for eating disorders in adolescents and young adults vary across Child and Adolescence Mental Health Services (CAMHS) with mixed outcomes and high health costs. Family-Based Therapy (FBT) for eating disorders has been shown to be effective for children and adolescents when provided by specialist eating disorder services. This study examines the following question: Does the implementation of FBT interventions in general CAMHS within Hunter New England Mental Health lead to effective improvements in patient, clinician and service outcomes.

#### **Methods:**

This is a control-intervention comparison study, comparing improvement in patient eating disorder psychopathology and clinician factors between treatments as usual (TAU) and FBT intervention. There will be two comparisons: first we will examine differences between groups (three months of TAU vs. three months of FBT intervention) in patient outcomes.

The second comparison examines the treatment effectiveness using a dose-response curve. Data will be unpaired at patient level but paired at clinician level. Data will be collected in six monthly blocks, across three phases: control, implementation and FBT intervention.

#### **Results:**

Preliminary results examining the patient and clinician level outcomes will be discussed.

#### **Discussion:**

Implementation of FBT intervention across CAMHS teams may lead to more effective treatment provision with better patient and service outcomes.

## Paper 3

### **Adapting CBT for people with eating disorders and comorbid overweight or obesity: The HAPIFED program**

**Authors:** Luz F<sup>1,2</sup>, Swinbourne J<sup>1</sup>, Sainsbury A<sup>1,2</sup>, Touyz S<sup>2</sup>, Palavras M<sup>3</sup>, Claudino A<sup>3</sup> & Hay P<sup>4</sup>

<sup>1</sup> The Boden Institute of Obesity, Nutrition, Exercise & Eating Disorders, Sydney Medical School, Charles Perkins Centre, The University of Sydney, Camperdown NSW 2006, Australia. <sup>2</sup> School of Psychology, Faculty of Science, the University of Sydney, Camperdown NSW 2006, Australia. <sup>3</sup> Program of Orientation and Attention of Eating Disorders, Federal University of São Paulo, São Paulo, Brazil. <sup>4</sup> Centre for Health Research, School of Medicine, Western Sydney University, Locked Bag 1797, Penrith NSW 2751, Australia.

#### **Background:**

The prevalence of eating disorders with comorbid obesity has increased faster in the past 20 years than the prevalence of either condition alone. We thus need treatments that address both conditions. However, the leading psychotherapeutic intervention for eating disorders, namely cognitive behavior therapy – enhanced (CBT-E) does not address obesity, and most treatments for obesity do not

address binge eating disorders. This is problematic, because untreated binge eating disorders contribute to weight regain. We thus developed a new treatment (HAPIFED: a **H**ealthy **A**pproach to **w**eight management and **F**ood in **E**ating **D**isorders) that combines CBT-E with multidisciplinary behavioral weight loss therapy.

### **Methods:**

An initial HAPIFED intervention of 20 sessions of 90-minute group therapy was piloted in order to test feasibility and acceptability. Eleven participants with binge eating disorder or bulimia nervosa and comorbid overweight/obesity were included.

### **Results:**

Six of the 8 participants that completed the program lost weight, and median scores for disordered eating behaviors (measured with the eating disorder examination questionnaire) were significantly reduced. Participants' median scores on depression, anxiety and stress (measured with the Depression Anxiety and Stress Scale) also reduced. All 8 completers rated HAPIFED's suitability/success as 7 or more out of 10. The experience with this initial pilot study enabled improvements and extension of the HAPIFED manual.

### **Conclusion:**

Our results support HAPIFED as a potential new treatment for binge eating disorder or bulimia nervosa with comorbid overweight/obesity. The new HAPIFED manual is ready to be tested in randomized controlled trials.

### **Paper 4**

**Do indulgent activities facilitate emotion-regulation following stressors? An investigation of positive/up-regulating activities in managing stress using an experimental intervention**

**Authors:** Martin J., Kangas, M

Centre for Emotional health, Department of Psychology, Macquarie University.

### **Introduction/Background:**

Research suggests that emotion regulation (ER) difficulties is one of the major problems that people experience following trauma. There is also a substantial body of research indicating the importance of cultivating positive emotions in order to increase well-being, and to facilitate cognitive processing following traumatic and stressful life events. However, there is a paucity of research which has tested which particular activities people use to increase their positive emotions and which can facilitate adaptive emotion regulation to reduce distress following adversity. The objective of our current study was to test the effects of three specific positive up-regulation strategies proposed in the literature to enhance well-being following adversity: engagement, betterment and indulgence compared to a control group condition using a two-week experimental intervention.

### **Method:**

Adult participants (N=201) who had experienced a traumatic event within the past 2 years were randomised to one of the three active positive up-regulating conditions. Participants activity levels and emotional well-being were monitored twice over two weekly periods. An additional control group was also recruited (N=93), although this group was not primed to partake in specific activities. Rather, their activity level and emotion-well-being were monitored over the same interval.

### **Results and Discussion:**

To date, 167 participants (83% retention) completed all three assessment phases who practiced betterment (n=54), engagement (54) and indulgence (n=59) activities for two weeks. 74 control group participants also completed all assessments. The results will be discussed in terms of whether baseline stress and emotion-regulation strategies moderate the effects of the active intervention conditions.

## **Open Papers 8: Treatment meta-analysis**

**Coogee Room, 27<sup>th</sup> October 2017,  
8:30am – 9:15am**

### **Paper 1**

#### **The effectiveness of CBT for the treatment of perinatal anxiety: A preliminary meta-analysis**

**Authors:** Maguire PM<sup>1</sup>, Wootton BM<sup>1</sup>.

<sup>1</sup> University of New England, Armidale, NSW

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

The perinatal period involves significant change for the child-bearing woman and can bring anticipation and happiness, as well as uncertainty and stress. Perinatal anxiety is associated with significant burden on women and their families, and with increased health care costs. Cognitive-behavioural therapy (CBT) is considered the psychological treatment of choice for anxiety disorders in the general population, however few studies have examined the efficacy of CBT targeting perinatal anxiety. Therefore, the aim of this presentation is to synthesize the current empirical status of CBT for perinatal anxiety using a meta-analytic approach.

#### **Methods:**

Relevant articles were identified through a search of electronic databases through to February 2017. The search terms used include 'anxiety' or 'phobia' AND 'perinatal' or 'pregnan\*' or 'postnatal' AND 'CBT' or 'cognitive behav\*' therapy'. Randomised, as well as non-randomised studies were included within the meta-analysis

#### **Results:**

A total of 13 studies met the inclusion criteria and were included studies in the meta-analysis. The pooled within-group mean effect size was large from pre-treatment to post-treatment ( $g = 0.86$ ; 95% CI: 0.64-1.08). A high level of heterogeneity across studies was found ( $I^2 = 84.70$ ) indicating inconsistent results across studies.

### **Conclusion:**

Possible treatment moderators, as well as future directions for research in this field will be explored, and recommendations on how clinicians can utilise these findings to assist in the provision of care to their clients will be discussed.

### **Paper 2**

#### **The efficacy of psychosocial interventions for people with multiple sclerosis: A meta-analysis of specific treatment effects**

**Authors:** Sesel A<sup>1</sup>, Sharpe L<sup>2</sup>, Naismith S<sup>3</sup>

<sup>1-3</sup> School of Psychology, University of Sydney, Sydney NSW

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

Psychosocial interventions are often used as an adjunct to the medical management of Multiple Sclerosis (MS). However, the efficacy of such approaches for a range of psychosocial indications remains unclear. The objective of this meta-analysis was to determine the efficacy of psychosocial therapies for people with MS (PwMS).

#### **Methods:**

We searched Medline, Embase, PsycINFO, Cochrane Central Register of Controlled Trials and CINAHL from database inception until April 21, 2016 using systematic review methodology. We included randomized controlled trials that reported the effects of psychological interventions for depressive symptoms, anxiety, pain, fatigue, or health-related quality of life (HRQoL) in PwMS.

#### **Results:**

The search yielded 356 articles with 13 included studies ( $n = 1617$ ). Benefits of psychological interventions were found for depressive symptoms (Cohen's  $d = 0.281$ ), anxiety ( $d = 0.285$ ), fatigue ( $d = 0.228$ ), mental ( $d = 0.398$ ) and total HRQoL ( $d = 0.444$ ), but not physical HRQoL. There were insufficient studies to meta-analyse pain. Interventions were more effective for HRQoL for patients with relapsing-remitting MS and when doses of

treatment were larger. Cognitive behavioural therapy (CBT) was less efficacious than other interventions for PwMS. However, this may be due to smaller treatment doses in CBT studies.

### **Conclusion:**

Psychosocial interventions have a significant, positive impact across a range of outcomes for PwMS with small, yet consistent effect sizes. Alternative approaches such as mindfulness-based interventions appeared to be more promising than CBT in moderator analyses, particularly for HRQoL. Further research to confirm this finding is needed.

## **Open Papers 9: General**

**Centennial Room, 27<sup>th</sup> October 2017,  
8:30am – 9:15am**

### **Paper 1**

#### **Beyond threat perception: The contribution of metacognitive theory to understanding anger**

**Authors:** Tissue A<sup>1</sup>, Szabo M<sup>1</sup>

<sup>1</sup> University of Sydney, Sydney, NSW

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

It is well established in the research literature that threat perception can trigger anxiety and worry. However, perceived threat can also trigger anger. It is not well understood why some individuals respond to threat with worry, while others respond with anger. Metacognitive theory proposes that one's beliefs about cognitive-emotional processes have a crucial role in the selection of emotional, cognitive, and behavioural responses to external or internal triggers. Such metacognitive processes are argued to influence individuals' responses over and above the influence of primary cognitions, such as threat perception. While metacognitive theory has had much success in explaining the development and maintenance of worry, its possible role in explaining anger has not yet been examined. Therefore, the current study explored the possible contribution of

metacognitions to predicting both worry and anger.

### **Methods:**

239 undergraduate students (196 female, aged 17-56 years) reported on their anger- and worry- related metacognitions. Twelve ambiguous scenarios with four possible interpretations (two negative, two neutral) were presented to assess threat perception. Angry and worried emotional reactions to the ambiguous scenarios were measured following the threat perception task.

### **Results:**

Hierarchical multiple regression showed that anger-related metacognitions predicted angry emotional reactions to ambiguous scenarios over and above primary cognitions regarding threat, and that such metacognitions were specific to anger.

### **Conclusion:**

Findings suggest that one's thoughts and beliefs about anger are unique contributing factors to angry emotional responses. Future interventions targeting anger-related metacognitions may provide a meaningful new approach to treating individuals with problematic levels of anger.

### **Paper 2**

#### **Clinical validity of the metacognitions questionnaire in anxiety disorders**

**Authors:** White J A<sup>1</sup>, Stapinski L<sup>2</sup>, Rapee R M<sup>3</sup>, Abbott M J<sup>1</sup>

<sup>1</sup> University of Sydney, NSW, <sup>2</sup>University of NSW, NSW, <sup>3</sup>Macquarie University, NSW,

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

Wells' metacognitive model of anxiety proposes that anxiety disorders are triggered and maintained by dysfunctional beliefs about thoughts. Most studies in this field have used the long or short form of the Metacognitions Questionnaire (MCQ; MCQ-30) to empirically evaluate the model. The findings of these studies have

informed the development of clinical interventions such as Metacognitive Therapy, and the measures are used by clinicians to complement assessment and identify cognitive targets for treatment. However, a recent review identified limited evidence of the psychometric properties of both forms of the MCQ, particularly with clinical samples. The aim of this study was therefore to evaluate the reliability, validity and responsiveness of the MCQ and MCQ-30 in adults with anxiety disorders.

### **Methods:**

Following clinical assessment, 117 adults with a principal diagnosis of Generalised Anxiety Disorder (GAD) and 35 participants without anxiety disorders completed the MCQ and self-report measures of worry severity and interference, internalising symptoms, thought suppression, and coping. Clinical participants completed measures pre- and post-treatment with a 12-week group program for GAD, and at six-month follow-up. Measures were also completed by participants in a 12-week waitlist condition. Data will be analysed using confirmatory factor analysis, ROC curve analysis, group comparisons and correlations.

### **Results:**

Evidence for the reliability, validity, and clinical sensitivity and specificity of the MCQ and MCQ-30 will be presented.

### **Conclusion:**

The theoretical and clinical implications of the results will be discussed, with a focus on how the MCQ and MCQ-30 may be used to inform the assessment and treatment of anxiety disorders.

## **Paper 3**

### **The impact of rumination on decision-making in depression**

**Authors:** Dey S<sup>1</sup>, Moulds M<sup>1</sup>, Newell B<sup>1</sup>

<sup>1</sup> University of NSW, Sydney, NSW

### **Introduction/Background:**

A symptom of depression outlined in the DSM-V is indecisiveness. However,

minimal research has looked at the kinds of decision-making problems that depressed individuals face, the source of these problems, or factors that could help address these problems. In response to these gaps in the literature, two studies were conducted.

Study 1 tested for the kinds of decision-making deficits present in depression. On a range of decision-making questionnaires, high dysphoric participants ( $n = 24$ ) compared to low dysphoric participants ( $n = 34$ ), reported more decisional stress, decisional avoidance, and decisional hyper-vigilance. High dysphoric participants also reported more negative affect during the completion of decision tasks, as well as a greater expectation to regret their decisions.

Study 2 then tested for whether abstract rumination, a style of thinking shown to predict and exacerbate depressive symptoms, could be driving decision-making problems in depression. Study 2 also tested whether adopting a converse, more adaptive style of rumination, namely concrete rumination, could aid depressed individuals during the decision-making process. High dysphoric participants who underwent an abstract thinking induction ( $n = 25$ ) took longer to make a decision, and experienced more decisional stress and indecision during decision-making, compared to high dysphoric participants who underwent a concrete thinking induction ( $n = 25$ ).

These findings have scope to inform the clinical management of depression by identifying a range of decision-making problems in depression, and by demonstrating that engaging in abstract rumination can contribute to decision-making difficulties, while engaging in concrete rumination could potentially reduce such difficulties.

## Open Papers 10: General

Centennial Room, 27th October 2017,  
9:15am – 10:15am

### Paper 1

#### Mediating factors underpinning eating-disordered symptoms and cognitions in bipolar disorder

**Authors:** McAulay C<sup>1</sup>, Touyz S<sup>1</sup>, Mond J<sup>2</sup>, Outhred T<sup>3,4</sup>, Malhi G<sup>3,4</sup>

<sup>1</sup> Clinical Psychology Unit, University of Sydney, Camperdown, NSW <sup>2</sup> University of Tasmania, Launceston, TAS <sup>3</sup> Department of Psychiatry, Sydney Medical School, Sydney, NSW <sup>4</sup> CADE Clinic, Academic Psychiatry Unit, Royal North Shore Hospital, St Leonards, NSW

#### Background:

People with Bipolar Disorder (BD) experience disproportionate rates of obesity, and this subgroup experiences higher suicidality and poorer treatment response. Eating Disorders (EDs) are also highly comorbid with BD, but this association is poorly understood. This study sought to explore EDs in BD; identify certain psychological variables as mediators; and explore whether EDs predict lower quality of life and psychological distress in BD.

#### Methods:

Participants with BD (N=41) completed the following standardized questionnaires: the Eating Disorder Examination Questionnaire (EDE-Q), Eating Beliefs Questionnaire (EBQ), Barratt Impulsivity Scale (BIS11), Difficulties with Emotion Regulation Scale (DERS), Distress Tolerance Scale (DTS), K10 psychological distress, and Quality of Life Enjoyment and Satisfaction Questionnaire Short Form (QLES-Q-SF).

#### Results:

Although <10% of the sample endorsed an ED diagnosis, over half reported moderate or severe binge eating symptoms. Results on the EDE-Q were significantly above community norms ( $p < .001$ ). Psychological distress was high

and associated with Restraint ( $r = .362$ ,  $p = .02$ ), Shape Concern ( $r = .412$ ,  $p = .007$ ), and Global EDE-Q ( $r = .315$ ,  $p = .011$ ), but not the EBQ ( $p > .05$ ). QLES-Q-SF negatively correlated with Global EDE-Q ( $r = -.591$ ,  $p < .001$ ) and EBQ-Negative Beliefs ( $r = -.312$ ,  $p = .045$ ). Impulsivity was associated with Global ED symptoms and cognitions ( $r = .545$ ,  $p < .001$ ;  $r = .481$ ,  $p = .002$ ). DERS was correlated significantly with the EDE-Q ( $r = .467$ ,  $p = .001$ ), but not the EBQ, while the DTS was associated with neither ED scale.

#### Conclusion:

These preliminary results support the hypothesis that eating disorders are insufficiently identified in BD. EDs appear to confer additional psychological burden, with impulsivity and emotion regulation showing promise as novel targets for intervention.

### Paper 2

#### Testing cognitive defusion and guided imagery as reduction strategies for naturalistic food cravings: A two-week online diary study

**Authors:** Schumacher S<sup>1</sup>, Kemps E<sup>1</sup>, Tiggemann, M<sup>1</sup>

<sup>1</sup> Flinders University, Adelaide, SA

#### Introduction:

The Elaborated-Intrusion theory of desire predicts that cravings are a two-stage process. Previous laboratory-based research has found that cognitive defusion (targeting craving-related thoughts, stage 1) and guided imagery (targeting craving-related imagery, stage 2) can reduce cravings. The present study aimed to test these techniques in the field, focusing on naturally occurring food cravings and consumption.

#### Methods:

Seventy-four female participants ( $M$  age = 22.27) recorded their craving intensity and craving-driven consumption for 7 days (week one) using online diaries accessed with smartphones. In week two, participants were randomly allocated to

cognitive defusion, guided imagery or waitlist control conditions. Participants in the cognitive defusion and guided imagery conditions listened to brief audio instructions, and rated their craving intensity before and after practising their respective technique. They also recorded their craving-related consumption.

### **Results:**

During week two, craving intensity was significantly reduced from pre- to post-technique for both the cognitive defusion and guided imagery techniques (both  $ps < .001$ ). Further, comparing craving-driven consumption across week one and two, cognitive defusion ( $p < .001$ ) and guided imagery ( $p = .006$ ) reduced the incidence of consumption following cravings, relative to the control condition ( $p > .05$ ).

### **Discussion:**

Results lend support to the Elaborated-Intrusion theory, in that cognitive defusion (targeting craving-related thoughts) and guided imagery (targeting craving-related imagery) successfully reduced both craving intensity and craving-driven consumption. Cognitive defusion and guided imagery are brief, simple strategies that can be used to manage problematic naturally occurring cravings.

### **Paper 3**

#### **Enhancing the efficacy of cognitive behaviour therapy: Can load shed any light?**

**Authors:** Parada, R

#### **Open Papers 11: Cognitive processes in emotional disorders**

**Coogee Room, 27th October 2017,  
11:35am – 12:35pm**

### **Paper 1**

#### **The relationship between anxiety and attentional control: Findings from a meta-analysis**

**Authors:** Shi R.<sup>1</sup>, Abbott M.<sup>1</sup>, Sharpe L.<sup>1</sup>

<sup>1</sup> University of Sydney, Sydney, NSW

### **Introduction/Background:**

Anxiety disorders are among the most prevalent forms of mental illness. Conceptually, anxiety can be defined as a motivational state that exists when there is a high level of perceived threat to that individual. As such, anxiety leads to increased usage of cognitive resources. Attentional Control Theory (ACT; Eysenck, Derakshan, Santos, & Calvo, 2007) posits that anxiety disrupts the balance between two attentional systems that direct selective attention, such that increased anxiety leads to decreased attentional control (AC). A meta-analysis was conducted to investigate the size and reliability of the relationship between anxiety and attentional control, and whether the relationship may be moderated by other factors.

### **Methods:**

A systematic search of published peer reviewed journals in electronic databases was conducted and yielded a total of 13,752 articles. After review from two independent coders, a final sample of 54 articles containing 57 studies (N=8,242) was extracted. The data was analyzed using a random effects model.

### **Results:**

The primary meta-analysis revealed a significant effect across studies showing that AC is worse for participants who are more anxious. Studies using behavioural and self-report measures of AC were analysed separately, but overall, results supported ACT in the following ways: anxiety produced a significant effect on AC efficiency but not AC effectiveness, anxiety was related to reduced inhibition and switching processes but not updating, and age and anxiety level together moderated the relationship between anxiety and AC.

### **Conclusion:**

The relationship between anxiety and AC appears to be robust and reliable. Theoretical implications of the results are further discussed.

## Paper 2

### The role of attentional bias and interpretation bias in video feedback for social anxiety

**Authors:** Chen J<sup>1</sup>, Sim C<sup>1</sup>, & Kemps E<sup>1</sup>

<sup>1</sup>The Flinders University of South Australia

#### Introduction:

Video feedback (VF) is an effective method to modify biased self-imagery. However, some research has failed to demonstrate its effect on state anxiety. This study aimed to test whether cognitive biases, namely attentional and interpretation biases, would influence the effects of VF on participants' levels of state anxiety and perceived probability and cost of negative evaluations (PCNE) pertaining to an impromptu speech.

#### Methods:

Forty-four socially anxious students (mean age: 22.27 years, SD=4.52) were asked to deliver a 3-minute speech, following which they were randomly allocated to 3 conditions: VF plus cognitive preparation (VFCR); VF only; and no feedback (Control). VFCR procedures were based on Harvey et al. (2000). Participants completed state anxiety and PCNE ratings after the speech (T1), after receiving feedback (T2), and after a second speech (T3). Cognitive bias assessment tasks were conducted at T1 and T2.

#### Results:

There were moderate to strong positive correlations between changes in both interpretation and attentional biases scores from T1 to T2 and changes of state anxiety and PCNE ratings. Additionally, a more negative interpretation bias at baseline predicted smaller changes in state anxiety and PCNE in the control condition, but larger reductions in the VFCR condition. .

#### Conclusion:

Negative interpretation bias may interfere with the effects of video feedback on state anxiety and PCNE. Hence, when using VF to manage social anxiety, the magnitude

of individuals' interpretation bias should be considered and modified to enhance the VF effects.

## Paper 3

### Cognitive processing deficits associated with body dysmorphic disorder

**Authors:** Johnson S<sup>1</sup>, Williamson P<sup>1</sup>, Wade T<sup>1</sup>

<sup>1</sup> Flinders University, Adelaide, SA

#### Introduction/Background:

The purpose of this research was to investigate the evidence supporting a role for four types of cognitive processing abnormalities thought to contribute to Body Dysmorphic Disorder (BDD) symptomology: central coherence, selective attention, interpretive biases, and memory deficits. This was the first meta-analysis to investigate the association of these cognitive deficits in BDD populations. The results of this meta-analysis later informed an original research project involving a non-clinical BDD population.

#### Methods:

For the meta-analysis, twenty-two studies met inclusion requirements that examined differences on cognitive tasks between BDD and control groups across the four cognitive categories. Using Forest Plots, a mean weighted  $r$  for each cognitive category was calculated. Following the meta-analysis, 120 undergraduates were recruited. Participants filled out screening measures for BDD and perfectionism, and completed a cognitive task. Hierarchical Multiple Regression and Simple Moderation analyses were conducted.

#### Results:

The results of the meta-analysis found that, compared to controls, BDD groups displayed significant biases only for selective attention ( $r = .47$ ). Results from the non-clinical study found that compared to low scorers, participants screening higher for BDD displayed selective

attention biases toward threat words ( $r=.22$ ).

### **Conclusion:**

Findings from the meta-analysis support the hypothesis that BDD sufferers may selectively attend to disorder-related threats. Results from the non-clinical study corroborated these findings, and suggest that selective attention biases may predispose vulnerable individuals toward developing BDD. Recommendations for future research of selective attention and BDD are outlined, including the use of Dot Probe paradigms. These findings can inform new prevention and treatment approaches.

## **Open Papers 12: The efficacy of brief CBT interventions**

**Centennial Room, 27th October 2017,  
1:15pm – 2:15pm**

### **Paper 1**

#### **A brief sleep psychoeducation program improves sleep quality and reduces insomnia symptoms in new mothers**

**Authors:** Kempler, L<sup>1,2,3</sup>, Sharpe, L<sup>1</sup> and Bartlett, DJ<sup>2,3</sup>

<sup>1</sup> University of Sydney, <sup>2</sup> Woolcock Institute of Medical Research, <sup>3</sup> CIRUS (Centre for Integrated Research and Understanding of Sleep)

### **Introduction/Background:**

Sleep in the postpartum period is commonly difficult. Infants wake frequently requiring care throughout the night. Sleep disturbance is associated with mood disorders and postnatal depression. The aim of this study was to determine whether a brief sleep psychoeducation program delivered during pregnancy could improve sleep and, if so, mood outcomes postpartum.

### **Methods:**

215 mothers were randomised to receive either slide presentations with a set of booklets or booklets only. Participants

were followed up with phone calls and questionnaires postpartum. A subgroup of participants wore an actiwatch for a week during their third trimester and for a week at 4 months postpartum. The primary outcome was sleep measured by sleep quality (PSQI), Insomnia, (ISI), sleepiness (ESS) and fatigue (MAF). The secondary outcome was mood (EPDS).

### **Results:**

A linear mixed model analysis was used for each factor (PSQI, ISI, ESS and MAF) at each time point (baseline, 6 week, 4 months, 10 months). Results indicated better sleep quality (mean difference 1.27; 95% CI [0.12 to 2.41]  $p = 0.032$ ) and fewer insomnia symptoms (mean difference 1.55; 95% CI [1.66 to 2.93];  $p = 0.028$ ) at 4 months postpartum in the intervention group than the control group. There were no group differences in sleepiness, fatigue or mood outcomes, nor at other time-points.

### **Conclusion:**

These results suggest that there is some short-term benefit of this intervention for women around 4 months postpartum. Given the low cost associated with this intervention, its inclusion in routine antenatal classes could hasten improvements in mothers' sleep.

### **Paper 2**

#### **Uptake of e-mental health programs: Trends over recent years**

**Authors:** Sturk H<sup>1</sup>, Rogers C<sup>1</sup>, White A<sup>1</sup>, Kavanagh D<sup>1</sup>

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

### **Introduction/Background:**

E-Mental Health in Practice (eMHPac) is a government-funded project focused on building e-mental health awareness across the health sector. The project aims to increase practitioner awareness and use of e-mental health, as well as facilitate referrals to e-mental health services and programs. The growing importance of e-mental health is reflected in the

Government's development of a new digital mental health gateway. E-mental health is now seen as a critical aspect within a stepped care service delivery model.

### **Methods:**

As part of the eMHPprac project cross-sectional e-mental health practitioner awareness surveys are being conducted pre, post and following e-mental health training. In addition, yearly referral data is being collected from Australian e-mental health service providers.

### **Results:**

This paper presents the results of the cross-sectional surveys and referral data collected across the last four years. The levels of practitioner awareness, confidence and use of e-mental health are reported with specific breakdown by profession, age, gender and region. Aggregated referral data collected from Australian e-mental health service providers annually from 2014 to 2017 will also be presented with a specific focus on exploring the trends in practitioner referral rates over time.

### **Conclusion:**

The implications of the eMHPprac practitioner awareness survey and e-mental health service referral data will be discussed with a particular focus on the benefits, challenges and issues concerning the uptake of e-mental health by practitioners. Specific strategies and approaches towards optimising practitioner understanding and uptake of e-mental health resources, services and programs will also be explored.

### **Paper 3**

#### **Internet delivered treatment for adults with obsessive-compulsive disorder: Where are we 7 years later?**

**Authors:** Wootton BM<sup>1</sup>, Dear BF<sup>2</sup>, Titov N<sup>2</sup>.

<sup>1</sup> University of New England, Armidale, NSW, <sup>2</sup> Macquarie University, Sydney, NSW.

### **Introduction/Background:**

Obsessive compulsive disorder (OCD) is a common and chronic mental health condition that results in a significant societal burden. Effective treatments for OCD exist; however, there are many barriers to accessing traditional face-to-face treatment. Internet-delivered cognitive behavior therapy (ICBT) has the potential to reduce these barriers to treatment. This presentation synthesizes the current empirical status of ICBT for OCD using results from over 10 clinical trials that have been conducted at our research clinic (the eCentreClinic), as well as other independent research teams. The presentation will also provide an overview of the effectiveness of this method of treatment when delivered as part of routine clinical care at the MindSpot clinic. Future directions for research in this field will be discussed, as well as how clinicians can utilise these services to assist in the provision of care to their clients.

### **Paper 4**

#### **Harnessing internet-delivered and transdiagnostic treatment approaches to enhance the mental health and cognitive functioning of Australians with neurological conditions**

**Authors:** Gandy M<sup>1</sup>, Titov N<sup>1</sup>, McDonald S<sup>1</sup>, Dear B.<sup>1</sup>

<sup>1</sup> eCentreClinic, Department of Psychology, Macquarie University, Sydney, NSW, 2109.

### **Background:**

People with neurological conditions encounter significant practical barriers (cost, distance, stigma etc.) and significant service gaps (e.g., lack of services, trained clinicians) when trying to access treatment and support for their mental health and cognitive difficulties. Moreover, if they can access these treatments, most adults with neurological conditions only ever do so for either their mental health or cognitive functioning, potentially limiting the magnitude of benefit they receive.

### **Methods:**

This study seeks to examine the acceptability, efficacy and feasibility of a new internet-delivered self-management program, *the Wellbeing Neuro Course*, to support the mental health and cognitive functioning of Australians with common neurological conditions (i.e., Multiple Sclerosis, Epilepsy, Parkinson's Disease, Traumatic Brain Injury, Stroke) known to impact cognitive and emotional wellbeing. Participants will be provided access to the online 6 Lesson Course, which will be delivered over 10 weeks. The Course includes information about identifying symptoms of poor wellbeing, and teaches practical skills for their self- management including; managing thoughts, low mood and anxiety, problem solving, memory and attention, and activity and fatigue levels.

### Results:

Preliminary data on the acceptability and efficacy of the Wellbeing Neuro Course will be presented. Clinical outcomes measures include disability (WHODAS 2.0), anxiety (GAD-7), depression (PHQ-9), fatigue (FSS) and cognitive difficulties (PDQ).

### Conclusion:

This treatment program combines cognitive behavioural therapy and compensatory cognitive rehabilitation, traditionally offered in isolation, in order to target broader outcomes of disability. The findings may be interest to clinicians and researchers working with neurological patients, and transdiagnostic, or internet-delivered, treatments.

### Paper 5

#### **Harnessing online technologies to deliver cognitive-behavioural therapy to adolescent and young adult cancer survivors: Feasibility, efficacy, and clinical challenges**

**Authors:** Sansom-Daly UM,<sup>1,2</sup> Wakefield CE,<sup>1,2</sup> McGill BC,<sup>1,2</sup> Hetherington K,<sup>1,2</sup> Doolan EL,<sup>1,2</sup> Ellis SJ,<sup>1,2</sup> Bryant RA,<sup>3</sup> Patterson P,<sup>4,5</sup> Butow P,<sup>6,7</sup> Sawyer S,<sup>8,9</sup> Cohn RJ.<sup>1,2</sup>

<sup>1</sup> Kids Cancer Centre, Sydney Children's Hospital, Randwick NSW 2031. <sup>2</sup> School of

Women's and Children's Health, University of New South Wales, Kensington NSW, Australia. <sup>3</sup> School of Psychology, University of New South Wales, Kensington NSW, Australia. <sup>4</sup> CanTeen Australia, Sydney, NSW, Australia. <sup>5</sup> Cancer Nursing Research Unit, Sydney Nursing School, The University of Sydney, Sydney, NSW, Australia. <sup>6</sup> School of Psychology, The University of Sydney, Sydney NSW, Australia. <sup>7</sup> Centre for Medical Psychology and Evidence-based Decision-making (CeMPED), The University of Sydney, Sydney, NSW, Australia. <sup>8</sup> Murdoch Children's Research Institute, Parkville, Melbourne, VIC, Australia. <sup>9</sup> Centre for Adolescent Health, Royal Children's Hospital, Parkville, Melbourne, VIC, Australia.

### Introduction:

Adolescent and young adult (AYA) cancer survivors grapple with unique developmental challenges during the peak years of mental-health risk. Currently, little evidence-based support is available beyond hospital walls. We developed 'Recapture Life', an online cognitive-behavioural therapy (CBT) group program. A national randomised-controlled trial (RCT) evaluated Recapture Life's (i) acceptability, (ii) feasibility, and (iii) efficacy in improving AYA survivors' quality of life (QoL) and distress compared to an online peer-support control, and waitlist. This presentation discusses, (1) the RCT's final results, and (2) clinical/ethical challenges that emerged during its course.

### Methods:

Psychologist-led, online groups with 3-5 AYAs were delivered using video-conferencing. Participants completed QoL, depression and anxiety measures at multiple time-points up to a 12-month follow-up. Process measures indexing between-session distress, therapeutic alliance, and group-cohesion were also administered. A comprehensive log documented the management of clinically-challenging incidents (e.g., participant suicidality, cancer relapse/scares, survivorship/prognostic variance within

groups). A secondary case-series analysis examined these ethical/clinical issues, informed by international e-mental health guidelines.

### **Results:**

Recapture Life groups were delivered to  $N=42$  AYAs living >4000kms apart, across time-zones and state-lines (age:  $M=20.65$ ,  $SD=2.87$  years; 47.6% male). Final long-term, between-groups data analyses are underway. Data indicate reductions in distress, as well as high program engagement (session attendance: 87.6%). Ethical/clinical challenges were documented among 3.0-14.3% of participants across the study (45% identified at intake).

### **Conclusions:**

CBT can be effectively tailored to support AYA survivors' mental health within online models. To harness the potential of e-mental health for vulnerable populations, clinicians must consider several unique clinical/ethical issues.

## **Open Papers 13: General**

**Coogee Room, 27th October 2017,  
2:45pm – 3:55pm**

### **Paper 1**

#### **An evaluation of the FASD assessment process of children with suspected prenatal alcohol exposure: Exploring caregiver experiences and family empowerment**

**Authors:** Chamberlain K<sup>1</sup>, Reid N<sup>1</sup>, Warner J<sup>2</sup>, Shelton D<sup>2</sup>, Dawe S<sup>1</sup>.

### **Introduction/Background:**

The effects of exposure to alcohol in utero are wide-ranging and pervasive in nature. Despite the international response to this public health concern, Australia still lacks a standardised screening process for children with suspected Fetal Alcohol Spectrum Disorder (FASD) symptoms. The present study utilises a mixed methods case study approach to evaluate Australia's first multi-disciplinary FASD

assessment and diagnostic team at the Child Development Service on the Gold Coast.

### **Methods:**

Semi-structured interviews were conducted with eight participants (mean age = 55 years). Qualitative questions asked about caregivers' experiences of the assessment process and their future plans after receiving a FASD diagnosis. Quantitative measures included; The Kessler Psychological Distress Scale, The Family Empowerment Scale and client satisfaction measures, which were measured across three time points (baseline, post feedback and two month follow-up).

### **Results:**

Data analysis revealed six thematic findings of participant experiences; (1) caregiver aspirations and actions to enhance their child's future, (2) raised uncertainty regarding child's future, (3) caregiver knowledge and understanding of FASD, (4) lack of societal knowledge and recognition of FASD, (5) assessment provided validation and understanding, and (6) empowerment as a consequence of the diagnostic process.

### **Conclusion:**

Overall, caregivers were found to be proactive in wanting to help their child and were thinking about their child's future needs, given the lack of FASD awareness amongst teachers and health professionals in the community. Caregivers reported a positive assessment experience, with particular satisfaction and feelings of empowerment related to the patient provider relationship. These findings represent a strong foundation for future research in Australia looking at examining the impact that FASD assessments have on families and how such services can subsequently be improved.

## Paper 2

### **Is post-traumatic growth associated with actual behaviour change following adversity? An investigation in an Australian sample post-trauma**

**Authors:** Martin J., Kangas, M

Centre for Emotional health, Department of Psychology, Macquarie University.

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

Research shows that exposure to potentially traumatic events as operationalised by DSM Criterion A for Posttraumatic Stress Disorder (PTSD) can lead to Posttraumatic Growth (PTG). The Posttraumatic Growth Inventory (PTGI) is a well validated measure of PTG across 5 main domains; however, the items are based on primarily perceived cognitive changes. A number of researchers have raised the issue of whether perceived growth post-trauma is associated with actual behavioural changes. There are however, no studies to date which have comprehensively tested behaviour changes across the 5 domains of the PTGI. Accordingly, the aim of this study was to investigate the relationship between perceived growth and actual behaviour changes across the 5 domains of the PTGI by asking participants a number of behaviourally oriented questions for each domain. A second aim was to examine moderating effects for the link between perceived growth and behaviour changes following adversity.

#### **Method:**

137 adult participants completed this study who had experienced at least one traumatic event within the last 5 years. Participants attended an in-person assessment which included completing a survey booklet.

#### **Results and Discussion:**

Regression analyses indicated that PTG was significantly strongly associated with actual reported behaviour changes in 4 of the 5 PTGI domains. The fifth domain, a sense of appreciation of life was significantly but weakly associated with

actual behaviour change. The results will be discussed in context of the moderator analyses as this has implications in informing assessment and preventative interventions for at risk trauma populations.

## Paper 3

### **Stigma towards individuals who self-harm: The role of gender, disclosure, and mental health literacy**

**Authors:** Lloyd B<sup>1</sup>, Blazely A<sup>1</sup>, Phillips L<sup>1</sup>

<sup>1</sup> Melbourne School of Psychological Sciences, University of Melbourne

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

Stigmatising attitudes and discrimination towards individuals who engage in non-suicidal self-injury (NSSI) has been observed in both healthcare professionals and the general population, and can reduce help-seeking and may impact clinical care. The current study aimed to understand the prevalence of stigmatising attitudes and discrimination towards individuals who engage in NSSI, and the impact of gender, disclosure and mental health literacy on those attitudes.

#### **Methods:**

Data was collected from 389 participants who completed 11 scales of stigmatising attitudes and discrimination in relation to 4 vignette conditions that were manipulated by gender and disclosure. The Literacy of Suicide Scale was also completed to determine participants understanding of issues related to NSSI.

#### **Results:**

A significant negative association was found between stigmatizing attitudes and mental health literacy, but higher levels of stigma were found when individuals disclosed their NSSI. Participants reported being more willing to help females compared to males, but no other significant gender differences in NSSI stigma were found.

#### **Conclusion:**

The findings emphasise the possibility for stigma to reduce help-seeking behaviour and impact treatment outcomes for individuals who engage in NSSI. Clinical implications are discussed, including the importance of intervention to reduce NSSI stigma, particularly by challenging false beliefs around the manipulative nature of NSSI. Additionally increasing mental health literacy may reduce stigma towards people who self-harm.

#### **Paper 4**

##### **Using training to change expectations regarding the timing of self-generated sensations: Implications for schizophrenia**

**Authors:** Elijah R<sup>1</sup>, Le Pelley M<sup>1</sup>, & Whitford T<sup>1</sup>

<sup>1</sup> University of NSW, Sydney, NSW

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

Self-generated sensations are precisely predicted and are attenuated to a larger degree compared to less accurately predicted sensations (i.e. externally generated sensations). Deficits in being able to predict the sensory consequences of self-initiated actions may provide an account for certain psychotic symptoms. The current study aimed to determine whether sensory predictions can be modified with training in healthy individuals.

##### **Methods:**

Forty five undergraduate students underwent electroencephalographic recordings while undergoing a task where they pressed a button to produce a tone that occurred immediately or 100ms after the button-press. Participants underwent training where they were repeatedly exposed to immediate tones, and repeatedly exposed to the delayed tone. To evaluate the effect of training, ERPs across training were compared for immediate and delayed tones.

##### **Results:**

Prior to training, the mean amplitude of the N1 component was significantly larger for

delayed tones compared to immediate tones. Across training to the delayed tone, there was a significant linear decrease in N1 amplitude, but no such change was found across training to the immediate tone. At the end of training, there was no significant difference in N1 amplitude between the immediate tone and the delayed tone.

##### **Conclusion:**

Despite having a default expectation for immediate feedback from our actions, this expectation can be modified with training to expect delayed feedback in healthy individuals. This finding represents a potential avenue for treatment in that it suggests that the sensory suppression deficits, which have consistently been observed in patients with schizophrenia, could be alleviated with behavioural training.

#### **Paper 5**

##### **Testing the preliminary efficacy of a targeted early intervention for conduct problems with callous-unemotional traits**

**Authors:** Prasad, A

#### **Open Papers 14: General**

**Centennial Room, 27th October 2017,  
2:45pm – 3:55pm**

#### **Paper 1**

##### **An association between estradiol and fear and avoidance in women with spider phobia after a one-session exposure treatment**

**Authors:** Graham BM<sup>1</sup>, Li SH<sup>1</sup>, Black, MJ<sup>1</sup>

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

When estradiol is low or suppressed by the use of hormonal contraceptives, loss of fear to a threatening stimulus following fear extinction is impaired (Graham & Milad, 2013). This suggests that women with anxiety disorders may experience poorer treatment outcomes when exposure therapy (which is modeled upon

fear extinction) takes place during periods of low estradiol. This study provided the first assessment of this hypothesis.

#### **Methods:**

90 women with spider phobia (60 naturally cycling and 30 using hormonal contraceptives) underwent a one-session exposure treatment for spider phobia (Ost, 1989) and had estradiol levels measured. Avoidance and fear of spiders was measured at baseline, 1-week post-treatment, and 3-months following treatment.

#### **Results:**

Following treatment, lower estradiol levels were associated with a greater fear and avoidance of spiders, at both 1-week and 3-months. Moreover, women using hormonal contraceptives exhibited significantly more avoidance relative to naturally cycling women, in addition to taking a significantly longer time to complete the exposure treatment, and reported engaging in significantly fewer exposures in the interval between post-treatment and the 3-month follow up.

#### **Conclusion:**

In the current study, estradiol levels during exposure therapy were positively associated with treatment response. Natural fluctuations in estradiol levels across the menstrual cycle, or use of hormonal contraceptives, may result in phasic reductions in treatment efficacy and could in part account for the greater prevalence of anxiety disorders amongst women relative to men.

### **Paper 2**

#### **An evaluation of behavioural activation and self-compassion strategies for academic worry**

**Authors:** Johnstone K<sup>1</sup>, Chen J<sup>1</sup>, Tee A<sup>1</sup>,

<sup>1</sup>Flinders University, Adelaide, SA

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

It has been suggested that worry about academic-related issues may be influenced by experiential avoidance (EA),

a tendency to engage in avoidance. This study aimed to: 1) investigate the relationship between academic worry and EA; and 2) investigate the effectiveness of two brief strategies, behavioural activation (BA) and self-compassion (SC) for academic worry and EA.

#### **Methods:**

Eighty-three university students with moderate levels of academic worry were randomly allocated to BA, SC, or control. Participants within the BA and SC conditions received a one-session manipulation, while those in the control condition completed a thought recording task. Trait and state academic worry and EA were measured at baseline, pre- and post-manipulation, and at 3-month follow-up.

#### **Results:**

There were no significant correlations between trait EA and trait academic worry. BA and SC led to significant decreases in distress about academic worry and EA at post-manipulation. The control condition also showed significant decreases in distress about academic worry. However, these changes were not maintained at 3-month follow-up. All conditions significantly increased their subjective control over academic worry from pre to post-manipulation and this increase was maintained at the 3-month follow-up.

#### **Conclusion:**

EA may not influence the inclination to worry. A brief BA and SC intervention may effectively increase the sense of subjective control over academic worry in university students. The task used within the control condition was similar to expressive writing, and may have served to decrease worry.

### **Paper 3**

#### **A systematic review of prospective memory processes related to symptoms of depression, anxiety, and obsessive-compulsive disorder**

**Authors:** Leonello A<sup>1</sup>, Jones MK<sup>1</sup>, Harris LM<sup>2</sup>

<sup>1</sup>Behavioural and Social Sciences in Health, Faculty of Health Sciences, The University of Sydney, NSW, <sup>2</sup>School of Psychological Sciences, Australian College of Applied Psychology, NSW

### **Introduction/Background:**

There is some evidence to suggest that symptoms of depression, anxiety, and obsessive compulsive disorder (OCD) affect prospective memory (PM). As PM can affect social, functional, and treatment outcomes it is important to consider PM performance among people who experience these symptoms. Consequently, a systematic review of studies examining the relationship between symptoms of depression, anxiety, or OCD and PM was conducted.

### **Methods:**

Eligible studies were identified from a systematic search of three databases. Studies were screened following the guidelines of an a priori review protocol. Additional studies were identified from an ancestry search. Included studies underwent quality assessment and data extraction procedures.

### **Results:**

Forty studies were included in the narrative synthesis. Strong evidence from clinical, subclinical and nonclinical samples indicated that depression is associated with impairment in time-based PM. With regard to anxiety, there appear to be both time and event-based PM impairments in clinical PTSD samples and samples with chronic work-related stress. Finally, in clinical, subclinical, and nonclinical samples OC-checking was consistently associated with poor event-based PM performance.

### **Conclusion:**

The findings suggest that symptoms of depression, anxiety, and OCD affect PM. Further research is required to elucidate the cognitive processing impairments related to these symptoms and whether they reflect unique impairments, or a common underlying process. This research could enrich our understanding

of the mechanisms and resources that underpin the workings of PM and inform strategies to overcome the functional impairments commonly experienced by people with these symptoms.

### **Paper 4**

#### **Integrating theories of alcohol consumption: How do drinking motives influence self-efficacy?**

**Authors:** Girdlestone D<sup>1</sup>, Fein E<sup>1\*</sup>, Mullens A<sup>1</sup>

<sup>1</sup>School of Psychology and Counselling, University of Southern Queensland, Toowoomba, Australia

### **Introduction/Background:**

Integrating theories regarding alcohol consumption can create complementary explanations and reduce unexplained variance in drinking behaviour prediction. This study investigated the utility of integrating the Motivational Model of Alcohol Use (MMAU) with the Health Action Process Approach (HAPA). A cross-sectional study was conducted to test the mediation of HAPA self-efficacy between episode-specific drinking motives and drinking frequency/quantity.

### **Methods:**

A convenience sample of 405 adults, intended to capture a cross-section of the community, were recruited on a vehicular ferry in Queensland, Australia. Data were collected using self-report questionnaires. Key variables included self-efficacy (SE), drinking motives (DM), and drinking frequency/quantity (DFQ). CFA indicated statistical fit of SE and DM.

### **Results:**

Participant data ranging from non-drinkers to heavy drinkers (+10 standard drinks daily) was retained for analysis (n=398, 59% male). Hierarchical regression indicated total model variance of 40%. DM added 16% to total variance over and above that contributed by age/gender (11%) and SE (14%). Use of Hayes Process Model 4 suggested significant indirect effect of SE on DFQ through DM.

This represented a medium effect ( $k^2 = 9\%$ ).

### **Conclusion:**

Findings suggested when drinking motives were triggered (e.g., 'drink to feel good'), self-efficacy related to maintaining healthier drinking levels decreased. Reduced functionality of self-efficacy indicated higher levels of alcohol consumption. Integration of MMAU with HAPA could therefore be beneficial when developing interventions to promote healthier drinking behaviour by reducing drinking motives and improving self-efficacy levels. Future research could investigate incorporating drinking motive replacement strategies and self-efficacy enhancement approaches into HAPA planning interventions.

### **Paper 5**

#### **The pattern of depressive symptom changes in young people with major depression following an integrated motivational interviewing and exercise intervention**

**Authors:** Nasstasia Y<sup>1</sup>, Baker A<sup>1</sup>, Halpin S<sup>1</sup>, Lewin T<sup>1</sup>, Hides L<sup>2</sup>, Kelly B<sup>1</sup> and Callister R<sup>1</sup>.

<sup>1</sup>University of Newcastle, NSW,

<sup>2</sup>University of Queensland, QLD.

### **Background:**

Major depression is a heterogeneous disorder with a diverse symptom profile. Evidence suggests exercise can be an effective intervention for depression. However, few studies have examined differential treatment responses based on symptom heterogeneity. This study investigated the efficacy of an integrated motivational interviewing (MI) and exercise intervention in young people with major depressive disorder (MDD) and more specifically, differential effects of the intervention on depressive symptom sub-factors (somatic/affective and cognitive) and their association with related cognitive and behavioural measures.

### **Methods:**

Sixty-eight participants (mean age 20.8 years) who met DSM-IV diagnostic criteria for MDD were randomised to an intervention group (n=34) or waitlist control. The intervention group received an initial session of MI followed by a 12-week, group based exercise intervention (3 times per week, 1 hour per session), supervised by personal trainers. The main outcome measure was the Beck Depression Inventory-II (BDI-II). Secondary outcome measures included psychological, physiological and biological measures.

### **Results:**

Participants averaged 17.2 exercise sessions. There was a significant reduction in the BDI-II total depression score, as well as the somatic/affective and cognitive symptom subscales from baseline to 6 (mid-intervention) and 12 weeks (post-intervention) follow up. These changes were differentiated by group with the intervention group showing marked improvement post-intervention (mean BDI-II change: 18.35 vs 5.19,  $p < .001$ ).

### **Conclusion:**

Findings suggest a combined MI/exercise intervention has an antidepressant effect with greatest improvements occurring during the first six weeks from initiation of training. Effects appeared to extend beyond physiological (somatic) and affective changes and incorporate changes in cognitive symptoms.

### **Paper 6**

#### **Perceived injustice: Association with PTSD symptoms and implications for treatment**

**Authors:** Berle, D.<sup>1,2</sup>, Starcevic, V.<sup>3</sup>, Hilbrink, D.<sup>4</sup>, McMullan, R.<sup>1</sup>, & Steel, Z.<sup>2,4</sup>

<sup>1</sup> Discipline of Clinical Psychology, University of Technology Sydney. <sup>2</sup> School of Psychiatry, University of New South Wales. <sup>3</sup> Discipline of Psychiatry, Sydney Medical School – Nepean, University of Sydney. <sup>4</sup> St John of God Health Care, Richmond Hospital.

### **Introduction/Background:**

There is increasing acknowledgement that emotions associated with posttraumatic stress disorder (PTSD) are not exclusively characterised by fear, but also often anger, shame and guilt. Perceived injustice (PI) surrounding: i) the trauma itself, or, ii) the response of communities and institutions to the events surrounding one's trauma are thought to contribute to both problematic anger and PTSD symptoms. We aimed to determine the relationships between perceived injustice and PTSD symptoms.

### Methods:

We administered the 12-item Injustice Experiences Questionnaire of Sullivan et al., (2009) alongside measures of PTSD, anger and depression to an unselected online sample ( $N=261$ , 47.5% female, median age=34; Study 1) and to 30 individuals with PTSD (13.3% female, median age=48) attending a 4-week residential PTSD treatment program (Study 2).

### Results:

In Study 1, latent class analysis suggested two distinct classes ( $AIC=7020.06$ ;  $BIC=7365.82$ ;  $Entropy=0.97$ ): high and low perceived injustice. Regression analyses indicated that membership in the high perceived injustice group was associated with elevated levels of PTSD symptoms after controlling for trait anger, anxiety and depressive symptoms (95% CI: 6.74, 12.31). In Study 2, perceived injustice was associated with high levels of PTSD symptoms at pretreatment ( $r=0.48$ ) and pre to posttreatment changes in perceived injustice were associated with pre to posttreatment changes in PTSD symptoms ( $r=0.44$ ).

### Conclusion:

These findings highlight the clinical importance of perceived injustice as an independent contributor to PTSD symptoms and the potential benefit of addressing perceived injustice in treatment.

## Paper 7

### A digital coach to treat anxiety and depression

**Authors:** Venning, A<sup>1</sup>, Redpath, P<sup>1</sup>, Newhouse, T<sup>2</sup>, & Francis, M<sup>2</sup>

<sup>1</sup> Flinders University, Department of Psychiatry, Adelaide, South Australia

<sup>2</sup> Clevertar, Adelaide, South Australia

### Background:

Building on the successful design and application of an avatar-based digital coach to help clients manage diabetes, and faced with an unacceptable reality that 1 in 5 Australians deal with mental illness, a Low Intensity Cognitive Behavioural Therapy Digital Coach (L-DC) has been trialled to treat anxiety and depression. The L-DC is a consumer-facing smart device app that uses an interactive, anthropomorphic, conversational agent to deliver a 12-module program on a time-gated schedule.

### Method:

The L-DC has been commissioned by WentWest, a NSW Primary Health Network (PHN), for trial in June 2017. To provide information on effectiveness the authors have inbuilt pre, post, and regular measurement points and equipped the L-DC to 'remember' and 'recall' aspects of therapy to increase client engagement. The psychometric measures chosen are used alongside regular checks on suicidal ideation to measure and monitor an individual's improvement and/or deterioration over time in terms of their mental health.

### Results:

Effectiveness and user acceptability results from the June-August 2017 trial will be available at the time of presentation.

### Conclusion:

The presentation will focus on the design, development, and complementary integration of an L-DC into a PHN's existing psychological support services. Rather than compete with or replace such

services, L-DC's have the ability to educate, upskill, and increase access to address consumer identified challenges and provide support before things start to spiral out of control.

## POSTER PRESENTATIONS

### POSTER 1

#### **Cognitive behavioural therapy for eating disorders: How do clinician characteristics impact on treatment fidelity?**

**Authors:** Brown C<sup>1</sup>, Nicholson Perry K<sup>1</sup>

<sup>1</sup> Australian College of Applied Psychology

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

The eating disorders Bulimia Nervosa (BN) and Binge Eating Disorder (BED) have a robust evidence base for treatment with cognitive behavioural therapy (CBT). Both conditions significantly impact on functional impairment and are highly comorbid with a range of physical and psychological conditions. Effective treatments can have a tremendous impact on the individual by improving the quality of life, and reduce the burden on the healthcare system. The cost of treatment for these chronic conditions is small relative to the potential benefits. Despite evidence demonstrating that CBT should be considered the gold standard for treatment, many clinicians are not using this scientific approach to their routine management of these disorders. While some clinician constructs such as anxiety and depression have been shown to impact on the delivery of treatment in eating disorders, other characteristics that may be modifiable through training are yet to be explored. Health professional level of self-efficacy and optimism have been shown in other areas of healthcare to impact on evidence-based practice (EBP). The aim of this study is to determine if there is a relationship between clinician optimism, self-efficacy and provision of EBP in eating disorders. These findings can assist in guiding clinician training, supervision and support, improving the delivery of evidence-based treatments in a clinical setting for eating disorders. The implications for clinical training and future research will be explored.

### POSTER 2

#### **Anxious attachment and acquisition in hoarding disorder: Mediating roles of anthropomorphism and distress intolerance**

**Authors:** Crone CL<sup>1</sup>, Williams CJ<sup>1</sup>, Kwok C<sup>1</sup>, Grisham JR<sup>2</sup>, Norberg MM<sup>1</sup>

<sup>1</sup> Macquarie University, Sydney <sup>2</sup> University of New South Wales, Sydney

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

Hoarding negatively impacts social, work, and psychological functioning. While anxious attachment predicts more severe hoarding behaviour (Neave, Tyson, McInnes, & Hamilton, 2016), we do not know why. Distress intolerance may mediate this relationship, as prior research has shown that this variable is related to both constructs.

#### **Methods:**

Participants ( $N = 149$ ) with evaluated acquisition scores on the Saving Inventory – Revised (SI-R;  $M = 14.73$ ,  $SD = 3.76$ ) completed the Experiences in Close Relationships Scale, the Compulsive Acquisition Scale (CAS), and the Distress Intolerance Index. Only participants with acquisition scores above the recommended cutoff (11) were included, given that acquisition is more strongly related to distress intolerance than clutter and discarding. Sixty-seven percent reported subclinical-clinical discarding problems (SI-R discarding  $M = 15.37$ ,  $SD = 4.94$ ) and 38% reported subclinical-clinical clutter problems (SI-R clutter  $M = 14.46$ ,  $SD = 6.58$ ).

#### **Results:**

Distress intolerance partially mediated the relationship between anxious attachment with acquisition (CAS; 95% CI [.24, 1.64]), but not with discarding (95% CI [-.35, .21]). The direct and indirect relationships between anxious attachment with clutter were not significant (95% CI [-.50, 1.38]).

#### **Conclusion:**

Results suggest individuals who are more anxiously attached are more likely to experience distress intolerance, and high distress intolerance partially contributes to acquisition but not discarding or clutter problems. Consistent with the findings of Timpano, Buckner, Richey, Murphy, and Schmidt (2009), individuals may acquire objects to relieve distress, but keep them for a different reason. Separate techniques may be required to reduce the different facets of hoarding.

### POSTER 3

#### **Self-compassion moderates the perfectionism and depression link in both adolescence and adulthood**

**Authors:** Madeleine Ferrari<sup>12</sup>, Keong Yap<sup>1</sup>, Nicole Scott<sup>3</sup>, Danielle Einstein<sup>4</sup> & Joseph Ciarrochi<sup>5</sup>

<sup>1</sup> School of Psychology, Australian Catholic University, Strathfield campus, NSW, Australia

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

<sup>3</sup> School of Health Sciences, RMIT University, Bundoora, Victoria, Australia,

<sup>4</sup> Department of Psychology, Macquarie University, Ryde, NSW, Australia

<sup>5</sup> Institute of Positive Psychology and Education, Australian Catholic University – North Sydney Campus, NSW, Australia

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

Psychological practitioners often seek to directly change the form or frequency of clients' maladaptive perfectionist thoughts, because such thoughts predict future depression. Indirect strategies, such as self-compassion interventions, that seek to change clients' relationships to difficult thoughts, rather than trying to change the thoughts directly could be just as effective. However, no research to date has been conducted to examine if self-compassion can have an impact on the association between maladaptive perfectionism and depression.

#### **Methods:**

The present study utilized anonymous self-report questionnaires to assess maladaptive perfectionism, depression, and self-compassion across two samples covering much of the lifespan (Study 1, *Age* = 14.1 years, 12 – 15, *n* = 541; Study 2, *Age* = 25.22 years, age range = 18 – 72, *n* = 515).

#### **Results:**

Moderation analyses from both studies showed that self-compassion consistently reduced the strength of relationship between maladaptive perfectionism and depression.

#### **Conclusion:**

The potential limitations of this study are common to most cross-sectional research. Cross-sectional self-reported data restricts the application of causal conclusions and also relies on accurate self-awareness and willingness to respond to questionnaire openly. Despite acknowledged limitations, the replication of a strong finding across two populations using different age-appropriate measures points to a meaningful relationship between these underlying constructs. Our research suggests that self-compassion interventions may be a useful way to undermine the effects of maladaptive perfectionism, but future experimental or intervention research is needed to fully assess this important possibility.

### POSTER 4

#### **An investigation of the contrast avoidance model of generalised anxiety disorder with respect to ambiguity and uncertainty**

**Authors:** Glassman H S<sup>1</sup>, Jones M K<sup>2</sup>

<sup>1</sup> School of Psychology, The University of Sydney, Sydney, NSW <sup>2</sup> Discipline of Behavioural and Social Sciences in Health, The University of Sydney, Sydney, NSW

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

The Contrast Avoidance Model (CAM; Newman & Llera, 2011) argues that worry is employed for its capacity to generate

somatic arousal and negative emotionality, preventing individuals with GAD from experiencing negative emotional contrasts (NECs). Preliminary evidence supporting this model has been reported whereby undergraduate students with high GAD symptomology indicated that relaxation hampered their ability to cope with subsequent exposures to emotional video clips, yet worry inductions helped their coping, whereas the reverse pattern was reported by non-anxious controls (Newman & Llera, 2011). This study aims to further investigate the CAM by examining differences in responding to a distressing trigger after those with low and high GAD symptomology engage in a relaxation induction.

#### **Methods:**

The study employed a 2(GAD symptomology vs. control) x 2(relaxation vs. no relaxation) mixed design. Undergraduate students ( $N=49$ ) were given hypothetical scenarios in order to induce a sense of ambiguity and uncertainty, and gave ratings on measures, including perceived pleasantness, coping ability, threat expectancies, and extent of engagement in worry.

#### **Results:**

Contrary to the hypotheses, no significant interactions between group status and relaxation manipulation were found for any measure.

#### **Conclusion:**

The findings do not support the CAM. However, it is possible that our attempt to facilitate NECs by administering a relaxation induction prior to the presentation of distressing stimuli failed due to participants experiencing relaxation-induced anxiety (RIA).

Future research should use a 'neutral', rather than 'relaxation' induction to prevent RIA. When treating fear of NECs, systematic exposure to relaxation may be a necessary first step.

## **POSTER 5**

### **The relationship between pacing and avoidance in chronic pain: A systematic review and meta-analysis**

**Authors:** Hadzic R<sup>1</sup>, Sharpe L<sup>1</sup>, Wood B<sup>2</sup>

<sup>1</sup> University of Sydney, Sydney, NSW, <sup>2</sup> Pain Management Research Institute, University of Sydney at Royal North Shore Hospital, Sydney, NSW

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

Activity pacing is ubiquitous in chronic pain management and aims to reduce pain-contingent avoidance of activity to improve functioning. A meta-analysis, however, has linked pacing with higher levels of pain and disability. One potential explanation is an overlap between existing measures of pacing and avoidance, leading to links with poorer outcomes that are typically associated with avoidance.

#### **Methods:**

This study systematically reviews the evidence regarding the relationship between measures of pacing and avoidance. A search of key databases – Embase, Medline, and PsycINFO – was conducted for studies measuring both constructs in adults with chronic pain.

#### **Results:**

A meta-analysis of correlations between pacing and avoidance was conducted; sixteen studies were included and a small positive correlation was found ( $r = 0.290$ ,  $p < 0.001$ ) overall. Single-item and multiple-item measures was also compared; a moderate positive correlation was found for multiple-item measures ( $r = 0.410$ ,  $p < 0.001$ ), which differed significantly from a small positive correlation found for single-item measures ( $r = 0.105$ ,  $p < 0.001$ ). Due to limited studies, independent analyses of individual subscales were not possible.

#### **Conclusion:**

Existing measures of pacing – particularly multiple-item measures – may partially confound pacing with avoidance. Further research is required to ensure that a reliable measure of pacing that

distinguishes this construct from avoidance is available in order to adequately evaluate pacing instruction and the impact of pacing on key outcomes in chronic pain.

## **POSTER 6**

### **An association between estradiol and fear and avoidance in women with spider phobia after a one-session exposure treatment**

**Authors:** Graham BM<sup>1</sup>, Li SH<sup>1</sup>, Black, MJ<sup>1</sup>

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

When estradiol is low or suppressed by the use of hormonal contraceptives, loss of fear to a threatening stimulus following fear extinction is impaired (Graham & Milad, 2013). This suggests that women with anxiety disorders may experience poorer treatment outcomes when exposure therapy (which is modelled upon fear extinction) takes place during periods of low estradiol. This study provided the first assessment of this hypothesis.

#### **Methods:**

90 women with spider phobia (60 naturally cycling and 30 using hormonal contraceptives) underwent a one-session exposure treatment for spider phobia (Ost, 1989) and had estradiol levels measured. Avoidance and fear of spiders was measured at baseline, 1-week post-treatment, and 3-months following treatment.

#### **Results:**

Following treatment, lower estradiol levels were associated with a greater fear and avoidance of spiders, at both 1-week and 3-months. Moreover, women using hormonal contraceptives exhibited significantly more avoidance relative to naturally cycling women, in addition to taking a significantly longer time to complete the exposure treatment, and reported engaging in significantly fewer exposures in the interval between post-treatment and the 3-month follow up.

#### **Conclusion:**

In the current study, estradiol levels during exposure therapy were positively associated with treatment response. Natural fluctuations in estradiol levels across the menstrual cycle, or use of hormonal contraceptives, may result in phasic reductions in treatment efficacy and could in part account for the greater prevalence of anxiety disorders amongst women relative to men.

## **POSTER 7**

### **A meta-analytic investigation on the effectiveness of group-based interventions in the treatment of eating disorders**

**Authors:** Meladze P<sup>1</sup>, Reece J<sup>1</sup>

<sup>1</sup>Australian College of Applied Psychology, Sydney, NSW

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

Group-based intervention studies targeting eating disorders have been conducted in residential settings, inpatient clinics, and outpatient facilities utilising variety of approaches, including cognitive behaviour therapy, dialectical behaviour therapy, acceptance and commitment therapy, cognitive remediation therapy, and motivational enhancement therapy. To date, no meta-analysis has been conducted synthesising these group-based treatments. Therefore, the main objective of this study is to statistically analyse relevant research findings in the form of a meta-analysis, thus providing a more agglomerated understanding of the effectiveness of group interventions in the treatment of eating disorders. In addition, the effectiveness of different therapeutic modalities will be compared and the influence of a range of moderating variables will be analysed.

#### **Methods:**

Research articles to be included in the meta-analysis will be gathered by searching the major electronic databases. Selection criteria for inclusion will be based on the following: a) diagnoses; b) interventions; c) standardised outcome measures; d) age groups; e) publication

dates between 1996 – 2016; and e) sufficient statistical information.

All relevant studies will be individually coded using Comprehensive Meta-Analysis Version 3.0 to facilitate data analysis.

### **Results:**

This study is currently in the data collection stage, so no results are available. Results will be reported at the time of presentation.

### **Conclusion:**

The study findings are likely to aid with the further development of best practice guidelines for the group interventions of eating disorders.

## **POSTER 8**

### **Cultivating resilience and self-control among university students: A randomised controlled trial**

**Authors:** Morrison R M<sup>1</sup>, Pidgeon A M<sup>2</sup>

<sup>1</sup> University of Newcastle, Callaghan, NSW, <sup>2</sup> Bond University, Robina, QLD

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

University Students report a range of demands such as academic responsibilities, financial pressures or developing new social networks to be major sources of stress. The literature demonstrates that university students report higher levels of psychological distress compared to the general population. Therefore, the cultivation of resilience and self-control among university students could result in many benefits. Resilience is the ability to adapt successfully to stress and adversity, while self-control is the ability to resist short-term desires to meet long-term goals.

#### **Methods:**

This experimental study examined the efficacy of using brief willpower strengthening exercises to enhance resilience, self-control, and reduce psychological distress in university students. Forty-six university students

were randomised into one of two groups: Willpower Strengthening Group or the Control Group.

### **Results:**

A two-way repeated MANOVA revealed that university students in the Willpower Strengthening Group reported significantly higher levels of resilience and self-control, and significantly lower levels of psychological distress. The positive feedback and high rate of compliance reported by students to the exercises as per instructions (i.e. every hour, for six hours per day, over seven days) supports the feasibility of using willpower strengthening exercises in programs aimed at increasing resilience.

### **Conclusion:**

Future research into the feasibility and effectiveness of willpower strengthening exercises has the potential to improve the psychological wellbeing of university students.

## **POSTER 9**

### **A systematic review and meta-analysis of internet delivered cognitive behavioural therapy for chronic pain**

**Authors:** McLean S<sup>1</sup>, Nicholson Perry K<sup>1</sup>

<sup>1</sup> Australian College of Applied Psychology

**Introduction/Background:** The aim of this meta-analysis was to appraise and synthesize existing research covering the previous 10 years with regards to the effectiveness of internet delivered cognitive behavioural therapy (iCBT) in the management of chronic pain, and its impact on pain intensity and pain catastrophizing outcomes.

#### **Methods:**

A search of CINAHL, Embase, PsychINFO and PubMed was conducted for literature published between 2006 and 2016 describing randomised controlled trials that assessed the effects of iCBT on adult patients with chronic pain and reported pain severity date pre and post intervention. Reference lists of the revise articles and retrieved papers were manually searched to identify those that met the inclusion criteria.

**Results:**

ix studies with a total of 829 participants met the inclusion criteria. Effect sizes (Hedge's  $g$ ) were heterogeneous and random effects models were used in the analyses. A statistically significant and small weighted average effect size was calculated for pre-post effect sizes across all studies and outcomes ( $g = 0.32$ ; 95% CI (0.19 to 0.44),  $p < .001$ ) for the use of iCBT in the reduction of pain severity and pain catastrophizing in chronic pain.

**Conclusion:**

The findings underline the potential of iCBT as a standalone intervention as well as an adjunct therapy within a multidisciplinary approach to the treatment of chronic pain. They also highlight a significant need for further studies in this area.

**POSTER 10****Does perceived control impact patient experience of distress and coping in bone marrow transplantation?**

**Authors:** Pigot M<sup>1</sup>, Kerridge I<sup>1,2</sup>, Greenwood M<sup>1,2</sup>

<sup>1</sup>Haematology Department, RNSH, Sydney, NSW, <sup>2</sup>University of NSW, Sydney, NSW

**Introduction/Background:**

Stress, depression and anxiety negatively impact recovery from allogeneic bone marrow transplant (BMT) (Foster et al, 2009). Perceived control has been shown to mediate the impact of traumatic events on levels of distress (Frazier et al, 2011) and affect an individual's capacity for adaptive coping in cancer (Kvillemo & Branstrom, 2014). Allogeneic BMT is as stressful event inherently low in personal control. Improving a person's perception of control may improve psychological functioning and contribute to more adaptive coping strategies. This study aims to determine if perceived control has a similar impact on the experience of psychological distress and coping in BMT.

**Methods:**

100 participants, aged between 18 and 70 years, will be recruited within 2 years of bone marrow transplant (either allogeneic or autologous). Participant will complete a series of self-report measures including the Depression, Anxiety and Stress Scale (DASS-21; Lovibond & Lovibond, 1995); Perceived Control Over Stressful Life Events Scale (Frazier et al, 2011); COPE (Carver et al, 1989); Functional Assessment of Cancer Therapy-Bone Marrow Transplant (FACT-BMT) scale (McQuellon et al, 1997); and a clinician rating of objective controllability of transplantation. Simultaneous regression analyses will be used to assess the relationship between the subscales of perceived control, distress and coping.

**Results:**

Results were unavailable at time of abstract submission.

**Conclusion:**

Should results be consistent with previous research, therapeutic programs aimed at improving perceptions of perceived control could be designed to reduced distress and enhance coping resources during and post transplantation.

**POSTER 11****Mental health literacy and evidence-based practice in mental health care among Indonesian health practitioners**

**Authors:** Praharso N<sup>1</sup>, Tiliopoulos N<sup>1</sup>, Pols H<sup>1</sup>

<sup>1</sup> The University of Sydney, Sydney, NSW

**Introduction/Background:**

Mental illness (MI) affects up to 11.6% of the Indonesian population, however, stigma, specialist workforce shortages and insufficient government expenditure towards services contribute to a large treatment gap. The recent introduction of a universal health care system presents an opportunity for address this through plans to "task-shift" detection and early intervention to primary health services. However, studies have found that compared to mental health practitioners

(MHPs), primary health practitioners with limited prior training in mental health hold more negative attitudes towards patients with MI (eg. Mittal et al, 2014) and outcomes of professional intervention for them (eg. Kua, Parker, Lee & Jorm, 2000), casting doubt on the effectiveness of task-shifting. The present study aims to investigate the current level of mental health literacy and evidence based practice in mental health among Indonesian MHPs and non-mental health practitioners (NMHPs) to assess current task-shifting capacities.

### **Methods:**

The Opening Minds Scale for Health Providers (OMS-HC; Kassam, Papish, Modgill & Patten, 2012) and mental health literacy vignettes (Jorm et al, 1997) were administered to MHPs ( $N=78$ ) and NMHPs ( $N=75$ ) across five provinces in Indonesia. All questions were administered in Indonesian.

### **Results:**

Compared to MHPs, NMHPs are significantly more likely to hold stigmatizing views and less likely to correctly recognize and recommend appropriate evidence-based treatments for MIs.

### **Conclusion:**

Task-shifting mental health care to non-specialist primary care providers is unlikely to address the mental health gap in Indonesia without providing both additional training and supervision to NMHPs and concurrent efforts to increase the number of MHPs.

## **POSTER 12**

### **Delivering low intensity cognitive behaviour therapy through a digital coach: What does it look like?**

**Authors:** <sup>1</sup>, Venning, A<sup>1</sup>, Newhouse, T<sup>2</sup>, & Francis, M<sup>2</sup>

1 = Flinders University, Department of Psychiatry, Adelaide, South Australia  
2 = Clevertar, Adelaide, South Australia

### **Abstract:**

## **Background**

Cognitive Behaviour Therapy (CBT) is well established as the gold standard approach to treating anxiety and depression, with growing research on the effectiveness, applicability, and increased access provided Low Intensity Cognitive Behaviour Therapy (LICBT), but can it be delivered by a virtual coach? To that end, a LI Digital Coach (L-DC) has been trialled to treat anxiety and depression.

## **Method**

The L-DC has been commissioned by WentWest, a NSW Primary Health Network, for trial in June 2017. Content for programs within the L-DC has been developed by interdisciplinary mental health professionals trained in the delivery of focused psychological therapies. Underpinned by clinical knowledge and evidence-based interventions, programs within the L-DC maintain fidelity to a behavioural activation or graded exposure model. The use of a relational agent supports people to work through a range of sessions providing psychoeducation, intervention, and out of session practice tasks. Outcome measures are taken to demonstrate improvements in client functioning, if the program is working, or if a higher intensity option is more tailored to the individual's needs.

## **Results**

Effectiveness and user acceptability results from the June-August 2017 trial will be available at the time of presentation.

## **Conclusion**

The presentation will focus on the design and development of the specific program content for the L-DC. Rather than compete with or replace existing high intensity mental health programs, the L-DC offers a guided, educative program that will increase access to effective interventions that are core first line treatments for high prevalence mental health disorders.

## POSTER 13

### **Investigating the effect of mood on cognition: Combined mood-induction and executive functions cognitive training in older adults**

**Authors:** Webb S L<sup>1</sup>, Bahar-Fuchs A<sup>2</sup>, Loh V<sup>1</sup>, Lampit A<sup>1,3</sup>, Dilevski N<sup>1</sup>, Birney D P<sup>1</sup>

<sup>1</sup>School of Psychology, The University of Sydney, Sydney, Australia

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

Results regarding the efficacy of non-pharmacological interventions—such as cognitive training (CT)—in delaying or preventing the onset of dementia have been inconsistent. Brief review of the literature has illustrated a lack of consideration of individual differences and clinical factors (such as mood state) which may represent barriers to treatment efficacy. This is of particular concern for the utility of CT for populations at greatest risk of developing dementia as depression alone is a risk-factor for dementia, and there is a high co-morbidity of depression in individuals with Mild Cognitive Impairment (MCI). The present study aims to address this gap in the literature by experimentally investigating the influence of mood state (via a standardized Mood Induction Procedure (MIP)) on performance on CT tasks designed to target *updating*, *shifting*, and *inhibition* executive functions. Using a within-subjects, repeated-measures design, participants (older adults above the age of 65), completed three training sessions across three days. In each session, they completed either the positive, negative, or neutral MIP (counterbalanced in order across the sessions), followed by completion of all three EF tasks. Results will be discussed in terms of 1) whether MIPs are effective for experimentally manipulating mood for

older adults in a CT setting, and 2) the effect of mood state on CT task performance. The present study has clinical implications for outlining the relationship between mood and CT outcomes to inform development of combined affective and cognitive interventions for older adults at risk of developing dementia.

## POSTER 14

### **The quality of metacognition questionnaires: A systematic review**

**Authors:** White J A<sup>1</sup>, Abbott M J<sup>1</sup>, Hunt C<sup>1</sup>

<sup>1</sup> University of Sydney, NSW

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

Wells' metacognitive model proposes that Generalised Anxiety Disorder may be triggered and maintained by dysfunctional beliefs about worry. Various questionnaires have been developed to operationalise components of the model for clinical and research purposes. The aim of this review was to evaluate the methodological quality and psychometric properties of self-report measures of metacognitions about worry.

#### **Methods:**

Studies were identified through a systematic search of scientific databases and the reference lists of included papers. After title screening, abstracts and full texts were independently reviewed for inclusion by the first two authors. The methodological quality of included studies was rated using the COSMIN checklist, and the measurement properties of included questionnaires were evaluated with an updated version of the Terwee criteria. Evidence was synthesized to provide an overall quality rating for each questionnaire.

#### **Results:**

The search identified 5,336 unique papers. Fifteen studies met the inclusion criteria, reporting on nine measures of beliefs about worry in both community and clinical samples. None of the included questionnaires exhibited strong evidence

of sound psychometric properties across all the areas assessed. The limited number of studies, combined with methodological issues across all those included, contributed to evidence for many properties being rated as limited or unknown. The MCQ-30 received the most positive ratings, with moderate evidence across three measurement properties.

**Conclusion:**

There is currently limited evidence for most of the psychometric properties of the various measures of metacognitions about worry. Further validation of all questionnaires is warranted, particularly with appropriately defined clinical samples

## WORKSHOPS

### **Schema therapy for personality disorders and other complex presentations**

*Professor Arnoud Arntz, University of Amsterdam, The Netherlands*

Schema Therapy is one of the most effective treatments for borderline and other personality disorders, with a very high treatment retention which indicates high acceptability for patients. In this workshop an introduction into schema therapy will be offered. The workshop includes a theoretical introduction into schema therapy, the schema mode conceptualization of borderline and other personality disorders, and the specific way the therapeutic relationship is used (including the concept of limited reparenting). Participants will learn how to make schema mode conceptualizations of their own patients, in collaboration with their patients, that will guide their treatment. Next, participants will be offered explanations and live or video examples of the most important techniques, with a special emphasis on experiential techniques. Some practice with role plays in pairs will be offered. Lastly, a phase model of the treatment will be discussed, that helps therapists to choose the right approach in different phases of treatment.

### **Evidence-based treatment for LLD. A stepped-care, shared decision making approach to providing high quality care to older adults**

*Professor Patrick Raue, University of Washington, USA*

In this workshop, Professor Raue will discuss and demonstrate evidence-based psychosocial treatments for late life depression, and the use of a stepped-care, shared decision-making approach to implementing the elements of these interventions. The workshop will consist of a brief review of the literature, the challenges faced in the US with implementation of these practices. Dr Raue will then report on recent recommendations from an Institute of Medicine report on psychosocial interventions, and describe a process for clinician training and treatment selection and modification based on UCLA Professor Chorpita's work with clinicians in child mental health settings and informed by cognitive neuroscience. An example of this approach, Engage, will be taught to the participants, with ample opportunity for video-tape demonstration, role rehearsal, and case discussion. Engage is specifically tailored for older adults, including those with cognitive impairment, such as memory problems and executive functioning problems. Intentional repetition of steps in action planning, with a focus on exposure to rewarding activities is used. Further, Engage utilizes a stepped care format, in which additional strategies can be applied for older adults who do not respond to action planning alone. Specifically, Engage focuses on characteristics of late-life depression that may act as barriers to success, including apathy and emotion dysregulation. Participants are asked to think about cases they have struggled with when implementing evidence-based psychosocial interventions for discussion.

Learning Objectives:

By the end of the workshop, participants will be able to do the following:

- (1) Identify common elements of evidence-based psychosocial treatment for late life depression
- (2) Match elements of psychosocial interventions to the common problems seen in late life depression
- (3) Introduce Engage to older patients
- (4) Identify cognitive and behavioural barriers to poor response to action planning

## **A theoretical framework and therapy model for fear of cancer recurrence: Practical strategies**

*Professor Phyllis Butow, University of Sydney, Australia*

This workshop will focus on the most common and severe cancer survivorship issue – fear of cancer recurrence (FCR). FCR is seen in all people who survive cancer, but many find that it diminishes over time. However, for a substantial number of people (up to 60%), FCR continues to be high and disabling, preventing them from making future plans, causing over-screening and over-use of medical services and compromising quality of life. This workshop will provide a review of frameworks for understanding FCR, and will present a novel framework combining elements of the *Self-Regulatory Executive Function (S-REF) model*, *Relational Frame Theory* and *Self Regulation Theory*. A therapy based on this model, including elements of metacognitive therapy, acceptance and commitment therapy and psycho-education, will be outlined. Practical strategies to implement this therapy will be demonstrated and practiced in the workshop. Patient handouts, relevant papers and a framework will be provided to workshop attendees.

## **Treating childhood trauma in adults: Evidence-based approaches and important process issues**

*Professor Kim Felmingham, University of Melbourne*

Childhood trauma is implicated in many adult psychological disorders, and is associated with traumatic stress symptoms as well as core disturbances in emotion regulation, attachment and interpersonal relationships, and schemas and self-esteem. Many individuals who have experienced cumulative childhood traumas do not receive evidence-based trauma-focused interventions. This workshop aims to illustrate ways to adapt trauma-focused treatments to address the challenges involved in treating individuals with complex childhood trauma histories and multiple traumatizations. The workshop will focus on important clinical issues including evaluating the need for and readiness to engage in trauma-focused treatment, and dealing with specific clinical challenges such as dissociation, ongoing risk, poor affect regulation and self-harm, shame and negative core beliefs, and revictimization.

As a result of this workshop, participants will:

- Understand recent evidence-based approaches to treating complex childhood trauma
- Learn how to adapt trauma-focused treatments for individuals with childhood trauma
- Discover key strategies and process issues in working with clients with childhood trauma
- Identify important therapy targets to promote ongoing growth and escaping negative life patterns.

Professor Kim Felmingham is internationally known for her work in trauma and Posttraumatic Stress Disorder. She is the Chair of Clinical Psychology at the University of Melbourne, and teaches into the clinical program. She has over 15 years of experience working as a clinical psychologist with traumatized individuals, and over 85 publications in this field examining clinical outcomes and mechanisms underlying cognitive behavioural trauma treatments. She has worked for many years treating individuals with complex clinical presentations and a history of childhood trauma.

## NOTES

