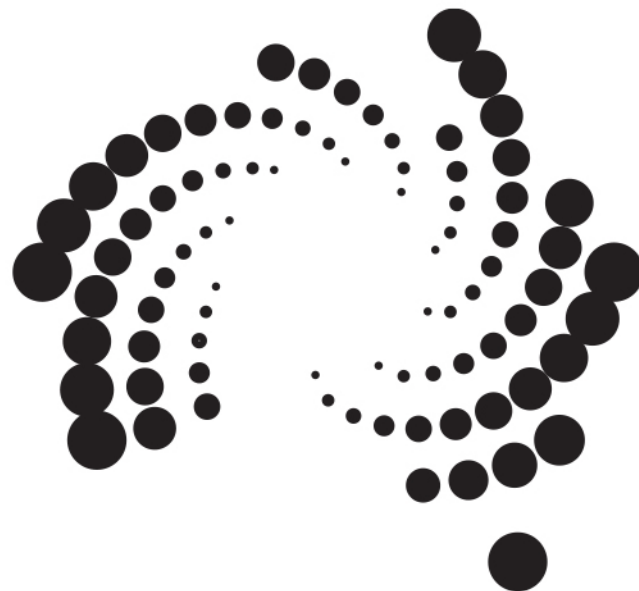


39TH NATIONAL CONFERENCE OF THE AUSTRALIAN ASSOCIATION FOR COGNITIVE AND BEHAVIOUR THERAPY

“CBT in a transdiagnostic and transmechanistic world”

ABSTRACT HANDBOOK

25-27 October 2018, Royal on the Park, Brisbane



AACBT

AUSTRALIAN ASSOCIATION
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BEHAVIOUR THERAPY

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Thursday 25 October 2018

8:45am - 9:45am

Keynote Speaker:

Developing transdiagnostic psychological treatments for better practice

Professor Allison Harvey, University of California, Berkeley, California, USA

Mental illness remains common, chronic and difficult to treat. This talk will address approaches to hastening progress including (1) the use of science to derive treatments and (2) targeting treatment at a transdiagnostic process.

Learning objectives:

1. To describe approaches to deriving new psychological treatments
2. To describe advantages and examples of transdiagnostic approaches

9:45am - 10:18am

Invited Speaker:

The dread of death: updating the status of a transdiagnostic construct.

Professor Ross G. Menzies, Graduate School of Health, University of Technology Sydney, NSW

The dread of death has appeared throughout recorded human history in the form of art, literature, song, myth and cultural rituals. Indeed, the awareness of our own mortality was famously described by William James as “the worm at the core” of our existence.

The lingering tension of anticipated death appears to pervade various religious practices, such as the meditative handling of skull-shaped bracelets in Tibetan Buddhism, the decoration of graves associated with Dia de Muertos (i.e. the day of the dead) in Mexico, or the wearing of a crucifix in various Christian denominations. Further, Terror Management Theory proposes that much broader cultural practices (e.g. following a sporting team, seeking academic achievement, attaining wealth, extending the self through family), may serve as defensive mechanisms in the face of the terror of death. Considerable experimental research supports the claim that adherence to cultural worldviews may serve to buffer against death fears. In sum, an apprehension or angst about death and immortality appears to be a pervasive aspect of human experience.

This invited address reviews the dread of death from a broad range of perspectives covering philosophy, art, history, and social, developmental and clinical psychology. Recent research suggesting that death anxiety may underpin many psychiatric disorders will be examined.

Finally, a review of treatment approaches to death anxiety will be explored.

9:45am - 10:30am

Symposium 01: Internet CBT: outcomes, innovations, and clinical applications

Symposium Description:

CBT is the gold standard evidence-based treatment for anxiety and depression, and recent evidence suggests that disorder-specific and transdiagnostic CBT deliver similar outcomes. A large body of research, primarily from randomised clinical trials, now supports the use of internet CBT (iCBT) for the treatment of anxiety and depressive disorders; these programs help to overcome treatment barriers, long waiting lists, and lack of trained clinicians, to disseminate CBT in a cost-effective way.

Although internet CBT is effective for treating anxiety and depression in the general population, studies are needed to take this evidence to the next step, to explore how to make iCBT more efficient and effective, how we can best adapt effective programs to specific populations and issues, and how to deliver them most effectively to the general community.

This symposium will bring together advances in research and clinical applications of clinician-guided internet CBT for depression and anxiety disorders, including disorder-specific (panic disorder, health anxiety) and transdiagnostic iCBT approaches. The series of studies within this symposium will explore whether we can deliver iCBT in intensive format, whether we can deliver the key components of iCBT (e.g., exposure) and obtain the same benefits as multi-component iCBT, what type of clinician guidance is needed to obtain benefit, and whether the effectiveness of internet-based CBT translates into routine clinical settings.

Chair: Jill Newby, School of Psychology, University of New South Wales

Paper 1.

Regaining 'MUMentum': findings from two randomised controlled trials evaluating brief internet CBT for perinatal distress, anxiety, and depression

Aileen Chen, St Vincent's Hospital, Sydney, NSW

Authors:

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Introduction/Background:

Internet-delivered CBT has the potential to improve help-seeking behaviours and treatment accessibility for women in the perinatal period. To date internet-delivered CBT has demonstrated preliminary effectiveness in treating perinatal depression, yet no interventions have specifically targeted the reduction of perinatal anxiety. We conducted two randomised controlled trials (RCT) to evaluate the efficacy and acceptability of the MUMentum programs in reducing anxiety, depression and psychological distress, compared with usual care.

Methods:

Pregnant (RCT 1) or postpartum (RCT 2) women were recruited and those meeting criteria (above clinical threshold on self-report measures) were randomised either a 3-lesson iCBT program over 4-6

weeks, or usual care control group. Outcomes (self-reported depression, anxiety, distress, maternal attachment and parenting confidence) were assessed at baseline, post-treatment and four-week follow-up.

Results:

For pregnancy study (RCT 1), 26 of the 36 women who received iCBT completed all three lessons of treatment (76% adherence rate). Large and superior group differences, favouring iCBT, were found for distress (post-treatment, Hedges $g=0.88$), and anxiety severity (1-month follow-up, $g=0.76$), yet only small nonsignificant differences for depression outcomes ($g<0.35$). Results for the postpartum study (RCT 2) will also be discussed.

Conclusion:

These are the first RCTs to evaluate brief unguided iCBT for the treatment of clinical anxiety and depression in perinatal women. These interventions can be easily disseminated at a population level to women screening positive for anxiety and depression symptoms in primary care. iCBT can be used as a 'first step' intervention to complement existing, more clinician-intensive iCBT and face-to-face treatment programs.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

Paper 2.

The sweet spot: RCT comparing different levels of clinician support for iCBT for anxiety and depression
Amy Joubert, St Vincent's Hospital, Sydney, NSW

Authors:

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¹ Clinical Research Unit for Anxiety and Depression, St Vincent's Hospital, Sydney, NSW, ² School of Psychology, University of New South Wales, Sydney, NSW

Introduction/Background:

Internet-delivered transdiagnostic CBT is effective for treating anxiety and depression, and research shows that clinician guidance improves adherence/completion rates. However, the optimal level of clinician or technician guidance is unknown.

Methods:

We conducted a randomised controlled trial (RCT), of a 6-lesson transdiagnostic iCBT intervention for mixed anxiety and depression, with 600 participants who were randomised to either usual care, or the iCBT program with one of five levels of clinician support (self-help only, technician on request, scheduled technician, clinician on request, scheduled clinician), delivered over 12-weeks. Participants were followed up at 3-months post-treatment. Primary outcomes were depression (PHQ-9) and anxiety (GAD-7) scores, and completion rates.

Results:

As expected, participants in the self-help iCBT program had the lowest levels of adherence, with the highest adherence in the clinician-supported groups. All five treatment groups were superior to usual care. Comparative results across the treatment groups, and adherence rates will be presented.

Conclusion:

While clinician guidance is critical for maximizing adherence and outcomes of transdiagnostic iCBT, there is a 'sweet spot' of therapist support, which delivers the best outcomes and is most cost effective.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

Paper 3.

Exploring the feasibility of massed delivery of exposure-based internet-delivered CBT for panic disorder
Eileen Stech, University of New South Wales, Sydney, NSW

Authors:

Stech EP¹, Newby JM¹

¹School of Psychology, University of New South Wales, Sydney, NSW

Introduction/Background:

Previous research has demonstrated that cognitive behavioural therapy (CBT) can be successfully delivered in a massed format for a range of presentations, including panic disorder, agoraphobia, specific phobias, PTSD and OCD. However, massed treatments are rarely available in the community. Delivering CBT via the internet (iCBT) may provide an avenue for increasing the availability of massed CBT.

Methods:

To explore the feasibility of delivering CBT in a massed format via the internet, we developed a 7-day iCBT program for panic disorder. Similar to face-to-face massed CBT, the massed iCBT program focuses on the most potent components of treatment (exposure). The program includes 6 lessons, with one lesson introduced per day, except day 6 which is devoted to practicing challenging exposures. Clinician support is provided via email or phone.

Results:

This talk will provide an overview of the content and format of the massed iCBT program, initial results from a pilot study, and discussion of the experiences of service-users and clinicians. Data on iCBT delivery preferences from a larger sample of treatment seeking individuals will also be presented.

Conclusion:

This study is the first attempt to deliver iCBT for any presentation in a massed format. If the novel massed iCBT program for panic disorder is successful, it may expedite improvement in quality of life for individuals, and have substantial economic benefits at a societal level.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

Paper 4.

Disseminating internet CBT for health anxiety to the community

Jill Newby, University of New South Wales, Sydney, NSW

Authors:

Newby JM^{1,2}, Haskelberg H, Hobbs MJ², Mahoney AEJ², Mason E², Andrews G²

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Introduction/Background:

Several randomised trials have shown internet cognitive behavioural therapy (CBT) is effective for the treatment of severe health anxiety, now defined in the DSM-5 as Illness Anxiety Disorder and Somatic Symptom Disorder. However, no effectiveness studies have examined whether these positive effects generalize to routine care or community samples.

Methods:

This study is the first effectiveness study internationally of iCBT for health anxiety. The study involved a pre- post open trial design to evaluate the impact of a new iCBT program for health anxiety delivered via This Way Up Clinic, across a one-year period.

Results:

Of the 172 participants (mean age 40 years), 70% chose to undergo the program without supervision from a primary care clinician or psychologist. Approximately 31% completed the program in the unsupervised iCBT group, whereas 42% completion rates were observed in the clinician supervised group. Linear mixed models demonstrated large improvements in health anxiety severity (the Short Health Anxiety Inventory, $g = 1.8$) and depression symptoms (the PHQ-9, $g = 1.2$).

Conclusion:

Internet CBT for health anxiety is effective for people who complete their program in routine care/community settings. Although delivering iCBT programs in self-help format improves access, and overcomes barriers to treatment, adherence is an issue in effectiveness studies. Future research efforts need to improve the adherence rates to unguided iCBT for health anxiety.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

9:45am - 10:30am

Symposium 02: Health behaviours in young children: the role of parenting

Symposium Description:

1 in 4 Australian children are overweight, 45% of 6-year-olds have dental decay, and most 4-year-olds have over 2 hours screen time a day. These problems are linked to chronic diseases in adulthood, cumulative, preventable and the result of failure to engage in daily health promotion activities. Similarly to many chronic childhood health conditions, they are also strongly influenced by parenting confidence and skill. Establishing daily preventative health practices in early childhood can lay the foundation for a lifetime of healthy habits. While parents are instrumental to the development of children's healthy habits, they are often unaware of current guidelines, confused about them, or unsure how to meet them; and face barriers to implementing the recommended health practices.

This symposium provides an overview of parents' experiences in implementing preventative health practices with their children, and the barriers they face to following relevant guidelines or meeting health professionals' recommendations. The first presentation discusses predictors of difficulties in following preventative health guidelines. The second and third papers extend these findings to examine specific barriers to implementing oral health care routines and managing children's screen time, focussing on modifiable parenting and child behaviour factors which contribute to problems in these areas. The final paper overviews an RCT and case study describing the application of a brief parenting intervention in the context of paediatric eczema management, providing an example of how a systematic process of applying theory and experimental work focused on psychosocial factors can offer solutions to longstanding child health and medical problems.

Chair: Alina Morawska, The University of Queensland

Disclosure of Interest Statement:

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Paper 1.

Promoting healthy habits in childhood: easy in theory, not so easy in practice

Sabine Baker, The University of Queensland, Brisbane, Qld

Authors:

Baker S¹, Morawska A¹, Mitchell AE¹

¹The Parenting and Family Support Centre, The University of Queensland, Brisbane, Qld

Introduction/Background:

Lifestyle factors can have a tremendous impact on the incidence and prevalence of many diseases, including obesity, cardiovascular disease, diabetes, and some cancers.

Parents are in a unique position to establish 'healthy habits' with their children from a young age, but often struggle to implement recommended preventative practices.

Methods:

An Australia-wide cross-sectional online survey of 477 parents of 0- to 4-year-old children, assessed the degree to which children met national recommendations across key domains of child health behaviour and identified areas of greatest concern for parents.

Results:

Results confirm that, for many preventative health and safety practices, children are falling short of current recommendations. Most parents report that their children don't consume the recommended daily serves of fruit and vegetables, don't engage in sufficient physical activity, exceed screen time recommendations, don't get sufficient sleep, don't have their teeth cleaned twice daily, don't use adequate sun protection, and don't practice appropriate hand hygiene. This paper aims to identify those parents who are most likely to report concerns about their child's health practices and fall short of current recommendations, and who might benefit most from a parenting intervention designed to support parents in establishing healthy habits with their young children.

Conclusion:

Many parents struggle to establish healthy habits with their children for a multitude of reasons. While there seems to be some mismatch between failure to follow guidelines and parents' level of concern about this, parents are generally interested in receiving tips and information on establishing healthy habits with their children.

Paper 2.

Parenting and child behaviour as predictors of tooth brushing difficulties in young children

Mikaela Berzinski, The University of Queensland, Brisbane, Qld

Authors:

Berzinski M¹, Morawska A¹, Baker S¹, Mitchell AE¹

¹The Parenting and Family Support Centre, The University of Queensland, Brisbane, Qld

Introduction/Background:

Oral disease is one of the most prevalent chronic health conditions affecting children, with 48-69% of Australian children experiencing dental caries in 2010. The important role that oral health plays in general wellbeing is often neglected, yet oral disease has been linked to systemic health conditions such as cardiovascular disease. The Australian Dental Association recommends twice daily tooth brushing to promote good oral health. A recent study of Australian families found that approximately 58% of infants and toddlers do not have their teeth brushed twice daily. Qualitative research focusing on school-aged children has investigated parent perceived barriers to tooth brushing, and identified that child, parental and familial factors play a role. Little quantitative research focusing on this topic

exists, however, and the most important barriers to tooth brushing are unknown in the youngest members of the family.

Methods:

In this study, parents of children aged 0 to 4 years complete an online survey that investigates child, family and parenting factors associated with child tooth brushing. More than 80 families have completed the survey and recruitment will be completed in June 2018.

Results:

Hierarchical linear regression will be used to identify predictors of tooth brushing frequency in children, and it is hypothesised that difficult child behaviour as well as parenting skill and confidence in managing difficult child behaviour will be the most important predictors of children's tooth brushing frequency.

Conclusion:

The findings will inform the development of a parenting intervention to increase the frequency of children's health behaviours.

Paper 3.

Parenting and child behaviour barriers to managing screen time in young children

Samuel Halpin, The University of Queensland, Brisbane, Qld

Authors:

Halpin S¹, Mitchell AE¹, Baker S¹, Morawska A¹

¹ Parenting and Family Support Centre, School of Psychology, The University of Queensland, Brisbane, Qld

Introduction/Background:

With advancements in technology, excessive exposure to screen-based media is becoming more prevalent in young children and is linked to problems including obesity, cognitive and language delay, and anger and aggression. The development of positive health behaviours such as limiting screen time/use early in life is important for effective health management in later years. Younger children rely on parental and familial influence to guide their behaviour; however, many parents have trouble setting and enforcing limits on their child's screen time use and in finding viable alternatives. In order to develop strategies to better support parents in this area, we need a better understanding of which parent and child factors contribute to the challenges that parents experience in managing their child's screen time use. An Australia-wide online cross-sectional survey will be conducted between April and August 2018. Parents of young children (0-4 years) will complete measures of children's screen time use, as well as parental self-efficacy for limiting screen time; extent of screen time-related child behaviour difficulties, and parents' self-efficacy for managing these; parents' beliefs around the positive/negative effects of their child's screen use; child and parent adjustment; and general parenting style. Correlations will be used to examine relationships between key constructs, and hierarchical linear regressions will identify variables that explain variation in children's screen time and parents' self-efficacy for limiting children's screen time. Results will inform the future

development of parenting intervention to support parents to develop healthy habits around their child's screen use and promote child health and wellbeing.

Paper 4.

Does integrating a parenting support program into paediatric eczema care services improve treatment outcomes? Protocol of a randomised controlled trial.

Amy Mitchell, The University of Queensland, Brisbane, Qld

Authors:

Mitchell AE¹, Morawska A¹, Casey E²

¹ Parenting and Family Support Centre, School of Psychology, The University of Queensland, Brisbane, Qld, ² Dermatology Service, Lady Cilento Children's Hospital, Brisbane, Qld

Introduction/Background:

Childhood eczema places an enormous burden on children and families. While good evidence for therapeutic interventions exists, ongoing non-compliance with treatment is common and presents a serious problem, increasing morbidity and impacting quality of life for children and families. Existing approaches have a record of failure in improving adherence. Whilst data from our recent clinical trials support the feasibility of using parenting intervention to improve paediatric illness management, it remains to be seen whether this approach can improve adherence to treatment regimens and reduce clinical disease severity. This study aims to test whether integrating an evidence-based parenting program (Positive Parenting for Healthy Living Triple P) into routine care will improve clinical outcomes for children with eczema. A randomised controlled trial will evaluate a brief parenting skills-training program for parents of children with eczema, comparing the intervention with usual care. A sample of 150 parent-child dyads will be recruited through the Dermatology outpatient clinics at the Lady Cilento Children's Hospital between July 2018 and November 2019. We hypothesise that providing parenting intervention, which aims to enhance parental self-efficacy via application of practical parenting skills, will lead to improved adherence to children's medical treatment regimens and reduced disease severity, as well as decreased parent-reported use of ineffective parenting practices, increased parent self-efficacy with illness management, reduced parent-reported child behaviour problems, and improvements in child and parent quality of life. This paper will further draw on a clinical case study to demonstrate the translation of theory and empirical research into clinical practice.

11:00am - 12:30pm

Master Clinician Session:

For the children: working with high conflict separated parents

Professor Kim Halford, The University of Queensland, Brisbane, Qld

About 1 million (1 in 5) Australian children experience their parents separate. Forty percent of separated parents do not reach mutually acceptable co-parenting arrangements. High conflict between separated co-parents is associated with child and adult adjustment, and can be a major barrier to providing children with a safe and nurturing home. In this presentation I will speak to the predictors of high conflict separations, and key issues in assisting separated parents with high conflict. I also will describe and demonstrate work we have been doing on assessment with feedback to promote parental positive goal setting, enhancing family mediation, and co-parenting education to assist high conflict parents.

11:00am - 12:30pm

Symposium 03: A critical developmental stage - emotion regulation in vulnerable young people

Symposium Description: The transition through adolescence into young adulthood has been recognised as a critical period in psychological development. This period is associated with the highest risk for the onset of mental health disorders and is the peak age for the initiation of substance use. High levels of diagnostic ambiguity, comorbid substance use and co-existing disorders are commonplace in young adults. The aim of this symposium is to examine the unique clinical needs of this age group in relation to patterns of emotion regulation (ER), repertoires of ER responses and ER informed treatments. The proposed transdiagnostic nature of ER makes this construct a critical area of research in young adults. The first paper presented by Elise Sloan examines the association between unique patterns of ER responding and symptoms of psychopathology using latent class analysis. Paper two presented by Kristen McCarter examines patterns of ER and substance use in a sample of disengaged young people. Paper three presented by Genevieve Dingle examines the individual and interpersonal emotion regulation capacity of young adults in residential SUD treatment. Paper four, presented by Kate Hall presents findings from a pilot study of an ER based intervention (ERIC) in young people seeking treatment across AoD services in Victoria and NSW. Renee O'Donnell presents paper five, which explores the acceptability of ERIC in Youth Justice and Out of Home Care Services.

Chair: Kate Hall, Deakin University

Discussant: Leanne Hides, The University of Queensland

Paper 1.

Maladaptive emotion regulation and psychopathology in young people accessing youth drug treatment in Australia

Elise Sloan, Deakin University, Geelong, Vic

Authors:

Sloan E¹, Hall K^{1,2}, Moulding R¹, Youssef G^{1,2}, Mildred H¹, Staiger PK¹

¹ School of Psychology, Deakin University, Geelong, Vic, ² Centre for Adolescent Health, Murdoch Children's Research Institute, Parkville, Vic

Introduction/Background:

Young people accessing AoD services present with complex patterns of substance use and mental health comorbidity. Deficits in Emotion Regulation (ER) have been identified as a core construct underlying both of these difficulties and represents a promising transdiagnostic treatment target. However, ER is a broad construct, and little is known about what particular pattern of ER strategy use is associated with the most severe mental health outcomes in this cohort of vulnerable young people. This study aimed to examine what [pattern of ER strategy use is associated with the highest and lowest levels of psychopathology.

Methods:

Participants were young people (N=306, M=20.8 years) accessing AoD services in Victoria, Australia. They completed an online survey which assessed their use of 14 ER strategies, including both maladaptive (i.e. rumination, avoidance, self-harm) and adaptive (problem solving, reappraisal) in response to a recent emotional event. Symptoms of depression, anxiety, disordered eating and borderline personality disorder were also assessed.

Results:

Latent class analysis was used and identified that young people (n=76) who engaged in a pattern of emotion regulation characterised by heightened rumination and avoidance in the absence of adaptive ER strategies exhibited the most significant symptoms psychopathology across all diagnostic categories. In contrast, the class of young people (n=129) who engaged in very low use of maladaptive ER had the lowest levels of psychopathology.

Conclusion:

Our findings highlight that it is the presence or absence of maladaptive ER strategies (i.e. rumination) that has the greatest impact across all classes of psychopathology. These findings can inform the development of transdiagnostic treatments that focus on the reduction of rumination and avoidance.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

Paper 2.

Patterns of emotion regulation and associated factors in a sample of disengaged youth

Kristen McCarter, University of Newcastle, Callaghan, NSW

Authors:

McCarter K¹, Baker A L¹, Stain H J², Jackson C³, Lenroot R⁴, Paulik G^{5,9}, Attia J^{1,8}, Wolfenden L¹, Stoyanov S^{6,7}, Devir H¹, Hides L^{6,7}

¹School of Medicine and Public Health, University of Newcastle, Callaghan, NSW, ²School of Social and Health Sciences, Leeds Trinity University, UK, ³ Early Intervention Service, Birmingham and Solihull NHS Foundation Trust, UK, ⁴ School of Psychiatry, University of New South Wales, NSW, ⁵ School of Psychology and Exercise Science, Murdoch University, Perth, WA, ⁶ School of Psychology, The University of Queensland, Brisbane, Qld, ⁷School of Psychology, Queensland University of Technology, Brisbane, Qld, ⁸ Hunter Medical Research Institute, Newcastle, NSW, ⁹ Perth Voices Clinic, Perth, WA

Introduction/Background:

Internationally, from 12.2 - 23.4% of youth (aged 16-24 years) are not in employment, education or training (NEET). These disengaged youth are more likely to experience social exclusion, increased psychological distress and poor quality of life. Youth at risk of disengagement are less likely to access traditional support services, requiring development of innovative interventions. The aim of this study is to use data from a RCT to explore patterns of associations between ER strategies and other social and psychological constructs.

Methods:

The trial is a single blind, three arm, randomised controlled trial evaluating the effectiveness of a telephone delivered psychological intervention for disengaged youth. Participants were randomised to receive either (i) SWEL, (ii) Befriending, or (iii) Single Session Psycho-Education. The SWEL intervention was specifically designed for this trial by integrating several evidence-based in order to target sense of self, interpersonal effectiveness, and affect regulation. Participants completed baseline assessments including demographic items, the Regulation of Emotions Questionnaire and the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST).

Results:

276 participants completed baseline assessments. Just over half were male and the average age was 16 (range 12 – 25). More than half of the sample had used tobacco, alcohol and cannabis in their lifetime. Patterns of scores on the Regulation of Emotions Questionnaire and associations between these and other factors will be discussed.

Conclusion:

Patterns of substance use, emotional regulation and associations between these factors may be a useful target for intervention in disengaged young people.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

Paper 3.

Individual and interpersonal emotion regulation among young adults with substance use disorders and matched controls

Genevieve Dingle, The University of Queensland, Brisbane, Qld

Authors:

Dingle GA¹, da Costa Neves D¹, Alhadad SSJ^{1,2}, Hides L¹

¹ School of Psychology, The University of Queensland, Brisbane, Qld, ² Learning Futures, Griffith University, Brisbane, Qld

Introduction/Background:

Self-report studies (including papers in this symposium) show that negative emotional states and ineffective use of emotion regulation strategies are key maintaining factors of substance use disorders (SUD). However, experimental research into emotional processing in adults with SUD is in its infancy.

Furthermore, theoretical conceptualisations of emotion regulation have shifted from a focus on individual (internal) processes to one that encompasses interpersonal functions - including the regulation of facial expression of emotion. This study was designed to examine the individual and interpersonal emotion regulation capacity of young adults in residential SUD treatment compared to demographically matched controls.

Methods:

Participants (N=70; both samples M_{age} of 25 years; 37% females) completed a facial emotion expression flexibility task while viewing emotive images, as well as the Difficulties of Emotion Regulation Scale (DERS) and the Social (Emotion) Expectancy Scale (SES) which measures the extent to which respondents believe that they should NOT express various emotional states (e.g., anxiety, depression) due to social norms.

Results:

Compared to controls, adults in SUD treatment experienced significantly more emotion regulation difficulties on all DERS subscales and higher levels of negative self-evaluation and social expectancies not to feel negative emotions (anxiety and depression). Moreover, when viewing emotive images, the treatment sample showed significantly less flexibility of their emotional expression compared to the control sample.

Conclusion:

These findings demonstrate that the awareness, expression, and regulation of emotions is particularly difficult for people with SUD and this may maintain their substance use and provide an important target for treatment.

Disclosure of Interest Statement:

This study was funded in part by a UQ early career researcher grant to G. Dingle. The authors have no conflicts of interest to disclose.

Paper 4.

ERIC: an emotion regulation intervention for vulnerable young people: a pilot study

Kate Hall, Deakin University, Geelong, Vic

Authors:

Hall K^{1,2}, Simpson A^{1,2}, Moulding R¹, Baker A³, Perry N, Beck A, Sloan E¹, O'Donnell R¹, Staiger P^{1,2}

¹ School of Psychology, Deakin University, Geelong, Vic, ² Centre of Drug, Alcohol and Addiction Research, Deakin University, Geelong, Vic, ³ School of Medicine and Public Health, University of Newcastle, Callaghan, NSW

Introduction/Background:

Young people accessing AOD treatment have complex needs. Their histories of trauma and disadvantage, coupled with complex mental health and substance use mean that these young people experience high levels of emotion dysregulation and impulsivity. Current evidence based treatments are often disorder specific and thus are an inadequate fit for the complexity evident in youth AOD

settings. This study aimed to examine the feasibility of implementing- a flexible and transdiagnostic intervention targeting emotion regulation and impulse control, across various youth AOD settings.

Methods:

Participants were recruited from a range of settings across Victoria and NSW including; community health, AoD services and youth mental health services. ERIC was delivered in conjunction with existing treatments, for a period of 12 weeks. Participants completed the Difficulties in Emotion Regulation Questionnaire (DERS), the Depression, Anxiety and Stress Scale (DASS) and the Acceptance and Action Questionnaire (AAQ) at baseline and at 6-week follow up.

Results:

A total of 42 young adults (22 female) aged 16 to 25 ($M = 19.2$, $SD = 2.8$) completed the ERIC intervention for 12 weeks. Preliminary findings suggest that engagement in ERIC can influence emotion regulation and reduce distress. These findings will be described in the presentation.

Conclusion:

Interventions that target emotion regulation may prove beneficial in improving young people's ability to both regulate their emotions and control impulsive behaviours while also reducing distress. This finding has the potential to inform the way in which health professionals intervene upon young adults who present with complex mental health and substance use issues.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

11:00am - 12:30pm

Open Papers 01: Anxiety / Exposure Therapy

The interactive child distress screener: development and preliminary feasibility testing

Kirsty Zieschank, University of Southern Queensland, Springfield Central, Qld

Authors:

March S¹, Day J², Zieschank K¹, Ireland M¹

¹ University of Southern Queensland, Institute for Resilient Regions & School of Psychology and Counselling, Springfield Central, Qld, ² University of Southern Queensland, Institute for Resilient Regions, Springfield Central, Qld

Introduction/Background:

Early identification of child emotional and behavioural concerns is essential for the prevention of mental health problems; however, few suitable child-reported screening measures are available. This describes the development and pilot testing of a new animated screening instrument for children (5-12 years)

Methods:

A mixed-methods approach was utilised. Study 1 involved the development of target constructs for animation via an iterative content validation process with an expert panel of researchers and psychologists (N=9). Study 2 involved the development of 3 prototype animations and the application interface and response format, followed by an iterative feedback and refinement process with 18 children (4-12 years). Children were questioned regarding their understanding and acceptability of the animations and the web-based application.

Results:

Study 1: a revised list of 15 constructs was generated after two rounds of expert feedback. These were rated highly in terms of importance (mean=6.32, SD 0.42) and perceived compatibility of items (mean=6.41, SD 0.45) on a 7-point scale. Study 2: children's ability to understand animations varied according to target items, and feedback highlighted key objectives for improvements e.g. adding contextual cues and sounds. These design changes were incorporated through an iterative process.

Conclusion:

The ICDS has potential to obtain clinical information from the child's perspective that may otherwise be overlooked using a quick, engaging, and easy-to-use screener that can be utilized in routine care settings. This project highlights the importance of involving expert review and user codesign in the development of digital assessment tools for children.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

Are benefits from internet delivered CBT for adult anxiety disorders as good as in-person CBT? A critical review of the evidence.

Richard O’Kearney, Australian National University, Canberra, ACT

Authors:

O’Kearney R¹, Dawson, R¹, Kim, S¹

¹ Research School of Psychology, Australian National University, Canberra, ACT

Introduction/Background:

In-person CBT is a recommended first-line treatment for adult anxiety disorders, demonstrating superior benefits over active and inactive comparators. Applications of the internet to deliver CBT (iCBT) have grown rapidly and there is valid evidence that iCBT for anxiety disorders is superior to wait-list and some active controls (treat-as-usual). It remains uncertain, however, whether iCBT is equivalent to or not inferior from in-person CBT.

Methods:

Using systematic review methods this study assesses the evidence from RCTs comparing iCBT and face-to-face CBT for anxiety disorders in adults. The review examines study design; description of iCBT and in-person comparator; study findings and their interpretation.

Results:

The review located nine RCTs with an iCBT to face-to-face CBT comparison. All were of disorder-specific CBT for Specific Phobia, Social Anxiety Disorder, or Panic Disorder. The studies failed to demonstrate that iCBT was not inferior to in-person CBT while one found iCBT to be superior. Four serious issues of extant comparisons were identified: a) Incorrect design to infer non-inferiority of iCBT resulting in faulty inferences: b) In-person comparators which don’t reflect the best standard of care: c) Inadequate reporting to allow examination of non-inferiority, and d) Poor specification of the active components of iCBT.

Conclusion:

The rapid growth and adoption of iCBT has meant that evaluations of their relative benefits have not kept up or maintained the expected rigour. Properly designed non-inferiority studies are required to determine if the supposed benefits of iCBT offset any reduced efficacy relative to the care provided by in-person CBT.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

Enhancing exposure therapy through occasionally reinforced extinction: what can we learn from basic research about the treatment of fears?

Alina Thompson, Curtin University, Bentley, WA

Authors:

Thompson A¹, McEvoy PM^{1,2}, Lipp OV^{1,3}

¹School of Psychology, Curtin University, Bentley, WA, ²Centre for Clinical Interventions, Northbridge, WA, ³ARC-SRI: Science of Learning Research Centre, The University of Queensland, Brisbane, Qld

Introduction/Background:

Maladaptive fears underlying anxiety disorders are commonly treated through exposure-based therapies that emphasise the reduction of distress to the feared cues. While these treatments are efficacious, fears may return after successful treatment. In the present basic research study, we examined whether an inhibitory learning approach that emphasises occasional presentations of the aversive outcome during extinction training (a cornerstone of exposure therapy) is more successful in the reduction of fear than traditional, non-reinforced extinction.

Methods:

Healthy volunteers (N=72; M age=21.61 years, SD=3.95) underwent fear conditioning, involving pairings of neutral cues (conditioned stimuli, CSs) with a mild electro-tactile stimulation (unconditioned stimulus, US) to the wrist, before undergoing extinction training involving (a) exposure to the CSs in the absence of the US (non-reinforced extinction), or exposure to the CSs with occasional presentations of the US, either (b) paired with a CS or (c) unpaired, i.e. delivered before/after a CS presentation.

Results:

Return of fear was reduced after extinction with occasionally paired or unpaired USs, relative to non-reinforced extinction. Furthermore, unpaired, but not paired, US presentations interfered with the reacquisition of extinguished fear.

Conclusion:

Return of fear may be reduced through extinction training encompassing occasional exposure to the aversive outcome (US). Paired and unpaired presentations of the US may facilitate inhibitory learning through violation of expectancies, whereby individuals learn that aversive events occur less often than expected or that the feared cues no longer predict the aversive outcome. Our findings suggest that occasional exposure to aversive events may benefit the long-lasting reduction of fear.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

One-session virtual reality exposure therapy for blood injection injury phobias: a randomised trial

Jill Newby, University of New South Wales, Sydney, NSW

Authors:

Newby JM¹, Jiang, M¹, Upton EL¹

¹School of Psychology, University of New South Wales, Sydney, NSW

Introduction/Background:

Virtual reality exposure therapy (VRET) is effective for treating PTSD, social phobia, and some specific phobias (e.g., heights, flying phobia, and arachnophobia) but no studies have evaluated the efficacy of VRET for the treatment of people with blood injection injury (BII) phobias.

Methods:

This randomised controlled trial included 45 participants who were randomly allocated to either a one-session VRET intervention targeting fears of blood, injury and needles, or a waiting list control group (WLC). The VRET session lasted 2 hours, and consisted of graded virtual reality-based exposure to a variety of blood, needle and injury scenarios using bespoke software within Samsung Gear VR headsets. Outcomes were assessed at one-week and 3-month follow-up including BII severity, dental anxiety, catastrophic cognitions about BII situations, behavioural outcomes (e.g., injections). For the VRET group, we explored the degree of presence, immersion and unwanted side effects of VR.

Results:

Results showed that the VRET group experienced greater improvements in BII severity, with medium differences between groups at one-week follow-up ($g=0.7$). Results at 3-month follow-up will be presented, along with the results of mediation analyses exploring the role of hypothesised mediators (anxiety sensitivity, behavioural avoidance and cognition change) in contributing to changes in symptom severity.

Conclusion:

Virtual reality presents a novel, engaging method to deliver exposure therapy for people with specific phobias. Further research is needed to identify long-term outcomes, and identify accessible, cost-effective and affordable VRET options so that these programs can be disseminated to the community.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

Beyond risk: preventing suicide by attending to clients' needs

Helen Stallman, University of South Australia, Adelaide, SA

Authors:

Stallman HM¹

¹University of South Australia, Adelaide, SA

Introduction/Background:

Despite poor validity, risk assessment continues to be the most widely-used response to disclosures of suicidal ideation. The focus is on what clinicians do, not what clients need. The lack of validity of this approach often makes the process daunting for health professionals and students and traumatic for clients.

Methods:

Care · Collaborate · Connect is a person and strengths-focused approach to helping people who are distressed, including those experiencing suicidal ideation. The online competency-based training comprises eight modules—self-care, attending to distress, talking about suicide, coping planning, problem-solving, documentation and ethic and law and self-management. The training has been completed by undergraduate and post-graduate students and health professional in fields of psychology, social work, nursing, counselling, welfare and medicine.

Results:

Training effectiveness, evaluated by pre- and post-evaluations of knowledge, attitudes, self-care, and confidence working with people experiencing suicidal ideation, showed significant improvements. There were high levels of training satisfaction. Qualitative feedback revealed that a person-centred model aligned better with the way health professionals wanted to work with clients.

Conclusion:

Care · Collaborate · Connect promotes confidence and competence to support people who are distressed and have suicidal ideation. Meeting a client's current needs, rather than futilely trying to predict the likelihood that they will die by suicide, has the potential to promote coping and prevent suicide.

Disclosure of Interest Statement:

The author has no conflicts of interest to disclose.

1:30pm - 2:03pm

AACBT Early Career Award Presentation:

The Tracy Goodall Early Career Award Address

Carly Johnco

An overview of her body of work to date.

1:30pm - 2:15pm

Open Papers 02: Social Anxiety

A mixed methods investigation into negative self-imagery in social anxiety disorder

Katherine Dobinson, The University of Sydney, Sydney, NSW

Authors:

Dobinson KA¹, Norton AR², Abbott MJ¹

¹ Clinical Psychology Unit, School of Psychology, The University of Sydney, Sydney, NSW, ² Brain and Mind Centre, The University of Sydney, Sydney, NSW

Introduction/Background:

The current study aimed to investigate the content of negative self-imagery (NSI) in Social Anxiety Disorder (SAD). Further, we sought to explore the relationship between NSI and other maintaining variables, such as social cognitions.

Methods:

Eighty-six individuals (83.7% female) with SAD completed self-report questionnaires and a semi-structured imagery interview. Interviews were investigated using thematic analysis. Quantitative image and memory variables (e.g., distress, vividness) were also coded and analysed. Mediation analyses were employed to explore the relationship between NSI and other variables of interest.

Results:

Imagery characteristics supported extant findings, such that they appeared distorted, from an observer perspective, and inclusive of multiple sensory modalities. 'Unconditional beliefs' and 'Conditional beliefs' depicted overarching themes emerging from the data, outlining themes in NSI regarding self- and other-directed concepts. Mediation analyses demonstrated that imagery variables mediated the relationship between trait social anxiety and subsequent distress. Furthermore, social cognitions mediated the relationship between trait social anxiety and NSI.

Conclusion:

Findings both support the current knowledge base, in addition to providing novel insights regarding thematic content of NSI in SAD. Evidence that social cognitions mediate the relationship between trait social anxiety and NSI emphasises the clinical importance of targeting such cognitions. In summary, the current findings contribute novel insights that may inform clinical techniques, such as imagery-focussed interventions (e.g., imagery rescripting) in the treatment of SAD.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

Imagery rescripting for social anxiety disorder

Alice Norton, The University of Sydney, Sydney, NSW

Authors:

Norton AR¹, DobinsonKA², Abbott MJ²

¹Brain and Mind Centre, The University of Sydney, Sydney, NSW, ²Clinical Psychology Unit, School of Psychology, The University of Sydney, Sydney, NSW

Introduction/Background:

Imagery rescripting (IR) aims to alter negative meanings associated with memories of distressing experiences, and has recently demonstrated promising results in the treatment of Social Anxiety Disorder (SAD). However, studies of IR for SAD are preliminary and the adjunct benefits of IR to standard Cognitive Behavioural Therapy (CBT) are unknown. Hence, the current research compared the benefits of IR with cognitive restructuring (CR) for SAD, and the additive benefit of IR to group CBT for SAD.

Methods:

SAD individuals (N = 60) were randomly allocated to IR, CR or Control conditions. Further, a pilot study of SAD individuals (N = 8) completed 2 sessions of IR following standard group CBT. Participants completed measures of symptomatology, affect and cognition in relation to these interventions.

Results:

Both IR and CR were equivalently efficacious, and more effective than a control task. However, IR yielded stronger gains on imagery variables, whereas CR yielded stronger gains on verbal cognitive processes. Participants completing group CBT demonstrated significant reductions in social anxiety symptoms, and additive reductions in depression symptoms, imagery vividness, emotional intensity and shame associated with the memory, as well as strength of core beliefs as a result of the IR sessions.

Conclusion:

Findings provide support for the benefits of IR in the treatment of SAD. However, IR and CR appeared to operate via different mechanisms of action. Moreover, IR as an additive to standard CBT for SAD appears beneficial for addressing underlying core belief and associated distressing memories, as well as comorbid depression symptomatology.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

Does interpretation bias impact the effects of video feedback for biased self-imagery in social anxiety when using social scenarios as stimuli?

Junwen Chen, Flinders University, Adelaide, SA

Authors:

Chen J¹, Detweiler M¹, Sim C¹, Kemps E¹

¹Flinders University, Adelaide, SA

Introduction:

Video feedback (VF) is an effective method for modifying biased self-imagery. However, research has failed to consistently demonstrate its effect on state anxiety. Our own research has shown that interpretation bias influences the effects of VF on levels of state anxiety, and perceived probability and cost of negative evaluations (PCNE) pertaining to an impromptu speech specifically when using facial expressions as stimuli. This study extended our investigation to the use of social scenarios as stimuli designed to capture specifically fear of negative evaluation.

Methods:

Socially anxious students (N=114; Mage: 21.87 years) were asked to deliver a 3-minute speech. They were subsequently allocated to 3 conditions: VF plus cognitive preparation; VF only; and no feedback. Participants completed state anxiety and PCNE ratings after the speech (T1), after receiving feedback (T2), and after a second speech (T3). Interpretation bias was assessed using the Word Sentence Association Paradigm at T1 and T2.

Results:

Mixed ANOVAs showed no difference in the change in interpretation bias from T1 to T2 between the three conditions. However, there were small to moderate positive correlations between change in interpretation bias scores and change in state anxiety and PCNE ratings.

Conclusion:

Results confirm that negative interpretation bias may interfere with the effects of video feedback on state anxiety and PCNE. Importantly, they demonstrate that different interpretation bias tasks and stimuli (facial expressions versus social scenarios) capture different aspects of this bias in the context of video feedback.

Disclosure of Interest Statement:

The authors have no conflicts of interest disclose.

Shared cognitive processes across borderline personality and social anxiety disorders

Lisa Phillips, University of Melbourne, Parkville, Vic

Authors:

Bradshaw C¹, [Phillips L](#)¹

¹Melbourne School of Psychological Sciences, University of Melbourne, Melbourne, Vic

Introduction/Background:

Many of the most pertinent difficulties for people with borderline personality features relate to interpersonal interactions and the use of dysfunction emotional regulation strategies, rather than avoidance of specific situations or interpersonal reactions. This suggests that there may be similar underlying cognitive process between social anxiety and borderline personality disorder. This project explored the relevance of cognitive processes that are usually attributed to social anxiety in relation to borderline personality features.

Methods:

Undergraduate university students completed measures of borderline personality features, symptoms of social anxiety and depression as well measures of three cognitive processes that are usually described as being relevant to social anxiety: fear of negative evaluation, intolerance of uncertainty and post-event processing.

Results:

Level of borderline personality features was positively associated with levels of social anxiety, particularly fear or social interactions (as opposed to avoidance of social interactions). The three cognitive processes that were investigated were associated with borderline personality features over and above the influence of social anxiety. Specific relationships between the three cognitive processes and unique personality disorder features were also explored.

Conclusion:

These findings support a transdiagnostic framework for considering borderline personality disorder within and specifically suggest that cognitive processes pertinent to social anxiety might be worth considering when working clinically with individuals with borderline personality disorder.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

1:30pm - 2:15pm

Open Papers 03: Trauma

The latent structure of post-traumatic stress disorder among refugees settled in Australia: culturally validating the DSM-5 model

Philippa Specker, University of New South Wales, Sydney, NSW

Authors:

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¹ Refugee Trauma and Recovery Program, School of Psychology, University of New South Wales, Sydney, NSW, ² University of New South Wales, Sydney, NSW

Introduction/Background:

The symptom structure of PTSD underwent a major revision in the recent formulation in the DSM-5, and this reformulation has yet to be comprehensively investigated among non-western conflict-affected populations. Refugees are often exposed to multiple traumatic events and report elevated rates of PTSD. The current study was the first to assess the construct validity of the DSM-5 PTSD structure in a culturally diverse refugee sample compared to four alternate models commonly identified in western populations: the four-factor Dysphoria model, the five-factor Dysphoric Arousal model, and the six-factor Anhedonia and Externalising Behaviours models. We also investigated whether factors characteristic of the refugee experience, like trauma exposure and post-migration stress, predicted symptom clusters.

Methods:

246 Arabic, Farsi and Tamil refugees completed measures of trauma exposure, post-migration living difficulties and PTSD symptoms. Confirmatory factor analysis was conducted to determine model fit, and predictors of symptom clusters were examined using regression analysis.

Results:

All models demonstrated acceptable model fit. However, the DSM-5 model provided the poorest fit overall. Preliminary evidence suggests that the six-factor Anhedonia model, comprising the symptom clusters of re-experiencing, avoidance, negative affect, anhedonia, dysphoric arousal and anxious arousal, provided the best fit. Trauma exposure and post-migratory stress were significantly associated with all symptom clusters, while time in resettled country predicted symptoms of avoidance, negative affect and anxious arousal.

Conclusion:

Our findings offer preliminary evidence for the applicability of the Anhedonia model to a refugee sample, and contribute to a growing body of studies which indicate that the DSM-5 model does not best represent the PTSD symptom structure found across non-western conflict-affected populations.

Disclosure of Interest Statement:

The authors acknowledge the contribution of Australian Red Cross, Settlement Services International and Phoenix Australia to this study.

Therapeutic approaches to the treatment of post-traumatic stress disorder and substance use in adults and adolescents

Natalie Peach, University of New South Wales, Sydney, NSW

Authors:

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¹ NHMRC Centre of Research Excellence in Mental Health and Substance Use, National Drug and Alcohol Research Centre, University of New South Wales, Sydney, NSW, ² School of Psychology, The University of Queensland, Brisbane, Qld, ³ Department of Psychology, Lund University, Lund, Sweden, ⁴ Orygen National Centre of Excellence in Youth Mental Health, Parkville, Vic, ⁵ Department of Psychiatry and Behavioral Sciences, Medical University of South Carolina, Charleston, SC, USA

Introduction/Background:

Up to two-thirds of Australians entering treatment for their substance use have co-occurring post-traumatic stress disorder (PTSD). Individuals who present with these disorders typically present with a more severe clinical profile and demonstrate poorer treatment outcomes in relation to physical health, mental health and psychosocial functioning. There are however, reasons for optimism. In this paper, we present an overview of the evidence regarding treatments options available for this comorbidity among adults and examining the efficacy of early intervention for adolescents.

Methods:

A review of the research literature was conducted.

Results:

International guideline recommendations have shifted away from traditional sequential models of treatment for these disorders towards integrated models where both disorders are treated simultaneously. Evidence to date supports the use of individual trauma-focused therapies among adults; however, research examining approaches for adolescents is sparse.

Conclusion:

There is a growing evidence base to guide clinical decision making in relation to the treatment of substance use and PTSD. Although promising treatments for adults exist, it is imperative to intervene early in the trajectory in order to prevent the severe and long lasting burden associated with co-occurring PTSD and substance use.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

Preventing post-traumatic stress in young children: results from two randomized controlled trials conducted in Australia and Switzerland

Alexandra De Young, The University of Queensland, Brisbane, Qld

Authors:

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¹ Centre for Children's Burns and Trauma Research, The University of Queensland; Brisbane, Qld, ² Department of Psychosomatics and Psychiatry, University Children's Hospital Zurich; Switzerland, ³ School of Psychology, The University of Queensland; Brisbane, Qld, ⁴ Centre for Pediatric Burns and Plastic-Reconstructive Surgery, University Children's Hospital Zurich, Switzerland, ⁵ Division of Child and Adolescent Health Psychology, Department of Psychology, University of Zurich, Switzerland

Introduction/Background:

Traumatic injury is common during early childhood and around 10-30% of children develop posttraumatic stress disorder (PTSD) and other comorbidities. Current treatment guidelines recommend providing early intervention to children screened at risk. However, currently there are no validated early interventions for very young children. This presentation will present the results from two aligned randomized control trials (conducted in Australia and Switzerland) that evaluated the efficacy of the 2-session Coping with Accident Reactions (CARE) early intervention at preventing posttraumatic stress symptoms (PTSS) in young injured children.

Methods:

Parents of 590 children (aged 1-6 years; M=4.10; SD=1.29) completed the Pediatric Emotional Distress Scale-Early Screener 6-8 days post-accident. 133 high-risk children were randomized to either CARE or usual care and parents completed baseline (9-11 days), 3- and 6-month diagnostic assessments.

Results:

Analyses found a medium effect size for change in PTSS severity scores from baseline to 3-months (Cohen's $d=.57$). There was a significantly quicker and greater reduction in PTSS ($p=.003$) and PTSD diagnosis rates for children in the intervention condition compared to the control group over the 6-month assessment period ($p=.003$). The intervention also led to significantly greater reductions in total behavioural problems over the first 3 months ($p = .003$) and greater reductions in functional impairment scores over 6-months ($p=.02$).

Conclusion:

These findings are very promising as this is the first early psychological intervention that has demonstrated efficacy in preventing persistent PTSS in this neglected population. This has significant implications for the social and economic costs associated with medical trauma.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

The impact of digital mental health training on service providers' knowledge, confidence and referral
Heidi Sturk, Queensland University of Technology, Brisbane, Qld

Authors:

Sturk H¹, Wild S¹, Kavanagh D¹

¹ Queensland University of Technology, Brisbane, Qld

Introduction/Background:

Due to the recent growth within the digital mental health delivery sector, health practitioners are aware of online health resources. However, the wide range of resources can be daunting to

practitioners who are unsure where to begin or how to use these resources with their clients. The eMHPrac (e-Mental Health in Practice) Project is a Commonwealth initiative providing digital mental health training and support to health practitioners. eMHPrac provides practical training which shows how evidence-based online resources can be useful therapy tools and also guides practitioners to find what is appropriate for their practice. The project also includes training on the new Head to Health gateway launched by the Government in October 2017.

Methods:

Over 300 health practitioners have participated in national training workshops run by Queensland University of Technology, the lead organisation in the project. Pre, post and follow up data were collected from each participant regarding self-reported knowledge of dMH interventions, confidence in using and referring to dMH resources, and actual referral to resources over previous 6 months. Qualitative feedback was also sought to shape future training content and delivery.

Results:

Findings indicate an increase in all of the tested variables, showing an increase in knowledge of, confidence in using and referring to digital mental health resources, and behaviour of referring resources to clients.

Conclusion:

Training and enhancing service provider awareness and effective utilisation of dMH resources will be critical in expanding access and delivery of low intensity mental health services. Key learnings from this project will be discussed.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

2:15pm - 3:30pm

Symposium 04: CBT therapist training and professional development: time to walk the talk?

Symposium Description:

From the time of Freud, personal practice in the form of personal therapy has been a key requirement in many forms of psychotherapy and counselling training. However, with the advent of behaviour therapy and CBT, a more technological approach saw personal practice removed from therapist training. Over the last 20 years, there has been increasing interest amongst CBT and ‘third wave’ practitioners in the value of personal practice for therapist skill development. This renewed focus has encompassed an increasing range of personal practices, for instance self-practice/self-reflection (SP/SR) programs, and compassion and mindfulness meditation programs. Furthermore, empirical evaluation has been a core element in the development of these new approaches. The purpose of this symposium is to discuss the value of personal practices from both theoretical and empirical perspectives. James Bennett-Levy will briefly review the theoretical and empirical case for including personal practices in therapist training and professional development. Toby Bell will follow with a description and evaluation of his self-experiential training program to develop the “internal compassionate supervisor”. Jane Scott, Keong Yap and colleagues will present two recent quantitative studies where SP/SR groups were compared with non-SP/SR groups. The discussant will be Nicole Lee, who has published SP/SR studies and leads SP/SR programs for health professionals working with people with drug and alcohol problems.

Chair: James Bennett-Levy, University Centre for Rural Health, The University of Sydney

Discussant: Nicole Lee, National Drug Research Institute, Curtin University

Paper 1.

Should personal practice be a core part of therapist training and professional development?

James Bennett-Levy, The University of Sydney, Lismore, NSW

Authors:

Bennett-Levy J¹

¹ University Centre for Rural Health, The University of Sydney, Lismore, NSW

Introduction/Background:

For much of the first 100 years of psychotherapy training, the case for including personal practice (PP), mainly in the form of personal therapy, was a matter of belief. For instance, advocates of psychoanalysis suggested that knowing oneself (e.g. projection, counter-transference) was central to effective psychotherapy. However, from the 1950s with the growth of behaviourism, effective therapy was conceived as the correct application of the principles of learning theory and, later, cognitive theory to mental health problems. For a long time, the “person of the therapist” was regarded as largely or completely irrelevant. Recently the landscape has changed. Increasingly there has been an empirical focus on the role of “the personal self” in therapist skilfulness and client outcomes. And alongside personal therapy, there is now empirical research on mindfulness, compassion and loving-kindness meditation programs, and self-practice/self-reflection (SP/SR) programs. These developments have been conceptualised into a Personal Practice model (Bennett-Levy & Finlay-Jones,

2018), which suggests that both the “personal self” and “therapist self” contribute to therapist skilfulness.

Methods:

The theoretical and empirical case for PP is briefly reviewed.

Results:

The case for including PP (of various kinds) in therapist training and professional development has strengthened considerably over the past decade.

Conclusion:

It is concluded that it is increasingly hard to justify therapist training programs and professional accreditation, which seek to distance personal development from professional development. The issue now is not so much whether to include PP, but what PPs, for whom, at what stage of training and professional development.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

Paper 2.

Developing an internal compassionate supervisor: a self-practice exercise for trainee therapists

Tobyn Bell, Greater Manchester Mental Health NHS Foundation Trust, Prestwich, UK

Authors:

Bell T¹, Dixon A², Kolts, R³

¹ Greater Manchester Mental Health NHS Foundation Trust, UK, ² Greater Manchester Mental Health NHS Foundation Trust, UK, ³ Eastern Washington University, WA, USA

Introduction/Background:

The concept of an ‘internal supervisor’ has been used in psychotherapy to describe the way in which the supervisory relationship is internalized and utilized by the supervisee. This research explores the possibility, and potential benefit, of self-experiential training for therapists to develop a ‘compassionate internal supervisor’.

Methods:

A training programme was developed for trainee cognitive-behavioural therapists using adapted versions of compassion-focused therapy interventions. The training focused on guided imagery exercises and reflective practices undertaken for a 4-week period. Seven trainee cognitive-behavioural therapists were interviewed, utilizing a semi-structured format, regarding their experience of the training programme. The resulting transcriptions were analysed using Interpretative Phenomenological Analysis (IPA).

Results:

The analysis identified six super-ordinate themes: (1) the varied nature of the supervisor image, (2) blocks and their overcoming, (3) increased compassion and regulation of emotion, (4) impact on cognitive processes, (5) internalization and integration, and (6) professional and personal benefit.

Conclusion:

The themes describe the varied ways in which participants created and experienced their compassionate supervisor imagery. Working with the personal blocks encountered in the process provided participants with a deeper understanding of the nature of compassion and its potential to support them in their training, practice and personal lives. The process and impact of 'internalizing' a compassionate supervisory relationship has implications for personal practice, self-reflection and supervision.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

Paper 3.

Self-practice/self-reflection in postgraduate cognitive behaviour therapy training: two pilot studies

Jane Scott, Australian Catholic University, Sydney, NSW & Keong Yap, Australian Catholic University, Sydney, NSW

Authors:

Scott J¹, Yap K¹, Bunch K², Haarhoff B³, Perry H⁴, Bennett-Levy J⁴

¹ School of Psychology, Australian Catholic University, Sydney, ² School of Psychology, Australian Catholic University, Melbourne, Vic, ³ School of Psychology, Massey University, Auckland, NZ, ⁴ University Centre for Rural Health, The University of Sydney, Lismore, NSW

Introduction/Background:

Structured self-practice/self-reflection (SP/SR) programs have been shown to increase therapist self-awareness and enhance understanding of CBT principles and techniques. However, to date, most SP/SR studies have relied on qualitative evidence, and there have been only a handful of quantitative SP/SR studies. In this presentation, we report two quantitative studies which explored the value of incorporating SP/SR into basic CBT training.

Methods:

Study 1: Master of Psychology (MPsych) students who participated in a 12-week SP/SR program were compared on a range of measures with a 12-week CBT 'book club' discussion group.

Study 2: A group of MPsych students who completed a 7-week CBT training program with embedded SP/SR training were compared with a group who completed the CBT training without embedded SP/SR.

Results:

Study 1: A series of one-between (group) one-within (time) SPANOVAs were conducted for each outcome variable. Results showed significant time effects on measures of CBT utilization, CBT confidence, and self-awareness, indicating increases in both groups on these variables, and a significant group by time interaction for CBT confidence, with a greater increase in CBT confidence in the SP/SR group.

Study 2: Results of a MANOVA showed a significant omnibus effect and that the SP/SR training group had significantly higher CBT confidence, self-awareness, and lower levels of burnout than the group who had CBT training without SP/SR.

Conclusion:

Embedding SP/SR in postgraduate CBT training may have positive effects on students' CBT confidence, self-awareness and burnout levels. Further research with larger sample sizes is required.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

2:15pm - 3:30pm

Symposium 05: New developments in work with couple relationships

Symposium Description: The quality of a relationship with an intimate partner has a profound effect on people's well-being. This symposium provides an overview of recent developments in understanding and enhancing couple relationships. The first two papers describe basic research on understanding couple relationships, and the last two papers describe evaluations of effectiveness of couple interventions. More specifically, in the first paper Sanri and colleagues describe the limitations of the concept of relationship satisfaction, which is the most widely used outcome measure for couple interventions, and describe the conceptualization and assessment of couple flourishing. In the second paper, McMahon and colleagues describe research on gender differences in sexting, which is an important online communication method used to establish and maintain couple relationships. The third paper by Petch and colleagues reports on an effectiveness trial of couple therapy in a large multi-site community setting, and predictors of response to therapy. The final paper by Halford and colleagues describes an effectiveness study of a couple education program for couples approaching retirement.

Chair: Professor Kim Halford, The University of Queensland

Discussant: Emeritus Professor Sue Spence, Griffith University

Paper 1.

Couple flourishing: measure and concept of high relationship quality

Cagla Sanri, The University of Queensland, Brisbane, Qld

Authors:

Sanri C¹, Halford W K¹, Rogge R², von Hippel, W¹

¹The University of Queensland, Brisbane, Qld, ²Rochester University, Rochester, New York, USA

Introduction/Background:

Current self-report measures of couple relationship quality assess couple relationship satisfaction, which have been developed to discriminate between distressed and satisfied couples, and are insensitive to variations in quality at the upper end of the range. The central aim of the current research was to develop a measure of couple relationship flourishing that was sensitive to variation at the high end of relationship quality.

Methods:

We developed a theoretical framework of couple flourishing incorporating concepts developed in positive psychology and relationship research. Based on this framework, a pool of 60 items were generated. These items were administered online to a sample of 1084 (668 men, 408 women) participants, and using combined methods of classical test theory and item response theory, 16 items were selected to form the Couple Flourishing Measure (CFM). In an independent sample of 330 (238 women, 92 men) participants we replicated the unifactorial structure of the CFM, and the distinguishability of couple flourishing and couple satisfaction.

Results:

Confirmatory factor analyses showed the construct of couple flourishing as measured by the CFM was related to, but distinguishable from, couple relationship satisfaction. Moreover, IRT analysis of the new CFM measure showed it was more sensitive to variation in relationship quality across the range of quality than the best available relationship satisfaction measure. Convergent and divergent validity with related constructs suggests that the CFM was assessing couple flourishing.

Conclusion:

CFM shows a replicable factor structure, and provides high information at the upper end of relationship quality. By advancing the assessment of relationship flourishing, we hope to have contributed towards generating a line of research to better understand couple flourishing, as well as contributing to the progress of positive interventions to promote couple flourishing.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

Paper 2.

Sexting, gender and couples: understanding sexting across the relationship course

Hayley McMahon, The University of Queensland, Brisbane, Qld

Authors:

McMahon HG¹, Halford WK¹, Barlow FK¹

¹ The University of Queensland, Brisbane, Qld

Introduction/Background:

'Sexting' involves the sending or receiving of sexual text, photograph, or video messages via digital technology. This talk will discuss the potential role of sexting across dating relationships, couple relationships and relationship dissolution. Despite sexting most commonly occurring within a romantic relationship, there is limited research on the role of sexting in the sexual satisfaction of young adult couples. Based on established correlates of sexual satisfaction, we generated and compared two conceptual models for how sexting could be related to sexual satisfaction, testing the role of positive sexual communication and partner based desire.

Methods:

Participants were 182 young adults aged 18 to 30 who were in a committed relationship. They completed an online survey that measured sexting within the relationship, sexual satisfaction, sexual desire for their partner, and sexual communication.

Results:

Sexting and sexual satisfaction were positively correlated. Path analyses were consistent with the possibility that sexting elicits positive sexual communication and partner based desire, which in turn, facilitates sexual satisfaction. The model fitted well for both male and female sexual satisfaction.

Conclusion:

Sexting can serve a variety of functions, and may be a helpful tool for established couples to improve their sexual communication and desire.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

Paper 3.

Couple therapy effectiveness in an Australian counselling organisation

Jemima Petch, Relationships Australia (Queensland), Brisbane, Qld

Authors:

Petch J¹, Howe E¹, Halford WK²

¹ Relationships Australia (Queensland), Brisbane, Qld, ² The University of Queensland, Brisbane, Qld

Introduction/Background:

On average the effectiveness of couple therapy in routine practice is lower than efficacy reported in randomized controlled trials of couple therapy. The current study benchmarked effectiveness against efficacy standards, and evaluated moderators of couple therapy effectiveness, in a large multi-site community counselling agency.

Methods:

The current paper investigated the short-term effectiveness of routine couple therapy provided by a national relationship counselling organisation to 192 distressed couples and compared those outcomes against international benchmarks of change in RCT efficacy trials of couple therapy. Further, the research extended previous work in the area by exploring how cumulative risk moderated couple therapy outcome.

Results:

Multilevel models showed that couples reported a medium effect size statistically significant improvement in relationship satisfaction over time, and that a third of couples recovered. Couples with higher cumulative risk began therapy with lower relationship satisfaction scores, reported a greater increase in relationship satisfaction, but were less likely to return to non-distressed levels of relationship satisfaction than couples with lower cumulative risk.

Conclusion:

Early drop out is common from couple therapy in community settings, and future research needs to address how to enhance therapy engagement. Screening for risk factors might enable couple therapists to enhance effectiveness by addressing comorbid problems, and therapy progress monitoring could enable earlier detection of couples not benefiting from couple therapy.

Disclosure of Interest Statement:

Jemima Petch and Liz Howe are both employees of Relationships Australia Queensland, the agency in which the study was conducted. Kim Halford has been employed as a consultant to Relationships Australia Queensland to provide training for staff, and promote evidence based practice.

Paper 4.

Couple care in retirement: effectiveness of a couple based retirement preparation program

Kim Halford, The University of Queensland, Brisbane, Qld

Authors:

Halford WK¹, Ho, A¹

¹The University of Queensland, Brisbane, Qld

Introduction/Background:

Retirement from paid employment is a major change in adults' lives. People's health, finances, sense of social connection, and their sense of meaning in their activities, all influence their adjustment to retirement. For those in committed couple relationships forging a positive retirement is substantially related to the couple dyadically coping with the challenges and opportunities of retirement, yet to date there has been no couple focused retirement preparation program.

Methods:

The evidence based Couple CARE relationship education program was adapted to address the specific challenges and opportunities associated with retirement. Twenty-three couples of mean age 60 years (SD = 5.8 years) anticipating retirement participated in a weekend group workshop with a follow-up session conducted by telephone. A single group, pre-post evaluation was conducted with 23 couples. Participants' retirement self-efficacy (primary outcome), relationship satisfaction and dyadic coping (secondary outcomes) were assessed before and after the program, as well as consumer satisfaction.

Results:

There was a large increase in retirement self-efficacy and small but significant increases in relationship satisfaction and dyadic coping. Consumer satisfaction with the program was high.

Conclusion:

A couple based education program shows promise as a potentially effective means of assisting couples planning for retirement. Future research should include a randomized controlled trial of the program.

Disclosure of Interest Statement:

Kim Halford is the author of the CoupleCARE program and received royalties from its sales. If CoupleCARE in Retirement was to be commercialized he might receive royalties from its sale in the future.

2:15pm - 3:30pm

Open Papers 04: Adolescents / Children

A pilot investigation of universal school-based prevention programs for anxiety and depression in children: a randomised controlled trial

Kristy Johnstone, Flinders University, Adelaide, SA

Authors:

Johnstone KM¹, Chen J¹, Kemps EB¹

¹School of Psychology, Flinders University, Adelaide, SA

Introduction/Background:

Anxiety and depression in children are highly comorbid. Although previous prevention programs have shown promising results, there is much room for improvement. This study aimed to investigate the efficacy of two universal school-based prevention programs, namely an emotion regulation (ER) program and a behavioural activation (BA) program, for children by targeting excessive worry, a transdiagnostic feature across anxiety and depression. It was hypothesised that those in the ER and BA conditions would report a lower incidence of anxiety and depressive disorders at 6-month follow-up, and report significantly fewer worry, anxiety, and depressive symptoms at post-program and 6-month follow-up, compared to control.

Methods:

Participants were 327 primary school children aged 8-12 years. Whole schools were randomly assigned to the ER, BA or control conditions. Participants in the ER and BA conditions attended eight 50-minute sessions, while those in control attended their regular classroom lessons. Measures of worry, anxiety, depression, emotion regulation, and behaviour activation were collected at pre- and post-program, and at 6-month follow-up.

Results:

Results showed no significant differences at post-program between conditions for worry, anxiety, or depressive symptoms, nor level of BA or ER. Follow-up data are currently being collected.

Conclusion:

The ER or BA programs did not impact levels of symptomology at post-program. However, as prevention programs aim to prevent disorder onset, the 6-month follow-up data, which include the incidence of disorder diagnoses, should provide more solid evidence for the efficacy of the programs.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

Assessment of functional impairment in youth: development of the adolescent life interference scale for internalising symptoms

Carolyn Schniering, Macquarie University, Sydney, NSW

Authors:

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¹ Centre for Emotional Health, Department of Psychology, Macquarie University, NSW, ² Department of Psychology, University of Miami, Coral Gables, Florida, USA

Introduction/Background:

Assessment of functional impairment is critical in the understanding and treatment of childhood emotional disorders. General measures of life impairment associated with child psychopathology show specific limitations in their assessment of internalising symptoms. Hence the aim of this study was to describe the development, factor structure and psychometric properties of a new measure of functional impairment associated specifically with internalising disorders in adolescents.

Methods:

Participants consisted of a clinical sample of 266 adolescents and a community sample of 63 adolescents, aged 11-18 years. Participants completed the new measure as well as a number of self-report measures assessing internalising problems.

Results:

The results of factor analyses supported four distinct but correlated factors of life interference, which loaded onto a higher order factor representing general impairment associated with internalising problems. Internal consistency of the total score was high and the psychometric properties of subscales were acceptable. Test-retest reliability at 3 months was high. The measure effectively discriminated between clinical and community control groups, and construct validity was further supported by intercorrelations between the new measure and other related symptom measures in youth.

Conclusion:

Taken together, results suggest that the new measure is a promising instrument in the assessment of functional impairment associated with internalising problems in adolescents.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

Accessibility and feasibility of the universal unified prevention program for diverse disorders (Up2-D2): a transdiagnostic application for children in school

Shin-ichi Ishikawa, Doshisha University, Kyoto, Japan

Authors:

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¹ Doshisha University, Kyoto, Japan, ² Macquarie University, Sydney, NSW, ³ Research Fellow of the Japan Society for the Promotion of Science, Japan, ⁴ National Institute of Mental Health, Tokyo, Japan, ⁵ Kyoto Women's University, Kyoto, Japan, ⁶ Kyoto University, Kyoto, Japan, ⁷ National Institute of Special Needs Education, Kanagawa, Japan

Introduction/Background:

Psychological problems during childhood are highly prevalent, frequently comorbid, and incur severe social burden. A school-based universal prevention approach is one avenue to address these issues.

We developed a new school-based universal prevention program (Up2-D2), which targets transdiagnostic mental health problems based on a cognitive-behavioural approach in schools. In this study, we examined the acceptability and feasibility of the Up2-D2 in school.

Methods:

Participants were 213 children aged 9 to 12 years. Five classroom teachers who had attended the one-day workshop implemented the Up2-D2. The program consisted of 12 sessions (45 minutes) including psychoeducation, behavioural activation, social skills training, relaxation, strength work, cognitive restructuring, exposure, problem solving. To test acceptability, we developed a feedback sheet from students, such as enjoyment, comprehension, attainment, applicability, and self-efficacy of the lesson. To examine feasibility, research assistants evaluated randomized extracted audio files (27.3%).

Results:

In terms of acceptability, each score of enjoyment, comprehension, attainment, and applicability were maintained around upper limit of the scales. On the other hand, Tau-U analysis revealed that the trend of self-efficacy was marginally significant, $z = 1.71$, $p = .086$. Total fidelity of the two schools was 76.2%.

Conclusion:

The Up2-D2 was highly enjoyable, understandable, and applicable. In addition, self-efficacy for each component tend to be improved. Fidelity was sufficient considering the length of the teacher training. Therefore, our findings suggest that the Up2-D2 could be acceptable and feasible in real school settings.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

Associations between emotion regulation, bullying, internalising problems and externalising problems among adolescents

Erin Kelly, University of New South Wales, Sydney, NSW

Authors:

Kelly EV¹

¹ NHMRC Centre of Research Excellence in Mental Health and Substance Use, University of New South Wales, Sydney, NSW

Introduction/Background:

Emotion regulation is a transdiagnostic mechanism underlying dysfunction across internalising and externalising disorders. Two common emotion regulation strategies implicated in psychological functioning are cognitive reappraisal and expressive suppression. This study aims to add to the literature on emotion regulation by: examining a middle adolescent sample and examining associations between emotion regulation (cognitive reappraisal and expressive suppression), bullying victimization, bullying perpetration, internalising problems, and externalising problems.

Methods:

This study examined correlates of emotion regulation in a sample of 329 adolescents in Sydney, NSW, taking part in the Climate and Preventure study (average age 16.4 years, 70% female). Measures included the Emotion Regulation Questionnaire for Children and Adolescents, a revised version of the Olweus Bully-Victim Questionnaire, and the Strengths and Difficulties Questionnaire (internalising problems were assessed using the emotion symptoms subscale and externalising problems were assessed using the conduct symptoms subscale). Statistical analyses were conducted in SPSS; linear regressions were conducted, accounting for gender.

Results:

Expressive suppression was positively significantly associated with bullying victimization, internalising symptoms and externalising symptoms. Expressive suppression was not associated with bullying perpetration. There was no significant association between cognitive appraisal and bullying victimization, bullying perpetration, internalising symptoms or externalising symptoms.

Conclusion:

Higher levels of expressive suppression were associated with greater bullying victimization, internalising problems and externalising problems. These findings suggest that expressive suppression is a promising transdiagnostic factor to target for the overlap between bullying, internalising and externalising problems among middle adolescents.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

Mechanisms through which supportive relationships with parents and peers mitigate victimisation and depression in children bullied by peers

Karyn Healy, The University of Queensland, Brisbane, Qld

Authors:

Healy, KL¹, Sanders, MR¹

¹Parenting and Family Support Centre, The University of Queensland, Brisbane, Qld

Introduction/Background:

Children who are bullied by peers have increased risk of ongoing victimisation, depression and internalising problems. Supportive relationships may protect children from these risks. Previous research has investigated some of the mechanisms through which supportive peer relationships buffer children from ongoing victimisation and internalising problems. Evidence suggests that supportive parenting can also protect against both depression and victimisation. However, little is known about the mechanisms behind this.

Methods:

This study investigated how facilitative parenting and supportive peer relationships mitigated victimisation, internalising and depressive symptoms over time in children who were bullied by peers. Facilitative parenting is parenting that is warm and supportive of children's peer relationships. Using the longitudinal data generated by the RCT of Resilience Triple P, mediational and moderational

analyses were conducted to identify how positive relationships with parents and peers affected outcomes for children (after accounting for intervention effects).

Results:

Higher levels of facilitative parenting and peer acceptance predicted lower later levels of both depression and victimisation over time. Higher levels of child friendedness predicted lower levels of child reports of internalising problems. Children's friendships, acceptance by same sex peers and facilitative parenting all played moderating roles in protecting against ongoing victimisation and internalising problems. Peer acceptance mediated the relationships between facilitative parenting and victimisation. Facilitative parenting mediated the relationship between peer acceptance and depression.

Conclusion:

It was concluded that supportive relationships with parents and peers play important and complementary roles in protecting children against ongoing victimisation and depression.

Disclosure of Interest Statement:

Drs Healy and Sanders, are authors of Resilience Triple P and employees of the Parenting and Family Support Centre (PFSC, UQ). The PFSC is partly funded by royalties stemming from published resources of the Triple P – Positive Parenting Program, which is developed and owned by The University of Queensland (UQ). Royalties are also distributed to the Faculty of Health and Behavioural Sciences at UQ and contributory authors of published Triple P resources. Triple P International (TPI) Pty Ltd is a private company licensed by UniQuest Pty Ltd on behalf of UQ, to publish and disseminate Triple P worldwide. Drs Healy and Sanders have no share or ownership of TPI. As authors, they may in future receive royalties from TPI and/or consultancy fees from TPI. TPI had no involvement in the study design, collection, analysis or interpretation of data, or writing of this report.

Using autobiographical thinking processes to understand young people's mental health vulnerabilities in cancer survivorship

Ursula Sansom-Daly, Sydney Children's Hospital, Randwick, NSW

Authors:

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Introduction/Background:

Following cancer, 23-27% of adolescents/young adults (AYAs) experience clinically-significant distress that is not disorder-specific. While the oncology literature has identified some groups at higher risk for longer-term distress (e.g., brain-tumour survivors), the psychological mechanisms underpinning post-cancer adjustment among AYAs remain understudied. Identity formation is a key developmental milestone that is considerably disrupted by cancer experiences, potentially accounting for later

distress. Autobiographical memory and future-thinking processes are fundamental to this goal, yet we know little about how these relate to AYAs' cancer-related mental health outcomes.

Methods:

We examined autobiographical memory and future-thinking processes, and their relationship with mental health outcomes, among 77 AYA cancer survivors ($M_{age}=22.3$ years, 59.7% female), compared with 62 community-based controls ($M_{age}=23.3$ years, 50% female). Participants completed the Life Narratives Interview, Future Imaginings Task, measures assessing depression, anxiety, QoL, and cancer-related identity. We coded two facets of autobiographical thinking: thematic content, and specificity.

Results:

Relative to controls, survivors recounted more negative life narratives ($p=.000$). Survivors' memories and future imaginings were more health/illness-focused ($p=.000$), and they remembered past events with greater specificity ($p=.007$) than controls. However, survivors' imagined their future lives with less specificity than controls ($p=.000$). Regression analyses highlighted that being female, greater identification as a 'cancer survivor', worse depression, and recent cancer treatment-completion, significantly predicted maladaptive autobiographical thinking processes.

Conclusion:

To buffer against transdiagnostic post-cancer distress and bolster resilience into survivorship, autobiographical thinking processes may be an important modifiable cognitive target. Adapting existing evidence-based, cognitive-behavioural interventions may assist AYAs to imagine future events in greater detail.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

4:00pm - 5:00pm

Symposium 06: Advancing the triple vulnerability model of hoarding disorder

The triple vulnerability model (Raines et al., 2016) posits that three types of risk factors contribute to the development of hoarding disorder. These vulnerabilities include a (1) general biological vulnerability, (2) a general psychological vulnerability, and (3) a disorder-specific vulnerability. This symposium will focus on the latter two vulnerabilities.

Our first two presenters will focus on the relationship that general psychological vulnerabilities have on acquiring behaviour. The first presenter will examine the relationship between interpersonal deficits and acquiring tendencies through the use of self-report measures. The second presenter will then take this a step further and examine whether these associations exist at the acute level by reporting on the results of an experimental study that manipulated people's perceptions of interpersonal support. The third presenter will then switch gears and focus on a disorder-specific vulnerability—object attachment. He will break-down object attachment into its individual components and examine if these components are differentially related to hoarding severity. Our final presenter will then explain to the audience how general psychological vulnerabilities (i.e., emotional reactivity) interact with disorder-specific vulnerabilities (i.e., clutter) to influence how many possessions people are able to discard during a discrete period of time.

Associate Professor Jessica Grisham will serve as the discussant. She will highlight how the studies covered in this symposium provide support for the triple vulnerability model of hoarding disorder. She will then provide advice on how current cognitive-behaviour therapy for hoarding disorder could be tailored to be consistent with our expanding knowledge of the disorder.

Chair: Melissa Norberg, Department of Psychology, Centre for Emotional Health, Macquarie University

Discussant: Jessica Grisham, School of Psychology, University of New South Wales

Paper 1.

The interrelated nature of interpersonal deficits, loneliness, and excessive acquiring

Cathy Kwok, Macquarie University, Sydney, NSW

Authors:

Kwok C¹, McMahan A¹, Grisham J², Norberg MM¹

¹Macquarie University, Sydney, NSW, ²University of New South Wales, Sydney, NSW

Introduction/Background:

Fromm (1947) theorized that individuals who hoard relate to the world by acquiring possessions as opposed to forming relationships with people. Indeed, people who hoard excessively acquire objects (Frost et al., 2009) and have limited social networks and insecure attachment styles (Medard & Kellet, 2014). This study examines whether interpersonal difficulties are related to loneliness and whether loneliness and interpersonal difficulties are related to excessive acquiring.

Method:

As part of a larger study, 134 participants (expected final N = 200), who self-reported subclinical to clinical excessive acquisition tendencies, have completed the Saving Inventory-Revised, UCLA Loneliness Scale, and Interpersonal Reactivity Index.

Results:

Preliminary analyses reveal statistically significant associations between loneliness (M = 45.72, SD = 9.80) and interpersonal distress (M = 12.77, SD = 4.88; $r = .260$, $p = .002$). Loneliness ($r = .206$, $p = .017$), interpersonal distress ($r = .307$, $p < .001$), and perspective taking (M = 17.64, SD = 5.41; $r = -.295$, $p = .0010$), but not fantasy (M = 18.36, SD = 5.42; $r = -.021$, $p = .810$) or empathy (M = 20.56, SD = 4.94; $r = .009$, $p = .920$), are related to excessive acquisition (M = 15.33, SD = 3.35).

Conclusion:

Our sample of individuals who excessively acquire objects are lonelier and experience more interpersonal distress than non-clinical samples (Russel, 2010; De Corte et al., 2007). Experimental studies are needed to understand whether these deficits, along with deficits in perspective taking, are the cause or consequence of excessive acquisition.

Disclosure of interest statement:

This work was supported by the International OCD Foundation (IOCDF). The IOCDF did not have any involvement in the study design, nor in the collection, analysis, interpretation of data, and did not influence the decision to submit this work to the conference.

Paper 2.

Object attachment to compensate for interpersonal relationships

Adam McMahon, Macquarie University, Sydney, NSW

Authors:

McMahon A¹, Kwok C¹, Grisham, J², Norberg MM¹

¹ Centre of Emotional Health, Macquarie University, Sydney, NSW, ² University of New South Wales, Sydney, NSW

Introduction/Background:

Individuals who hoard form intense emotional attachments to their possessions and are more likely to be socially isolated compared to non-clinical samples (Raines et al., 2016). Originally, researchers posited that hoarding leads to interpersonal problems (Grisham et al., 2008); however, interpersonal problems may also contribute to hoarding disorder. The current study examines this assumption using an experimental paradigm.

Methods:

To date, 134 participants who reported excessive acquiring tendencies were randomly assigned to recall a time when they were supported or unsupported by someone close to them. Participants then viewed two unowned objects and provided ratings of attachment towards to the items before choosing to take one item home (time 1). After one week of ownership, participants rated their attachment to the chosen item again (time 2). By October, we will have data from 200 participants.

Results:

Preliminary analyses revealed that our prime is working. Unsupported participants ($M = 5.75$, $SD = 2.14$) report feeling more rejected than supported participants ($M = 2.34$, $SD = 1.80$), $p < .001$. Currently, object attachment at time 1 ($M = 47.27$, $SD = 12.65$) and 2 ($M = 45.98$, $SD = 15.21$) does not differ, $p = .426$. After data collection is complete, we will run regression analyses to determine if being primed with the (non)support of close others predicts initial and later attachment to a newly acquired item.

Conclusion:

If the prime predicts object attachment, targeting interpersonal factors may be helpful in the treatment of hoarding disorder and in highlighting the importance of interpersonal functioning in adaptive mental health (Girard et al., 2017).

Disclosure of Interest Statement:

This work was supported by the International OCD Foundation (IOCDF). The IOCDF did not have any involvement in the study design, or in the collection, analysis, interpretation of data and in the decision to submit this work to the conference.

Paper 3.

Unpacking the construct of emotional attachment to objects and its association to hoarding symptoms
Keong Yap, University of New South Wales, Sydney, NSW

Authors:

Yap K^{1,2}, Grisham JR¹

¹ School of Psychology, University of New South Wales, Sydney, NSW, ² School of Psychology, Australian Catholic University, Strathfield, NSW

Introduction/Background:

Emotional attachment to objects is a central feature of hoarding disorder. However, most studies to date have conflated the different facets of object attachment, investigated them individually, or failed to account for the effects of potentially confounding constructs. Consequently, the relative contributions of different facets of object attachment to the prediction of hoarding symptoms are unknown. Potential contributors to object attachment derived from the research literature include insecure object attachment (IOA), anthropomorphism, the use of possessions as an extension of identity, as a repository for autobiographical memories (PAM) and for comfort and safety. The present study examines the association between these facets and hoarding symptoms independent of other hoarding beliefs, depression, and anxiety.

Methods:

Participants were 532 individuals recruited via Turkprime who completed online self-report questionnaires on hoarding symptoms, hoarding beliefs, depression, anxiety, and the facets of object attachment.

Results:

Results showed that all facets of object attachment were positively correlated with hoarding symptoms. Four hierarchical regression analyses were conducted with overall hoarding severity, excessive acquisition, clutter, and difficulty discarding as dependent variables. After accounting for other hoarding beliefs, depression, and anxiety, only IOA made unique contributions in all four regression analyses. Anthropomorphism did however contribute significantly to excessive acquisition and clutter. PAM contributed significantly to difficulty discarding.

Conclusion:

An extension of the cognitive-behavioural model is proposed to explain how the different facets of object attachment may be implicated in hoarding.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose. This research is supported by an Australian Government Research Training Program Scholarship.

Paper 4.

Scared and surrounded by clutter: the influence of emotional reactivity

Cassandra Crone, Macquarie University, Sydney, NSW

Authors:

Crone C¹, Norberg MM¹

¹Macquarie University, Sydney, NSW

Introduction/Background:

Emotion dysregulation and excessive emotional reactivity are implicated as maintaining factors for a number of behavioural and emotional disorders. In cases of hoarding disorder (HD), individuals report heightened emotional reactivity, anxiety sensitivity, and distress intolerance. Problematic saving behaviours in HD may be influenced by the presence of clutter, and fear may be more detrimental to discarding than other negative emotions. To better understand how to improve treatment for HD, the present study examined the effect that fear and emotional reactivity have on the relationship between clutter and discarding behaviour.

Methods:

Participants with at least subclinical discarding problems (n = 143) were asked to save or discard personal possessions of varying value following an emotional induction that took place in either a tidy or cluttered context. Participants completed questionnaires assessing hoarding severity, emotional state, and emotional reactivity, as defined by one's sensitivity, persistence, and intensity of reactions to emotional stimuli.

Results:

Overall, participants discarded more items in the presence of clutter and when feeling fearful. However, emotional reactivity moderated the relations between environmental context, acute

emotional state, and discarding. Low sensitivity, low persistence, and high emotional intensity negatively influenced discarding in the cluttered context. Moreover, when feeling fearful, low emotional intensity negatively influenced discarding in the tidy context.

Conclusion:

Chronic emotional under-reactivity may be as problematic as over-reactivity in maintaining psychiatric problems. Providing HD treatment in an environment more representative of the cluttered home can improve discarding or at the very least give therapists a more accurate picture of what clients do at home.

Disclosure of Interest Statement:

This research was supported by funding from the Macquarie University Faculty of Human Sciences.

4:00pm - 5:00pm

Symposium 07: Transmechanistic CBT treatment for substance use disorders

Symposium Description:

While the efficacy of cognitive behaviour therapy (CBT) for substance use disorders has been established, there is substantial room for improvement in treatment outcomes. CBT treatments which target the psychological mechanisms underlying substance use disorders are likely to improve outcomes. This symposium showcases four presentations on transmechanistic approaches to understanding and treating substance use disorders.

Chair: Leanne Hides, The University of Queensland

Discussant: Amanda Baker, The University of Newcastle

Paper 1.

Potential transdiagnostic approaches in the treatment of substance use and mental health disorders

Petra Staiger, Deakin University, Geelong, Vic

Authors:

Staiger PK¹

¹School of Psychology, Deakin University, Vic

Introduction:

The literature on evidence-based treatments for comorbid substance use and mental health disorders has rapidly increased over the last decade. Yet, clinicians often report that many of these interventions are too narrowly focussed and not easily translatable into the service system. My presentation will outline the emerging literature on transdiagnostic mechanisms in the treatment of mental health and substance use disorders. Specific underlying constructs such as difficulties with emotion regulation and impulse control, high levels of reward seeking and sensitivity to anxiety have all been discussed in the literature as possible transdiagnostic mechanisms to be targeted in treatment. I will discuss the advantages and challenges of a transdiagnostic approach. For example, there is a lack of clarity about how universal these mechanisms are and what the evidence base is. I will propose some innovative

approaches of how we can develop an evidence-based model of transdiagnostic approaches and how these can be targeted in treatment within the AOD service system.

Disclosure of Interest Statement:

The author has no conflicts of interest to disclose.

Paper 2.

Is personality risk-targeted motivational interviewing (MI) more efficacious than MI alone in young people with alcohol related-injuries?

Leanne Hides, The University of Queensland, Brisbane, Qld

Authors:

Hides L^{1,2}, Kavanagh D³, Cotton S⁴, Quinn C^{1,2}, Elphinston R^{1,2}, Chan G², Daghli M⁵, Connor J², Mergard L⁶, Young R³

¹ School of Psychology, The University of Queensland, Brisbane, Qld, ² Centre for Youth Substance Abuse Research (CYSAR), The University of Queensland, Brisbane, Qld, ³ CYSAR, Queensland University of Technology, Brisbane, Qld, ⁴ Orygen Youth Health Research Centre, University of Melbourne, Melbourne, Vic, ⁵ Hospital Alcohol and Drugs Service, Royal Brisbane and Women's Hospital, Brisbane, Qld, ⁶ ChaplainWatch, Brisbane, Qld

Introduction:

There is a growing evidence base for brief interventions (BI) for alcohol use in young people. However, it is unclear which type of BI is most effective and there is significant scope to increase their impact. This randomized controlled trial determines if motivational interviewing enhanced with personality risk-targeted coping skills training (MIC) is more efficacious than MI alone or an assessment feedback/information (AFI) only control.

Methods:

Participants were 394 young people (16-25 years) accessing an emergency department or crisis support service with an alcohol related injury/illness. Young people were randomized to receive (i) 2 sessions of MI; (ii) 2 sessions of MIC or (iii) a 1-session AFI. Alcohol use and related problems, mental health symptoms, functioning and coping skills were assessed at baseline, 1, 3, 6 and 12 months (80% retention).

Results:

Participants (56% Female; Mage=20.3 years) were drinking on a mean of 1.4 days (SD=1.5) per week at baseline, and consuming 10.7 (SD=7.2) drinks per drinking occasion. All groups achieved significant reductions in the frequency and quantity of alcohol use and alcohol-related problems. Significantly larger reductions in the quantity of alcohol use were found in the MIC group compared to the MI and AFI groups at 1 and 12 months follow up.

Conclusions:

All three types of BIs brief interventions resulted in reductions in alcohol use and related harm in young people, but the risk-targeted MIC had the strongest effects. An implementation trial of a web-supported version of QuikFix in AOD services is currently underway.

Paper 3.

A randomized controlled trial and economic evaluation of the parents under pressure program for parents in substance abuse treatment

Sharon Dawe, Griffith University, Brisbane, Qld

Authors:

Dawe S¹, Harnett P², Barlow J³, Semhev S⁴, Petrou S⁴ Parsons H⁴

¹Griffith University, Brisbane, Qld, ²The University of Queensland, Brisbane, Qld, ³Oxford University, UK, ⁴Warwick University, UK

Introduction/Background:

Children raised in families with multiple risk factors including parental substance misuse and psychopathology, poverty, social isolation and at times hostile and harsh parenting practices have poor outcomes. These cumulative risk factors are associated with high rates of child maltreatment, in particular child neglect. Intervening to reduce risk and improve family functioning requires intensive family support addressing multiple domains of family functioning.

Method:

The Parents Under Pressure (PuP) program was designed specifically for high risk families providing an individualized approach to case planning with a focus on the quality of the parent-child relationship, and parental emotional dysregulation. A RCT was conducted in the UK to determine the effectiveness and cost effectiveness of the PuP program (n = 52) compared to treatment as usual (n = 48).

Results:

The findings were positive: significant improvements were obtained for the primary outcome measure using intent-to-treat analyses, per protocol and clinical significance. Similar improvements were found on parental emotional regulation.

Conclusions:

The implications for the dissemination of the PuP program in family support work are discussed.

Disclosure of Interest Statement:

The author have no conflicts of interest to disclose.

Paper 4.

Can grit, a strength based wellbeing program, improve treatment outcomes for young people accessing residential rehabilitation for substance use disorders?

Catherine Quinn, The University of Queensland, Brisbane, Qld

Authors:

Quinn C^{1,2}, Hides L^{1,2}, Walters Z^{1,2}, deAndrade D^{1,2}, Elphinston R^{1,2}

¹ Lives Lived Well Research Team, School of Psychology, The University of Queensland, Brisbane, Qld,

² Centre for Youth Substance Abuse Research (CYSAR), The University of Queensland, Brisbane, Qld

Introduction and Aims: Many individuals experiencing severe substance use disorders access residential rehabilitation services. While there is a growing body of evidence for effective programs within these services, there is substantial room for improvement. Innovative approaches, which identify and build protective factors, as well as reduce risk factors for substance use, may be one way to improve treatment outcomes. This cohort analytic trial examines whether Grit, a 12-session strength-based wellbeing program focused on building mindfulness, emotion regulation, social connection and reducing impulsivity, can enhance treatment outcomes for young people accessing residential treatment.

Design and Method:

Participants, (80 young people; 18-35 years) accessing two residential rehabilitation services, receive either receive six weeks of standard treatment, or standard treatment + Grit (2 sessions each week for 6 weeks). They are assessed on substance use, anxiety, depression, PTSD and psychosis symptoms, wellbeing, social connectedness, and mindfulness skills at baseline and 6 weeks, 3 months, 6 months and 12 months post-program enrolment.

Results:

The baseline characteristics and the preliminary results of the trial will be presented. An overview of the Grit wellbeing program will also be presented, including a description of the strategies that have been used to maintain client engagement and group participation.

Conclusion:

Common comorbidities for this high-risk substance using group will be highlighted, as well as factors that are potentially maintaining mental health and substance use concerns. Novel approaches to group therapy work will also be discussed and explored.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

4:00pm - 5:00pm

Symposium 08: Body image and eating problems across the lifespan

A collection of papers from within Griffith University regarding body image and eating problems.

Chair: Caroline Donovan, Griffith University

Discussant: Caroline Donovan, Griffith University

Paper 1.

Thin is the new fat, and fit girls are the new 'it' girls: examining women's preferences for, and biases towards various female body ideals

Laura Uhlmann, Griffith University, Brisbane, Qld

Authors:

Uhlmann LR¹, Donovan CL^{1,2}, Zimmer-Gembeck MJ^{1,2}

¹Griffith University, School of Applied Psychology, Qld, ²Menzies Health Institute Queensland

Background:

There is increasing evidence documenting the popularity of the fit (i.e., a thin and toned) female beauty ideal. However, researchers have not yet investigated whether more women now prefer this aesthetic over thinness alone, nor sought to delineate the biases and sociodemographic factors that could drive such a preference.

Method:

A community sample of 547 women were presented with computer generated 3D female body types representing the fit ideal, thin ideal, hyper-muscularity and overweight. Women's preferences for and biases towards each body type were then assessed.

Results:

The majority of women rated thinness as the societal female body ideal, but the fit body type as their own personal body ideal. A series of mixed between-within ANOVAs revealed fit idealisers rated the fit body higher than all other body types in popularity and sexual desirability, while they rated the muscular and fit bodies equal highest in physical and mental health. Fit idealisers rated the fit body second to muscularity in discipline, life control, and confidence. Logistic regression revealed women are more likely to prefer a fit body (over a thin body) as they age, the more they exercise, and the less they experience peer-driven aesthetic pressure.

Conclusion:

A majority of women now personally prefer the fit ideal to the thin ideal. These women may be attracted to this ideal because they associate qualities of discipline, self-confidence, health, and control with muscularity (but not thinness), yet perceive a thin and toned (fit) aesthetic as being most indicative of sexual desirability and popularity.

Disclosure of Interest Statement:

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Paper 2.

Over what hill? An examination of the applicability of a revised tripartite influence model for midlife women.

Amy Shiels, Griffith University, Brisbane, Qld

Authors:

Shiels, A¹, Donovan C², Hockey A¹

¹Griffith University, Mount Gravatt, Qld, ²Griffith University, Springfield, Qld

Introduction/Background:

The Tripartite Influence Model (TIM) posits that social comparison and thin-ideal internalisation have indirect effects on disordered eating via body dissatisfaction (BD). This study aimed to revise and extend this model to 1) examine dieting and compulsive exercise as specific outcomes, 2) examine the model's applicability to adopting fit-ideal internalisation and 3) examine these relationships within midlife women.

Methods:

An online questionnaire battery measured thin and fit-ideal internalisation, social comparison, BD, dieting and compulsive exercise in 152 women aged 40 to 55 years (M = 47.08, SD = 4.45).

Results:

In line with the TIM, the pathway between social comparison and dieting was mediated by BD, such that increased social comparison was associated with increased BD, which in turn was associated with increased levels of dieting. Higher levels of social comparison and thin-ideal internalisation were each associated with increased BD. However, contrary to the TIM, they in turn, were associated with lower levels of compulsive exercise. There was no support for the indirect effect of thin-ideal internalisation on dieting or fit-ideal internalisation on either dieting or compulsive exercise via BD. Thin-ideal and fit-ideal internalisation were positively associated with dieting directly, as was fit-ideal internalisation with compulsive exercise.

Conclusion:

This study provides preliminary evidence that the TIM may not be an appropriate framework for understanding BD, dieting and compulsive exercise in midlife women. Results further our understanding of the complexities and uniqueness of body image in midlife women, which will ultimately guide the development of age-specific prevention and intervention programs.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

Paper 3.

Strong and skinny is the new skinny

Harley Stansfield, Griffith University, Brisbane, Qld

Authors:

Stansfield HJ¹, Donovan CL^{1,2}, Uhlmann LR¹

¹ School of Applied Psychology, Griffith University, Brisbane, Qld, ² Menzies Health Institute Queensland

Introduction/Background:

Sociocultural theory suggests media, family, and peers lead women to internalize the societal thin ideal. Recently, the fit ideal, represented by a body that is simultaneously lean and muscular, has emerged as a competing societal beauty ideal. The aim of the current study was to replicate and expand upon previous studies using the Tripartite Influence Model to investigate the impact of fit-internalisation on body dissatisfaction and restrictive dieting.

Methods:

Female participants (N = 477) aged 17 to 40 (M = 22.54 SD = 6.04) completed an online questionnaire measuring sociocultural pressures (family, peers, and media), athletic and thin-ideal internalisation, body dissatisfaction, and dieting.

Results:

Moderated mediation results indicated a significant conditional indirect effect where greater family, peer and media influence led to higher levels of athletic internalisation which in turn led to higher levels of dieting, conditioned on high thin internalization. However, for body dissatisfaction, all IV's had contrary conditional indirect effects to those predicted. In each of the body dissatisfaction analyses, the association was negative and stronger at low levels of thin-ideal internalisation.

Conclusion:

The findings of this study suggest that internalising the fit ideal is no more advantageous than the thin ideal to body dissatisfaction, and may actually be more harmful for restrictive dieting.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

Paper 4.

Revised reinforcement sensitivity theory and anorexia nervosa-restricting subtype

Dustin O'Shannessy, Griffith University, Brisbane, Qld

Authors:

O'Shannessy D¹, Sheeran N¹, Loxton N¹, Morgan A¹

¹Griffith University, Brisbane, Qld

Introduction/Background:

Current treatments for anorexia nervosa-restricting subtype (AN-R) are lacking. Existing research has attempted to inform these treatments with the addition of a neurobiological model of personality, Reinforcement Sensitivity Theory (RST), which suggests three brain systems underlie individual differences in responding to rewarding and punishing stimuli: the Behavioural Approach System (BAS), the Fight-Flight-Freeze System (FFFS), and the Behavioural Inhibition System (BIS). The current study examined differences in RST system sensitivity between healthy controls and individuals with a current or past diagnosis of AN-R, and examined the appropriateness of generalising results found in samples of healthy individuals to the population with AN-R.

Methods:

One-hundred-and-sixteen adult female healthy controls and 110 adult females with a current or past diagnosis of AN-R completed self-report measures of RST constructs and Drive for Thinness (DFT).

Results:

Individuals with AN-R were lower in BAS sensitivity, higher in BIS sensitivity, and higher in two expressions of FFFS sensitivity (Flight and Freeze) than healthy controls. Additionally, differential relationships between RST systems and DFT were found between the healthy sample and AN-R sample.

Conclusion:

These results suggest that AN-R is primarily motivated by an intense fear of gaining weight, rather than rewarding qualities associated with being thin. In treatment, positive reinforcement may be an ineffective treatment strategy for AN-R due to low reward motivation. Additionally, these findings provide evidence against inferring relationships between RST constructs and AN-R based on results found using a DFT as a proxy for AN-R symptomology in healthy samples.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

5:00pm - 6:00pm

Invited Speaker:

Transdiagnostic treatment opportunities in addressing co-existing mental ill-health and substance use problems

Professor Amanda Baker, University of Newcastle, Callaghan, NSW

Over the last 20 years, with the benefit of large epidemiological data sets, it has become clear that many people in the community experience mental ill-health and substance use problems in their lifetime and, quite often, experience these problems concurrently. It is becoming increasingly clear that these problems are also accompanied by poor levels of physical health. There is a life expectancy gap of around 20 years between people living with severe mental health and substance use problems versus those not experiencing such problems. The first National Mental Health Report Card in Australia in 2012 called the physical health status of people living with a severe mental health condition a 'national disgrace'. The report card called upon researchers and clinicians to better address the physical health of people with mental health problems. In this paper I will: outline how substance use

undermines mental and physical health; describe effective treatments for substance use and associated mental and physical health outcomes; and discuss the evidence for integrated versus single-focused approaches. The potential to place substance use and mental and physical health within a 'healthy lifestyles' framework offers transdiagnostic treatment opportunities which are appealing to clients with growing evidence for effectiveness.

Friday 26 October 2018

8:30am - 9:30am

Keynote Speaker:

Emotion regulation strategies

Professor Stefan Hofmann, Boston University, Boston, Massachusetts, USA

Emotions are critical aspects of mental health. Although conventional treatments for emotional disorders are generally effective interventions, many people still suffer from residual emotional distress, such as anxiety, depression, and anger problems. Moreover, contemporary treatments that have focused primarily on negative affect rarely leads to lasting improvements in positive affect, quality of life, and happiness. Recent scientific evidence and theoretical models of emotions can enrich the therapeutic strategies when treating emotional disorders. These strategies range from adaptive and flexible intrapersonal and interpersonal emotion regulation strategies to various mindfulness-based practices. In the case of anxiety disorders, modern emotion theories clarify the mechanism of exposure procedures and the role of avoidance strategies. These insights can inform the treatment for emotional disorders.

9:30am - 10:30am

Master Clinician Session:

Treating PTSD among veterans in the context of military culture and the adjustment to civilian life post service

Dr Madeline Romaniuk, Gallipoli Medical Research Foundation, Greenslopes, Qld

The period of transition from military service and the subsequent reintegration to civilian life is gaining more recognition as an integral component of the long-term health and well-being of the veteran population. The Department of Veterans' Affairs (DVA) Transition and Wellbeing Research study (2018) demonstrated that a concerning 46.4% of ADF members who had transitioned from full-time service in the past five years met 12-month diagnostic criteria for a psychological disorder. Anxiety disorders were the most prevalent type of disorder among Transitioned ADF with over one in three experiencing an anxiety disorder in the previous 12 months – with Posttraumatic Stress Disorder (PTSD) being the most common of these. Further, over half of the Transitioned ADF members had a comorbid mental health condition. Examinations of pathways to mental health care found that while initial engagement and uptake of services for this group is high, limited numbers of veterans received evidence-based psychological treatment, and there were reportedly high levels of dissatisfaction with service providers, which may in part be due to limited training and understand of military culture.

Overview:

In order to prevent dropout and effectively treat PTSD among military service veterans, a comprehensive understanding of military culture and the adjustment to civilian life post service is vital in conjunction with specialized training in trauma-focused interventions. This brief masterclass will provide an introduction to the cultural reintegration and psychological adjustment factors important in the clinical treatment of veterans, as well as factors that complicate PTSD intervention planning.

Learning objectives:

- Understanding the unique factors and co-morbidities associated with PTSD among military service veterans.
- Understanding cultural reintegration and psychological adjustment to civilian life following military service.
- Identifying clinical treatment targets and sequencing treatment in clients with military related PTSD and mental health comorbidities.
- Increased knowledge of first-line psychological treatments for PTSD recognised by the Australian government and funded by DVA.
- Increased knowledge of Ex-Service Organisations (ESO) and services available as an adjunct to clinical treatment.

9:30am - 10:30am

Symposium 09: Compassion-focused therapy: a deep dive into effectiveness, theoretical underpinnings and applications

Symposium Description: Compassion Focused Therapy (CFT) is an approach to psychotherapy underpinned by an evolutionary model. The aim of CFT is to target key trans-processes which contribute to psychopathology, specifically self-criticism and shame. Moreover, CFT aims to address the fears, blocks, and resistances individuals can have towards compassion, as well as develop the compassionate self. In this symposium we will be providing an introduction to what CFT entails, its theoretical underpinnings, and application to specific populations. Paper 1 will initially address what CFT is, along with meta-analytic findings regarding its impact on mental health outcomes, such as depression and anxiety, as well as compassion-related outcomes (self-compassion, compassion, mindfulness). Paper 2 will then explore the fears of compassion, presenting meta-analytic results demonstrating how fears of compassion are associated with suffering (depression, anxiety, self-criticism and shame) and lower levels of well-being. Moderator analyses examining age, gender, population and publication status will also be discussed. Paper 3 will then focus specifically on the origins of fears of compassion and compassion itself. Results from a large cross-sectional survey will be presented where path analyses found an important mediating role of self-compassion between early emotional memories (shame and warmth and safeness) and mental health outcomes. Finally, Paper 4 will discuss the initial applications of a CFT approach to adult survivors of childhood sexual abuse, where early emotional memories such as shame are prominent, and where fears of compassion originate.

Chair: James Kirby, The Compassionate Mind Research Group, School of Psychology, The University of Queensland

Discussant: Caroline Donovan, School of Applied Psychology, Griffith University

Paper 1.

The effectiveness of compassion based interventions: a meta-analytic review

Cassandra Tellegen, The University of Queensland, Brisbane, Qld

Authors:

Kirby J¹, Tellegen C¹, Steindl S¹

¹ Compassionate Mind Research Group, School of Psychology, The University of Queensland, Brisbane, Qld

Introduction/Background:

Scientific research into compassion has burgeoned over the past 20 years and interventions aiming to cultivate compassion towards self and others have been developed. This meta-analysis examined the effects of compassion-based interventions on a range of outcome measures.

Methods:

Seventeen randomized controlled trials (RCTs) from the last 12 years were included in the meta-analysis, with data from 1,104 participants analysed. Effect sizes were standardized mean differences

calculated using the difference in pre-post change in the treatment group and control group means, divided by the pooled pre-intervention standard deviation.

Results:

Significant pre-post intervention effects were found on self-report measures of compassion ($d = 0.554$), self-compassion ($d = 0.699$), mindfulness ($d = 0.544$), depression ($d = 0.637$), anxiety ($d = 0.487$), psychological distress ($d = 0.467$), and well-being ($d = 0.506$). Evaluations of risk of bias across studies pointed towards a relative lack of publication bias and robustness of findings. However, the evidence-base underpinning compassion interventions relies predominantly on small sample sizes.

Conclusion:

Future directions will be discussed for compassion research including, the need for improved methodological rigor, larger scale RCTs, increased specificity on the targets of compassion, and examination of compassion across the lifespan.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

Paper 2.

The relationship between fears of compassion and mental health outcomes

James Kirby, The University of Queensland, Brisbane, Qld

Authors:

Kirby J¹, Day J², Sagar V¹

¹ School of Psychology, The University of Queensland, Brisbane, Qld, ² School of Psychology, The University of Newcastle, Callaghan, NSW

Introduction/Background:

This meta-analysis examined the associations between the fears of compassion and mental health. All studies used Gilbert et al.'s (2010) Fears of Compassion Scales, which includes three scales; fears of self-compassion, fears of compassion for others, and fears of compassion from others. Specific mental health outcomes assessed included: depression; anxiety; distress; and well-being, as well as process variables of self-criticism and shame. Moderators of gender, age, publication status (published vs. unpublished), and population (clinical vs. non-clinical) were also analysed.

Methods:

In total 17 studies from the last six years were included, with data from almost 4,000 participants meta-analysed. Effect sizes were extracted from studies as Pearson's r correlation coefficients and converted to Fisher's Z_r correlations to adjust for skewed standard errors. Following analysis, aggregated effect sizes were transformed back to Pearson's r correlations for ease of reporting and interpretation.

Results:

Overall, we found small effect sizes for fears of compassion with our outcomes (ranging from .16-.29). However, when examining fears of compassion for self and receiving from others these effect sizes increased to moderate-large (ranging from .38-.65). In terms of the moderators analysed, the older you were the stronger the relationship between constructs. Clinical populations also had significantly stronger relationships than non-clinical samples.

Conclusion:

Therapists need to be aware of any fears clients might have towards compassion, as the findings from this study indicate they can significantly influence mental health. Implications on how to do this will be discussed.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

Paper 3.

Early shame trauma memories and current psychopathology: working with fears of compassion and developing the compassionate self

Stan Steindl, The University of Queensland, Brisbane, Qld

Authors:

Steindl SR¹, Matos M², Creed A¹

¹ Compassionate Mind Research Group, School of Psychology, The University of Queensland, Brisbane, Qld ² The University of Coimbra, Portugal

Introduction/Background:

Compassion focused therapy (CFT) is a promising treatment for depression, especially where there are features of shame. CFT works to reduce fears of compassion, and develop compassion competencies, to alleviate distress and cultivate safe affect. While the relationship between fears of compassion, early emotional memories and depression is empirically supported, our aim was to explore the role of compassion competencies in these associations.

Methods:

A general population sample of 223 participants completed questionnaires measuring traumatic qualities and centrality of shame memories, early memories of warmth and safeness, compassion for others, from others and self-compassion, and depressive symptoms and safe affect.

Results:

Results showed that shame memories' traumatic qualities and centrality correlated positively with depressive symptoms and negatively with safe affect, compassion from others and self-compassion, while early memories of warmth and safeness correlated negatively with depressive symptoms and positively with safe affect and self-compassion. Self-compassion had the strongest correlations with depressive symptoms and safe affect. Path analyses revealed self-compassion as the only significant mediator on associations between early emotional memories, depressive symptoms and safe affect.

Conclusion:

Clinical implications include support for developing compassion competencies when working with depression and shame, and working directly with early emotional memories themselves.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

Paper 4.

The application of compassion focused therapy to adult survivors of childhood sexual abuse

Lisa McLean, The University of Queensland, Brisbane, Qld

Authors:

McLean L¹, Steindl SR², Bambling M¹

¹ School of Medicine, The University of Queensland, Brisbane, Qld ² Compassionate Mind Research Group, School of Psychology, The University of Queensland, Brisbane, Qld

Introduction/Background:

Childhood sexual abuse can have long-term negative impacts across psychological, physical, and interpersonal domains. Some of the common issues for survivors of sexual abuse include shame and self-blame, attachment-based difficulties, avoidant coping strategies, and reduced capacity for self-compassion. This paper presents the findings of qualitative research exploring reflections, attitudes and beliefs about self-compassion by conducting focus groups with adult survivors of childhood sexual abuse, and counsellors who work primarily with childhood sexual assault survivors.

Methods:

A consensual qualitative research (CQR) design (Hill, Thompson, & Williams, 1997) was utilised to analyse the results of both focus group discussions. CQR has been traditionally used as a guided discovery process whereby core themes (domains) and ideas are identified and cross-analysed from the collected qualitative data.

Results:

Results of the analyses indicated two main domains for survivors: "barriers to compassion" and "factors supporting compassion". For counsellors, the focus group revealed three main domains: "therapeutic factors to support compassion", "factors affecting client readiness and capacity for self-compassion", and "anticipated outcomes from increased compassion".

Conclusion:

This paper will elaborate upon the core ideas that comprise each of these domains, and the implications for compassion-based interventions for adult survivors of childhood sexual abuse.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

9:30am - 10:30am

Symposium 10: Developing coping and self-regulation skills in children and young people: the ultimate transdiagnostic therapy?

Symposium Description:

Educational settings have significant impact on the mental health and wellbeing of children and adolescents, some positive and some negative. Education settings represent rich opportunities to promote young people's wellbeing and to build their capacity for coping and self-regulation, ultimately setting them on the road for leading rich and meaningful lives. Such settings have always played a part in the development of young people's psychological skills, however with increasing levels of mood disorders evident in children and adolescents, this responsibility has become more critical. Participation in educational settings can also introduce children and adolescents to situations that may increase risk of mental health problems including school bullying, and poor management leading to escalation of behaviour problems. Practitioners and educators can play a significant role in ensuring children have the skills to manage challenges and regulate their emotions and behaviour. However, young people are reliant on their parents as well as the staff in education settings to teach and provide opportunities for the development of essential life skills. Such is the case with the early development of children's communication, coping and self-regulatory capacity. The aim of this symposium is to present exemplars of research focused on the implementation of programs in education settings ranging from early childhood to secondary schools that incorporate all stakeholders: staff, parents and young people themselves.

Chair: Cassandra Dittman, The University of Queensland

Discussant: Karyn Healy, The University of Queensland

Paper 1.

Professional development in positive early childhood education (PECE) to promote children's development and self-regulation

Cassandra Dittman, The University of Queensland, Brisbane, Qld

Authors:

Dittman C¹, Turner KMT¹

¹The University of Queensland, Brisbane, Qld

Introduction/Background:

As participation rates in early childhood education and care prior to formal schooling increase, early childhood educators (ECEs) are becoming significant caregivers alongside parents. Quality early childhood education has a range of positive effects on children's cognitive and socio-emotional development, however, the quality of childcare is varied, and ECEs are not always well-equipped to promote prosociality or manage challenging child behaviour effectively. This paper describes the development and testing of a professional development program for ECEs that aims to improve their skills and confidence, and reduce workplace stress.

Methods:

The Positive Early Childhood Education Program (PECE) combines online training and in-person coaching within a self-regulatory framework, drawing on best practice for working with young children. The paper will provide an overview of program development, including adapting positive parenting strategies for use by ECEs, and implementation considerations in early learning environments. Pilot and service evaluation data from Canada and Australia will be presented.

Results:

Preliminary beta testing indicates the program strategies have high acceptability among ECEs, and the online training format is engaging. Outcomes include improved ECE confidence, teamwork, and job satisfaction, improved child behaviour towards adults, and reduced disruptive child behaviour.

Conclusion:

Strengthening educators' capacity to promote prosocial behaviour and reduce disruptive behaviour has the potential to vastly increase the population-level impact of current evidence-based early childhood interventions targeting the family context. This may be particularly beneficial for children from disadvantaged backgrounds, as the provision of quality early childhood education may buffer the effects of negative early family experiences.

Disclosure of Interest Statement:

PECE is an extension of The Triple P – Positive Parenting Program which is owned by The University of Queensland (UQ) and disseminated by licensed publisher Triple P International Pty Ltd. Royalties stemming from published Triple P resources are distributed to the UQ Faculty of Health and Behavioural Sciences, School of Psychology, Parenting and Family Support Centre, and contributory authors. Dr Dittman and Associate Professor Turner are contributory authors and are employed by UQ.

Paper 2.

Working with parents and staff in a disability setting: outcomes and opportunities

Julie Hodges, The University of Queensland, Brisbane, Qld

Authors:

Aery A¹, Hodges JE², Day JJ³

¹ University of New South Wales, Sydney, NSW, ² The University of Queensland, Brisbane, Qld, ³ University of Newcastle, Callaghan, NSW

Introduction/Background:

School contexts provide rich opportunities to promote children's development and wellbeing and to build their self-regulatory capacity. We explored whether delivering Stepping Stones Triple P (SSTP) in a special education setting, positively influenced parent and child outcomes. We also investigated whether the context of program delivery provided additional benefits for the relationship between a child's home and their school, that is, the home-school partnership (HSP).

Methods:

Participants were 216 parents and caregivers of a child with a disability who completed a parenting program at their child's school. Questionnaires completed before the program and 3 months and 12 months following program completion, measured parents' perceptions regarding their child's emotion and behaviour, parenting practices, parental adjustment and parental efficacy.

Results:

Results from a series of MANOVAs and ANOVAs revealed significant improvements in parent-reported child outcomes, parenting practices, parental adjustment and parental efficacy with results maintained at 12-month follow-up. Thematic analysis of semi-structured interviews of a sub-section of parents and educators found benefits for the perceived influence of participating in a school-based SSTP on the HSP.

Conclusion:

Participation in a school-based SSTP program facilitated the formation of a supportive community between home and school, enhanced consistency of responding across a child's home and school, and developed the knowledge and self-efficacy of parents and education professionals. Taken together, these findings suggest that school-based parenting programs provide a practical solution for bridging the gap between a child's home and school, and thus have the capacity to facilitate wide-reaching benefits.

Disclosure of Interest Statement:

Stepping Stones Triple P is owned by The University of Queensland (UQ) and disseminated by licensed publisher Triple P International Pty Ltd. Royalties stemming from published Triple P resources are distributed to the UQ Faculty of Health and Behavioural Sciences, School of Psychology, Parenting and Family Support Centre, and contributory authors. No authors of this paper are Triple P contributory authors. Dr Hodges is employed by UQ. The other authors have no conflicts of interest to disclose.

Paper 3.

Working with families to increase resilience with children at risk due to school bullying

Karyn Healy, The University of Queensland, Brisbane, Qld

Authors:

Healy KL¹, Sanders MR¹

¹The University of Queensland, Brisbane, Qld

Introduction/Background:

School bullying greatly increases the risk of serious ongoing mental health problems for children and adolescents including depression, anxiety and psychosis. However, school anti-bullying programs make only modest reductions in bullying and victimisation. There is a large body of evidence that parents and families affect children's relationships with peers.

Methods:

This paper will present results of the RCT of a cognitive behavioural program for children who are bullied at school by peers. The program, Resilience Triple P, teaches parents to support and coach their children in social and emotional skills relevant to improving peer relationships and addressing bullying. The RCT involved 111 families of children aged 6 to 12 years reported by parents to have been bullied at school by peers. Children's progress was monitored over 9 months by teachers, children and parents.

Results:

Children whose families were in the intervention condition showed greater reductions in victimisation, distress and symptoms of depression, and greater improvements in peer acceptance and liking school, than children in the control condition.

Conclusion:

More needs to be done to reduce the risk that bullying poses to children's mental health. Working with families of children who are victims of bullying is a promising way to improve outcomes for this at-risk population. This session will briefly review the theoretical background, provide examples of program strategies, and outline the trial methodology and results.

Disclosure of Interest Statement:

Dr Healy and Professor Sanders are authors of Resilience Triple P and employees of the Parenting and Family Support Centre (PFSC, UQ). The PFSC is partly funded by royalties stemming from published resources of the Triple P – Positive Parenting Program, which is developed and owned by UQ. Royalties are also distributed to the Faculty of Health and Behavioural Sciences at UQ and contributory authors of published Triple P resources. Triple P International (TPI) Pty Ltd is a private company licensed by UniQuest Pty Ltd on behalf of UQ, to publish and disseminate Triple P worldwide. Drs Healy and Sanders have no share or ownership of TPI. As authors, they may in future receive royalties and/or consultancy fees from TPI. TPI had no involvement in the study design, collection, analysis or interpretation of data.

Paper 4.

Building emotion regulation skills in adolescents in a school context

Julie Hodges, The University of Queensland, Brisbane, Qld

Authors:

Hodges JM¹, Dingle GA¹, Hodges, JE¹

¹The University of Queensland, Brisbane, Qld

Introduction/Background:

Emotion regulation is widely recognised as a critical component of healthy psychological development, yet research has generally focused on children and adults, leaving the adolescent population largely neglected. With clear links being established between emotion dysregulation and adolescent psychopathology, schools are beginning to embed wellbeing programs designed to develop emotion regulation skills. This study aimed to examine the effectiveness of two emotion

regulation programs, Tuned In (a group music listening program) and Mind Your Mind (a positive psychology/mindfulness program).

Method:

In this RCT, 5-session versions of both programs were offered to 72 adolescent girls (aged 15-17) at a mainstream secondary school. Programs were delivered by teaching staff following a staff training day. Outcomes were compared to the regular wellbeing program offered to students (TAU) – a unit focused on healthy relationships. Quantitative and qualitative feedback were gathered to determine the effectiveness of each program, along with teacher confidence in delivering the programs.

Results:

Participants who took part in Tuned In and Mind Your Mind reported improved self-efficacy in managing a range of emotions, as well as greater awareness of thoughts and emotions. Qualitative feedback from staff suggested they felt confident in delivering these programs and that they believed each provided students with new skills in regulating their emotions.

Conclusion:

These findings suggest that programs designed to develop skills and strategies related to emotion regulation are an important part of a transdiagnostic approach to enhancing adolescent wellbeing. Additionally, with training, teachers felt confident to deliver these programs to their students.

Disclosure of Interest Statement:

JM Hodges is a teacher at one of the schools where Tuned In and Mind Your Mind programs were evaluated. Dr Dingle is an author of the Tuned In program. Dr Hodges has no conflict of interest to disclose.

11:00am - 12:30pm

Master Clinician Session:

Developing an internal compassionate supervisor

Tobyn Bell, Greater Manchester Mental Health NHS Foundation Trust, Prestwich, UK

Self-compassion is associated with reduced depression, anxiety, self-criticism and shame whilst also being linked to increased self-evaluative accuracy, cognitive flexibility, creativity, capacity to tolerate ambivalent feedback and responsibility-taking for moral transgression. Such findings have important implications for mental health professionals and have inspired adaptations of compassion-focused exercises for therapist self-care and development.

At the end of this session, participants will be able to:

- Describe the reasons therapists would benefit from integrating compassion-focused therapy (CFT) exercises into their own practice.
- Explain the implications of compassion research for your therapy and self-care.
- Identify your threats as a therapist including triggers, protective strategies, and unintended consequences.
- Apply soothing-rhythm breathing to prepare your mind and body for self-compassion work.
- Utilize mental imagery practices specifically adapted to develop therapist self-compassion. This will involve you developing your own 'internal' compassionate supervisor, an exercise researched by the instructor
- Explain the benefit of using the self-practice, self-reflection model to support your well-being, develop therapeutic skills and increase empathy with clients

11:00am - 12:30pm

Symposium 11: Using technology in the treatment of youth anxiety disorders

Child anxiety disorders are the most common, highly debilitating and costly of all mental disorders that might afflict children. Unfortunately, less than 20% of children with anxiety receive evidence-based treatments such as cognitive behaviour therapy (CBT) for a variety of reasons including high costs, lack of available trained therapists, long wait lists, and busy family schedules. Over the last two decades, mental health researchers have turned to various types of technology in an attempt to circumvent the various barriers to receiving evidenced-based psychological treatment across a number of psychological disorders. Youth anxiety disorders was one of the first areas that technology was applied and tested in terms of treatment, and it is in this area in particular, that we see substantial research progression.

This symposium consists of five papers highlighting the breadth of ways in which technology has been harnessed to assist children with anxiety problems. The various technologies discussed include the use of web-cams to augment face-to-face CBT maintenance (Farrell et al), computer-based positive search training as a stand-alone treatment (Waters et al), and completely self-help online CBT programs that have been developed and improved upon over time (Donovan et al; March et al). The series of studies concludes with a paper by Professor Ron Rapee who will discuss how his research work has progressed from initial prototype development to a complete service delivery system.

Chair: Caroline Donovan, Griffith University

Discussant: Emeritus Professor Sue Spence, Griffith University

Paper 1.

High intensity, brief CBT for paediatric OCD: an initial RCT of d-cycloserine augmented three session CBT combined with web-cam maintenance

Lara Farrell, Griffith University, Gold Coast, Qld

Authors:

Farrell L¹, Waters A², Tiralongo E¹, Garbharran V³, Oar E⁴, Zimmer-Gembeck M¹, Ollendick T⁵

¹ Griffith University, Gold Coast, Qld, ² Griffith University, Mt Gravatt, Qld, ³ Gold Coast University Hospital, Qld, ⁴ Macquarie University, Sydney, NSW, ⁵ Child Study Centre, Virginia Tech, Virginia, USA

Introduction/Background:

Although CBT with exposure and response prevention (E/RP) has been shown to be effective for youth OCD, many do not access this treatment, and others fail to achieve maximum benefit. This preliminary RCT combines brief, high intensity CBT, augmented with pharmacotherapy (d-cycloserine, DCS), and a web-cam maintenance phase. DCS has been shown to augment outcomes, and there is emerging evidence suggesting that DCS augmenting effects may be dependent upon specific dosing and clinical parameters.

Methods:

This study presents outcomes from a RCT (n=42) with three conditions (1) DCS dosed immediately prior to three sessions of E/RP; (2) DCS administered immediately after three sessions E/RP; and (3) pill placebo controlled E/RP, with all youth receiving web-cam maintenance, and outcomes assessed at 1- and 3-month follow-up. A secondary aim examines moderators of DCS augmentation – including anti-depressant medication status, within session SUDs decline, and between session E/RP homework compliance.

Results:

Preliminary analyses found no significant differences across dosing conditions, with no overall benefit for DCS ($p>0.05$) on OCD severity. Analyses of moderator effects (combining DCS conditions relative to PBO) found a significant interaction between treatment condition and anti-depressant medication status, whereby youth not on SSRI medication, were found to have significant benefits of DCS over the PBO condition ($p<0.05$) on OCD severity. Analyses of predictors of outcome (e.g., between session E/RP practice) will also be presented, highlighting potential avenues for optimizing DCS augmented brief E/RP therapy, combined with web-cam maintenance for paediatric OCD.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

Paper 2.

What happens if we take the therapists away? Unassisted brave-online: lessons learned and solutions found.

Caroline Donovan, Griffith University, Brisbane, Qld

Authors:

Donovan CL¹, Booth J¹, March S², Spence SH³

¹ School of Applied Psychology, Griffith University, Brisbane, Qld, ² School of Psychology and Counselling & Institute for Resilient Regions, University of Southern Queensland, Qld, ³ Australian Institute for Suicide Research and Prevention, Griffith University, Brisbane, Qld

Introduction/Background:

To date, only therapist-assisted online programs for youth anxiety disorders have been examined. It is not yet known how effective these types of programs are when offered in a purely self-help format with children. The aim of this study was to conduct a pilot study to evaluate the efficacy of a self-help version of BRAVE-ONLINE through a randomized controlled trial (RCT).

Methods:

Thirty-eight children with an anxiety disorder, aged 7 to 12 years, and their parents, were randomly assigned to either the BRAVE-ONLINE treatment condition (TX) or a waitlist control condition (WLC). Semi-structured diagnostic interviews, parent questionnaires, and child questionnaires were completed at pre-treatment, post-treatment and 3-month follow-up.

Results:

At post-treatment, although the TX condition demonstrated a greater reduction in anxiety symptoms and primary anxiety disorders than the WLC condition, there were no significant differences between children in the TX and WLC conditions. There was a significant effect for time from pre-treatment assessment to the 3-month follow-up assessment for the TX condition. Treatment session completion in this self-help sample was much lower than in previous therapist-assisted studies of BRAVE-ONLINE.

Conclusion:

Providing the BRAVE-ONLINE for Children program in self-help mode may still be beneficial for the reduction of anxiety symptoms in children. However, modifications are required. We have learned many lessons from this study and have made major changes to the existing program to enable a more effective self-help version of BRAVE-ONLINE.

Disclosure of Interest Statement:

Authors SM, CD and SS acknowledge that although intellectual property of the BRAVE Program is owned by UniQuest/UQ, they may receive royalties through commercialisation of this program.

Paper 3.

Large-scale dissemination of self-help internet-based CBT for youth anxiety: acceptability, effectiveness and predictors of engagement

Sonja March, University of Southern Queensland, Springfield Central, Qld

Authors:

March S¹, Donovan CL², Spence SH³, Kenardy J⁴

¹ School of Psychology and Counselling & Institute for Resilient Regions, University of Southern Queensland, Qld, ² School of Applied Psychology, Griffith University, Brisbane, Qld, ³ Australian Institute for Suicide Research and Prevention, Griffith University, Brisbane, Qld, ⁴ School of Psychology, The University of Queensland, Brisbane, Qld

Introduction/Background:

The effects of internet-based CBT (iCBT) for youth anxiety are typically smaller when therapist contact is removed. It is vital we identify sustainable methods of dissemination that can reach more young people while retaining efficacy and acceptability. This study aimed to examine the acceptability and feasibility of a new version of BRAVE Self-Help, an integrated iCBT platform delivered via an open-access portal with no professional support.

Methods:

This study was an open trial, involving the analysis of data collected from 4425 children and adolescents aged 7-17 years presenting with elevated anxiety. Program acceptability was assessed via a satisfaction scale and the number of completed sessions (adherence). Anxiety severity was assessed via scores on the Children's Anxiety Scale (CAS-8) at four time points; baseline, Session 4, Session 7 and Session 10.

Results:

Participants reported moderate satisfaction with the program and 30% completed three or more sessions. Statistically significant reductions in anxiety were evident across all time points for both children and adolescents. For participants who completed 9 sessions, 57.7% achieved recovery into non-elevated levels of anxiety. Greater program adherence was associated with younger age, lower levels of comorbid depression and higher social support.

Conclusion:

Participant feedback was positive and the program was acceptable to most young people. Meaningful reductions in anxiety were achieved by many youth who engaged with the program, however, many did not engage and may require alternative support. Self-help iCBT may offer a feasible and acceptable first step for service delivery with youth with anxiety.

Disclosure of Interest Statement:

Authors SM, CD and SS acknowledge that although intellectual property of the BRAVE Program is owned by UniQuest/UQ, they may receive royalties through commercialisation of this program.

Paper 4.

Low intensity treatment for anxious youth – from laboratory to clinical service

Ronald Rapee, Macquarie University, Sydney, NSW

Authors:

Rapee RM¹

¹ Centre for Emotional Health, Macquarie University, Sydney, NSW

Introduction/Background:

Anxiety disorders are the most common mental health problem affecting young people in Australia. They are associated with moderate impact and often provide a “gateway” to a life of emotional distress by increasing risk for a variety of adult disorders. The majority of young people with anxiety disorders do not receive empirically validated treatments, partly due to factors including: lack of easy access; lack of sufficient professional workforce; and lack of desire to attend traditional treatment. Many of these barriers can be mitigated by low intensity interventions, including bibliotherapy, parent training, and the use of technological advances such as internet and smartphone.

Methods:

Over the past 15 years, we have been researching a variety of forms of low intensity intervention for anxious youth. These methods encompassed originally print, and later, electronic delivery. Most recently, we have begun to deliver low intensity interventions as a clinical service via the internet using a fee-for-service, model. Hence our work has progressed from initial prototype development to a complete service delivery system.

Results:

In this talk I will provide a summary and overview of our research across the gamut of child anxiety to demonstrate how new treatments can progress from laboratory development to clinical service. I will provide examples of our various outcomes and consider barriers and opportunities for the practicing therapist.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

11:00am - 12:30pm

Open Papers 05: Well-being

The impact of perfectionism and stress on university student well-being

Lisa Phillips, University of Melbourne, Parkville, Vic

Authors:

Anderson S¹, Ryug A¹, Phillips, L¹

¹Melbourne School of Psychological Sciences, University of Melbourne, Parkville, Vic

Introduction/Background:

Perfectionism is defined as the setting of unreasonably high standards for performance, with adaptive and maladaptive types being identified. Adaptive perfectionism has been related to positive outcomes such as increased self-esteem, while maladaptive perfectionism is related to increased depression, anxiety and poorer psychological well-being. Perfectionism is particularly relevant for university students who experience elevated levels of stress and substantially lowered well-being. The present research investigated the relationships between perfectionism, stress and well-being in a university student sample.

Methods:

Psychology undergraduate students completed measures of perfectionism, subjective well-being, depression and anxiety and reported their academic outcome for a psychology subject.

Results:

Adaptive perfectionism was positively associated with subjective well-being and academic achievement but not stress. Maladaptive perfectionism was negatively associated with subjective well-being and academic achievement and positively associated with level of distress. Distress mediated the relationship between both types of perfectionism and subjective well-being.

Conclusion:

Stress was identified as a fundamental factor driving outcomes associated with perfectionism. This suggests that effectively addressing the diminished well-being that is a consequence of maladaptive perfectionism in university students, interventions must address levels of stress. Interventions aimed at enhancing adaptive perfectionism should also be considered.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

Transfer of diabetes management from parents to youth when transitioning from paediatric to adult healthcare settings

Anna Hickling, The University of Queensland, Brisbane, Qld

Authors:

Hickling A^{1,2}, Cobham VE^{1,2}, Dingle G¹ Barrett HL^{2,3}

¹ The University of Queensland, Brisbane, Qld, ² Mater Research Institute, The University of Queensland, South Brisbane, Qld, ³ Department of Endocrinology, Mater Health, South Brisbane, Qld

Introduction/Background:

During emerging adulthood, young people with type 1 diabetes are required to take on the responsibilities of managing their illness while concurrently moving from parent-directed paediatric healthcare settings to more self-managed adult healthcare settings. Evidence has shown that during the transition period, young people's clinic attendance and glycaemic control reduces while psychological distress increases. Parent-child conflict associated with the transfer of illness-responsibility may contribute to these outcomes. The purpose of the current study is to better understand the lived experience of young adults with type 1 diabetes and their parents during the transition from paediatric healthcare settings to a young adult healthcare setting.

Methods:

Participants included young people aged 16 to 25 years old with type 1 diabetes who transitioned from a paediatric healthcare setting to a young adult outpatient clinic in the past 24 months, and their parents or guardians. Parent-child dyads completed semi-structured interviews on their experience of the transition, including what went well, what has been challenging, and any impacts on treatment adherence and family dynamics. Interviews were then transcribed and coded for themes.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

Orthorexia nervosa: validation of the eating habits questionnaire

Natalie Hirsch, Australian Catholic University, Brisbane, Qld

Authors:

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Introduction/Background:

The purpose of this study is to investigate the psychometric properties of the Eating Habits Questionnaire (EHQ) in a community sample. The EHQ is a recently developed assessment tool designed to measure orthorexia nervosa, a proposed condition characterised by a pathological obsession with healthful eating, restrictive and/or ritualised eating patterns, and a rigid avoidance of foods perceived as unhealthy or impure. The behaviour associated with orthorexia appears similar to that of an eating disorder or obsessive-compulsive disorder. Our knowledge and understanding of orthorexia has been constrained as a result of flawed methodological approaches and assessment tools within the research literature. There are numerous criticisms in the research literature of the existing assessment tools (including the ORTO-15, or one of its adaptations, and the Bratman Orthorexia Test), predominantly due to their poor psychometric properties and unsuitability for scientific research. Thus, it is necessary to consider new assessment tools to ensure the research methodology is improved. The EHQ appears to be a promising alternative; it has shown adequate psychometric properties during its development and has been normed on a US student population. Data analyses will include a confirmatory factor analysis to confirm the proposed 3-factor structure in addition to reliability and construct validity analyses. Conference attendees can expect to gain a deeper understanding of this condition and the definitional and assessment problems that plague the literature.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

A systematic review of psychological treatment for methamphetamine use and associated mental health symptom outcomes

Alexandra Stuart, University of Newcastle, Callaghan, NSW

Authors:

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Introduction/Background:

People who use methamphetamine (MA) regularly experience symptoms of mental ill-health associated with MA use. These include symptoms of psychosis, depression and anxiety. Accordingly, research examining psychological treatments often measure MA use and related mental health problems. There is a paucity of research addressing the effectiveness of psychological treatments for

co-occurring symptoms of mental ill-health. We addressed this gap by providing a systematic review of the evidence for psychological treatments for co-occurring MA use and symptoms of mental ill-health in experimental/controlled clinical studies.

Methods:

A meta-analysis and a narrative synthesis of studies was conducted following the Cochrane Handbook for Systematic Reviews of Interventions and the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) statement to inform methodology. Eight electronic peer-reviewed databases were searched. Twelve eligible articles were assessed.

Results:

Most studies found an overall reduction in level of MA use and mental health symptoms among samples as a whole. There was significant heterogeneity across studies, therefore generalisability of results was limited. There was some evidence to suggest that Cognitive Behaviour Therapy (CBT) was more effective than other psychological treatments and treatment as usual for reducing levels of MA use. CBT was significantly more effective than minimal treatment and was associated with significantly higher abstinence rates compared to minimal control conditions.

Conclusions:

CBT interventions may enhance abstinence from MA. Future clinical research should consider how psychological treatment may play a role in reducing MA use and associated mental health symptoms.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

Loneliness amongst addictions populations

Isabella Ingram, University of Wollongong, Wollongong, NSW

Authors:

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¹Illawarra Institute for Mental Health, School of Psychology, University of Wollongong, Wollongong, NSW, ²School of Medicine and Public Health, University of Newcastle, Callaghan, NSW

Introduction/Background:

Loneliness is a distressing emotional experience that is consistently linked to poor physical and mental health, and increased morbidity and mortality. While loneliness is problematic for people recovering from substance dependence, the prevalence of loneliness across this population is yet to be reported. The aim of the current study was to report on the prevalence of loneliness and to explore variables related to loneliness in order to build understanding of the magnitude of the problem and inform intervention.

Methods:

Participants were attending Australian residential substance dependence treatment services provided by The Salvation Army and We Help Ourselves. Participants completed cross-sectional surveys (N=316) consisting of measures of demographics, substance use, loneliness, and physical and mental health.

Results:

Loneliness was deemed to be a serious problem for 69% of respondents, and 79% reported feeling lonely at least once per month. The highest levels of loneliness were experienced in the form of romantic loneliness ($M=23.66$, $SD=8.20$). The substance dependent population was found to be almost seven times more likely to experience loneliness on a monthly basis or more frequently, compared to the general population, $OR= 6.82$, 95% CI [4.79, 9.69]. Similarly, the substance dependent population was over five times more likely to identify loneliness as a serious concern, $OR=5.76$, 95% CI [4.22, 7.86].

Conclusion:

Substance dependent populations appear to experience higher rates of loneliness compared with the general population and those reporting higher levels of loneliness experienced poorer physical and mental health. Findings highlight the need to develop targeted interventions to address loneliness and the associated bearing it has on wellbeing.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

Depressive symptom changes in response to an integrated motivational interviewing and exercise intervention. What symptoms change and why that matters.

Yasmina Nasstasia, University of Newcastle, Callaghan, NSW

Authors:

Nasstasia Y¹, Baker A¹, Lewin T¹, Halpin S¹, Hides L², Kelly B¹, Callister R¹

Affiliation:

¹University of Newcastle, Callaghan, NSW, ²The University of Queensland, Brisbane, Qld

Background: Exercise is increasingly recognised as a viable treatment adjunct or alternative for major depressive disorder (MDD). Despite these benefits, it remains unclear as to how exercise exerts treatment effects on the depressive symptom profile. This study investigated differential symptom effects of an integrated motivational interviewing (MI) and exercise intervention and examined changes in associated cognitive, physiological and behavioural factors.

Methods:

Sixty-eight participants (mean age 20.8 years) meeting 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. Changes in the depressive symptom profile was assessed with the Beck Depression Inventory-II (BDI-II) total score and symptom subscales.

Results:

There were significantly greater improvements in the BDI-II total score pre and post-treatment among the intervention group with significant differential effects observed among cognitive and affective but not somatic subscales. A closer examination of individual BDI-II items from the cognitive subscale showed significant mean improvements in symptoms relating to negative self-concept, with trend level improvements in suicidal thoughts. Significant differential changes from the affective subscale included, interest/activity and irritability. Although the somatic subscale was not significantly

improved by the intervention, energy (a component of that sub-scale) was. Significant changes were also observed across a range of other psychological physiological and behavioural measures.

Conclusion:

Findings suggest exercise has an antidepressant effect targeting improvements in negative self-concept, suicidal ideation, activity and energy. Implications of treatment effects will be discussed.

Towards new therapeutic mechanisms in bipolar disorder: analogue investigation self-compassion and nonattachment to self

Yan Yang, Swinburne University of Technology, Hawthorn, Vic

Authors:

Yang Y¹, Fletcher K¹, Whitehead R², Murray G¹

¹ Centre for Mental Health, Swinburne University of Technology, Hawthorn, Vic, ² Department of Psychological Sciences, Swinburne University of Technology, Hawthorn, Vic

Introduction/Background:

There is growing interest in psychological processes that might be targeted in treatments for bipolar disorder (BD). One such process is a vulnerability at the level of self-concept, characterised by presence of, and fluctuations between positive and negative self-concept. The aim of the present study was to advance this literature by investigating the role of two emerging meta-cognitive constructs - self-compassion and nonattachment to self - which have potential to therapeutically modulate this unstable self-concept in BD. Using an analogue design, it was hypothesised that both variables would mediate the relationship between bipolar tendencies and psychological distress in a general population sample.

Methods:

Participants (N = 372 Australian university students) completed self-report measures of manic and depressive tendencies, self-compassion, nonattachment to self and psychological distress. To investigate the specificity of the two hypothesised mediators, a better-researched psychological variable – rumination – was also included in mediation analyses.

Results:

Bivariate analyses found tendencies towards mania and depression to be associated with diminished self-compassion and nonattachment to self, while both psychological processes were negatively associated with psychological distress. Mediation analyses showed, as expected, self-compassion and nonattachment to self mediated the relationship between bipolar tendencies and psychological distress after controlling for the effects of rumination.

Conclusion:

The present findings demonstrate that two meta-cognitive processes – self-compassion and nonattachment to self – act as mediators, and may be modifiable mechanisms linking bipolar vulnerability to negative mood outcomes. Future research should utilise clinical samples to investigate the potential role of the two variables in bipolar disorder.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

1:30pm - 2:30pm

Invited Speaker and Distinguished Career Award for Contribution to Cognitive or Behavioural Research and Therapy Presentation:

Using new technologies with youth emotional disorders

Emeritus Professor Sue Spence, Griffith University, Brisbane, Qld

It has been an exciting decade for the synergy of cognitive behaviour therapy and technology in the treatment of youth psychological disorders. Research conducted on computer-based CBT (cCBT), including mobile devices, has expanded exponentially in recent years, with significant evidence demonstrating that cCBT, with relatively brief therapist support is effective for reducing youth anxiety and depression. The potential for cCBT to improve treatment access and the mental health outcomes of Australian youth is enormous given our nation's vast rural and remote areas.

This paper will summarize the current status of research relating to the effectiveness of cCBT for youth anxiety and depression, and draw upon the presenter's longstanding research on the BRAVE-ONLINE program. The considerable challenges that we face in moving from well-controlled cCBT clinical trials into implementation in real-world, clinical contexts will also be discussed. How can we best enable clinicians to use cCBT in their clinical practice? How do we enhance child and parent engagement and completion rates, particularly for self-help cCBT in the absence of therapist support? How do we fund cCBT when current government funding mechanisms present a barriers to the widespread adoption of cCBT for youth?

This paper will also discuss on ongoing challenges faced by cCBT program developers and clinicians who need to keep up advances in technology. Finally, the paper will note some of the emerging and interesting research into the next wave of new technologies, such as virtual reality, for the treatment of youth emotional disorders.

Disclosure: The presenter acknowledges that, although the intellectual property for BRAVE-ONLINE is owned by UniQuest/The University of Queensland, she could potentially benefit from royalties related to the program.

2:30pm - 3:40pm

Symposium 12: Diagnosing and treating callous-unemotional type conduct problems in preschoolers: how can we do better?

The risk factors for childhood conduct problems vary considerably across individuals, and effective intervention requires individualising treatment to the unique needs of children on aetiologically distinct developmental pathways. The importance of this causal heterogeneity is recognised in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), which includes for the first time a specifier for the diagnosis of callous-unemotional (CU) type conduct disorder (i.e., CD with limited prosocial emotions [LPE]). The LPE specifier is given when 2/4 criteria are present, including a lack of remorse/guilt, callousness-lack of empathy, lack of concern about performance, and shallow/deficient affect. This change was informed by decades of research supporting that CU

traits designate a distinct subgroup of children with early starting, severe, and aggressive conduct problems that are not only associated with significantly increased risk of negative psychosocial outcomes as adolescents and adults, but are also less responsive to traditional interventions relative to non-CU peers. This attenuated treatment response has been attributed to the failure of traditional interventions to adequately target the distinct risk factors involved in the development of CU-type conduct problems. This symposium presents research that not only seeks to generalise this treatment effect beyond the research clinic setting, but also explores cutting-edge advances in the diagnosis and treatment of this subgroup during the preschool years. Taken together, this research ultimately provides a timely and persuasive challenge to years of pessimism regarding the treatment responsiveness of this subpopulation.

Chair: Georgette E. Fleming, School of Psychology, University of New South Wales

Paper 1.

Validation of a clinical interview tool for assessing callous-unemotional traits in preschoolers with disruptive behaviour

Bryan Neo, University of New South Wales, Sydney, NSW

Authors:

Neo B¹, Kimonis ER¹, Hawes D², Eapen V³

¹ School of Psychology, University of New South Wales, Sydney, NSW, ² School of Psychology, The University of Sydney, Sydney, NSW, ³ School of Psychiatry, University of New South Wales, Sydney, NSW

Introduction/Background:

CU traits are associated with early onset, pervasive conduct problems and are captured in the DSM-5 by the limited prosocial emotions specifier for conduct disorder (CD). The DSM-5 specifies that multiple sources be used to determine the pervasiveness and persistence of CU traits, required for diagnosis. The Clinical Assessment of Prosocial Emotions (CAPE) is a clinical assessment system developed for this purpose. Although the DSM-5 stipulates the specifier be considered for a CD diagnosis, research supports that this distinction is a marker for children with conduct problems more generally, including those with oppositional defiant disorder. With increasing focus on early interventions for children with CU traits, and support for existing rating measures of CU traits among preschoolers, there is a need for testing the validity of the CAPE scores during this developmental period. This study is the first to examine the validity/reliability of CAPE scores among preschoolers (N=191) referred for treatment for conduct problems. Data collection is ongoing and results will be presented on the internal consistency of CAPE scores on the semi-structured interview, convergent/divergent validity of CAPE scores against constructs of externalising/internalising problems and empathy, and incremental validity of CAPE scores in predicting externalising outcomes beyond an existing comprehensive rating measure, the Inventory of Callous-Unemotional Traits. Results from analyses utilising both person- and variable-centered approaches will be presented. These findings have the potential to improve the accuracy of diagnosing CU traits, and thus enhance the likelihood that preschoolers with conduct problems receive interventions that address their unique needs.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

Paper 2.

Do callous-unemotional traits moderate the efficacy of internet-delivered parent-child interaction therapy?

Georgette Fleming, University of New South Wales, Sydney, NSW

Authors:

Fleming GE¹, Kimonis ER¹, Comer JS²

¹School of Psychology, University of New South Wales, Sydney, NSW ²Center for Children and Families, Florida International University, Florida, USA

Introduction/Background:

Early intervention for childhood conduct problems (CP) is critical. Recent research has focused on expanding the reach of evidence-supported treatments by adapting them to online delivery formats. For example, evidence supports the efficacy of Internet-delivered Parent-Child Interaction Therapy (I-PCIT) for reducing CP. However, while research indicates that children with CU-type CP are less responsive to standard interventions like PCIT than CP alone, there is currently little research replicating this finding with Internet-delivered interventions. The aim of the current study was to examine whether CU traits moderated the efficacy of I-PCIT, and assess whether the effect of CU traits differed for I-PCIT compared to in-clinic PCIT.

Methods:

Forty families of 3- to 5-year-old children with CP participated in a randomised controlled trial comparing PCIT delivered via teleconferencing to in-clinic PCIT. Families participated in four assessments measuring parent-reported child CP, CU traits, parental psychopathology, treatment satisfaction, and clinician-rated treatment responder status.

Results:

Results of hierarchical linear modelling indicated that high CU traits predicted poorer post-treatment child CP and maternal anxiety. This effect was marginally more pronounced in the I-PCIT group than the in-clinic group. CU traits did not predict treatment responder status. Regression outcomes indicated that high CU traits predicted reduced treatment satisfaction, but that in-clinic parents were more satisfied than I-PCIT parents.

Conclusion:

These findings support previous research indicating that current gold-standard treatments for CP are less effective for children with CP and CU, and somewhat indicate that this effect is more pronounced with online delivery. These findings raise the possibility that Internet-delivered intervention may be contraindicated when CU traits are present.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

Paper 3.

Do callous-unemotional traits moderate conduct problem outcomes in a community early childhood setting delivering parent-child interaction therapy?

Naomi Cameron, University of New South Wales, Sydney, NSW

Authors:

Cameron NM¹, Kimonis E R¹, Morgan S²

¹School of Psychology, University of New South Wales, Sydney, NSW ²Karitane Toddler Clinic, Sydney, NSW

Introduction/Background:

While children with conduct problems benefit from first-line interventions such as Parent-Child Interaction Therapy (PCIT), those with co-occurring CU traits show a poorer treatment response. Only one prior study has tested whether CU traits moderate PCIT outcomes and it was conducted with young children with or at risk for developmental delay. The poorer treatment outcomes seen in this subgroup are attributed to the failure of traditional interventions in targeting distinct risk factors of this subgroup (e.g. maternal warmth). Only one study has investigated whether PCIT improves maternal warmth and it was conducted with infants using an adapted PCIT. Thus, the primary aim of this study was to test whether CU traits moderated conduct problems in a community early childhood clinic delivering PCIT, and the secondary aim of this study was to investigate whether improved maternal warmth mediated conduct problem outcomes in children with high CU traits.

Methods:

Participants included 81 families of children ($M_{age}=3.06$, $SD=0.69$) referred to the Karitane Toddler Clinic for behavioural difficulties. A multi-method approach was utilized to comprehensively assess CU traits and pre and post PCIT conduct problems and maternal warmth.

Results:

Data collection is ongoing and results from hierarchical regression analyses testing the moderating effect of CU traits and the mediating effect of maternal warmth on treatment outcomes will be presented.

Conclusion:

Preliminary findings suggest PCIT needs enhancement for children with co-occurring conduct problems and CU traits, and this study will investigate for the first time whether increases to maternal warmth may enhance treatment effectiveness.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

Paper 4.

Preliminary efficacy of school-based parent-child interaction therapy adapted for children with conduct problems and callous-unemotional traits

Ashneeta Prasad, University of New South Wales, Sydney, NSW

Authors:

Prasad AH¹, Kimonis ER¹, Lundeen M²

¹ School of Psychology, University of New South Wales, Sydney, NSW, ² Coon Rapids Family Place, Minnesota, USA

Introduction/Background:

Children with conduct problems (CP) and co-occurring CU traits display a distinct pattern of chronic antisocial behaviours across multiple settings. Without early intervention, these children are at high risk for negative outcomes later in life (e.g., lower educational attainment, higher school dropout rates). Promisingly, there is emerging research supporting the preliminary efficacy of an adaptation of Parent-Child Interaction Therapy (known as “PCIT-CU”) that targets the unique treatment needs of children with CP+CU. This pilot study aimed to assess the efficacy of delivering PCIT-CU as a school-based intervention in order to increase family accessibility to treatment services and engage various stakeholders (e.g., teachers) in management of children with CU-type CP across home and school settings.

Methods:

Nine American children aged between 3 and 7 ($M_{age} = 5.8$, $SD = 1.64$) with clinically significant CP and CU traits participated in a 21-week intervention with their parents at a school-based clinic, as well as community outings with clinicians and families to promote generalisation of therapy skills. Teachers also received psychoeducation and in-class coaching to promote consistency in the management strategies implemented both at home and school.

Results:

Preliminary analyses using repeated measures ANOVAs have revealed significant reductions in child CP and CU traits and a significant increase in child empathy ($d_s = 1.0$ to 1.7). These positive treatment gains were maintained at a 3-month follow-up and 80% of treatment completers no longer showed clinically significant CP.

Conclusion:

Findings provide preliminary support for a school-based PCIT-CU intervention that targets child CU-type CP by involving both parents and teachers.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

Paper 5.

Parent-child interaction therapy adapted for preschoolers with callous-unemotional type conduct problems: a randomised controlled trial

Eva Kimonis, University of New South Wales, Sydney, NSW

Authors:

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¹ School of Psychology, University of New South Wales, Sydney, NSW ² Mark Wainwright Analytical Centre, University of New South Wales, Sydney, NSW

Introduction/Background:

CU-type conduct problems (i.e., CP+CU) are less responsive to many of the current gold-standard interventions for CP. This is because their problems arise from factors distinct from those typically targeted in traditional treatments. While the field has developed a better understanding of the unique deficits and needs of children with CP+CU, the translation of this understanding into comprehensive and targeted clinical practice remains in its infancy. The current study tests an adaptation of Parent-Child Interaction Therapy (PCIT) that specifically addresses the distinct risk factors of children with CP+CU.

Methods:

To date, 36 families of 3- to 7-year-old children have participated in a randomised controlled trial comparing efficacy and acceptability of PCIT-CU, as it is known, to standard PCIT. All families completed 21 weekly treatment sessions and participated in five comprehensive assessments, measuring child conduct problems, CU traits, and empathy levels, and parents' treatment satisfaction.

Results:

Results of latent growth curve models will be presented, testing whether families in the PCIT-CU condition show greater improvement in post-treatment outcomes than those assigned to standard PCIT (treatment efficacy); and whether parents report greater satisfaction and show better intervention completion rates for PCIT-CU than standard PCIT (acceptability). Preliminary results indicated that both conditions showed a decrease in CP intensity over the treatment period, but that 3-month follow-up outcomes were more improved for the PCIT-CU condition with moderate effect sizes.

Conclusion:

There are currently few guidelines regarding best practice for this treatment-resistant population, highlighting the importance of testing this novel targeted and comprehensive intervention.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

2:30pm - 3:40pm

Symposium 13: Sleep problems in youth

Sleep is a profoundly important part of cognitive, emotional and physiological function, health and wellbeing, and plays a critical role in human development across the lifespan. Sleep problems in childhood and adolescence have been linked to multiple detrimental outcomes including developmental delay, poor academic performance and mental health and behavioural problems, including adult psychopathy. Sleep problems can persist into adulthood, resulting in both individual and societal consequences. Given that it is reported that up to 84% of pre-school children have at least one sleep problem, and 87% of adolescents are not achieving adequate sleep, the importance of understanding sleep problems in childhood and adolescence is clear.

This symposium consists of five papers examining mechanisms contributing to, and effective treatment of, sleep problems from preschoolers, through middle childhood, to adolescence. This series of studies begins by examining parental factors predicted to contribute to preschooler sleep problems (Scupham et al.) and how both parent and child dysfunctional beliefs about sleep predict sleep related problems in middle childhood (Weaver et al). The series then then shifts to examine the mediating role of sleep between physical activity and mood in adolescents (Heath et al) before culminating in therapies that are being trailed to treat sleep problems in middle childhood (Hunt et al) and adolescence (Richardson et al).

Chair: Associate Professor Caroline Donovan, School of Applied Psychology, Griffith University

Discussant: Associate Professor Caroline Donovan, School of Applied Psychology, Griffith University

Paper 1.

The mediating role of parent and child effortful control in the development of sleep and anxiety problems in preschoolers

Sarah Scupham, Griffith University, Brisbane, Qld

Authors:

Scupham S¹, Donovan C1, Tyler D1

¹ School of Applied Psychology, Griffith University, Brisbane, Qld

Introduction/Background:

Sleep problems are common concerns of parents with preschoolers, and anxiety disorders frequently co-occur with youth sleep problems. Several longitudinal studies have found that parental psychopathology/distress acts as a significant risk factor for sleep problems and anxiety problems in infants and young children. What is less clear, is the mechanism through which these parental factors have their effect. The aim of the current study was to test a model that may help to explain these associations between parental distress on sleep and anxiety problems in preschool children. Specifically, this study was interested in the construct of Effortful Control (EC), which relates to an individual's self-regulatory skills, particularly that of emotion regulation. It was hypothesised that higher levels of parental distress would lead to lower levels of parental EC, which would lead to lower levels of child EC, which in turn will lead to greater child sleep and anxiety problems.

Methods:

This study was cross-sectional and included 248 parents of preschoolers aged between 3-5 years. Parents completed measures of parental psychological distress, child sleep and anxiety, and child and parent effortful control.

Results:

The data will be analysed using sequential mediation and results are pending at present.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

Paper 2.

Childhood sleep problems: sleep-related beliefs and parental factors

Shelly Weaver, Griffith University, Brisbane, Qld

Authors:

Weaver S¹, Donovan C¹

¹ School of Applied Psychology, Griffith University, Brisbane, Qld

Introduction/Background:

Sleep-related problems (SRPs) are extremely common and particularly damaging during childhood. Despite vast differences between children and adults, limited research has investigated the causal and maintaining factors of sleep problems that may be specific to the developmental period of childhood. This study examines the role of child and parent dysfunctional beliefs about sleep (DBAS), parenting style, and parent sleep in the development of childhood SRPs.

Methods:

A total of 94 parent-child dyads recruited from two primary schools in Australia completed a questionnaire battery. The 94 dyads comprised 49 male children and 45 female children aged between 8 and 13 years ($M = 10.85$, $SD = 1.11$), and 13 fathers and 81 mothers aged between 29 and 54 years ($M = 41.35$, $SD = 4.86$). Parents completed measures of parental sleep, parenting style and DBAS. Children completed measures of child sleep and DBAS.

Results:

Parent DBAS predicted SRPs for both children and their parents. Child DBAS mediated the relationship between parent DBAS and child SRPs, as well as the relationship between parental control and child SRPs. There was no support for child DBAS mediating the relationship between parent SRPs and child SRPs.

Conclusion:

This study assists with the formation of a more comprehensive understanding of childhood SRPs. The findings have significant implications as age-specific research is critical to understanding the origins and mechanisms of childhood sleep problems, which ultimately leads to more effective prevention and treatment strategies.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

Paper 3.

A Finnish study of physical activity, sleep and mood in adolescents

Melanie Heath, Flinders University, Adelaide, SA

Authors:

Heath M¹, Virtanen S², Kuula-Paavola L², Gradisar M¹, Pesonen A-K²

¹ Flinders University, South Australia, ² University of Helsinki, Finland

Introduction/Background:

Depression is a significant and concerning problem in adolescents, with sleep and physical activity known to be implicated in its development and maintenance. This study sought to assess the mediating role of sleep in the relationship between physical activity and mood in adolescents in a large group of Finnish adolescents.

Methods:

All adolescents born between 1/1/1999 and 31/12/2000, with a home address in Helsinki, Finland, who had Finnish registered as their native language (N =7539 adolescents, 50% males), were invited to participate in a 30 minute online survey. 1367 valid responses were received (18% of invited cohort; 33% males). Adolescents completed measures of physical activity, sleep and mood.

Results:

Significant results were found for the mediation models for girls, but not for boys. For girls, greater physical activity after 6pm was a significant predictor of shorter sleep onset latency (SOL), which was a significant predictor of better mood. More physical activity after 6pm was also a significant predictor of later chronotype, which was a significant predictor of better mood. More physical activity in free time was a significant predictor of longer total sleep time (TST), which was a significant predictor of better mood.

Conclusion:

There were notable gender differences in the evidence found for the mediating role of sleep in the relationship between physical activity and mood. Further research is required to replicate and test these relationships longitudinally.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

Paper 4.

Insomnia and anxiety in middle childhood: can REM sleep fragmentation explain the connection?

Emma Hunt, Flinders University, Adelaide, SA

Authors:

Hunt E¹, Reynolds C¹, Cain N¹, Richardson C¹, Bartel K¹, Heath M¹, Micic G¹, Gradisar M¹

¹ Flinders University, SA

Introduction/Background:

Implementing sleep schedules that increase sleepiness at bedtime [e.g., Sleep Restriction Therapy (SRT)] may dampen arousal and improve both sleep and anxiety. However, the underlying mechanisms behind this process remain unclear, particularly in relation to which particular sleep stages may be implicated in anxiety reductions. This study investigated REM sleep fragmentation in school-aged children with Chronic Insomnia Disorder (CID) and examined whether changes in REM sleep explain changes in anxiety during SRT.

Methods:

Thirteen school-aged children (mean= 10.0±1.6 yrs, 53.8% m) diagnosed with CID were randomised to SRT or Bedtime Regularisation (BR; Control). Treatment comprised 2 weekly treatment sessions over a 2-week period. SRT involved the development of a new sleep schedule where the child's total 'time in bed' (averaged over pre-treatment) was reduced by 30 min. BR comprised setting a new, consistent sleep schedule (without a reduction of time in bed).

Participants underwent 2 (pre- and post-treatment) overnight polysomnography (PSG) sleep recordings (EEG, EOG, and EMG) to measure REM sleep fragmentation. Micro-arousals (<2.9 seconds) and macro-arousals (3-14.9 seconds) were scored by a trained sleep technician who was blind to condition allocation. Participants recorded their daily sleep schedules on 7-day sleep diaries and wore wrist actigraphy monitors to provide information on compliance to the treatment protocols. Anxiety was examined at pre-treatment, mid-treatment and post-treatment using the child Spence Children's Anxiety Scale (SCAS-C).

Results:

Data collection is ongoing until July 2018, with an anticipated sample size of N=16-18.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

Paper 5.

Cognitive "insomnia" processes in delayed sleep-wake phase disorder in adolescence: do they exist and are they responsive to chronobiological treatment?

Cele Richardson, Macquarie University, Sydney, NSW

Authors:

Richardson C¹, Micic G¹, Cain N¹, Bartel K¹, Maddock B¹, Gradisar M¹

¹ Flinders University, SA

Introduction/Background:

This study systematically investigated whether cognitive “insomnia” processes are implicated in adolescent Delayed Sleep-Wake Phase Disorder (DSWPD), and examined whether these processes are responsive to chronobiological treatment.

Methods:

Sixty-three adolescents (mean= 15.8±2.2 yrs, 63.5% f) diagnosed with DSWPD and 40 good sleeping adolescents (mean= 15.9±2.4 yrs, 75% f) completed baseline measures of sleep, daytime functioning and cognitive “insomnia” processes (i.e., repetitive negative thinking, physiological hyperarousal, distress, sleep-related attention and monitoring, sleep misperception). 60 DSWPD adolescents (mean= 15.9±2.2 y, 63% f) entered a treatment trial and received three weeks of light therapy. Sleep, daytime functioning and insomnia were measured again post-treatment and at 3 month follow-up.

Results:

Adolescents with DSWPD had significantly later sleep timing ($d=0.99-1.50$), longer sleep latency ($d=1.14$) and shorter total sleep time ($d=0.85$) on school nights, compared to the good sleeping adolescents. There was evidence of cognitive “insomnia” symptoms, with the DSWPD group reporting more repetitive negative thinking ($d=1.35-1.40$), physiological pre-sleep arousal ($d=1.12$), distress ($d=2.96$), sleep associated monitoring ($d=1.54$) and sleep onset misperception ($d=1.34$). Across treatment and follow-up, adolescents with DSWPD reported advanced sleep timing ($d=0.54-0.62$), reduced sleep latency ($d=0.53$), increased total sleep time ($d=0.49$) and improved daytime functioning ($d=0.46-1.00$). Repetitive negative thinking ($d=0.64-0.96$), physiological arousal ($d=0.69$), distress ($d=0.87$), and sleep onset misperception ($d=0.37$) also showed improvement.

Conclusion:

Cognitive “insomnia” processes may be implicated in the development and maintenance of DSWPD in adolescents. Many of these processes are amendable to chronobiological treatment; however residual symptoms may place adolescents at risk of poor treatment outcome or relapse.

Disclosure of Interest Statement:

Michael Gradisar has previously received partial industry funding from Re-Time Pty Ltd. All other authors have no disclosures pertinent to this manuscript.

2:30pm - 3:40pm

Symposium 14: Using music in therapeutic ways

A growing body of international research indicates that music programs may be effective in supporting wellbeing in a variety of populations, and work particularly well through social and emotional mechanisms. Music programs may therefore represent a transdiagnostic approach that complements individualised CBT treatment – however, further research is required to develop an evidence base about what kinds of music activities are suited to which populations and psychological issues. This symposium includes five papers on the topic of using music in therapeutic ways. Joel Larwood's paper describes 2 experimental studies exploring the question of whether music listening is helpful or unhelpful in processing sadness, particularly in people who tend to ruminate and may be at risk of depression. The second paper, presented by Elyse Williams, includes a systematic review of quantitative and qualitative studies of group singing and wellbeing in samples experiencing mental health conditions. Paper 3 presented by Anna Stathis looks at emotion regulation, and the final paper, presented by Genevieve Dingle, describes the Live Wires music program designed to enhance social and cognitive functioning in older adults, along with results from a pilot RCT. The objective of this symposium is that audience members will gain an introduction to the diverse ways in which music might be helpful in therapy with various age groups and presenting issues.

Chair: Genevieve Dingle, UQ Music & Psychology Research Group, The University of Queensland

Discussant: Sonja Pohlman, University of Newcastle

Paper 1.

A mixed methods investigation of the emotional effects of music listening for the regulation of sadness in young adults

Joel Larwood, The University of Queensland, Brisbane, Qld

Authors:

Larwood JL¹, Dingle GA¹, & Vanman EJ¹

¹School of Psychology, The University of Queensland, Brisbane, Qld

Introduction/Background:

It has been argued that ruminators engage with music in a maladaptive way when listening during sadness, increasing post-listening dysphoria and having potential long-term impacts. However, this has not been studied directly or associated with pervasive long-term outcomes.

Two studies are presented here: one focusing on immediate effects of music listening on experimentally induced sadness; and the second study testing a theoretical model of relationships between music use, emotions, and rumination.

Methods and Results, Study 1:

In this study, 128 participants aged 18-25 years were induced into a sad state and randomly assigned to one of three conditions: listening to their own music, experimenter selected music, or no music. Music listening reduced sadness in both music conditions. No effect of trait rumination was found for either music conditions. There was a condition x time interaction, with participants who listened to

self-selected or no music showing a more marked emotional improvement than those listening to the experimenter-selected music.

Method and Results, Study 2:

In this study, 162 participants aged 18-25 years completed measures of depression, use of music for emotion regulation, difficulties in emotion regulation, and rumination. Moderated mediation was used to investigate a theoretical model. Known clinical predictors of depression (rumination and emotion regulation difficulties) were related to outcomes as expected, while the use of music to manage or regulate emotions did not predict depression, even when considering rumination levels.

Conclusion:

The findings of these two studies demonstrate that rumination does not impact the relationship between music use in either the short or longer term, suggesting a focus on processes occurring during listening may provide greater information about adaptive everyday musical behaviours.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

Paper 2.

A systematic review of mental health and wellbeing outcomes of group singing for adults with a mental health condition

Elyse Williams, The University of Queensland, Brisbane, Qld

Authors:

Williams E¹, Dingle G¹, Clift S²

¹The University of Queensland, Brisbane, Qld, ²Canterbury Christ Church University, UK

Introduction/Background:

A growing body of research has found that participating in choir singing can increase positive emotions, reduce anxiety, and enhance social bonding. Consequently, group singing has been proposed as a social intervention for people diagnosed with mental health problems. However, it is unclear if group singing is a suitable and effective adjunct to mental health treatment. The current paper systematically reviews the burgeoning empirical research on the efficacy of group singing as a mental health intervention.

Methods:

The literature searched uncovered 709 articles which were screened. Thirteen articles representing data from 667 participants were identified which measured mental health and/or wellbeing outcomes of group singing for people living with a mental health condition in a community setting.

Results:

The findings of seven longitudinal studies, showed consistently that while people with mental health conditions participated in choir singing, their mental health and wellbeing significantly improved with moderate to large effect sizes. Moreover, six qualitative studies had converging themes, indicating

that group singing can provide enjoyment, improve emotional states, develop a sense of belonging and enhance self-confidence in participants.

Conclusion:

The current results indicate that group singing is a promising social intervention for people with mental health conditions. However, these studies had moderate to high risk of bias. Therefore, these findings remain inconclusive and more rigorous research is needed.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

Paper 3.

The use of music for emotion regulation across the adult lifespan

Anna Stathis, The University of Queensland, Brisbane, Qld

Authors:

Stathis A¹, Williams E¹, Sharman L¹, Nelson, N¹, Dingle, GA¹

¹School of Psychology, The University of Queensland, Brisbane, Qld

Introduction/Background:

Music programs are increasingly common in aged care, yet few studies have explored whether older adults perceive and respond to emotions in music similarly to other adult age groups.

Methods and Results, Study 1:

This study compared trait emotional sensitivity to music and self-reported use of music for emotional immersion and emotion regulation in 105 participants in three age groups (18-34, 35-60, and over 65 years). The results showed that trait emotional sensitivity to music did not differ across age groups, yet older adults reported using music significantly less than younger adults for emotion regulation. This was true for enhancing positive emotions, experiencing negative emotions (sadness and anger) and calming down (from anger and anxiety).

Method and Results, Study 2:

This study further explored the use of music for emotion regulation in two age groups (18-35; and over 65 years old) using different measures. Participants listened to musical excerpts conveying one of five emotions (happiness, sadness, anger, fear, and pride). They then rated their felt emotion towards each excerpt on three dimensions (valence, arousal, and dominance). The results showed that, relative to young adults, older adults felt excerpts conveying fear and pride were more pleasant, and excerpts conveying happiness and sadness were more powerful. Age-related differences were also evident for arousal ratings on all excerpts conveying negative emotions (sadness, anger, and fear). Older adults felt less excited by excerpts conveying anger and fear than younger adults, but more excited by sadness.

Conclusion:

Although older adults are able to use music for emotion regulation, they don't tend to do so. This is possibly due to older adults having better emotion regulation skills, experiencing music differently to young adults, and cohort effects.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

Paper 4.

Pilot randomised controlled trial of the live wires music program designed to enhance social and cognitive functioning in older adults

Genevieve Dingle, The University of Queensland, Brisbane, Qld

Authors:

Dingle G¹, Ellem R¹, Davidson R², Haslam, C¹, Clift S³, Humby M⁴, Stathis A¹, Williams E¹

¹School of Psychology, The University of Queensland, Brisbane, Qld, ²School of Music, The University of Queensland, Brisbane, Qld, ³Sidney De Haan Research Centre for Arts and Health, Canterbury, NZ ⁴ Science Faculty, The University of Queensland, Brisbane, Qld

Introduction/Background:

Social isolation and cognitive decline are major issues affecting older adults and evidence based approaches are needed to address these. Live Wires is an 8-session program designed to enhance social connectedness and cognitive functioning of older adults through a combination of mental 'warm up' exercises, group singing, song-writing, and socialising.

Methods:

Forty-seven (81% female; $M_{age} = 81.14$ years) adults in a retirement village in Queensland were assessed and randomly assigned to Live Wires or Wait List Control. Measures of social connectedness, the Addenbrookes Cognitive Examination (ACE- III), and the Warwick Edinburgh Mental Health and Wellbeing scale were assessed at pre-program (Time 1) and 8 weeks later (Time 2), along with semi-structured interviews with the participants.

Results:

Results for $N = 36$ who completed both assessments revealed that Live Wires participants improved significantly more than controls in cognitive functioning and social connectedness from Time 1 to Time 2. There was no interaction for wellbeing scores, however, an indirect effect of the music program on participants' wellbeing was found to be mediated by social identification with the retirement village (T2). A qualitative analysis of interview transcripts provided further evidence of the social, cognitive, and wellbeing effects of the program.

Conclusion:

Although encouraging, these results are modest and require further research to test whether the Live Wires program is effective with older adults in other settings such as nursing homes and living independently in the community.

Disclosure of Interest Statement:

This study was supported by a seeding grant from the UQ School of Psychology to Dingle, Davidson & Clift.

Saturday 27 October 2018

9:00am - 5:00pm

Workshop:

Process-Based CBT

Professor Stefan Hofmann, Boston University, Boston, Massachusetts, USA

Cognitive Behavioural Therapy (CBT) has been an enormous empirical and practical success over its more than 50+ year history. With evidence-based care dramatically changing, it is important for CBT to change as well.

For decades, evidence-based therapy has been defined in terms of scientifically validated protocols focused on DSM syndromes. That era is now passing away.

This workshop will feature didactic presentations, demonstration of practical strategies, and exercises in a new transdiagnostic process-based form of CBT which utilizes the core competencies of CBT to integrate the behavioural, cognitive, and acceptance and mindfulness wings of the tradition.

Additional goals include:

1. Gaining an up-to-date understanding of the transdiagnostic core processes;
2. Using a functional diagnostic system that has treatment utility;
3. Establishing more progressive models and theories in clinical practice.

9:00am - 5:00pm

Workshop:

Cognitive Behaviour Therapy for Transdiagnostic Sleep Problems in Clinical Practice: Basics & Beyond

Professor Allison Harvey, University of California, Berkeley, California, USA

Sleep and circadian problems are among the most prevalent problems. They undermine our emotional functioning, our health, our cognition and they contribute to behavioural problems such as risk taking and substance use. Much research on sleep and circadian problems has been disorder-focused—treating a specific sleep problem (e.g., insomnia) in a specific diagnostic group (e.g., depression). However, real life sleep and circadian problems are not so neatly categorized. Insomnia often overlaps with hypersomnia, delayed sleep phase and irregular sleep-wake schedules. This core observation was one of the factors that motivated us to develop the Transdiagnostic Sleep and Circadian Intervention (TranS-C). The goal of TranS-C is to provide a treatment approach for a variety of sleep problems comorbid with a variety of psychological and physical disorders, and that can be used confidently by a variety of mental health professionals.

TranS-C draws from and combines CBT-I (e.g., Morin et al., 2006) with elements from three existing evidence-based treatments: Interpersonal and Social Rhythm Therapy (Frank et al., 2005), chronotherapy (Wirz-Justice et al. 2009) and Motivational Enhancement (Miller & Rollnick, 2012).

TranS-C is a modular approach to reversing and maintaining psychosocial, behavioural and cognitive processes via 4 cross-cutting modules, 4 core modules and 7 optional modules. The four Cross Cutting Modules are: case formulation; education; behaviour change and motivation; goal setting. The four Core Modules are: establishing regular sleep-wake times including learning a wind-down and wake-up routine; improving daytime functioning; correcting unhelpful sleep-related beliefs; and maintenance of behaviour change. The Optional Modules are: improving sleep efficiency; reducing time in bed; dealing with delayed or advanced phase; reducing sleep-related worry/vigilance; promoting compliance with CPAP/exposure therapy for claustrophobic reactions to CPAP; negotiating sleep in a complicated environment and reducing nightmares.

EDUCATIONAL GOALS AND OBJECTIVES:

1. Participants will be able to describe key aspects of the biology, psychology and social context of the sleeper;
2. Participants will be able to describe how to assess sleep in their patients;
3. Participants will be able to describe how to complete a case conceptualization for a patient suffering from a sleep problem;
4. Participants will be able to describe the cross-cutting and core modules of TranS-C;
5. Participants will be able to think through how to adapt CBT-I for teens and comorbid cases, particularly patients with a mood disorder.