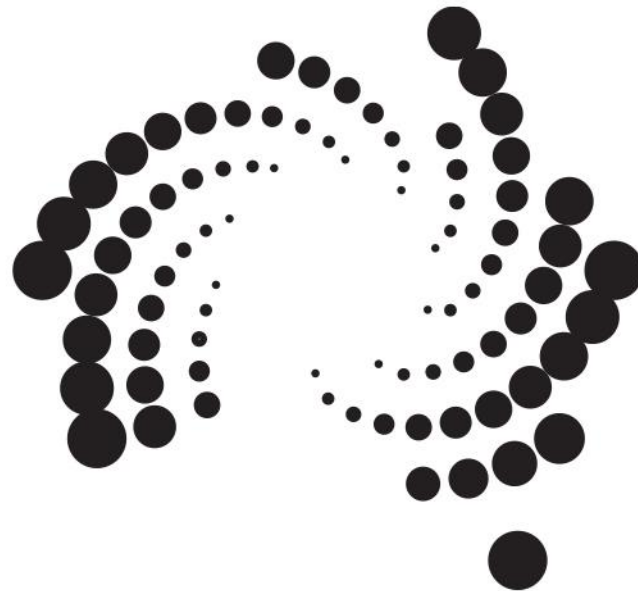


# 40TH NATIONAL CONFERENCE OF THE AUSTRALIAN ASSOCIATION FOR COGNITIVE AND BEHAVIOUR THERAPY

“HONOURING THE PAST | ENVISIONING THE FUTURE”

## ABSTRACT HANDBOOK

24-26 October 2019, The Playford, Adelaide, SA



# AACBT

AUSTRALIAN ASSOCIATION  
FOR COGNITIVE AND  
BEHAVIOUR THERAPY

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## Keynote Speakers

Professor Susan Bogels, University of Amsterdam, The Netherlands

*Intergenerational transmission of anxiety disorders: do parents matter (for some)?*

Professor Bogels will give an overview of the results of a longitudinal study on the role of fathers, mothers, and their interaction, in the development of anxiety and other symptoms of psychopathology of their firstborn children from prenatally until the age of 7 1/2 years. We will look at parents own anxiety disorders, and the way they interact with their child separately and together as co-parents, and how that interacts with the child's vulnerabilities and strengths (physiology, temperament, self-consciousness and mindreading), in order to predict child's outcome over time. Specific critical periods in development for parental influence will be highlighted. The consequences of the findings for the prevention and treatment of child anxiety disorders are discussed. The research will be illustrated with video-examples of the tasks used.

Professor Emeritus David A Clark, University of New Brunswick, Canada

*Is there anything new in CBT research and treatment of obsessions and compulsions?*

Some have argued that cognitive-behavioural theory, research and treatment of OCD is stagnant. Our treatment success has not improved significantly since the introduction of exposure and response prevention (ERP) 50 years ago. The basic appraisal model of OCD first articulated in the late 1980s has not changed appreciably in the last 20 years, and much of the basic research has already been published. So, it's easy to see why you might think there is nothing new to learn about CBT for OCD. The objective of this keynote address is to change your mind. I will examine some of the newest concepts introduced into the cognitive perspectives such as reassurance seeking, not just right experience, stop criteria, inferential confusion and mental contamination. As well, some of the most exciting developments in CBT for OCD is evident in subtype treatment protocols for mental contamination, pathological doubt, repugnant obsessions and order/symmetry compulsions. As you will see, fresh insights and innovative approaches to the treatment of obsessions and compulsions are being promulgated by a new generation of OCD researchers and clinicians.

## Invited Speakers

Emeritus Professor Leon Lack, Flinders University

*Treatment of insomnia: The latest cognitive and behavioural therapies*

Sleep Disorders is a health problem that, in the past, has not drawn the attention of Psychologists but is now rapidly becoming an area of therapeutics for Psychology. The treatment of insomnia, the most prevalent sleep disorder, is particularly ripe for the picking.

At present, insomnia sufferers usually seek professional help from medical practitioners who, despite most medical guidelines recommending non-drug treatments, almost always prescribe hypnotic medications. These medications may provide limited quick symptomatic relief but cause problems and no cure for the insomnia in the long term.

Cognitive Behavioural Therapy for insomnia (CBTi) is recommended in all medical guidelines with a very strong scientific evidential basis for its long term effectiveness. Psychologists are the health professionals best placed from their training and Medicare support through Mental Health Care Plans to treat insomnia with CBTi.

However, psychologists need to take care in its application to insomnia treatment. The behavioural, rather than cognitive therapies, are the most consistently effective elements of CBTi and should always be included early in the suite of therapeutic elements making up the total package. Cognitive therapy in a broader sense of sleep education can be very useful. However, the typical cognitive therapy strategy of trying to change maladaptive beliefs about the negative consequences of a poor sleep may be counterproductive rather than helpful.

The talk will introduce a new behavioural therapy, Intensive Sleep Re-training, that can be administered at home with mobile phone apps and promises to be a very effective treatment, particularly for sleep onset difficulties. Bright light therapy also has research support for insomnias with a circadian rhythm mis-timing component. Other new therapeutic developments will also be discussed.

Professor David Kavanagh, Queensland University of Technology

*e-mental health and problems from substance use*

While recent digital investments have often focused on anxiety and depression, there is a surprisingly long and successful history of remote delivery of CBT for substance use. This paper summarises some of the evidence on addressing substance-related problems by older media (phone, audio recordings, mailed letters) and by web programs and apps, and looks at parallels, issues and lessons that can be learned from each. Familiar issues from other domains—e.g. generating and maintaining engagement and whether therapist support is needed—are also relevant here. In particular, generating and maintaining engagement for early intervention has always



presented significant challenges for addiction practitioners, and solutions to these issues in substance use and other problem domains can inform each other. The range of problems that tend to co-occur with excessive substance use forces addiction practitioners to consider how to address this complexity—both digital and face-to-face research can help to answer this question, and the answer may have broad application. The paper briefly summarises characteristics practitioners should look for in identifying digital resources for clients with substance-related problems, and how they may be integrated into clinical practice.

## Ms Michelle Martin, The Queen Elizabeth Hospital, The Central Adelaide Local Health Network

### *The Future of CBT in Pain Management: The clinician's perspective*

Many Australians live with persistent (chronic) pain. Some require pain medications but many do not. Irrespective of medication use, treatments involving non-pharmacological management strategies are essential for effective coping. For some patients, support will be required from mental health professionals to improve their daily functioning and to promote better coping and emotional wellbeing. CBT for pain management has long been the 'gold standard' in this field, with a range of newer contextual and behavioural approaches in more recent years. The cognitive and behavioural elements of CBT have been extensively evaluated, and research has focussed on the use of CBT with individuals, in groups and with specific conditions. Online programmes have been developed with success, and many self-help books abound with CBT as a central component. The research will be discussed with respect to the future of CBT in the pain clinic, with reference to the needs of clinicians on the ground.

## Professorial Fellow Mark Creamer, University of Melbourne

### *PTSD: Controversies, challenges and innovations*

The diagnosis of posttraumatic stress disorder (PTSD) has been the focus of considerable clinical and research interest in recent years, but substantial disagreements remain in several areas. This presentation will provide a brief overview of recent research and clinical opinion across several areas including: a) the epidemiology of posttraumatic mental health (e.g., prevalence and risk factors); b) the phenomenology of PTSD and related conditions (e.g., symptom profiles, diagnosis, comorbidity); and c) evidence based treatments for PTSD. The focus will be on the complexities and nuances in each area, highlighting not only the great progress that has been made but also the current and future challenges for clinicians and researchers working with these complex disorders. Particular emphasis will be devoted to exploring the options for achieving improved treatment outcomes in PTSD and highlighting future directions for the field.

## 2019 National Award Winners

Dr Catherine Quinn, University of Queensland, Brisbane, Qld

*Comorbidity presentations and novel treatment approaches*

Substance use disorders (SUD) are a significant health issue in Australian society, placing a considerable burden on the public healthcare system. Young adults are particularly susceptible to developing a SUD, with those aged 18 to 29 being significantly more likely to use cannabis, alcohol (including risky use), and illicit drugs than any other age group. Substance use can have severe adverse health outcomes including injury, disability, and an increased risk of developing a range of chronic diseases later in life. Young adults who engage in substance use are also particularly at risk of stigmatisation, disengagement from employment and vocation, and mental health concerns including depression, anxiety, posttraumatic stress disorder and psychosis. Yet, there is still a lack of understanding of how comorbidities co-occur. This presentation will describe the results of a latent class analysis identifying common profiles of addictive behaviours, mental health concerns, as well as social factors (e.g., employment, education) for young people presenting to AOD treatment. Novel treatment approaches to better target common underlying transdiagnostic risk factors for these common presentations will also be discussed.

Professor Frank Deane, University of Wollongong, Wollongong, NSW

*The other 167 hours of the week: Therapeutic homework*

AACBT Distinguished Career Award Presentation

## Workshops

Professor Susan Bogels, University of Amsterdam, The Netherlands

*Mindfulness and parenting*

Mindfulness, when parenting, can be used while guiding parents of children with mental disorders. Or for guiding parents who suffer from mental disorders that affect their parenting. Mindfulness is also relevant as a general attitude (e.g. of non-reactivity) for professionals when working with clients.

Despite its inherent joys, the challenges of parenting can produce considerable stress. These challenges multiply- and the quality of parenting may suffer- when a parent or child has mental health issues, or when parents are in conflict. Even under optimal circumstances, the constant changes as children develop can tax parents' inner resources, often undoing the best intentions and parenting courses.

Mindful Parenting (Bögels & Restifo, 2014) is an eight-week structured mindfulness training program, based on MBSR, MBCT and MSC. It is designed for use in mental health care contexts, for parents who have mental health problems that interfere with parenting, or whose children have mental health problems. The program's eight sessions focus on mindfulness-oriented skills for parents, such as parenting with beginner's mind, awareness and acceptance of strong emotions in parent and child, mindfully responding to (as opposed to reacting to) parenting stress, fostering compassion, and taking care of ones inner child. The program is now also adapted for other settings such as prevention and chronic somatic health care.

In this workshop the theoretic underpinnings of Mindful Parenting (Bögels et al., 2010), the rationale, and the build-up of the program, are outlined, and demonstrated with several imaginary and meditation practices that participants can experience. Video-examples are also shown. Results of Mindful Parenting in a mental health care context on outcomes such as parental and child psychopathology, parenting stress, and parenting, are presented, and mediating mechanisms, such as general mindfulness, mindful parenting, and parental experiential avoidance, are discussed. Furthermore, results of Mindful Parenting in a preventive context are reviewed.

Professor Emeritus David A Clark, University of New Brunswick, Canada

*The problem with acceptance: how to treat distressing mental intrusions as a transdiagnostic feature of emotional disorders*

In this workshop you'll learn about specific strategies of mental control that can bring clients closer to acceptance of unwanted thoughts and feelings.

Over 50% of our mental activity involves spontaneous, undirected thought. Clinical researchers have identified a special type of emotion laden spontaneous thought called unwanted mental intrusions, which can take the form of obsessions, worry, rumination, traumatic intrusions and the like. Unwanted intrusions are unique in their spontaneity and uncontrollability. Since the launch of CBT for anxiety in the mid-1980's acceptance of anxious thoughts and feelings has been a primary treatment goal. However, guiding patients to the point of acceptance can be difficult, in part because mental intrusions and their uncontrollability can interfere in this therapeutic process.

This workshop presents a modified form of CBT that specifically targets unwanted mental intrusions. After a brief discussion of theory and research on intrusive thinking, cognitive assessment and case formulation of intrusions are presented that guide treatment goal-setting and planning, and that address unique threats to the therapeutic relationship. This is followed by instruction in specific cognitive and behavioral intervention strategies that target distinct aspects of unwanted, repetitive intrusive thoughts such as faulty appraisals, dysfunctional control beliefs, and futile mental control.

Specific intervention strategies are presented that bolster the patient's acceptance of and ability to manage unwanted thoughts and negative feelings. Much of this work is based on Professor Clark's research and clinical experience treating obsessions and other types of repetitive negative thought.

## Symposiums

### Symposium 01: Going beyond what we already know and do: mechanisms and treatment of youth anxiety disorders

#### Symposium Description:

Anxiety disorders are the most prevalent of mental health concerns in youth, afflicting approximately 7% of youth. Anxiety disorders are unlikely to remit if left untreated and lead to a myriad of adverse social, emotional and academic consequences. Although remission rates of youth anxiety following treatment are around 75% for CBT programs, a significant proportion of youth do not respond, and there is a dearth of research investigating anxiety programs within a community context. Furthermore, only 50% of Australian anxious youth seek help of any type, and only 2% receive specialist treatment. These statistics highlight the need for a) a more thorough understanding of the mechanisms underpinning youth anxiety, b) research to be conducted in real-world community-based mental health settings, and c) alternative treatment modalities that circumvent some of the barriers preventing youth from seeking treatment. This series of studies seeks to address these issues. The first paper (McKenzie) examines the role of emotion regulation in the development, maintenance, and treatment response of pediatric OCD. The second paper (Kimball) focuses on anxiety in children with cystic fibrosis, examining relationships between anxiety, depression, parental mental health, parental fear of disease progression, and treatment adherence amongst these youth. The third paper (Dalton) examines the efficacy of a community mental health, group-based, cognitive behavioural program for adolescent social phobia. The fourth and fifth papers present studies examining alternatives to more traditional program delivery, focusing on treatments delivered via the internet for preschoolers (Donovan) and intensive-mode for adolescents (O'Shannessy) respectively.

**Chair:** Caroline, Donovan, School of Applied Psychology, Griffith University, QLD.

**Discussant:** Sue Spence, Australian Institute of Suicide Research and Prevention, Griffith University, QLD.

#### Paper 1

##### **Deficits in emotional control in paediatric obsessive-compulsive disorder: associations with symptom presentation and response to treatment**

**Authors:** McKenzie ML<sup>1</sup>, Donovan CL<sup>1</sup>, Mathieu SL<sup>1</sup>, Hyland WJ<sup>1</sup>, and Farrell LJ<sup>1</sup>

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

**Speaker:** Matthew McKenzie

**Introduction/Background:**

There is a paucity of research exploring the potential role of emotion regulation in the development and maintenance of obsessive-compulsive symptomatology. The aim of the current study was to explore whether children with poorer capacity for emotional control (EC) relative to those with greater capacity for EC differed on OCD severity, internalising and externalising symptoms, specific comorbid diagnoses, family accommodation, and immediate, as well as longer-term treatment response.

**Methods:**

Participants in this study were 137 youth (and their parents) aged 7 to 17 years with a primary diagnosis of OCD, of at least moderate severity. Parents completed study questionnaires including the Behaviour Rating Inventory of Executive Function (BRIEF) as an index of their child's capacity for emotional control, and children received intensive exposure and response prevention (ERP) treatment.

**Results:**

A median split of responses to the EC index of the BRIEF, resulted in two groups of children – those with greater EC and those poorer on EC. The results indicated that children who had poorer EC had greater OCD severity, more family accommodation and significantly more severe internalising and externalising symptoms. They were also more likely to have a comorbid diagnosis of oppositional defiant disorder or social phobia. Additionally, children with greater EC were more likely to have attained response or remission of their symptoms immediately following treatment, relative to those with poorer EC. However, at three months following treatment there were fewer responders to treatment among the low EC group relative to the higher EC group; and, there was no significant difference for treatment remission.

**Conclusion:**

The findings of the current study highlight that EC may be an indicator for more severe OCD and poorer response to treatment. Treatment for paediatric OCD may be improved with a greater focus on the development of ER strategies.

**Disclosure of Interest Statement:**

This research was supported through funding by the Financial Markets Foundation for Children and the National Health and Medical Research Council. The first author was the recipient of a Griffith University Postgraduate Research Scholarship and a Griffith University International Postgraduate Research Scholarship for the completion of their postgraduate research studies. The fifth author was the recipient of an Australian Postgraduate Award scholarship for the completion of the postgraduate research studies. The funding sources did not have a role in the study design; in the collection, analysis and interpretation of data; or in the writing of the report.

**Paper 2****Anxiety among children aged 6-12 with cystic fibrosis and their parents****Authors:** Kimball H<sup>1</sup>, Cobham VE<sup>1,2</sup>, Douglas T<sup>3,4</sup>, & Sanders MR<sup>1</sup>

<sup>1</sup> School of Psychology, University of Queensland, Brisbane, Australia. <sup>2</sup> Child and Youth Mental Health Service [CYMHS], Children's Health Queensland, Brisbane, Australia. <sup>3</sup> Cystic Fibrosis Service, Queensland Children's Hospital, Brisbane, Australia. <sup>4</sup> School of Medicine, University of Queensland, Brisbane, Australia

**Speaker:** Hayley Kimball**Introduction/Background:**

Individuals with cystic fibrosis (CF) are at high risk of experiencing anxiety, which is in turn related to lower treatment adherence and poorer health outcomes. However, existing research has focused on CF participants aged 13 years and older, leaving anxiety among children with CF aged 6-12 largely unstudied. The relationship between parenting factors and child anxiety in the CF population is not well understood, nor are the anxiety-related factors procedural anxiety and fear of disease progression.

**Methods:**

First, a systematic review of the CF literature collated existing knowledge on a) anxiety in children aged 6-12 years, b) wellbeing and efficacy of parents, and c) the relationship between parenting factors and child anxiety. Second, a cross-sectional survey administered through the Queensland Children's Hospital CF Service to children with CF aged 6-12 years and their parents assessed incidence rates of, and relationships between: child anxiety, child procedural anxiety, child depression, parental mental health, parental fear of disease progression, and treatment adherence.

**Results:**

The systematic review indicated that anxiety is highly prevalent in children with CF, and that parent wellbeing and efficacy is lower than in the general population. However, overall there is a vast dearth of research in this area. Preliminary data on the incidence of, and relationships between, the factors assessed in the survey will be presented.

**Conclusion:**

Anxiety is an important issue in children aged 6-12 with CF, and further research on suitable interventions is required. Such interventions should also address procedural anxiety and fear of disease progression.

**Disclosure of Interest Statement:**

The authors have no conflicts of interest to disclose.

**Paper 3****The effectiveness of group cbt for social anxiety in a severe and complex (CYMHS) adolescent treatment setting**

**Author:** Dalton M<sup>1</sup>

<sup>1</sup> Children's Health Queensland.

**Speaker:** Melanie Dalton

**Introduction/Background:**

Cognitive Behavioural Group Therapy (CBGT) for social anxiety disorder has shown to be efficacious and cost effective. However, few studies have examined its effectiveness within community child and adolescent mental health services, where admission criteria include 'severe and complex' presentations. This study examined the effectiveness of an 18-session evidence based manualised treatment protocol (Stand Up Speak Out, Albano & DiClemente) in a CYMHS community clinic.

**Methods:**

The study was an uncontrolled trial conducted at CHYMS community clinic. Youth were N=40 youth aged 12-17 years who were treated at a CYMHS community clinic in Brisbane. Youth attended 18 sessions over an 18-week period, in groups of 6-9. Measures of social anxiety, depression, general anxiety and stress were taken prior to treatment and following treatment.

**Results:**

Preliminary results suggest significant reductions in social anxiety and depression, although more fine-grained results are pending.

**Conclusion:**

The results will be discussed in terms of implications for complex presentations and some of the challenges faced when implementing group-based therapy in this context.

**Disclosure of Interest Statement:**

The authors have no conflicts of interest to disclose.



**Paper 4****BRAVE self-help for pre-schoolers: development and initial trial of a parent-focussed, online, self-help program for the treatment, early intervention, and prevention of anxiety in young children****Authors:** Donovan CL<sup>1</sup>, March S<sup>2</sup>, Spence SH<sup>3</sup>, Shiels A<sup>1</sup>

<sup>1</sup> School of Applied Psychology, Griffith University, QLD, <sup>2</sup> School of Psychology and Counselling, Centre for Health, Informatics and Economic Research, University of Southern Queensland, QLD, <sup>3</sup>Australian Institute for Suicide Research and Prevention, Griffith University, QLD.

**Speaker:** Caroline Donovan**Introduction/Background:**

Anxiety disorders are not only highly prevalent in preschool children, but they also place young children at risk for the development of concurrent and later social and psychological problems. Although cognitive behavioural therapy (CBT) has been found to be efficacious for preschool anxiety problems, the majority of young children are not treated for a variety of reasons. Online therapy circumvents many of the barriers that prevent these youngsters from receiving the help they need. Our research team, funded by Beyond Blue, has recently extended our suite of online CBT programs for anxious youth (BRAVE-ONLINE) to include a program for parents of anxious young children. Along with the existing BRAVE programs for children and adolescents, the program for young children has been disseminated nationally and is available to all Australian families free of charge in a self-help format.

**Methods:**

This paper will provide an overview of the BRAVE for Young Children Program as well as data on usage statistics and efficacy. Participants will be parents of young children aged 3-6 years who have registered for the BRAVE for Young Children Program through the open access portal.

**Results:**

Results are pending.

**Conclusion:**

The strengths and difficulties associated with assessing an open access program will be discussed, and the future directions of the BRAVE-ONLINE programs will be outlined.

**Disclosure of Interest Statement:**

This research was funded by Beyond Blue.

**Paper 5****An intensive cognitive behavioural treatment program for social anxiety disorder in teenagers**

**Authors:** O'Shannessy D<sup>1</sup>, Donovan C<sup>1</sup>, Waters A<sup>1</sup>

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

**Introduction/Background:**

Social anxiety disorder (SAD) is associated with a wide range of negative outcomes for adolescents with the disorder. Unfortunately, these adolescents also suffer from low treatment access rates. Proposed barriers to treatment access include a lack of treatment options, high costs, long waitlists, and existing programs only being offered during business and school hours. An intensive cognitive behavioural therapy (CBT) program for adolescents with SAD may overcome these barriers and increase treatment uptake. An intensive CBT program for adolescents with SAD has not yet been evaluated for effectiveness at alleviating SAD diagnoses and symptoms. The current study aims to assess the efficacy of such a program in a sample of adolescents with SAD.

**Methods:**

Twenty adolescents with a primary diagnosis of SAD will complete an uncontrolled trial of the Teens Connect program, a group-based intensive CBT program for adolescent SAD, that consists of five three-hour sessions over four weekends.

**Results:**

Participants will complete diagnostic interviews and surveys assessing their diagnoses and symptom severity at pre-treatment, post-treatment, and at three-month follow-up. Treatment groups will run throughout 2019.

**Conclusion:**

SAD is a disabling disorder that is unlikely to remit without treatment. Alternative treatment programs need to be evaluated for efficacy in order to increase treatment rates for adolescents with SAD. This study will evaluate the efficacy of the Teens Connect program in alleviating diagnoses and symptoms for adolescents with SAD. If successful, intensive group CBT programs such as Teens Connect may allow busy families to access lower-cost treatment at convenient times

**Disclosure of Interest Statement:**

The authors have no conflicts of interest to disclose.

## Symposium 02: Extending what we know about body image: effects on relationships and new beauty ideals

### **Symposium Description:**

Body image has been a prolific area of research for many years across both social and clinical psychology domains. Social psychology has been pivotal in providing theoretical explanations for body dissatisfaction, with the societal thin body ideal purported to hold centre stage in its development. Similarly, clinical psychology has been important, as the consequences of body dissatisfaction include negative affect, problematic weight restricting behaviours, and the clinical eating disorders. This symposium brings together a series of studies that extend what we know about body image. The first paper (Hockey) extends our knowledge regarding the consequences of poor body image on the individual, by examining the impact of body image upon heterosexual romantic relationships. The remaining three studies examine various aspects of the more recent 'fit' female body ideal. Uhlmann describes the development and psychometric testing of, a measure specifically designed to assess internalization of the fit ideal. Donovan then goes on to test the traditional Tripartite Influence Model using the new measure of fit ideal internalization. Finally, Loxton describes a study that investigates the effect of fit ideal internalization (using the new measure) on compulsive exercise as mediated by body dissatisfaction and moderated by trait goal-drive persistence.

**Chair:** (Caroline Donovan), School of Applied Psychology, Griffith University, QLD.

**Discussant:** (Caroline Donovan), School of Applied Psychology, Griffith University, QLD.

### **Paper 1**

**Happy wife happy life: women's (but not men's) poor body image is linked to both their own and their partner's relationship dissatisfaction**

**Authors:** [Hockey A](#)<sup>1</sup>, Donovan CL<sup>1</sup>, Barlow F<sup>2</sup>.

<sup>1</sup>School of Applied Psychology, Griffith University, QLD, <sup>2</sup>School of Psychology, University of Queensland, QLD.

**Speaker:** Allannah Hockey

**Introduction/Background:**

Significant research has been conducted on the consequences of poor body image in women, with the vast majority of research examining the impact of body dissatisfaction on psychological and behavioural aspects of women themselves. However, there is some evidence to suggest that poor body image not only effects the individual, but also significant others. The present paper examined the impact of body image upon heterosexual romantic relationships across two studies. In line with past research, poor body image was expected to lead to lower levels of satisfaction within the relationship (Study 1 & 2) and lower levels of sexual satisfaction (Study 2) for both partners.

**Methods:**

Study 1 (N= 179 dyads) investigated the association between body image and relationship satisfaction, and Study 2 (N= 97 dyads) investigated the association between body image and both relationship satisfaction and sexual satisfaction within romantic relationships. In order to account for the interdependent nature inherent within romantic relationships *both* male and female partners' data was assessed in dyads via use of dyadic structural equation modelling.

**Results:**

Results indicated that women's (but not men's) poor body image is linked to their own *and* their partner's relationship dissatisfaction.

**Conclusion:**

The results suggest that females assume that if they are dissatisfied with their body, their partner is too. The results are discussed with the respect to the wider body image literature.

**Disclosure of Interest Statement:**

The authors have no conflicts of interest to disclose.

**Paper 2****Beyond the thin ideal: development and validation of the Fit Ideal Internalization Test for women**

**Authors:** Uhlmann LR<sup>1</sup>, Donovan CL<sup>1</sup>, Zimmer-Gembeck MJ,<sup>1</sup>

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

**Speaker:** Laura R Uhlmann

**Introduction/Background:**

The Fit female body standard is a distinct body ideal that can be internalized by women but has not been represented in past measures. This study addresses the need for a measure of fit ideal internalization, which aligns with contemporary female body image, through the development of a multidimensional measure (i.e., the FIIT) that measured the internalisation of a lean and toned body.

**Methods:**

Independent groups of women attending university were recruited to complete surveys containing the developed items and validation measures. Three studies were conducted for the purposes of exploratory factor analysis (N = 300, age 16 to 51 years), confirmatory analysis and validity testing (N = 354, age 16 to 63 years), and test-retest reliability (N = 67, age 17 to 50 years).

**Results:**

In study one, a three-factor structure was established through exploratory factor analysis; fit idealization (8 items), fit overvaluation (8 items), and fit behavioral drive (4 items), each with good interitem correlations (range .43-.74). In the second study, the factor structure of the FIIT was confirmed. The convergent, discriminant and incremental validity of the FIIT were supported. In the third study, the 2-week test-retest reliability of the FIIT was found to be high.

**Conclusion:**

Together, the results show that the FIIT measures three stable, related, yet distinct domains of fit ideal internalization, that may be used individually or as a composite score. Further, internalizing the fit ideal is associated with increased negative behavioral and psychological consequences relative to thin or muscular ideal internalization.

**Disclosure of Interest Statement:**

The authors have no conflicts of interest to disclose.

**Paper 3**

**Strong is the new skinny... but is it ideal? A test of the tripartite model of influence with a new measure of fit ideal internalisation.**

**Authors:** Donovan CL<sup>1</sup>, Uhlmann LR<sup>1</sup>, Loxton NJ<sup>1</sup>

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

**Speaker:** Caroline Donovan

**Introduction/Background:**

For decades, the thin ideal has been the predominant beauty standard to which females aspire in the Western world. More recently however, a new 'fit' body ideal has become increasingly popular, whereby a lean yet toned body is viewed as 'ideal' and is promoted as a 'healthier' alternative. The 'healthiness' of the fit ideal is questionable however, as to attain such a body a female not only has to achieve a degree of leanness (low body fat) commensurate with the thin ideal, but ALSO gain muscle mass. Given that losing fat and gaining muscle simultaneously is not easy or attainable for most women, the fit ideal may be every bit as problematic as the thin ideal. Attempts to investigate this possibility have previously been thwarted by the absence of a measure designed specifically to assess internalization of the fit ideal. This study employs a new measure developed by Uhlmann to test the Tripartite Model of Influence, and therefore to assess both the precursors to, and consequences of, fit ideal internalization.

**Methods:**

Participants were 300 women aged 18 to 40 years who completed questionnaires measuring family, peer, media and social media influence, fit and thin internalization, social comparison, body dissatisfaction, dieting, compulsive exercise, bulimic symptoms and psychological distress.

**Results:**

Results are pending.

**Conclusion:**

The results will be discussed in terms of a) the usefulness of the traditional Tripartite model in explaining the precursors and consequences of fit ideal internalization, and b) the 'healthiness' of aspiring to have a 'fit' body.

**Disclosure of Interest Statement:**

The authors have no conflicts of interest to disclose.

**Paper 4****The role of the "fit" ideal, goal-drive persistence and body dissatisfaction in excessive over-exercising in women**

**Authors:** Loxton NJ<sup>1</sup>, Griffiths, P<sup>1</sup>, Donovan, CL<sup>1</sup>, Uhlmann, L<sup>1</sup>

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

**Speaker:** Natalie Loxton

**Introduction/background:**

Female beauty standards have changed in recent years from a “thin” to a “fit” ideal: being thin yet toned. Internalisation of such an ideal has been proposed as leading to high body dissatisfaction and subsequent unhealthy body-shaping behaviours such as compulsive over-exercising. While many women may experience considerable body dissatisfaction only a proportion will exercise to an excess. This study presents data using a new measure of internalisation of the fit ideal to investigate the indirect effect of the fit ideal on compulsive over-exercising via body dissatisfaction. Individual differences in trait goal-drive persistence is tested as a moderator of this indirect effect.

**Methods:**

Data are collected using an online survey targeting a community sample of women. A moderated mediation analysis is used to test the indirect effect of internalisation of the fit ideal and compulsive over-exercising via body dissatisfaction. Goal-drive persistence is tested as a potential moderator of the indirect effect – specifically, that the association between body dissatisfaction and compulsive over-exercising will be stronger in those women high in goal-drive persistence.

**Results:**

Results are currently pending.

**Conclusion**

Results from this study will help to further test the validity of the new measure of the fit ideal in women. Testing goal-drive persistence as a moderator of body dissatisfaction and compulsive exercising may help in the development of interventions for women characterised by this trait and help determine potential underlying processes.

**Disclosure of Interest Statement:**

The authors have no conflicts of interest to disclose.

## Symposium 03: Breaking new ground in addiction treatment

### Symposium Description:

Comorbidity between substance use and mental health problems is common, and associated with worse outcomes, greater severity of disease, and greater impact on social and occupational functioning. Yet, despite the prevalence of polysubstance use, and co-existing mental health problems, psychological treatments for these problems have traditionally been delivered separately. Consequently, many people with co-existing disorders do not receive adequate treatment.

Transdiagnostic treatment approaches, which target key mechanisms that underlie multiple disorders, present a potential solution to the complexity of presenting comorbid concerns. This symposium will focus on three novel interventions that specifically target the underlying risk factors for co-existing substance use and mental health concerns. In addition to describing these new innovative approaches and their effectiveness, the symposium will also focus on their implementation. There is increasing concern regarding the gap between evidence based practice and its implementation, this symposium will explore challenges and barriers to implementation, as well potential solutions, to better understand not only what interventions may aid in effectively reducing complex comorbid presentations, but also how these interventions may be effectively implemented by on-the-ground treating allied health staff.

The first presentation will focus on Groups 4 Belonging, a six session group intervention focused on social identity processes to target underlying loneliness and group connection; the second presentation will focus on Quikfix, a brief intervention that combines motivational interviewing and personality risk-targeted coping skills training; and the third presentation will focus on FullFix, an extension of Quikfix, also incorporating a strengths based and social connection approach.

**Chair:** (Catherine, Quinn), *Lives Lived Well Research Group, Centre for Youth Substance Abuse Research, School of Psychology, University of Queensland, Brisbane, Queensland, AUSTRALIA*

### Paper 1

***Groups 4 Belonging – a group intervention for people with addiction that integrates social identity and cognitive behavioural approaches***

**Authors:** Dingle G A<sup>1</sup>, Ingram I<sup>2</sup>, Haslam C<sup>1</sup>, Kelly P<sup>2</sup>, & O'Neil O<sup>1</sup>

<sup>1</sup>School of Psychology, University of Queensland, <sup>2</sup> School of Psychology, University of Wollongong



**Speaker:** Genevieve Dingle

**Background:**

Previous research has established that moving away from one's substance using groups is related to positive outcomes from residential addiction treatment (e.g., Dingle, et al., 2015). Yet a lack of social group memberships that are free from substance use is a common issue among people recovering from addictions and loneliness is widespread in this population (Ingram, et al., 2018). *Groups 4 Health* – a brief group intervention based on a social identity approach to health - has been shown to be effective in reducing loneliness, and improving mood and wellbeing among adults experiencing social isolation (Haslam et al; 2016; 2019).

**Methods:**

The authors have developed a program specifically for people in addiction treatment and called it *Groups 4 Belonging*. The six sessions integrate modules from *Groups 4 Health* such as education about how group memberships exert an important influence on health and recovery, with elements of *Cognitive Behaviour Therapy* to help participants to tolerate experiences of loneliness and to overcome potential barriers to connecting with others. These barriers include fear of being 'knocked back' socially, stigma, fear of negative evaluation, and mistrust of others.

**Results:**

This paper will explore the new program and describe the protocol for the first trial of *Groups 4 Belonging*, involving individuals in two residential rehabilitation services in Queensland and New South Wales, Australia.

**Conclusions:**

The paper will explore how the program targets underlying transdiagnostic mechanisms, and the challenges and possible solutions to implementing the program within a residential rehabilitation setting.

**Disclosure of Interest Statement:**

The authors have no conflict of interest to declare. There was no external funding for this project.

**Paper 2**

**Quikfix – an implementation trial of a brief intervention in community alcohol and drug services**

**Authors:** Quinn C<sup>1,2</sup>, Hides L<sup>1,2</sup>, De Andrade D<sup>1,2</sup>, Conner J<sup>2</sup>, Kavanagh D<sup>3</sup>, Ross Y<sup>3</sup>

<sup>1</sup> Lives Lived Well Research Group, School of Psychology, University of Queensland,  
<sup>2</sup> Centre for Youth Substance Abuse Research, University of Queensland, <sup>3</sup>Institute  
of Health and Biomedical Innovation, Centre for Children's Health Research,  
Queensland University of Technology

**Speaker:** Catherine Quinn

### **Introduction/Background:**

Quifix is a brief intervention, which targets underlying personality-based transdiagnostic risk factors for substance use. It has already being shown to significantly reduce alcohol use and related problems in a randomized control trial of young people accessing crisis support. What is unclear is how the intervention may be used as a part of routine care within a community drug and alcohol service setting.

### **Methods:**

Quifix is currently being implemented across seven community sites through a randomized control implementation trial, with clients randomized to receive either the Quifix brief intervention or usual care. The program is being delivered by AOD workers to young people (16-25 years) presenting with alcohol, cannabis or methamphetamines as a primary drug of concern. Data was collected at baseline, 6 week, 3 month, 6 month and 12 month follow-up. Key outcomes include changes in substance use, as measured by the WHO ASSIST, and the Opiate Treatment Index. Depression and Anxiety are also consistently measured throughout.

### **Results:**

Preliminary results for up to 3-month follow-up will be presented, as well as key challenges to implementing the program in a community service setting, both as an early intervention, and as a stepped care approach for more severe clients. Strategies that have been used to overcome challenges will also be explored.

### **Conclusion:**

Identifying transdiagnostic evidence-based is essential, this presentation will focus on the essential next step of identifying how to translate evidence-based transdiagnostic approaches into routine standard care.

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

Leanne Hides is supported by an NHMRC Senior Research Fellowship Grant. The project is also funded by a Department of Health CYSAR grant, and supported by a partnership between Lives Lived Well and The University of Queensland.

**Paper 3:****FullFix: a pilot randomised control trial of a telephone delivered transdiagnostic intervention for comorbid substance and mental health problems in young people**

**Authors:** Walter, Z. C.<sup>1</sup>, Hides, L.<sup>1</sup>, Pocuca, N.<sup>1</sup>, Quinn, C.<sup>1</sup>, Curtain, J.<sup>2</sup>

<sup>1</sup>School of Psychology, University of Queensland, <sup>2</sup> Lives Lived Well

**Speaker:** Zoe Walter

**Introduction/Background:**

Transdiagnostic cognitive behavioural therapy (CBT) cuts across diagnostic boundaries to target the common psychological factors that underlie multiple disorders. Such approaches have the potential to address complex patterns of comorbidity in a single intervention. Despite this, research is yet to determine the efficacy of transdiagnostic CBT treatments for young people with comorbid disorders. To address this, we have developed FullFix; a new risk and protective factor-targeted transdiagnostic CBT telehealth program (FullFix) for comorbid AOD and mental health problems in young people.

**Methods:**

We are currently running a pilot randomised controlled trial to examine the feasibility, efficacy, and cost-effectiveness FullFix. This project builds on the previous brief intervention QuikFix (2 sessions). FullFix expands upon that project to test a new transdiagnostic CBT telephone intervention (8 sessions) targeting self-regulation (including emotion, cognitive, and behavioural aspects of self-regulation), social support, personal strengths and values, and coping skills. Outcomes, and transdiagnostic risk and protective factors, are assessed at 6 weeks (mid-treatment), 12 weeks (post-treatment), 6, and 12 months post-baseline.

**Results:**

Preliminary results will be presented of FullFix compared to a treatment as usual control. FullFix Moderators and mediators of treatment outcomes will also be examined to identify the key mechanisms of change of the intervention, as well as benefits and challenges to its implementation.

**Conclusion:**

This presentation will outline the program and evaluation of FullFix, a novel transdiagnostic telephone-delivered intervention that target both risk and protective factors for AOD and anxiety/depression disorders for young people. Implications of the research will also be discussed.

**Disclosure of Interest Statement:**

This project has received funding from the Australian Rotary Mental Health Grant, and is also supported by a partnership between Lives Lived Well and The University of Queensland.

## Symposium 04: The transdiagnostic role of death anxiety in mental health

### **Symposium Description:**

The fear of death has been proposed to underlie a wide array of mental health conditions, leading several authors to argue that it is a transdiagnostic construct. Death anxiety has been noted to lead to crippling fear and maladaptive coping mechanisms associated with various disorders. For instance, among panic disorder and somatic symptom and related disorders, fears of death have been proposed to drive body scanning, requests for repeated medical tests, and consultations with medical specialists. Given this, the first presentation (Menzies) will present experimental research exploring the driving role that death anxiety has on body checking behaviours among participants diagnosed with panic disorder, illness anxiety disorder, and somatic symptom disorder. Death anxiety has also been found to be associated with social anxiety and avoidance, but the theoretical connection between social rejection and death remains notably unclear. The second presenter (Zuccala) will explore evolutionary explanations of the connection between death anxiety, separation anxiety and social fears, and present empirical evidence that underlying concerns about death play an important role in social anxiety disorder. In addition to its significant role in anxiety disorders, fears of death have also been argued to play a central, yet underexamined, role in fear of cancer recurrence or progression - a highly prevalent anxiety faced by cancer survivors. As such, the third presenter (Sharpe) will present empirical evidence in a large sample of cancer survivors, showing that death anxiety has a strong and central role as a determinant of fear of cancer recurrence and progression.

**Chair:** Matteo Zuccala, The University of Sydney

### **Paper 1**

#### **The effect of mortality salience on body checking in mental illnesses**

**Authors:** Menzies, RE,<sup>1</sup> Sharpe, L<sup>1</sup>, Dar-Nimrod, I<sup>1</sup>

<sup>1</sup> School of Psychology, The University of Sydney, Sydney, NSW 2006

**Speaker:** Rachel Menzies

**Introduction/Background:**

Over the last three decades, a body of research emerging from the Terror Management Theory has demonstrated the impact of death cognitions on a variety of behaviours. More recently, fears of death have been argued to underpin numerous mental disorders. Supporting this idea, the mortality salience (MS) paradigm has demonstrated that reminders of death exacerbate symptoms of some mental health conditions, such as social anxiety and obsessive-compulsive disorder.

**Methods:**

The present study used the MS paradigm to investigate whether reminders of death exacerbate the bodily scanning behaviours that characterise many anxiety disorders. Treatment-seeking participants with either a scanning disorder (i.e., panic disorder, illness anxiety disorder and somatic symptom disorder), or a non-scanning disorder (i.e., depression), were randomly allocated to either a MS or control priming condition. Following the prime, participants completed an online task requiring them to check their own body.

**Results:**

Consistent with hypotheses, preliminary results indicate that reminders of death significantly increase body scanning duration, as well as threat perception and intention to visit a GP, among those with relevant disorders.

**Conclusions:**

Preliminary findings present experimental evidence that death anxiety may be driving anxious behaviours (i.e., body checking, reassurance seeking and threat perception) among panic disorder and somatic symptom and related disorders. Novel treatments targeting death anxiety may be required in order to produce long-term improvements in these disorders.

**Disclosure of Interest Statement:**

The authors have no conflicts of interest to disclose.

**Paper 2****The complicated relationship between death and social anxiety**

**Authors:** Zuccala, M,<sup>1</sup> Abbott, M<sup>1</sup>,

<sup>1</sup> School of Psychology, The University of Sydney, Sydney, NSW 2006

**Speaker:** Matteo Zuccala

**Introduction/Background:**

The fear of death has been proposed to be an important transdiagnostic construct underlying a wide range of anxiety disorders, and therefore a target for treatment interventions (Iverach, Menzies, & Menzies, 2014). Empirical studies have highlighted its influence in disorders focusing on physical concerns, such as in obsessive-compulsive disorder (Menzies & Dar-Nimrod, 2017). However, whilst there is some evidence that death anxiety also plays a role in social anxiety (e.g. Finch, Iverach, Menzies & Jones, 2016), previous studies have been limited in their methodology and the theoretical connection between interpersonal concerns and death remains notably unclear. The present study aimed to address the limitations of these previous studies and examine the role of death concerns in individuals with social anxiety.

**Method:**

Two groups of participants (social anxiety vs. no anxiety diagnosis) were randomly assigned to receive either mortality salience priming or control priming. Participants then completed two tasks designed to elicit symptoms of social and physical anxiety.

**Results:**

Participants with a social anxiety diagnosis exhibited significantly greater symptoms of physical anxiety following the mortality salience prime, compared to those primed with the control topic. This effect was not observed for participants with no anxiety diagnoses. No effects of mortality salience were observed on social anxiety symptoms.

**Conclusion:**

The present results do not support the pre-existing theoretical approach towards understanding death's role in clinical anxiety, yet still emphasises that there is an important relationship between social anxiety and underlying death concerns. Alternative approaches towards understanding this relationship are addressed.

**Disclosure of Interest Statement:**

The authors have no conflicts of interest to disclose.

**Paper 3****An important role for death anxiety in fear of cancer recurrence**

**Authors:** Sharpe, L., Curran, L. & Butow, P.

School of Psychology, The University of Sydney, Sydney, NSW 2006

**Speaker:** Louise Sharpe

**Introduction/Background:**

Fear of cancer recurrence (FCR) is the most common unmet need amongst cancer survivors. Although it is argued that FCR is inextricably linked to existential issues, the relationship with death anxiety has rarely been studied.

**Methods:**

We reviewed quantitative studies of death anxiety and FCR and recruited 211 people with cancer. Participants completed measures on both death anxiety and FCR, as well as a range of other theoretically relevant variables. A confirmatory path analyses was conducted, which tested a recent theory placing death anxiety as a central construct in FCR.

**Results:**

Surprisingly, we identified a single qualitative study that examined the relationship between FCR and death anxiety, which confirmed high correlations between FCR and death anxiety. The path analysis demonstrated good model fit and explained 66% of the variance in FCR. Intrusions, death anxiety, threat appraisal and metacognitive beliefs were directly associated with higher FCR. Death anxiety, intrusions and threat appraisal mediated the relationship between a number of other important theoretical variables and FCR, namely unhelpful metacognitive beliefs, intolerance of uncertainty, need for control, core belief disruption, social constraints and less found meaning.

**Conclusion:**

The findings confirm that death anxiety is important in the experience of FCR. Moreover, death anxiety is strongly linked to both threat appraisal and intrusions, and these three key variables mediate the relationship between FCR and other known correlates. Death anxiety appears to be central to the experience of FCR and should be the focus of future research.

**Disclosure of Interest Statement:**

The authors have no conflicts of interest to declare.



## Symposium 05: Stretch goals: extending the use of CBT in hard to reach populations

### Symposium Description:

Despite a wide body of evidence for the efficacy of CBT in many populations and presentations, the challenge remains for clinicians and researchers to translate these therapies effectively to harder to reach populations. This can include to those with severe mental ill-health (SMI) and substance use issues, as well as those who experience stigma or difficulty in accessing services. This symposium includes four papers which consider some of the issues and possible solutions of translating evidence based therapy into these populations. Kylie Bailey's presentation addresses the question of barriers to access, and whether low intensity telephone supported cognitive behavior therapy workbooks are acceptable to help seeking clients with depression and anxiety. In paper 2, Alison Beck will describe the development of a new routine outcome monitoring tool to assist SMART Recovery mutual aid groups in understanding their efficacy and building their evidence base. The final two papers focus on extending treatment with people with SMI. Sonja Pohlman will present the third paper, which outlines the development of a pilot RCT of two telephone delivered interventions for young people with SMI and hazardous alcohol use. In the final paper, Kristen McCarter will describe the Quitlink trial which links two existing services to target smoking in people living with SMI. The objective of this symposium is to encourage audience members to think about increasing the delivery of effective therapy to complex populations.

**Chair:** Professor Amanda Baker, School of Medicine and Public Health, University of Newcastle

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

### Paper 1

**MindReach: a pilot study for tele-supported cognitive-behaviour therapy workbooks for anxiety and depression**

**Authors:** Bailey K<sup>1</sup>, McDonnell K<sup>1</sup>, & Carr P<sup>1</sup>

<sup>1</sup> Hunter Primary Care, Newcastle, Australia

**Speaker:** Kylie Bailey

**Introduction/Background:**

Approximately half of people with mental health symptoms do not seek treatment, possibly due to treatment barriers such as stigma, distance to providers and attendance costs. Low intensity interventions may remove these treatment barriers. This study aims to evaluate the effectiveness and acceptability of a tele-supported cognitive behaviour therapy (CBT) workbook (MindReach) for clients seeking mental health treatment.

**Methods:**

Participants (N = 22) seeking treatment for current mental health symptoms from Hunter Primary Care, Psychology Services were screened for MindReach suitability. Social/occupational functioning, psychological distress, depression, anxiety and stress were assessed at the initial (Time 1), 6th (Time 2) and/or final (Time 3) treatment session. Paired t-tests assessed for changes in mental health symptoms at the initial, 6th and/or final treatment session. Spearman correlations assessed for treatment attendance and changes in mental health symptoms. A client satisfaction survey assessed acceptability of MindReach.

**Results:**

Depression, stress and psychological distress improved at both Time 2 and 3 assessments. Improvements in mental health symptoms were associated with number of sessions attended.

**Conclusion:**

MindReach clients found the workbooks and treatment delivery acceptable. A tele-supported CBT workbook appears effective in treating mental health symptoms and is well received by men and women, regardless of age.

**Disclosure of Interest Statement:**

The authors have no conflicts of interest to disclose. The MindReach 6-month pilot program was funded by Hunter Primary Care.

**Paper 2**

**Interim feasibility and acceptability data from a pilot trial of routine outcome monitoring of SMART Recovery Australia mutual aid support groups using a novel mHealth application (“SMART TRACK”)**

**Authors:** Beck A<sup>1</sup>, Kelly P<sup>1</sup>, Baker A<sup>2</sup>, Deane F<sup>1</sup>, Hides L<sup>3</sup>, Manning V<sup>4</sup>, Shakeshaft A<sup>5</sup>, Larance B<sup>1</sup>, Neale J<sup>6</sup>, Kelly J<sup>7</sup>, Oldmeadow C<sup>8</sup>, Searles A<sup>9</sup>, Treloar C<sup>10</sup>, Gray R<sup>10</sup>, Argent A<sup>11</sup>, & McGlaughlin R<sup>11</sup>

<sup>1</sup> Illawarra Health and Medical Research Institute and School of Psychology, Faculty of Social Sciences, University of Wollongong, Australia, <sup>2</sup> School of Medicine and Public Health, University of Newcastle, Australia, <sup>3</sup> Centre for Youth Substance Abuse Research, Lives Lived Well Group, School of Psychology, University of Queensland, Australia, <sup>4</sup> Eastern Health Clinical School, Faculty of Medicine, Nursing and Health Sciences, Monash University, Australia, <sup>5</sup> National Drug and Alcohol Research Centre, University of New South Wales, Australia, <sup>6</sup> Institute of Psychiatry, Psychology and Neuroscience, King's College London, UK, <sup>7</sup> Harvard Medical School, Harvard University, USA, <sup>8</sup> Clinical Research Design, IT and Statistical Support (CReDITSS) Unit, Hunter Medical Research Institute, Australia, <sup>9</sup> Hunter Medical Research Institute Health Research Economics, Australia, <sup>10</sup> Faculty of Arts and Social Sciences, University of New South Wales, Australia, <sup>11</sup> SMART Recovery Australia, Sydney, Australia

**Speaker:** Alison Beck

### **Introduction/Background:**

Mutual aid groups provide reciprocal social, emotional and informational support to members recovering from addiction. Despite the popularity of these groups worldwide, there have been no systematic attempts to implement and evaluate routine outcome monitoring (ROM) in these settings. This study protocol describes a stage one pilot study designed to explore the feasibility and acceptability of a novel, purpose-built mHealth ROM and Feedback app ("Smart Track") in SMART Recovery Australia mutual aid support groups. Secondary objectives are to describe Smart Track usage patterns, explore psychometric properties of the ROM items and provide preliminary evidence for participant reported outcomes (alcohol and/ other drug use, self-reported recovery and mental health).

### **Methods:**

The Smart Track app was developed during the first phase of this study using participatory design methods and an iterative development process. One hundred participants from SMART Recovery groups across New South Wales, Australia, will be recruited to a non-randomised, prospective, single-arm trial of the Smart Track app. Data will be collected from the Smart Track app, quantitative survey (baseline, 3week- and 3month- follow-up) and qualitative interviews with group participants (n=20) and facilitators (n=10).

**Results:**

At the time of submission 13 sites (n=25 groups) had agreed to participate. Data will be collected between April and October 2019.

**Conclusion:**

This study design will provide an opportunity to identify the acceptability of a novel mHealth ROM and feedback app. If proved feasible and acceptable, this study delivers an innovative tool for researchers, services and policy makers to further explore the impact of SMART Recovery.

**Disclosure of Interest Statement:**

Funding for this research was provided by the NSW Ministry of Health under the NSW Health Alcohol and Other Drugs Early Intervention Innovation Grant Scheme.

Ryan McGlaughlin is Executive Director of SMART Recovery Australia. Dr Argent is employed by SMART Recovery as the national SMART Coordinator and trainer. A/Prof P.Kelly, Prof Deane, Prof Baker, Prof Shakeshaft, Prof Hides, A/Prof Manning, Dr Larance, Dr Beck, A/Prof J. Kelly and Dr Argent all volunteer as members of the SMART Recovery Australia Research Advisory Committee. The potential and/ or perceived conflict of interest is negligible. The role of study investigators on the research advisory committee and/ or as an employee of SMART Recovery is freely available on the SMART Recovery Australia website (and study participants can be directed to this information as required). Further, the team responsible for informing study design and overseeing the conduct of the study and data analysis also consists of researchers, clinicians and statisticians independent from SMART Recovery. An independent qualitative researcher will analyse qualitative data and an independent statistical team will conduct the quantitative and economic analyses.

No financial conflict of interest exists.

**Paper 3****Building connections down the line: designing telephone delivered interventions for hazardous alcohol use among young people living with severe mental ill-health**

**Authors:** Pohlman S<sup>1</sup>, Anderson C<sup>1</sup>, Baker A<sup>2</sup>, Kelly P<sup>3</sup>, Hides L<sup>4</sup>, Halpin S<sup>1</sup>, McCarter K<sup>2</sup>, Kypri K<sup>2</sup>, Velleman R<sup>5</sup>, Clancy R<sup>6</sup>, Terry M<sup>6</sup>, Bonevski B<sup>2</sup>, Oldmeadow C<sup>7</sup>, Dunlop A<sup>6</sup>, Griffith E<sup>5</sup>

<sup>1</sup> School of Psychology, University of Newcastle, Australia, <sup>2</sup> School of Medicine and Public Health, University of Newcastle, Australia, <sup>3</sup> Illawarra Health and Medical Research Institute and School of Psychology, Faculty of Social Sciences, University of Wollongong, Australia, <sup>4</sup> Centre for Youth Substance Abuse Research, Lives Lived Well Group, School of Psychology, University of Queensland, Australia, <sup>5</sup> Psychology Department, University of Bath, UK, <sup>6</sup> Hunter New England Local Health District, <sup>7</sup> Clinical Research Design, IT and Statistical Support (CReDITSS) Unit, Hunter Medical Research Institute, Australia

**Speaker:** Sonja Pohlman

### **Introduction/Background:**

Young Australians with severe mental ill-health (SMI) report high rates of hazardous alcohol consumption. Telephone interventions can offer increased treatment access for clients who are unable to attend services and have been shown to be acceptable in people with SMI. The aims are to increase understanding of alcohol use in young people with SMI and provide greater access to evidence based treatments.

### **Method and Results, Study 1:**

Semi-structured interviews were completed with eight inpatients aged 18-25 at a mental health unit in Newcastle, Australia who had consumed any alcohol in the preceding six months. Participants were asked about alcohol use and experiences of, and attitudes towards, therapy. Preliminary analyses suggest themes including a strong connection of alcohol to a “normal life”, alcohol as a replacement for other substances, and changing alcohol use patterns following a mental health diagnosis.

### **Method and Results, Study 2:**

This outlines the protocol for a pilot randomised controlled trial of two telephone delivered alcohol interventions. Forty people aged 16-25 with SMI and hazardous levels of alcohol use will be recruited from mental health services in the Newcastle area. Analysis will focus on recruitment, engagement of participants, and satisfaction with the intervention. We will also examine changes in alcohol consumption and mental health symptomatology at three, six and 12-month follow-up. Recruitment will commence in June 2019.

### **Conclusion:**

This study offers the opportunity to extend the literature in CBT with SMI and hazardous alcohol use. IT can allow for development of alcohol reduction interventions which are better tailored to young consumers' identified needs.

**Disclosure of Interest Statement:**

Funding for this research was provided by a grant from Australian Rotary Health. The authors have no conflicts of interest to disclose.

**Paper 4****Quitlink: smoking cessation using a tailored quitline cognitive behaviour change intervention for people living with severe mental illness**

**Authors:** McCarter K<sup>1</sup>, Baker A<sup>1</sup>, Borland R<sup>2</sup>, Bonevski B<sup>1</sup>, Castle D<sup>3</sup>, Williams J<sup>4</sup>, Segan C<sup>2</sup>, Kelly P<sup>5</sup>, Turner A<sup>6</sup>, Brophy L<sup>7</sup>, Baird D<sup>1</sup>, & Sweeney R<sup>8</sup> &

<sup>1</sup> School of Medicine and Public Health, University of Newcastle, Australia, <sup>2</sup> Cancer Council Victoria, Australia, <sup>3</sup> University of Melbourne, Australia, <sup>4</sup> Rutgers, The State University of New Jersey, United States, <sup>5</sup> Illawarra Health and Medical Research Institute and School of Psychology, Faculty of Social Sciences, University of Wollongong, Australia, <sup>6</sup> Deakin University, Australia, <sup>7</sup> La Trobe University, Australia, <sup>8</sup> Monash University, Australia

**Speaker:** Kristen McCarter

**Introduction/Background:**

People with severe mental illness (SMI) have a high, persistent smoking rate. The most effective way to quit smoking is a combination of behavioural interventions (either in person or via telephone), and pharmacotherapy (nicotine replacement therapy (NRT) and/or medication).

The primary aim is to examine the effectiveness of the Quitlink intervention on prolonged abstinence amongst smokers with SMI.

**Methods:**

A multi-centre prospective, randomised, open, blinded endpoint (PROBE) design will compare standard smoking care alone against Quitlink. 382 smokers will be recruited from mental health services in Victoria, Australia. Quitlink will utilise peer workers to refer smokers with SMI to Quitline, who will deliver a tailored and proactive smoking cessation intervention. The intervention will include up to 7 cognitive behavioural smoking intervention sessions from a dedicated counsellor, plus NRT.

**Results:**

We anticipate that for the primary outcome, success will occur in 1% of the control arm vs 8% in the intervention arm. Our qualitative component will identify potential improvements, and barriers to full participation and engagement with the service. Recruitment began March 2019.

**Conclusion:**

This is a highly translatable intervention resulting from linking two existing services (Quitline and mental health peer workers) and using a cognitive behavioural approach. It will be the world first RCT of a Quitline intervention delivered to people with SMI that also includes a concurrent economic evaluation. It has the potential to greatly improve the health of individuals' longevity, mental health and reduce health care costs.

**Disclosure of Interest Statement:**

The authors have no conflicts of interest to disclose.

## Symposium 06: Intensive CBT for anxiety: clinical applications, mechanisms and novel delivery methods

### **Symposium Description:**

Cognitive Behavioural Therapy (CBT) is the most empirically supported intervention for anxiety disorders. CBT is usually delivered via weekly hour-long sessions over several months. However, a growing body of research suggests that CBT can be effectively delivered in an accelerated or intensive format, with several sessions per week, or fewer sessions that last for multiple hours. Intensive CBT is an appealing option for individuals who desire rapid improvement in symptom severity and functional impairment to resume their work or caring responsibilities.

Although studies of intensive CBT for anxiety have shown promising outcomes to date, more studies are needed to advance the application of intensive CBT across different clinical populations and to understand the mechanisms of effect, so treatments can be enhanced. Since intensive CBT can be difficult to access in the community- with few clinicians trained, or willing, to provide this style of therapy- studies of novel delivery methods that may increase dissemination of intensive CBT are also needed.

This symposium will bring together recent advances in intensive CBT for four anxiety related disorders, across adult and paediatric samples. The series of studies within this symposium explore whether accelerated CBT is efficacious for social anxiety disorder; the role of emotion regulation strategies in exposure and response prevention for paediatric OCD; whether one-session exposure treatment for spider phobia can be delivered in a large group in a naturalistic community setting; and whether intensive CBT for panic disorder can be delivered via the internet.

**Chair:** Eileen Stech, University of New South Wales Sydney

**Discussant:** Associate Professor Melissa Norberg, Macquarie University

### **Paper 1**

#### **Accelerated cognitive-behaviour therapy for social anxiety disorder**

**Authors:** Wootton BM<sup>1</sup>, Hunn A<sup>2</sup>, Moody A<sup>2</sup>, Lusk BR<sup>2</sup>, Ranson VA<sup>2</sup>, Felmingham KL<sup>3</sup>



<sup>1</sup> University of Technology Sydney, Sydney, NSW, <sup>2</sup> University of Tasmania, Hobart, TAS, <sup>3</sup> University of Melbourne, Melbourne, VIC

**Speaker:** Bethany Wootton

### **Introduction/Background:**

Social anxiety disorder (SAD) is common, affecting approximately 5% of Australian adults. The disorder is costly to society and results in significant functional impairment for clients. Cognitive-behaviour therapy (CBT) has been demonstrated to be effective for SAD, and generally CBT is delivered on a weekly basis over a period of several months. The aim of the current study was to examine the acceptability and efficacy of CBT for SAD when delivered in an accelerated treatment format.

### **Methods:**

Seventeen participants (*M* age = 39.25 years, *SD* = 17.68; 71% female; 88% Anglo) with a primary diagnosis of SAD completed a 12-session accelerated CBT (aCBT) intervention over a four week period. The primary outcome measure was the Social Phobia Inventory and the secondary outcome measures were the Social Interaction Anxiety Scale and the Social Phobia Scale. Participants completed symptom measures at pre-treatment, post-treatment, and 3-month follow-up.

### **Results:**

Moderate to large effect sizes were observed on measures of SAD symptomatology at post-treatment ( $d = 0.76-0.92$ ) and 59% of participants no longer met DSM-5 criteria for SAD. Large effects were seen at 3-month follow-up ( $d = 1.31-1.79$ ) and 71% of participants no longer met DSM-5 criteria for SAD. Participants found the accelerated format to be acceptable.

### **Conclusion:**

The results provide preliminary evidence to support aCBT as an efficacious and acceptable treatment for individuals with SAD. Larger controlled trials are required to elucidate the benefits of this approach over standard weekly treatment.

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

The authors have no conflicts of interest to disclose.

**Paper 2****Day at the museum: large group intensive exposure treatment for spider phobia in a community setting****Authors:** Li SH<sup>1</sup>, Newby JM<sup>1</sup>, Graham BM<sup>1</sup><sup>1</sup>The University of New South Wales, Sydney, NSW**Speaker:** Sophie H Li**Introduction/Background:**

In vivo exposure therapy for specific phobia is an effective treatment, yet up to 80% of individuals with specific phobia go untreated. This appears to be due to an unwillingness to confront the feared stimulus and a lack of appropriate service provision. One-session treatment (OST) for specific phobias is an efficacious form of intensive in vivo exposure that is well accepted by its recipients; however, few clinicians are trained, or willing, to deliver this approach. The current study aimed to determine the feasibility, acceptability and effectiveness of OST delivered to a large group in a naturalistic community setting.

**Methods:**

Spider phobic individuals (n=20, 80 % female) were recruited from the community for an open trial of OST delivered in a large group at the Australian Museum using resources from their spider exhibition. Outcome measures (Spider Phobia Questionnaire, Behavioural Approach Task) were administered immediately before and again immediately after OST (Behavioural Approach Task), or at one-week post-treatment (Spider Phobia Questionnaire). Within-group effect sizes on outcomes were benchmarked against previous studies of individual and small group OST for spider phobia to determine the relative effects of this program.

**Results:**

Fear and avoidance of spiders were significantly reduced, and these outcomes compared well with individual and small group OST outcomes from previous studies.

**Conclusion:**

Large group OST is a feasible, resource-effective method of providing treatment for spider phobia.

**Disclosure of Interest Statement:**

The authors have no conflicts of interest to disclose.

**Paper 3****The one-week panic program: pilot study of internet-delivered intensive CBT for panic disorder****Authors:** Stech EP<sup>1</sup>, Newby JM<sup>1,2</sup><sup>1</sup> School of Psychology, University of New South Wales Sydney, NSW, <sup>2</sup> Clinical Research Unit for Anxiety and Depression, St Vincent's Hospital, Sydney, NSW**Speaker:** Eileen Stech**Introduction/Background:**

Cognitive behavioural therapy (CBT) for panic disorder has traditionally been delivered via face-to-face sessions across two to three months. However, a large body of research now supports the efficacy of delivering CBT via the internet, as an online course. Additionally, several small studies have demonstrated that face-to-face CBT for panic disorder can be successfully delivered in an intensive timeframe of one week or less. The current study aimed to explore the feasibility of combining these areas of research, to deliver intensive CBT for panic disorder via the internet.

**Methods:**

Ten participants who met DSM-5 criteria for panic disorder completed *The One-Week Panic Program*, an exposure-based CBT program delivered via the internet over 7 days. Clinician support was provided via phone and email. The primary outcome measures were the Panic Disorder Severity Scale-Self-Report form and the Mobility Inventory. Secondary outcome measures were the Patient Health Questionnaire-9 and Work Social Adjustment Scale. Participants completed assessments at pre-treatment, one week post-treatment and two month follow-up.

**Results:**

This pilot study is the first attempt to deliver intensive CBT for any presentation as an online course. Adherence and participant feedback suggests it is a feasible and acceptable approach. Substantial improvements in panic and agoraphobia symptoms were observed, with large functional gains. Follow-up data will also be reported.

**Conclusion:**

Delivering intensive CBT via the internet is a feasible approach for increasing the availability of intensive therapy for panic disorder, particularly in rural and remote areas.

**Disclosure of Interest Statement:**

The authors have no conflicts of interest to disclose.

**Paper 4****Examining the role of emotion regulation strategies in intensive CBT for paediatric OCD**

**Authors:** McKenzie ML<sup>1</sup>, Donovan CL<sup>1</sup>, Waters AM<sup>1</sup>, Zimmer-Gembeck MJ<sup>1</sup>, Storch EA,<sup>2</sup> & Farrell LJ<sup>1</sup>

<sup>1</sup> Griffith University, QLD, <sup>2</sup> Baylor College of Medicine, Texas, USA

**Speaker:** Matthew McKenzie

**Introduction/Background:**

There is a paucity of research examining the role of emotion regulation (ER) in OCD, and specifically the degree to which ER changes during and following CBT. This study aimed to examine whether self-reported ER strategies reported by children and youth with OCD change in response to intensive CBT, and furthermore, to explore which ER strategies are more strongly associated with response to CBT treatment.

**Methods:**

The sample were 65 youth (aged 7 to 17) with a primary diagnosis of OCD. OCD diagnosis and symptoms were assessed using gold standard clinician rated measures, and the measures of ER examined 10 strategies, five of which are regarded as adaptive and the other five as maladaptive. Following diagnostic and symptom severity interviews, children completed study questionnaires and received intensive CBT with Exposure and Response Prevention treatment (three intensive 3 hourly sessions plus a booster session one month later).

**Results:**

The results indicated significant changes in nine of the ER strategies from pre to post-treatment. Additionally, changes in Acceptance, Self-Blame, Rumination and Suppression were found to be significant and unique predictors of OCD severity at post-treatment, while Acceptance, Self-Blame, and Suppression were significant and unique predictors of OCD severity 3 months following treatment. Finally, responders and remitters (at post-treatment and follow-up) were more likely to have developed

more adaptive ER (involving specific strategies) than non-responders and non-remitters.

**Conclusion:**

The findings of the current study may provide a basis for considering whether augmenting standard treatment for OCD with a specific ER training component could improve remission rates.

**Disclosure of Interest Statement:**

This research was supported through funding by the National Health and Medical Research Council. The first author was the recipient of a Griffith University Postgraduate Research Scholarship and a Griffith University International Postgraduate Research Scholarship for the completion of their postgraduate research studies (still underway). The funding sources did not have a role in the study design; in the collection, analysis and interpretation of data; or in the writing of the report.

## Symposium 07: Youth sleep problems: advances in underlying mechanisms and treatment

### **Symposium Description:**

Sleep problems in Australian youth are highly prevalent and, rather than being transient, are chronic if left untreated. Youth sleep problems are associated with a number of mental health and academic consequences, and therefore a better understanding of the mechanisms underpinning them, and trialing programs aimed at reducing them, are vitally important. This symposium includes four studies dedicated to understanding and treating youth sleep problems. The first three studies examine sleep problems in preschool children. The first (Tyler presented by Shiels) examines the role of parental distress and parenting style on child sleep problems. The second (Donovan) examines the usefulness of treating sleep problems in preschool children in terms of the child's transition to school and their mental health the following year. The third (Kahn) examines the efficacy of an online sleep program for preschool sleep problems. The final paper (Richardson) examines sleep in adolescence, focusing on the mechanisms linking depression and sleep problems using both light therapy and activity therapy as treatment tools.

**Chair:** (Caroline, Donovan), School of Applied Psychology, Griffith University, QLD.

**Discussant:** (Sue Spence), Australian Institute for Suicide Research and Prevention, Griffith University, QLD.

### **Paper 1**

#### **Young children's sleep problems: the impact of parental distress and parenting style**

**Authors:** Tyler D<sup>1</sup>, Donovan CL<sup>1</sup>, Scupham S, Shiels A<sup>1</sup>, Weaver S<sup>1</sup>.

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

**Speaker:** Amy Shiels

**Introduction/Background:**

Research examining factors contributing to preschool sleep problems is limited. This study investigated the mediating role of parenting styles (authoritarian, authoritative, and permissive parenting) in the relationship between parental psychological distress and sleep problems in young children.

**Methods:**

Participants were parents of 232 young children aged three to five years. Parents completed the Children's Sleep Habits Questionnaire, the Parenting Style and Dimensions Questionnaire – Short Version, and the Depression Anxiety and Stress Scale.

**Results:**

Only permissive parenting was found to significantly mediate the relationship between parental distress and preschool sleep problems (indirect effect = 0.16,  $p < .01$ ), with a significant direct effect of parental psychological distress on child sleep problems (.16,  $p < .01$ ) also being present. Authoritarian and authoritative parenting were found to be unrelated to child sleep problems.

**Conclusion:**

These findings suggest that augmenting treatment programs for preschool sleep problems with strategies targeting parental distress and permissive parenting where required, may be beneficial in improving preschool sleep problems.

**Disclosure of Interest Statement:**

The authors have no conflicts of interest to disclose.

**Paper 2**

**Treating sleep problems in preschoolers: improving mental health, the transition to school, and academic outcomes**

**Authors:** Donovan CL<sup>1</sup>, Shiels A<sup>1</sup>, Meltzer L<sup>2</sup>, Farrell L<sup>1</sup>, Waters A<sup>1</sup>, Gradisar M<sup>3</sup>.

<sup>1</sup>School of Applied Psychology, Griffith University, QLD, <sup>2</sup>Jewish National Health USA, <sup>3</sup>Flinders University, SA.

**Speaker:** Caroline Donovan

**Introduction/Background:**

Sleep problems in the preschool years put children at risk of numerous mental health and academic problems. The transition to primary school is extremely important, and poor primary school transition itself is a risk factor for the development of child mental health and academic problems. We proposed that successful treatment of child sleep problems BEFORE they primary school would reduce child sleep and mental health problems, improve the transition to primary school, and enhance academic outcomes.

**Methods:**

This paper provides preliminary results of a randomised controlled trial (RCT) of a parent-focused, group-based, CBT program (Lights Out) for preschool sleep problems. Participants were 66 parents of preschool children in the year prior to their first year of primary school who had a sleep problem. They were randomized into either a Care as Usual or the treatment condition and assessed prior to treatment, following treatment, and at the end of Terms 1 and 2 of Prep. Measures of child sleep, internalising and externalizing problems, transition to school and academic achievement were taken.

**Results:**

Results are pending.

**Conclusion:**

Results will be discussed in terms of the usefulness of treating preschool sleep problems with respect to child mental health, their transition to school, and academic outcomes.

**Disclosure of Interest Statement: See example below:**

This study was funded Rotary Health.

**Paper 3****Promoting healthy sleep in preschool children: feasibility and efficacy of an online parent-based intervention**

**Authors:** Kahn M<sup>1,2</sup>, Shnabel O<sup>1</sup>, Atzaba-Poria N<sup>3</sup>, Sloan M<sup>1</sup>, Rozen G<sup>4</sup>, Sadeh A<sup>1</sup>

<sup>1</sup> Tel Aviv University, Tel Aviv, Israel, <sup>2</sup> Flinders University, Adelaide, Australia, <sup>3</sup> Ben-Gurion University of the Negev, Beersheba, Israel, <sup>4</sup> The Rambam Academic Hospital, Haifa, Israel



**Speaker:** Michal Kahn

**Introduction:**

Sleep related problems (SRPs) are highly prevalent among young children and are associated with an array of detrimental consequences for the child and family. This study was designed to test the feasibility, acceptability, and potential efficacy of a novel brief online parent-based cognitive-behavioral intervention for preschool SRPs.

**Methods:**

Seventy-one children with SRPs aged 4-6 (59% male) and their parents were randomized to either a 5-week online parent-focused program to promote healthy sleep, or to a waiting list control group. SRPs were assessed at baseline and post-treatment using actigraphy, daily sleep logs, and child and parent questionnaires.

**Results:**

Preliminary results revealed high parent acceptability and compliance with the online intervention. Co-sleeping with parents decreased significantly in the intervention group yet remained stable in the control group. Other subjective and objective sleep measures yielded non-significant improvements in pre to post SRPs.

**Conclusion:**

The results provide preliminary evidence for feasibility and acceptability of this novel web-based intervention, and for its efficacy in promoting solitary sleep in the preschool age. Given the high accessibility and low cost of this intervention, it could be implemented within a stepped-care model as a preliminary treatment step for preschool SRPs.

**Disclosure of Interest Statement:**

The authors have no conflicts of interest to disclose.

**Paper 4**

**Examination of mechanisms linking sleep and depression symptoms using light therapy and physical activity interventions with adolescents**

**Authors:** Richardson, C<sup>1</sup>, Gradisar, M<sup>2</sup>

<sup>1</sup> Centre for Emotional Health, Macquarie University, Sydney, NSW, <sup>2</sup> Flinders University, Adelaide, SA.

**Speaker:** Cele Richardson

**Introduction/Background:**

There is growing evidence that disturbed sleep precedes the onset of depression. However, few studies have examined mechanisms that may explain this relationship. Adolescents are an ideal “model” to test potential mechanisms, given their unique and typical sleep pattern, which is characterised as sleeping too late, and sleeping too little.

**Methods:**

Sixty adolescents with Delayed Sleep-Wake Phase Disorder ( $M_{age} 15.9 \pm 2.2y$ , 63% female) received short or long wavelength light therapy and physical or sedentary activity over three weeks of treatment. Measures of sleep (sleep diary, actigraphy), depression and repetitive negative thinking were taken pre- and post-treatment.

**Results:**

Sleep onset latency, total sleep time, sleep timing and depressive symptoms improved similarly regardless of the treatment administered. There were moderate relationships between the change in sleep (i.e., sleep onset latency, sleep onset time, total sleep time) and change in depressive symptoms from pre- to post-treatment. The relationships between sleep onset latency and sleep onset time, and depression, were mediated by repetitive negative thinking.

**Conclusion:**

These results suggest that repetitive negative thinking may be a key mechanism linking sleep problems with depression. These findings also have important implications for clinical practice.

**Disclosure of Interest Statement:**

The authors have no conflicts of interest to disclose.

## Symposium 08: Parenting interventions: evidence for effectiveness and parental engagement

### **Symposium Description:**

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

In this symposium we will focus on the evidence for parenting interventions as a strategy for improving reach and accessibility for families in diverse contexts. We will present the outcomes of two randomized controlled trials and examine the issue of parental engagement in-depth. Our aim is to describe issues with parental engagement, provide a better understanding of the challenges associated with engaging parents into interventions, and examine some potential solutions.

The first paper in this symposium will describe the outcomes of a randomized controlled trial of a group parenting intervention in China. The presentation will highlight the challenges of engaging fathers in those interventions. The second study will outline the outcomes of a randomized controlled trial of a brief intervention for parents of children with diabetes. The third and fourth papers will address issues of engagement specifically, beginning with an example of engagement issues faced within a clinical trial, followed by a theoretical study examining predictors of early engagement. The themes of this symposium focus on engagement and ways in which interventions for parents can be made more accessible.

**Chair:** Alina Morawska, Parenting and Family Support Centre, University of Queensland

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

The Parenting and Family Support Centre is partly funded by royalties stemming from published resources of the Triple P – Positive Parenting Program, which is developed and owned by The University of Queensland (UQ). Royalties are also distributed to the Faculty of Health and Behavioural Sciences at UQ and contributory authors of published Triple P resources. Triple P International (TPI) Pty Ltd is a private company licensed by Uniquist Pty Ltd on behalf of UQ, to publish and disseminate Triple P worldwide. The authors of this report have no share or ownership of TPI. Drs Dittman, Haslam and Morawska receive(s)/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, or writing of this report. Carolina Gonzalez and Yang Liu are students at UQ. Drs Dittman, Haslam, Mitchell and Morawska are employees at UQ.

**Paper 1****Facilitating father positive involvement with children: a preliminary report on the effects of group triple P for Chinese parents in mainland China****Authors:** Liu Y<sup>1</sup>, Haslam D<sup>1</sup>, Dittman C<sup>1</sup>, Guo M<sup>2</sup><sup>1</sup> Parenting & Family Support Centre, University of Queensland, Brisbane, QLD, <sup>2</sup> School of Psychology, Fujian Normal University, Fuzhou, China**Speaker:** Yang Liu**Introduction/Background:**

Fathers play a vital role in families and in the lives of children. However, father involvement is relatively low in China. Further, parenting programs may not be as effective for fathers, as meta-analytic findings suggest that, compared with mothers, fathers make fewer changes in parenting behaviours and report less improvement in children's behaviour after treatment (Lundahl et al., 2008). Thus, parenting programs may need to be adjusted to enhance their effects for fathers. This study aimed to investigate the efficacy of a father-adapted Group Triple P – Positive Parenting Program for improving father involvement, parenting practices, and child adjustment through changing parents' beliefs about parental roles, maternal gatekeeping behaviours, and fathering efficacy.

**Methods:**

A randomized controlled trial of Group Triple P was conducted in China with 67 parent dyads of children in preschool, aged between 2 and 6 years. Data was collected at pre-intervention and 8 weeks later at post-intervention. Follow-up data will also be collected and presented.

**Results:**

Fathers attended significantly fewer sessions than mothers ( $M = 4.45$  versus  $M = 6.73$ ). At post-intervention, intervention group families reported improvements in fathering growth (one aspect of father involvement) and significant reductions in use of maternal gate-closing behaviour, compared to waitlist group parents. No significant changes were found on other aspects of father involvement, parenting practices, parents' beliefs, or child adjustment.

**Conclusion:**

The findings of the study will be discussed in terms of Chinese cultural context and their implications for father engagement and retention in parenting programs more broadly.

**Paper 2*****Positive parenting for healthy living (Triple P): outcomes of randomised controlled trial of a brief group program for parents of children with type 1 diabetes***

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

<sup>1</sup>Parenting and Family Support Centre, The University of Queensland, <sup>2</sup>Relationships Australia Queensland, <sup>3</sup>University of Southern California

**Speaker:** Amy Mitchell

**Introduction/Background:**

Type 1 diabetes has a significant and ongoing impact on the health and wellbeing of affected children and their families. Parents are essential to successful management, and parenting and family factors are important predictors of variation in child wellbeing, treatment adherence, and glycaemic control. Limited evidence exists for psychosocial interventions aimed at assisting parents in their caregiving role. We tested the efficacy of a brief, group-based parenting intervention for parents of young children (2-10 years) with type 1 diabetes.

**Methods:**

A community sample of 50 parents of children with type 1 diabetes was recruited. Families were randomly assigned to brief group parenting intervention or care-as-usual. Assessment at pre-intervention, 4-weeks post-intervention, and 6-month follow up included parent-report measures (parenting behaviour, child behaviour/adjustment, health-related quality of life, parental self-efficacy, and parental stress); behavioural observations coded for parent-child interactions; and routine blood glucose and HbA1c levels. The intervention consisted of two 2-hour group sessions delivered by trained, accredited Triple P practitioners.

**Results:**

Although feedback from participating families was positive, difficulties with parental engagement limited the final sample size. Intent-to-treat analyses across the primary outcomes provide limited evidence of intervention effects, with small to moderate effect sizes, and the small sample size limited our power to detect significant effects.

**Conclusion:**

This study contributes to the emerging literature examining the role of parenting interventions in improving outcomes for this clinical group. While limited intervention

efficacy was demonstrated, important learnings about intervention delivery and scope will be discussed.

### **Paper 3**

#### **Engaging families of children with type 1 diabetes into a brief parenting group program**

**Authors:** Mitchell A<sup>1</sup>, Morawska A<sup>1</sup>, Lohan A<sup>2</sup>,

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

**Speaker:** Alina Morawska

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

Parenting interventions have demonstrated some potential for effectiveness in improving parent-child responsibility sharing and child cooperation in paediatric type 1 diabetes management, as well as child behaviour difficulties, parenting behaviour, parents' psychological distress and child health outcomes. However, engagement into parenting interventions remains problematic, and recruitment rates in the child chronic health context are relatively low.

#### **Methods:**

We describe our experiences with engagement and recruitment of parents of children aged 2-10 with diabetes into a randomised controlled trial of a brief parenting intervention. Engagement and feasibility were assessed at multiple time points during the trial using multiple measures.

#### **Results:**

332 families were assessed for eligibility, with approximately a third not meeting inclusion criteria with multiple reasons for ineligibility. Of the 225 parents who met the inclusion criteria, two thirds declined to participate in the study. Of the 150 families who were eligible but chose not to take part, many were interested but unable to commit due to time pressures. The remainder were either not interested, uncontactable, felt it was logistically too difficult to attend the group sessions, had done Triple P in the past or were unwilling to complete the home observations. The participation rate was higher for parents who directly contacted the research team compared to hospital-based recruitment, with school newsletters the most common source of referral.

**Conclusions:**

We share our learnings in delivering and evaluating a parenting intervention for this population and offer recommendations for engaging parents in future trials and parenting intervention initiatives.

**Paper 4****Is parental engagement unidimensional or multidimensional?**

**Authors:** [Gonzalez C](#)<sup>1</sup>, Morawska A<sup>1</sup>, Haslam D<sup>1</sup>

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

**Speaker:** Carolina Gonzalez

**Introduction/Background:**

Parenting interventions have been shown to be effective in providing knowledge and skills training for parents. However, low participation rates remain a concerning issue. Although a wide range of factors have been examined, we still do not know how parental factors influence parents' participation in these interventions. The aim of this study was to explore the effect of parental factors, particularly parenting cognitions and behaviours, on parents' intention to participate in parenting interventions.

**Methods:**

We analysed existing data from the International Parenting Survey (IPS), which collected information regarding parents' views on family and parenting at a population level in several countries. Participants ( $n = 6,733$ ) were parents from Canada, Germany, the United Kingdom, Hong Kong, Australia, Belgium, Switzerland, and Spain. We tested the hypothesized model of the relationship between parental factors and intention to participate using structural equation modeling (SEM) in AMOS.

**Results:**

Our results showed that coercive parenting, parental consistency, positive encouragement, parent-child relationship, parental self-efficacy, psychological distress, and help-seeking behaviours had a significant impact on intention to participate in parenting interventions. The model explained 16% of the variance in intention to participate.

**Conclusion:**

Parenting is a multidimensional construct affecting intention in different ways. Researchers and practitioners need to look at those distinct factors independently to understand how to enhance better the engagement of parents in early stages of parenting interventions.



## Symposium 09: Psychological interventions for children with neurodevelopmental disorders and their carers

### Symposium Description:

People with neurodevelopmental disorders experience more mental health difficulties than the general Australian population. Anxiety and depression are common comorbidities among children and adults living with Autism Spectrum Disorder (ASD), and the prevalence of mental illness is estimated to be as high as 50% in children with Intellectual Disabilities (ID). Caregivers of those with neurodevelopmental disabilities are also at increased risk of developing mental health problems.

This symposium focuses on research exploring the benefit of psychological interventions for children with neurodevelopmental disorders, as well as interventions for their carers. The first presentation reviews whether mindfulness is an effective intervention for individuals with ASD and their caregivers. The second presentation presents the results of a pilot randomised controlled trial of the *Fearless Me!* program, a cognitive behaviour therapy treatment adapted for children with mild to moderate ID. The third presentation provides the results of a systematic review evaluating the effectiveness of mindfulness-based interventions for carers of children with developmental disabilities. The final presentation reports on a brief online mindfulness intervention for reducing distress among carers of children with developmental disabilities.

**Chair:** (Prof Ian Kneebone), University of Technology Sydney

**Discussant:** (Prof Ian Kneebone), University of Technology Sydney

### Paper 1

**Is mindfulness effective for individuals with autism spectrum disorder and their caregivers? A meta-analysis.**

**Authors:** [Hartley M<sup>1</sup>](#), Dorstyn D<sup>1</sup>, Due C<sup>1</sup>

<sup>1</sup> School of Psychology, Faculty of Medical and Health Sciences, The University of Adelaide

**Speaker:** Matthew Hartley

**Introduction/Background:**

Anxiety and depression are common comorbidities among children and adults living with Autism Spectrum Disorder (ASD). Caregivers of those with ASD are also at increased risk of developing mental health problems. Mindfulness holds promise as a therapy that may improve wellbeing in this cohort, however evidence for the effectiveness of this intervention remains unclear.

**Methods:**

A systematic search of the Embase, PsycInfo Pubmed and Scopus databases identified 11 mindfulness studies targeted to individuals with ASD ( $N = 233$ ) and their caregivers ( $N=241$ ). Studies were evaluated for research quality. Standardised mean differences (Hedge's  $g$ ) with associated 95% confidence intervals and  $p$  values were also calculated and heterogeneity ( $I^2$ ) examined using a random-effects model.

**Results:**

Individuals with ASD and their caregivers reported significant improvement in their wellbeing with mindfulness. These gains were maintained at 3 months follow up, although this was based on limited data. These findings need to be considered in the context of study quality, with only two randomized controlled trials included in this review. Sample bias - including a male bias in ASD prevalence, a caregiver sample primarily comprised of females and a reliance on individuals with high functioning ASD - may also confound these data.

**Conclusion:**

Individuals with ASD and their caregivers can benefit from mindfulness-based interventions. Further controlled research with larger samples is required to determine its precise efficacy for affected families.

**Disclosure of Interest Statement:**

The authors have no conflicts of interest to disclose

**Paper 2****Fearless me!: a pilot randomised controlled trial of cognitive behaviour therapy for children with intellectual disability and anxiety**

**Authors:** Hronis A<sup>1</sup>, Roberts R<sup>2</sup>, Roberts L<sup>1</sup>, Shires, A<sup>1</sup>, Kneebone I<sup>1</sup>.

<sup>1</sup> Discipline of Clinical Psychology, Graduate School of Health, University of Technology Sydney, <sup>2</sup> School of Psychology, Faculty of Medical and Health Sciences, The University of Adelaide

**Speaker:** Anastasia Hronis

**Introduction/Background:**

Children with intellectual disability (ID) have high rates of mental health disorders, with anxiety being the most prevalent mood disorder. To date, there has been a paucity of research evaluating treatments for this population. The *Fearless Me!* program is a Cognitive Behaviour Therapy (CBT) program which has been developed specifically for children with mild to moderate ID. The current study aimed to assess the feasibility of the *Fearless Me!* program and its effect on anxiety in children with ID.

**Methods:**

A pilot Randomized Controlled Trial (RCT) with two groups: intervention and waitlist control.

Participants were children with mild or moderate ID, or borderline intellectual functioning, between the ages of eight and eighteen. The *Fearless Me!* therapy program involves both face to face sessions along with an online website to support the practice of CBT skills outside of sessions. An initial assessment was held where children and parents completed measures of anxiety, quality of life, emotional development, and intellectual functioning. Following this, participants completed ten individual face-to-face therapy sessions, and a post-intervention assessment.

**Results:**

It appears that the program is feasible to be run in an individual therapy setting for children with ID, based on preliminary results. Full pre post results will be presented.

**Conclusion:**

It is hoped that this trial will provide the basis for further investigation supporting the use of the *Fearless Me!* program for anxiety in children with ID and support the establishment of CBT treatments for other emotional disorders in this population.

**Disclosure of Interest Statement:**

The authors have no conflicts of interest to disclose.

**Paper 3****Mindfulness interventions for reducing distress in parents of children with developmental disabilities: a systematic review**

**Authors:** Osborn R<sup>1</sup>, Dorstyn D<sup>2</sup>, Roberts L<sup>1</sup>, Kneebone I<sup>1</sup>

<sup>1</sup>Discipline of Clinical Psychology, Graduate School of Health, University of Technology Sydney, <sup>2</sup> School of Psychology, Faculty of Health and Medical Sciences, The University of Adelaide

**Speaker:** Diana Dorstyn

**Introduction/Background:**

Raising a child with a developmental disorder (DD) can trigger a range of emotions, including stress reactions, in parents and across family systems. However, recent research suggests that mindfulness-based psychological treatments can reduce subjective distress and improve mental health for these parents.

**Methods:**

A systematic literature review was conducted to determine the optimal application and effectiveness of mindfulness techniques for parents of children with a DD. A comprehensive search of the PubMed, PsycINFO, and Embase databases was conducted. Eight randomised control trials, examining the efficacy of mindfulness-based interventions relative to wait-list control or another active intervention were examined. Study reporting quality was evaluated with the Cochrane Risk of Bias Tool. Standardised mean differences (Hedges' *g*) with 95% confidence intervals and *p* values were calculated to determine the immediate and longer-term effects of mindfulness on parental ratings of stress and distress.

**Results:**

Preliminary findings support the usefulness of individual or group-based mindfulness interventions, with medium to very large reductions in distress, depression and anxiety ratings noted post-intervention. Some of these effects were maintained at 6 month follow-up although this was based on limited data.

**Conclusion:**

Customised mindfulness-based programs show promise as an intervention to assist parental carers of children with a DD. This systematic review offers guidance for clinicians in choosing treatment options for these parents and directions for further research.

**Disclosure of Interest Statement:**

The authors have no conflicts of interest to disclose.

**Paper 4****Brief online mindfulness intervention in reducing distress for parents of children with developmental disabilities: a pilot study**

**Authors:** Osborn R<sup>1</sup>, Dorstyn D<sup>2</sup>, Roberts L<sup>1</sup>, Kneebone I<sup>1</sup>

<sup>1</sup>Discipline of Clinical Psychology, Graduate School of Health, University of Technology Sydney, <sup>2</sup> School of Psychology, Faculty of Health and Medical Sciences, The University of Adelaide

**Speaker:** Ian Kneebone

**Introduction/Background:**

Parents of children with developmental disabilities experience increased risk of distress. Barriers to accessing psychological treatments for this group include cost, availability of providers, and arranging childcare. This research aimed to evaluate an intervention addressing these - an affordable, brief, online mindfulness program.

**Methods:**

Parents of children with developmental disabilities were recruited through relevant organisations. The brief mindfulness program consisted of access to information

about mindfulness and two weeks of ten minute daily guided meditations. Participants were also contacted at several points throughout treatment with mindfulness tips. Parental distress and mindfulness were assessed pre-treatment, mid-treatment, and immediately post-treatment.

**Results:**

Based on preliminary results, this program appears to be acceptable to parents. Full pre-post results will be presented.

**Conclusion:**

It is hoped that this pilot study will provide preliminary evidence that a brief online mindfulness intervention may be effective in reducing distress in parents of children with developmental disabilities.

**Disclosure of Interest Statement:**

The authors have no conflicts of interest to disclose.

## Symposium 10: Improving psychological outcomes for cancer patients

### Paper 1

#### Finding my way: navigating cancer-related distress online

**Authors:** Lisa Beatty

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

Clinically significant psychological distress is prevalent among 30-40% of patients after cancer diagnosis, and impacts on medical, quality of life, and health service outcomes. However, numerous access barriers to uptake exist, including workforce shortfalls, geography for those residing rurally, and personal preferences/stigma. Online delivery of CBT holds promise for overcoming some of the access barriers to conventional therapist-administered psychosocial interventions in cancer. We conducted a multiphase program of research to develop and evaluate a 6-module/6-week online program ('Finding My Way').

#### **Methods:**

The program of work comprised: A phase I pre-post feasibility trial (n=12); a phase II single site pilot RCT (n=60); and a phase III multisite RCT of heterogeneous cancer patients treated with curative intent (n=191) recruited between October 2013 and November 2015, and randomised to receive either the intervention or attention-control.

#### **Results:**

The phase III RCT demonstrated an uptake rate of 41%, moderate-to-high adherence, and high satisfaction rates (82%). *Finding My Way* led to reduced health service utilization at post-treatment, and improved emotional functioning at 3-month follow-up. Ongoing implementation has had similar uptake, but lower adherence than during the clinical trial. FMW is subsequently currently being piloted for feasibility among women receiving endocrine therapy in the USA (n=12); and "FMW-Advanced" - an adaptation for women with metastatic breast cancer – is currently undergoing usability testing.

#### **Conclusion:**

This research program demonstrates the promise of web-based CBT for increasing the reach of psychological therapies after cancer, but also highlights the current challenges this field faces regarding ongoing implementation and dissemination.

**Paper 2****Update on treating fear of cancer recurrence: traditional CBT or third wave?**

**Authors:** Louise Sharpe

**Introduction/Background:**

Fear of cancer recurrence (FCR) is a universal experience for those who have survived cancer but some patients have clinical levels of FCR which cause functional impairment and distress. But how do we treat FCR, given that the cancer is a serious, life-threatening illness of which most people in our community are fearful?

**Methods:**

A meta-analysis was conducted and type of therapy (traditional CBT vs third wave) was examined as a moderator of treatment efficacy. The results of a program of research to investigate the efficacy of a process-focused intervention "ConquerFear" (which combined acceptance commitment therapy, metacognitive therapy and behavioural contract) will be presented. We investigated efficacy of ConquerFear and a range of theoretical (metacognitions, intrusions, perceived risk of recurrence) and pragmatic measures (therapeutic alliance, expectancy) as moderators or mediators of treatment outcome.

**Results:**

Our meta-analysis confirmed that third wave approaches were superior to traditional CBT for FCR. ConquerFear was effective compared to relaxation on the primary outcome following treatment and up to six months' following. The benefits for ConquerFear were greater for patients with more severe FCR, and change in metacognitions and intrusions mediated treatment outcome.

**Conclusion:**

FCR is common, but can be effectively treated by both traditional CBT and third wave approaches, but the latter appear to be more efficacious. Understanding the realistic risk of recurrence is not sufficient to optimally reduce FCR, but challenging assumptions (e.g. metacognitions) that give rise to rumination and worry cycles appears to offer best outcomes in treating FCR.

**Paper 3****Correlates of post-traumatic growth following childhood and adolescent cancer: a systematic review and meta-analysis**

**Authors:** Jasmin Turner, Amanda Hutchinson, Carlene Wilson



**Introduction/Background:**

There are growing rates of paediatric cancer incidence and survival. Consequently, there is an increasing population of people who have lived through the potentially traumatic experience of cancer during early years of their life. This review provides the first systematic review and meta-analysis on post-traumatic growth in individuals affected by cancer in childhood and adolescence. Findings identify protective factors that may facilitate post-traumatic growth, allowing for directed social support, intervention, and follow-up care.

**Methods:**

A systematic search based on the key concepts “post-traumatic growth,” “neoplasms,” and “paediatric” retrieved 905 records from online databases: Embase, Ovid MEDLINE, PILOTS: Published International Literature on Traumatic Stress, PsycINFO, and Web of Science. Eligible studies were appraised as excellent quality with a high level of interrater reliability. The results of 18 studies were synthesised.

**Results:**

Post-traumatic growth shared small, negative associations with time since diagnosis and time since treatment completion. Small, positive associations were found with age at diagnosis, age at survey, post-traumatic stress symptoms, and social support, after the removal of outliers. Post-traumatic growth was positively and moderately associated with optimism.

**Conclusion:**

Post-traumatic growth shared a positive association with optimism and social support, which is valuable information for individuals, caregivers, community, and clinicians. Targeted personal support, structured group events, clinical intervention, and education, may facilitate social support, optimism, and post-traumatic growth. Longitudinal research in individuals affected by paediatric cancer would allow an examination of the effects of predictive variables on post-traumatic growth over time.

**Paper 4****Exploring patient perspectives of distress screening across cancer settings**

**Authors:** McCarter K<sup>1</sup>, Fradgley E<sup>1</sup>, Carlson M<sup>1</sup>, Johnson L<sup>2</sup>, Troke P<sup>3</sup>, Baker A<sup>1</sup>, Paul C<sup>1</sup>.

<sup>1</sup> School of Medicine and Public Health, University of Newcastle, Callaghan, NSW, Australia, <sup>2</sup> Calvary Mater Hospital, Hunter New England Health, Waratah, NSW, Australia, <sup>3</sup> Cancer Information Program, Hunter New England Health, NSW, Australia.

**Introduction/Background:**

Evidence-based guidelines recommend that all cancer patients in all settings should be screened for distress. Despite this, qualitative data in which patients' perspectives and experiences of distress screening are explored are lacking. This presentation will describe qualitative data from patients receiving either in-clinic or telephone-based screening and explore perspectives on 1) the acceptability of starting a conversation around emotional wellbeing; 2) timing and settings for distress screening; and 3) referral and further supports.

**Methods:**

We conducted 19 interviews with cancer patients recruited from a Hunter New England Health outpatient clinic. We also reviewed open-ended feedback from 244 patients recruited from a cancer helpline. Interviews were transcribed and analysed by two coders using qualitative description analysis.

**Results:**

Preliminary data show that cancer patients consider maintaining emotional wellbeing during cancer treatment to be important. Most patients report in-clinic computerised distress screening or telephone-based screening processes to be acceptable. Individuals noted that the timing of the distress question was important, and it was often unexpected within the course of the call for those who received telephone screening. In contrast to those screened in clinic, individuals accessing the cancer helpline service reported a disconnect between the reason for accessing the service (such as information provision or practice support) and being provided emotional counselling or support.

**Conclusion:**

Our findings raise important questions for the delivery and implementation of distress screening and management, and conversations around emotional wellbeing more broadly within cancer settings. Future research should consider context such as mode of delivery, timing and setting to tailor this support.

**Disclosure of Interest Statement:**

The authors have no conflicts of interest to disclose.

## Open Papers

Terence Bowles, Melbourne Graduate School of Education, Carlton, Vic

*The cognitive and affective processes of time orientation before therapy and links to self*

**Authors:** Terence Bowles

Melbourne Graduate School of Education, University of Melbourne

### **Introduction/Background:**

The accessibility, stability and continuity of an individual's cognitive and affective links with their past, present and future provides the foundation for a secure and ordered experience of life. The alternative is being out of time, out of kilter, disoriented and/or disordered. In this research the time orientation and time-oriented affects of individuals beginning therapy was compared with a comparison group. The aim of the research was to establish whether time orientation and time-oriented affects were divergent for those entering therapy.

### **Methods:**

Scores on time orientation and time-oriented affects scales were collected from 217 respondents entering therapy and a comparison group of 196. A matched group MANOVA was used to establish the significance and magnitude of the difference.

### **Results:**

Consistent, significant differences were found between the groups indicating a level of disorientation for the clinical group with lower time orientation to the past, present and future, lower positive affects and elevated negative affects when compared with the comparison group. As a validity check self-esteem was included and was consistently lower for the clinical group.

### **Conclusion:**

The findings are discussed with reference to cognitive behavior therapy and the identification of entry-points for therapy, given different profiles of individuals on the time orientation and time-oriented affect scale.

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

The authors have no conflicts of interest to disclose.

Carys Chainey, University of Queensland, Brisbane, Qld

*Emerging adult wellbeing after childhood adversity: the protective influence of parenting practices and the parent-adolescent relationship*

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

<sup>1</sup>Parenting and Family Support Centre, School of Psychology, The University of Queensland, Brisbane, Queensland, Australia

### **Introduction/Background:**

The social, emotional and behavioural wellbeing of emerging adults can be significantly impacted by childhood experiences of adversity. While parenting practices and the parent-adolescent relationship are known to protect against the effects of adversity during adolescence, it is unclear whether this protective influence continues past adolescence.

### **Methods:**

This paper investigates the impact that adverse childhood experiences, parenting practices (monitoring, overprotection, discipline) and the parent-adolescent relationship (connectedness, hostility) have on emerging adult's positive development, behavioural difficulties and emotional problems. A quantitative survey of emerging adults aged 18-25 recruited from a university and the community was conducted in Australia and analysed using multiple regression.

### **Results:**

Results revealed that, after controlling for demographic characteristics, childhood adversity, parenting practices and the parent-adolescent relationship have differential effects on these three aspects of EA wellbeing; and parenting practices and the parent-adolescent relationship may be more important predictors of wellbeing than adversity.

### **Conclusion:**

These findings indicate that parenting practices and the parent-adolescent relationship may be effective targets for interventions aiming to reduce the impact of childhood adversity on emerging adults' wellbeing.

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

The Parenting and Family Support Centre is partly funded by royalties from published resources of the Triple P – Positive Parenting Program, developed and

owned by The University of Queensland (UQ). Royalties are also distributed to the UQ Faculty of Health and Behavioural Sciences and contributory authors of published Triple P resources. Author Chainey is a PhD candidate and Author Burke is employed by UQ in the Parenting and Family Support Centre.

Aileen Chen, Clinical Research Unit for Anxiety and Depression (CRUfAD), Darlinghurst, NSW

*Effects of self-guided internet-delivered cognitive behavioural therapy for stress management*

**Authors:** Hobbs M J<sup>1,2,3</sup>, Chen A Z<sup>1,2</sup>, Mason E<sup>1,2</sup>, Newby J M<sup>1,4</sup>, Haskelberg H<sup>1</sup>, & Mahoney A E J<sup>1,2</sup>

<sup>1</sup> Clinical Research Unit for Anxiety and Depression, St Vincent's Hospital, Sydney, NSW, <sup>2</sup> School of Psychiatry, University of New South Wales, Sydney, NSW, <sup>3</sup> New England Institute of Healthcare Research, University of New England, Armidale, NSW, <sup>4</sup> School of Psychology, University of New South Wales, Sydney, NSW.

### **Introduction/Background:**

Severe and/or chronic stress can lead to a range of physical and mental health problems including depressive and anxiety disorders. Although clinical trials show online stress management programs reduce stress in workplace, little research has explored the effectiveness of brief online cognitive behavioural therapy interventions for stress management in community settings. This study sought to evaluate the effectiveness of two, free, self-guided online cognitive behavioural programs (iCBT) for stress management (3- and 4-lesson programs).

### **Methods:**

The two programs were made consecutively available on [www.ThisWayUp.org.au](http://www.ThisWayUp.org.au) to Australian adults. 1,703 participants and 1,166 participants registered and began the three- and four-lesson programs respectively. Participants completed the Kessler Psychological Distress Scale prior to every treatment lesson. Cross-tabulations and regression analyses were used to examine the correlates of, and program differences in adherence. Mixed models were used to examine the relative treatment effects of the two programs.

### **Results:**

Both programs yielded large effect size reductions in distress ( $R_g = 1.00$  to  $1.10$ ), with the four-lesson program producing small but superior effect size reductions

compared to the three-lesson program ( $g(95\%CI) = 0.18(0.02 - 0.34)$ ). The four-lesson program also had significantly higher rates of adherence (23.33% vs. 19.14%).

### **Conclusion:**

Both brief, self-guided stress management programs evaluated in this study are effective in reducing psychological distress. Additionally, extending the length of the program to include four-lessons was associated with increased adherence and improved patient outcomes.

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

The authors have no conflicts of interest to disclose.

Junwen Chen, Flinders University, Adelaide, SA

*Fear of evaluation and post-event rumination in comorbid stuttering and social anxiety*

**Authors:** Chen J<sup>1, 2</sup> & Web A.<sup>1</sup>

<sup>1</sup>Flinders University, <sup>2</sup> the University of Adelaide

### **Introduction:**

Adults who stutter have a high risk of developing Social Anxiety Disorder (SAD), which increases the risk of relapse following speech treatment. Cognitive Behavioural theories of SAD propose that negative belief and cognitive biases contribute to and maintain SAD. The current study aimed to investigate whether individuals with comorbid stuttering and social anxiety would show higher levels of fear of negative or positive evaluation (negative beliefs) and post-event rumination (a cognitive bias) than their non-socially anxious counterparts. Furthermore, mediators of the relationships between social anxiety and port-event rumination were also examined.

### **Methods:**

Twenty students and 22 community participants aged over 18 years were asked to complete online questionnaires on social anxiety, cognitive beliefs, and stuttering. They then attended an in-person session and delivered a 2-minute speech followed

by a set of questionnaires measuring state anxiety pertaining to the speech. Twenty-four hours later, they completed a post-event rumination questionnaire.

**Results:**

Participants with comorbid stuttering and social anxiety reported higher levels of fear of negative and positive evaluation, and post-event rumination than their counterparts. Fear of negative evaluation and state anxiety serially mediated the relationship between social anxiety and rumination.

**Conclusion:**

Results confirm that individuals with comorbid stuttering and social anxiety experience fear of negative and positive evaluation, and post-event rumination. Treatments aimed at reducing fear of negative evaluation and state anxiety in this population will be helpful to break the maintenance cycle and improve their fluency.

**Disclosure of Interest Statement:**

The authors have no conflicts of interest disclose.

[Bianca Clay, University of South Australia, Adelaide, SA](#)

*[Exploring effective and ineffective therapist behaviours from a consumer perspective](#)*

**Authors:** [Clay B L](#)<sup>1</sup>, Smout, M<sup>1</sup>

<sup>1</sup> School of Psychology, Social Work and Social Policy, University of South Australia, SA

**Introduction/Background:**

The vast body of literature concerning therapy outcomes and therapist effects, although insightful, has yet to seek a clear, well-defined battery of specific behaviours that can be used to differentiate the most effective therapists from the least effective therapists. The existing research deals predominantly with therapist *qualities* (i.e. being empathetic, genuine, collaborative), but does not describe these qualities in terms how they manifest as words, actions and behaviours. This study aims to start finding links between specific, concrete therapist behaviours and client outcomes. Importantly, this study intends to draw on the experiences and perspective of consumers (clients) to inform the behaviour set rather than those of therapists or observers.

**Methods:**

Participants were invited to participate in an online, anonymous survey regarding their experiences with a therapist. The survey comprised of a battery of potential therapist behaviours that participants were asked to report on, along with a series of outcome measures.

**Results:**

Relationships between therapist behaviours and client-reported outcomes will be presented.

**Conclusion:**

Recommendations for both clinicians and future research in the area will be presented.

**Disclosure of Interest Statement:**

The authors have no conflicts of interest to disclose'.

Cassandra Crone, Macquarie University, Sydney, NSW

*Clutter buddies: a student delivered in-home treatment program for hoarding disorder*

**Authors:** Crone C<sup>1</sup>, Norberg M M<sup>1</sup>,

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

**Speaker:** Cassandra Crone

**Introduction/Background:**

For individuals with hoarding disorder (HD), excess clutter impairs the functional use of their homes even after treatment. A recent meta-analysis found that more home visits are associated with better treatment outcomes; however, home visits are costly. To reduce costs, student volunteers may be able to effectively provide in-home decluttering sessions. To better understand the viability of this approach, the



present study examined the effectiveness of additional in-home decluttering sessions delivered by students compared to group treatment delivered by therapists alone.

**Methods:**

Participants with HD ( $n = 10$ ) attended a 15-week CBT program. At Week 12, six participants started Clutter Buddies, an in-home discarding program delivered by student volunteers over eight, weekly two-hour decluttering and discarding sessions. All participants completed questionnaires assessing hoarding severity, clutter, and cleanliness of the home at baseline and approximately 20 weeks after beginning CBT.

**Results:**

After treatment, participants who received home visits reported less severe hoarding symptoms (30.9% reduction), clutter (13.2% reduction), and improved cleanliness of the home (30.9% reduction) compared to participants who received only group CBT; however, only reductions in hoarding severity were statistically significant.

**Conclusion:**

Home visits provided by trained students may be a viable and effective means for providing home sessions to patients receiving CBT for HD.

**Disclosure of Interest Statement:**

Nothing to disclose.

Jonathan David, Macquarie University, Sydney, NSW

*Cognitive bias modification for hoarding*

**Authors:** David J<sup>a,b</sup>, Baldwin P.A<sup>a,c</sup>, & Grisham J.R<sup>a</sup>.

<sup>a</sup> UNSW Sydney, School of Psychology, Kensington, NSW 2052, <sup>b</sup> Macquarie University, Department of Psychology, Macquarie Park, NSW 2109, <sup>c</sup> Black Dog Institute, Prince of Wales Hospital, Randwick, NSW 2031

**Background:**

The cognitive-behavioural model of hoarding posits that maladaptive beliefs play a causal role in saving behaviours. These beliefs may operate as interpretive biases to save in ambiguous situations in which hoarding individuals must decide whether to discard an item. However, supporting evidence for this hypothesis has largely been

correlational in nature. The current study aimed to experimentally test whether beliefs have a causal role in hoarding symptoms.

### **Methods:**

We used a novel interpretative cognitive bias modification paradigm (CBM-I) to modify hoarding-related interpretive biases in a sample of undergraduates with high hoarding symptoms ( $N = 95$ ). Participants were randomly allocated to either a positive CBM-I training condition, which was designed to reduce hoarding-related biases, or a neutral (control) CBM-I training condition. They completed self-report measures of hoarding symptoms and beliefs, and behavioural measures of discarding before and after training.

### **Results:**

Although there were no differences between conditions on post-training behavioural tasks, the positive condition had reduced hoarding symptoms and beliefs one week after CBM-I training compared to the neutral condition.

### **Conclusion:**

These results provide preliminary support for the role of maladaptive beliefs in the cognitive-behavioural model of hoarding. Future research should seek to replicate these findings in a clinical sample and investigate the application of CBM-I as a treatment adjunct. Since CBM-I can be self-administered online, it has the potential to extend current CBT for hoarding, which could be critical for improving treatment access and efficacy for hoarding disorder.

**Disclosure of Interest:** This research was supported by an Australian Research Council Future Fellowship FT140100207 awarded to the third author. All authors declare no conflicts of interest.

Emma Doolan, University of New South Wales, Sydney, NSW

*Modifying attachment style through cognitive bias modification*

**Authors:** Doolan EL<sup>1</sup>, Bryant RA<sup>1</sup>

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

### **Introduction/Background:**

Bowlby's attachment theory (Bowlby, 1973) suggests that internal working models (IWM) developed from early experiences with caregivers can bias the cognitive appraisals a person makes of themselves and others. These IWMs typically reflect a

person's attachment orientation. Research suggests that once developed, attachment styles and IWMs remain stable throughout the lifespan and are difficult to modify. Given that insecure attachment is associated with poorer distress tolerance, ascertaining a way to alter unhelpful attachment-related biases may improve treatment outcomes for a range of clinical disorders. The current study investigated whether CBM training could shift attachment-related interpretive biases in individuals with increased attachment-anxiety.

**Methods:**

Eighty participants were randomly assigned to receive either secure or insecure CBM training. To measure training effects on attachment-related interpretation bias, participants read scenarios involving attachment figures whereby the availability of the attachment figure was ambiguous, followed by test sentences that assigned an attachment-secure or -insecure interpretation to the situations. Participants rated the similarity of these sentences to the previously read ambiguous situations.

**Results:**

Results showed that participants who received secure CBM training ascribed higher similarity ratings to secure sentence interpretations of ambiguous scenarios compared to insecure sentence interpretations.

**Conclusion:**

This study suggests that CBM training may be an effective mechanism for shifting unhelpful IWMs that maintain insecure attachment orientations. If validated, this training could have significant implications for the treatment of affective disorders characterized by insecure attachments.

**Disclosure of Interest Statement:**

The authors have no conflicts of interest to disclose.

Sarah Ellis, Kids Cancer Centre, Sydney Children's Hospital, Randwick, NSW

*Development and evaluation of a cognitive behavioural therapy intervention to improve sleep in parents of children with cancer*

**Authors:** Ellis S.J.,<sup>1,2,3</sup> Sansom-Daly U.M.,<sup>1,2</sup> Cohn R.J.,<sup>1,2</sup> Juraskova I.,<sup>3</sup> Butow P.,<sup>3</sup> Wakefield C.E.<sup>1,2</sup>

<sup>1</sup>. Behavioural Sciences Unit proudly supported by the Kids with Cancer Foundation, Kids Cancer Centre, Sydney Children's Hospital, Randwick, Australia, <sup>2</sup>. School of Women's and Children's Health, UNSW Sydney, University of New South Wales, Kensington, Australia, <sup>3</sup>. School of Psychology, The University of Sydney, Sydney, Australia

### **Introduction/Background:**

Parents of children diagnosed with cancer report reduced sleep quantity and quality. Poor sleep may adversely impact parent's physical/psychological health, quality of life and capacity to care for their unwell child. This study aimed to: identify barriers and facilitators to parent sleep in the hospital setting; and develop and evaluate a tailored sleep intervention.

### **Methods:**

We conducted semi-structured interviews with parents (n=10) and healthcare professionals (HCPs) (n=11) recruited from the oncology ward at Sydney Children's Hospital. Qualitative findings, in conjunction with a systematic review of the literature and expert advisory panel informed the development of a multi-component cognitive behavioural therapy intervention. We then conducted a pilot feasibility/acceptability trial of the intervention.

### **Results:**

Barriers to sleep were categorized into five themes: environment; child-related; psychological; unhelpful thoughts/beliefs; and unhelpful sleep-related behaviors. Parental guilt and difficulty prioritizing self-care was frequently associated with poor sleep and overall wellbeing, and participants cited a need for personalized intervention. Sixteen parents piloted the intervention (mean age=35.4 years; 87.5% female; mean length hospitalization=30 nights). The response rate was 76.2% with no withdrawals. Parents identified different intervention components as helpful, highlighting the importance of a multimodal framework. All parents reported benefiting from the intervention, with 94% stating that they would recommend it to others.

### **Conclusion:**

Parents and HCPs identified a complex combination of factors, which impact sleep outcomes in the hospital setting. The intervention was designed to target aspects of sleep, which are amenable to change, and appeared feasible and acceptable to parents at risk of poor sleep.

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

The authors have no conflicts of interest to disclose

Lisa Marie Emerson, Griffith University, Gold Coast, Qld

*Mindful parenting in secondary child mental health: key parenting predictors of treatment seekers and treatment effects*

**Authors:** Emerson L-M<sup>1</sup>, Aktar E<sup>2</sup>, Biesters J<sup>3</sup>, de Bruin E<sup>4</sup>, Potharst E<sup>3</sup>, & Bögels, S<sup>3,4</sup>

<sup>1</sup> Griffith University, Gold Coast, QLD <sup>2</sup>Leiden University, Leiden, Netherlands, <sup>3</sup>UvA Minds, Amsterdam, Netherlands, <sup>4</sup>University of Amsterdam, Amsterdam, Netherlands

### **Introduction/Background:**

Emerging evidence supports the positive effects of Mindful Parenting as a clinical intervention in the context of child psychopathology; however, previous studies have not considered distinguishing characteristics of parents seeking this intervention, nor the specific parenting predictors of improvements in child outcomes. The aim of the two studies reported here was to address this gap.

### **Methods:**

Parents accessing a child and youth secondary mental health care center were recruited for a Mindful Parenting intervention and formed the intervention group ( $n = 89$ ), and parents from a community population ( $n = 66$ ) were a control group comparator in study 1. All parents completed measures relating to their child's psychopathology, their own psychopathology, general mindful awareness, sense of competence in parenting, parental over-reactivity, experiential avoidance in parenting and mindful parenting.

### **Results:**

In study 1, a cross-sectional comparison of parents confirmed that the intervention group differed significantly from the control group on all measures. Regression analyses indicated increased child internalizing problems and decreased mindful parenting as distinguishing parents in the intervention group. In study 2, we assessed the effects of the Mindful Parenting intervention on outcomes from pre- to post-intervention, 8-week and 1-year follow-up. Multi-level analyses indicated immediate and delayed improvements in most child and parent outcomes. Changes in different parenting practices uniquely predicted improvements in specific child problems (internalizing, externalizing, attention).

**Conclusion:**

In conclusion, Mindful Parenting intervention attracts parents who may benefit most by improvements in the very constructs that the intervention targets, which in turn predicts improvements for their child.

**Disclosure of Interest Statement:**

'The authors have no conflicts of interest to disclose'.

Fiona Glover, Flinders University, Adelaide, SA

*Transdisciplinary clinical supervision training - preliminary evaluation*

**Authors:** Glover F<sup>1</sup>, Redpath P<sup>1</sup>, Venning A<sup>1</sup>, Quatermain V<sup>1</sup>

<sup>1</sup> Flinders University, South Australia

**Introduction/Background:**

It is common knowledge that clinical supervision is an essential element of psychotherapy practice, but what constitutes 'good' supervision and do practitioners just acquire these skills over time? There is a growing body of evidence that indicates certain core elements are required for supervision to be effective in assisting supervisees to develop competent Evidence-Based (EB) practices that then improve outcomes for clients. The focus of the present study is on the role that supervision can play in the dissemination and implementation of Evidence-Based (EB) psychological interventions between the supervisor and supervisee.

**Methods:**

Using semi-structured interviews, attendees of a clinical supervision training program run by the Department of Psychiatry, Flinders University, were asked about how the training had influenced their practice of supervision. Post session interviews were conducted over the phone, transcribed, and using thematic analysis common themes were identified.

**Results:**

Findings indicated that specific training in theoretical models that underpin experiential learning and core supervision lead to a change in attitudes, practice and confidence in the delivery of clinical supervision.

**Conclusion:**

Clinical supervision is an evolving sub-profession that has growing importance in the implementation of EB psychological interventions. The ongoing training and support of clinical supervisors rather than the assumption that experience equals competence is essential to develop the core supervision competencies to deliver effective supervision, increase supervisee competence, and provide improved outcomes for clients.

**Disclosure of Interest Statement:**

The authors have no conflicts of interest to disclose.

Ashlee Grierson, Clinical Research Unit for Anxiety and Depression (CRUfAD), Darlinghurst, NSW

*The sweet spot: RCT comparing different levels of clinician support for iCBT for anxiety and depression*

**Authors:** Dr Ashlee Grierson, St Vincent's Hospital, Sydney, NSW

Andrews G<sup>1</sup>, Grierson A B<sup>1</sup>, Hobbs M J<sup>1</sup>, Mahoney A E<sup>1</sup>, Joubert A<sup>2</sup>, & Newby J M<sup>1,2</sup>.

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

**Introduction:**

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), anxiety (GAD-7) scores, health service utilization (SUDOR), 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. Differences in depression and anxiety were shown across the treatment groups, where the technician on request group appeared to perform better than the clinician scheduled at post and 3 month follow-up. Comparative differences in health service utilization were shown across groups.

**Conclusion:**

Differences in outcomes across treatment groups appear to be related to level of clinician or technician guidance when delivering iCBT, which need to be considered in the context of less health service use in the clinician groups. 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

Mairwen Jones, The University of Sydney, Sydney, NSW

*An acceptance-based approach to unwanted, intrusive thoughts in obsessive-compulsive disorder: effects on distress, experiential*

**Authors:** Prowse D<sup>1</sup>, Jones MK<sup>2</sup>

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

**Introduction/Background:**

For many individuals with obsessive-compulsive disorder (OCD), obsessions cause significant distress or anxiety, which can motivate engagement in thought suppression as a coping strategy (American Psychiatric Association [APA], 2013). This study investigated the effects of an acceptance-based approach, compared to thought suppression, on three factors implicated in the maintenance of obsessions: distress associated with intrusive thoughts, willingness to re-experience intrusive thoughts, and individuals' attributions for unsuccessful thought suppression. These variables were also examined in relation to participants' OC symptom severity.



**Methods:**

Using a 3 x (3) design 117 undergraduate students; (85 females, mean age = 19 years) identified an unwanted, intrusive thought and completed two 5-minute periods in which they recorded thought recurrence: an experimental period in which they were randomly allocated to one of three coping strategy conditions (Suppression, Acceptance, or Monitor), followed by a monitor-only period.

**Results:**

Inducing an intrusive thought significantly increased participants' baseline distress and this distress was associated with higher OC symptomatology. Participants with higher OC symptoms were more likely to blame themselves for thought recurrence. Adoption of an acceptance-based approach significantly decreased participants' distress over the course of the experiment and maintained their willingness to re-experience their unwanted, intrusive thought.

**Conclusion:**

This study contributes to current understanding of factors that maintain obsessions, their interplay with OC symptom severity, and the effects of different coping strategies. Acceptance-based approaches hold promise and may prove beneficial in conjunction with other treatments in reducing individuals' distress and experiential avoidance.

**Disclosure of Interest Statement:**

The authors have no conflicts of interest to disclose.

Mairwen Jones, The University of Sydney, Sydney, NSW

*Attenuating the effects of perseverative checking on memory confidence and dissociation*

**Authors:** Smith CM<sup>1</sup>, Jones MK<sup>2</sup>

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

**Introduction/Background:**

A feature of compulsive checking is memory uncertainty. Research demonstrates that while checking may initially function as a way of reducing uncertainty, repeated checking paradoxically increases uncertainty, by decreasing memory confidence,

vividness and detail (meta-memory). Studies also show that compulsive behaviours can increase feelings of dissociation, potentially further exacerbating checking compulsions.

The current study investigated whether declines in memory confidence and increases in dissociation could be reduced by associating a check with a distinct shape during a repetitive checking task. It also evaluated whether dissociation following repeated checking moderated the relationship between memory confidence, vividness and detail.

### **Methods:**

In a sample of 102 undergraduate students, memory, meta-memory and dissociation were assessed pre/post repeated checking and across three conditions: a control condition, where participants checked a virtual stove-top over 20 trials; a five-trial intervention condition, where participants paired every fifth check with a distinct shape; and a final-trial intervention condition, where participants paired the 20th check with a shape.

### **Results:**

Repeated checking led to declines in meta-memory, with the five-trial condition showing significantly smaller declines in memory confidence and vividness than the control and final-trial conditions. Checking also increased feelings of dissociative amnesia, though neither intervention condition significantly reduced these feelings. Dissociation was not found to moderate the relationship between confidence, vividness and detail. .

### **Conclusion:**

The findings suggest that checking is a highly counter-productive strategy maintained by decreases in meta-memory and increased feelings of dissociative amnesia. Declines in meta-memory can be reduced through the use of distinct stimuli.

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

The authors have no conflicts of interest to disclose.

Justin Kenardy, University of Queensland, Brisbane, Qld

*Physiotherapist-delivered stress inoculation training for acute whiplash injury: a randomised controlled trial of a combined psychological/physical intervention*

**Authors:** Sterling M<sup>1</sup>, Smeets R<sup>2</sup>, Keijzers G<sup>3</sup>, Lang, J<sup>1</sup>, & Kenardy J<sup>1</sup>.

<sup>1</sup> University of Queensland, <sup>2</sup> Maastricht University, <sup>3</sup> Gold Coast University Hospital

### **Introduction/Background:**

Early symptoms of post-injury stress predict poor recovery. We investigated whether physiotherapist-led stress inoculation training integrated with exercise is more effective than exercise alone for people with acute whiplash injury.

### **Methods:**

108 participants (<4 weeks) at risk of poor recovery (moderate pain-related disability and hyperarousal symptoms) were randomly assigned by concealed allocation to either physiotherapist-led stress inoculation training (SIT) and guideline-based exercise (n=53) or guideline-based exercise alone (n=55). Both interventions comprised 10 sessions over 6 weeks. Participants were assessed at 6, 26 and 52 weeks.

### **Results:**

The combined SIT and exercise intervention was more effective than exercise alone for pain-related disability at all follow-up points achieving clinically significant differences. A significant benefit of SIT and exercise intervention over exercise alone was also found for pain, posttraumatic stress, anxiety and depression.

### **Conclusion:**

An integrated early cognitive-behavioural stress and exercise intervention delivered by physiotherapists to patients with acute WAD who are otherwise at high risk of a poor outcome is superior to the recommended exercise alone. Cognitive-behavioural interventions that target psychological stress in the acute stages following injury appear to promote better outcomes.

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

The authors have no conflicts of interest to disclose

Grace Kirby, University of Queensland, Brisbane, Qld

*Strengthening parent-teacher relationships and improving teacher wellbeing: feasibility testing of the alliance of parents and teachers workshop*

**Authors:** Kirby G<sup>1</sup>, Hodges J<sup>1</sup>, Sanders M<sup>1</sup>

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

### **Introduction/Background:**

Recent media reports have focused on the coercive nature of parent-teacher relationships. Many teachers indicate that interactions with parents negatively impact occupational wellbeing, diminish professional enjoyment and can lead to teacher attrition. Despite clear evidence that positive home-school relationships benefit children's learning and wellbeing, a survey of Australian teachers found 82% felt underprepared for working with parents (Doecke et al., 2008). The newly developed Alliance of Parents and Teachers (APT) workshop addresses this professional development need by providing teachers with strategies to build positive relationships and manage negative impacts associated with parent interactions.

### **Methods:**

To test the acceptability of the APT workshop, 10 teachers participated in a feasibility trial. Based on participant feedback indicating a preference for greater cognitive and behavioural content to focus on managing individual wellbeing and responding to difficulties with parents, workshop content and structure were slightly modified prior to piloting. A non-randomised pilot study was then conducted with an additional 15 teachers. Pilot data was collected at pre-intervention, one-month post-intervention, and at an eight-month follow-up.

### **Results:**

Pilot participants found the intervention beneficial with an average rating of 4.7 (out of 5) on workshop satisfaction questionnaires. Additionally, self-rated cognitive behavioural skills for interacting with parents significantly increased following participation in the APT intervention.

### **Conclusion:**

Pilot study results suggest that the APT workshop has the potential to improve teachers' confidence and competence for working with parents. Further trialing of this new intervention on a larger scale is warranted and recommendations for future research will be discussed.

**Disclosure of Interest Statement:**

The Parenting and Family Support Centre is partly funded by royalties stemming from published resources of the Triple P – Positive Parenting Program, which is developed and owned by The University of Queensland (UQ). Royalties are also distributed to the Faculty of Health and Behavioural Sciences at UQ and contributory authors of published Triple P resources. Triple P International (TPI) Pty Ltd is a private company licensed by Uniquet Pty Ltd on behalf of UQ, to publish and disseminate Triple P worldwide. The authors of this report have no share or ownership of TPI. Grace Kirby and Dr Hodges do not receive royalties or consultancy fees from TPI. Dr Sanders receives royalties and consultancy fees from TPI. TPI had no involvement in the study design, collection, analysis or interpretation of data, or writing of this report. Grace Kirby is a student at UQ. Drs Hodges and Sanders are employees at UQ.

Charmaine Lim, James Cook University, Singapore

*Does the young schema model explain the developmental origins and mechanisms of depressive symptoms?*

**AUTHORS:** Lim R C<sup>1</sup>, Barlas J<sup>1</sup>, McConnell B<sup>1</sup>, Ho C M R<sup>1</sup>.

<sup>1</sup>James Cook University, Singapore

**Background:**

The Young Schema Model (YSM) is the theoretical model of Schema Therapy (Young, Klosko, & Weishaar, 2003) and offers an alternative model of understanding depression that might address existing gaps. The inconsistent findings in current literature is likely due to the varying definition, measurement, and analysis of YSM constructs which prevents the empirical examination of the YSM.

**Methods:**

First, a scoping review was conducted to identify relevant variables to depression, map existing measures used by primary research studies examining YSM for depression, and evaluate measures used for their psychometric properties and theoretical alignment to the YSM. The theoretical framework of YSM, findings of the scoping review along with other literature available then formed the basis for deriving a model to depressive symptoms. The model hypothesized that neuroticism, childhood abuse, disconnection and rejection themed early maladaptive schemas, and the coping style of surrender are associated with depressive symptoms. An experimental study was then conducted to test the models among a mixed sample of

205 community participants and depressed patients with structural equation modelling.

**Results:**

Results indicated that the hypothesized model fitted well with the data and all tested pathways were found to be significant at a  $p < .001$  level.

**Conclusion:**

To our best knowledge, this is the first study to test the full YSM for depressive symptoms. Its findings increase our understanding of how the various vulnerability factors fit together to explain the development of depression within the context of the YSM. This has important implications for research and clinical practice.

**DISCLOSURE OF INTEREST / ETHICAL STATEMENT:**

None

Peta Maguire, University of New England, Armidale, NSW

*Exploring perinatal anxiety treatment preferences and barriers: a qualitative study*

**Authors:** Maguire PM<sup>1</sup>, Clark GI<sup>1</sup>, Wootton BM<sup>2</sup>

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

**Background:**

Perinatal anxiety is often unrecognised and untreated. Few studies have examined treatment uptake or treatment preferences in women who have experienced perinatal anxiety. The aim of this study is to explore treatment preferences and barriers to treatment for perinatal anxiety in an Australian sample using a qualitative methodology.

**Methods:**

Criterion sampling was employed to recruit participants who were currently experiencing, or previously experienced, perinatal anxiety. Both participants who had and had not previously engaged in formal help-seeking were recruited. A brief demographic questionnaire was initially administered followed by a semi-structured interview, which aimed to elicit information pertinent to what participants expect from perinatal anxiety treatment (including participants knowledge and projected use of

online treatments) and the facilitators and barriers to accessing treatment. Interview transcripts were then evaluated using thematic analysis.

### **Results:**

A total of 20 participants were recruited ( $M_{age} = 34.65$ ,  $SD = 8.68$ ) and interviewed. Participants identified common experiences and perceived difficulties or worries regarding a variety of negative outcomes. Relatedly, participants reported difficulties managing uncertainty regarding these issues and anxiety symptoms themselves. Participants identified that treatment would ideally provide psychoeducation, and intervention to assist in understanding the predisposing and perpetuating factors. The primary barriers identified to accessing treatment for perinatal anxiety were perceived stigma and accessibility of services.

### **Conclusion:**

Perinatal anxiety is common and there are many barriers to accessing treatment. Recommendations on how clinicians can utilise these findings to assist in treatment uptake during the perinatal period will be discussed.

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

The authors have no conflicts of interest.

[Karen Moses, Western Sydney University, Penrith, NSW](#)

*A preliminary evaluation of the CBT decision making questionnaire for anxiety and related disorders (CDMQ-A)*

**Authors:** [Moses K<sup>1</sup>](#), [Wootton B<sup>2</sup>](#)

<sup>1</sup> School of Social Sciences and Psychology, Western Sydney University, Kingswood, NSW, Australia, <sup>2</sup> Discipline of Psychology, Graduate School of Health, University of Technology Sydney, Ultimo, Australia

### **Introduction/Background:**

Cognitive-behaviour therapy (CBT) is an effective intervention for anxiety and related disorders and CBT is the primary treatment approach that is taught to trainees in professional training programs. However, despite this, there continues to be a science-practice gap and scientifically supported treatments for these conditions remain largely unavailable to the general community. Currently little is known about the clinical decision making process that is used by psychologists when making treatment decisions. The present study presents a preliminary evaluation of the CBT Decision Making Questionnaire for Anxiety and Related Disorders (CDMQ-A). The CDMQ-A contains 21 vignettes covering 7 diagnostic categories that measures CBT decision making in the treatment of anxiety and related conditions.

**Methods:**

A sample of expert (N = 6) ( $M_{age} = 41.83$ ;  $SD = 6.11$ ; 50% female) and general clinicians (N = 126) ( $M_{age} = 31.87$ ;  $SD = 8.85$ ; 84% female) completed the measure.

**Results:**

Experts indicated that the vignettes demonstrated satisfactory face and ecological validity. Results indicated that the CDMQ-A can effectively discriminate between experts and general clinicians with the expert sample scoring significantly higher than the general clinicians ( $p < .01$ ;  $d = 1.22$ ).

**Conclusion:**

The CDMQ-A is an effective tool for assessing clinical decision making when making treatment decisions. A similar model could be used to assess knowledge and decision making for other clinical conditions. Implications for training and clinical practice are discussed.

The authors have no conflicts of interest to disclose.

Susanne Norder, The University of Sydney, Sydney, NSW

*The role of deontological versus altruistic guilt on not 'just right' experiences in obsessive-compulsive disorder (OCD)*

**Authors:** Norder SJD<sup>1</sup>, Jones MK<sup>2</sup>

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

**Introduction/Background:**

The feeling that something is not 'just right', as well as increased sensations of guilt are frequently reported in individuals with Obsessive-Compulsive Disorder (OCD). Research demonstrates that deontological guilt is related to the occurrence of obsessive-compulsive thoughts and behaviours across clinical and non-clinical samples. The aim of the present study was to examine the effect of deontological guilt affect states on self-reported not 'just right' experiences (NJREs) during an ambiguous re-arranging task in a non-clinical sample.

**Methods:**

Using a 3 X (2) design, 118 undergraduate students (90 females, mean age = 21 years) completed questionnaires assessing OCD features, depression/anxiety and



guilt, and were subsequently randomly allocated to one of three affect induction conditions: deontological guilt ( $n=40$ ), altruistic guilt ( $n=39$ ), neutral emotion ( $n=39$ ). Participants then completed an ambiguous domino re-arranging task, after which they reported the extent to which they experienced NJREs.

### **Results:**

Only OCD features significantly predicted NJREs when controlling for mood. No significant relationship was found between deontological guilt affective state and NJREs. However, both trait- and moral-guilt significantly predicted NJREs. There were significant positive relationships between NJREs and OC features, as well as between all guilt measures and OC features, particularly the rumination subscale.

### **Conclusion:**

The results build upon previous findings indicating the importance of addressing feelings of both trait- and state-guilt in the treatment of OCD, as a way to decrease sensations that something is not 'quite right', thus reducing subsequent obsessive cognitions and compulsive behaviours.

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

The authors have no conflicts of interest to disclose.

Dilan Sellahewa, University of New South Wales, Sydney, NSW

*Depression is associated with deficits in adaptive goal-related attitudes, emotions, and motives*

**Authors:** Sellahewa DA<sup>1</sup>, Denson TF<sup>1</sup>, Moulds ML<sup>1</sup>

<sup>1</sup> School of Psychology, UNSW Sydney, NSW, Australia

### **Introduction/Background:**

Motivational difficulties are a common and potentially debilitating feature of depression. Current evidence suggests that these difficulties may not be reducible to frank absence of goals. Rather, depressed persons show counterproductive sets of psychological dimensions related to their goals (e.g., goal-related attitudes and emotions). However, previous studies have investigated only small numbers of goal-related dimensions concurrently, and several theoretically significant goal-related dimensions remain understudied. The present study tested associations between depressive symptoms and the most comprehensive set of goal-related psychological dimensions to be examined simultaneously to date.

**Methods:**

169 participants were assessed using the Depression Anxiety and Stress Scales 21. Next, participants listed personal approach goals and avoidance goals. Participants then completed measures of attitudes, emotions, content, and motives, with respect to their listed goals. We additionally coded the specificity of listed goals.

**Results:**

After controlling for socio-demographic characteristics, anxiety and stress, depression uniquely predicted lower ratings for competence, control, and social support for approach goals (but not avoidance goals). Depression also uniquely predicted greater sadness, lower positive emotions, and weaker intrinsic motives, as related to approach goals (but not avoidance goals). Depression was not significantly associated with number of listed goals, or with goal content.

**Conclusion:**

These findings add to the evidence that depression is associated with deficits in adaptive goal-related psychological dimensions. Goal-related attitudes, emotions, and motives may be important factors to consider in assessing, conceptualising, and treating motivational problems in depression.

**Disclosure of Interest Statement:**

The authors have no conflicts of interest to disclose.

Carolyn Schniering, Macquarie University, Sydney, NSW

*Understanding non-suicidal self-injury in adolescence: emotion dysregulation, impulsivity, and distress tolerance*

**Authors:** Spencer L <sup>1</sup>, Schniering C<sup>1</sup>

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

**Introduction/Background:**

Non-Suicidal Self-Injury (NSSI) is highly prevalent in adolescence and has become a major health concern for health professionals due to its association with negative psychological outcomes. Compared to adults, limited multifaceted research of this complex topic area has been conducted targeting adolescents. The aim of the

present study was to examine the interrelationships between emotion dysregulation, impulsivity and distress tolerance for NSSI in an adolescent community sample.

### **Methods:**

A sample of 317 adolescents aged 16-18 years completed an online battery of questionnaires assessing NSSI, emotion dysregulation, impulsivity and distress tolerance using standardised measures. It was hypothesized that high emotion dysregulation, high impulsivity and low distress tolerance, would significantly increase NSSI behavior.

### **Results:**

Results largely supported hypotheses in line with the Experiential Avoidance Model (EAM) theory of NSSI. Emotion dysregulation, impulsivity, negative, and sensation seeking were significantly associated with engagement in NSSI behaviour. Results support EAM theory within a late-age adolescent sample. The clinical and developmental implications of the study are discussed.

### **Conclusion:**

This study is one of the first of its kind to evaluate the utility of the EAM in understanding NSSI in youth. Results support EAM theory within a late-age adolescent sample. The clinical and developmental implications of the study are discussed.

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

The authors have no conflicts of interest to disclose.

[Mariajose Schulz, University of Queensland, Brisbane, Qld](#)

*[How to change negative parenting attributions?](#)*

**Authors:** [Schulz M](#)<sup>1</sup>, Haslam D<sup>1</sup>, Morawska A<sup>1</sup>

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

### **Introduction:**

Although parental attributions about child behaviour have been proposed as important correlates of parental behaviour there is limited empirical evidence to demonstrate that parenting interventions impact parental attributions. This study extends beyond the current research by evaluating if a typical, as opposed to

targeted parenting intervention can change parental attributions. We hypothesised that parents who received the intervention would report reduction in parents' negative attribution for children's behaviour assessed by the Parental Cognition Scale in comparison to a wait list control group.

### **Methods:**

Participants were 78 parents of children (2-12 years old) in Itajai, Brazil. This study was a randomized controlled trial (RCT) comparing two conditions (Group Triple P intervention vs. Waitlist control group). Assessments were conducted at three times point (baseline, post-intervention and 6 month follow up).

### **Results:**

In this presentation, we will focus on the pre- to post-intervention results. The data was analysed using a series of repeated-measures ANOVA to evaluate intervention effects following program completion. Results indicated decrease in dysfunctional child- responsible attributions ( $p=.007$ ,  $\eta^2 = .12$ ) and dysfunctional parent-causal attributions ( $p=.043$ ,  $\eta^2 = .69$ ).

### **Conclusion:**

This study strengthens the evidence that standard parenting programs have the potential to improve parental attributions about child behaviour. This study represents an initial step toward understanding the broader range of effects that parental interventions can have on parenting attributions, for a better outcome subsequent to the participation in parenting programs.

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

The Parenting and Family Support Centre is partly funded by royalties stemming from published resources of the Triple P – Positive Parenting Program, which is developed and owned by The University of Queensland (UQ). Royalties are also distributed to the Faculty of Health and Behavioural Sciences at UQ and contributory authors of published Triple P resources. Triple P International (TPI) Pty Ltd is a private company licensed by Uniquist Pty Ltd on behalf of UQ, to publish and disseminate Triple P worldwide. The authors of this report have no share or ownership of TPI. Alina Morawska and Divna Haslam receive royalties from TPI. TPI had no involvement in the study design, collection, analysis or interpretation of data, or writing of this report. Alina Morawska and Divna Haslam are employees at UQ. Mariajose Louise Caro Schulz is a student at UQ.

Amy-Lee Sesel, The University of Sydney, Sydney, NSW

*The evaluation of an online mindfulness program for people with MS*

**Authors:** Sesel A<sup>1</sup>, Sharpe L<sup>2</sup>, Beadnall H N<sup>3</sup>, Barnett M B<sup>4</sup>, Szabo M<sup>5</sup>, Naismith S L<sup>6</sup>.

<sup>1</sup> School of Psychology, University of Sydney, Sydney, NSW, <sup>2</sup> School of Psychology, University of Sydney, Sydney, NSW, <sup>3</sup> Brain and Mind Centre, University of Sydney, Sydney NSW; Neurology Department, Royal Prince Alfred Hospital, Camperdown, NSW, <sup>4</sup> Brain and Mind Centre, University of Sydney, Sydney NSW; Neurology Department, Royal Prince Alfred Hospital, Camperdown, NSW, <sup>5</sup> School of Psychology, University of Sydney, Sydney NSW, <sup>6</sup> School of Psychology, University of Sydney, Sydney, NSW.

### **Introduction/Background:**

Multiple sclerosis (MS) is a demyelinating disease of the central nervous system that has a significant impact on mental and physical health. Online psychological interventions may be a useful tool, to help people with MS (PwMS) cope with the unpredictability of the disease. Whilst mindfulness-based approaches have gained interest in the scientific world, it is unclear whether an online mindfulness program for PwMS would be an effective treatment for a range of psychosocial outcomes.

### **Methods:**

We conducted an RCT ( $n = 125$ ) of an online mindfulness program for PwMS. Participants were assessed to determine whether they had a history of recurrent depression, and were randomised to either an 8-week online mindfulness program, or a waitlist control group. Assessments were conducted at post-treatment, 3 and 6-month follow-up.

### **Results:**

The primary outcome was severity of depression, according to the Centre of Epidemiology Depression Scale. Secondary outcomes included anxiety severity, fatigue, pain and health-related quality of life. Statistical analyses will be available by October 2019.

### **Conclusion:**

Managing a chronic illness such as MS, often requires both medical and psychological intervention. An online mindfulness program for PwMS has the potential to improve psychosocial outcomes and reach those that would otherwise be unable to access psychological support.

**Disclosure of Interest Statement:**

HB has received compensation for education travel, speaker honoraria and consultant fees from Biogen, Novartis, Merck, Sanofi-Genzyme and Roche. The authors declare no other competing interests.

**Funding:**

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Graeme Shapiro, Murdoch University, South Fremantle, WA

*The effects of video feedback on ratings of performance and social anxiety*

**Authors:** Shapiro G B<sup>1</sup>, Drummond P D<sup>1</sup>

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

**Introduction/Background:**

Socially anxious (SA) individuals embrace negative self-images and distorted cognitive biases during social interactions leading to underestimations in self-ratings of performance when compared to observer ratings of their social interactions. Furthermore, SA individuals overestimate the visibility of their somatisations. By providing an observer perspective using video feedback (VF), a reduction in negative appraisals of socially induced stress has been reported. This study investigated the effect of video feedback on interoceptive cues and perceptions of performance on groups high and low in trait social anxiety, using the SPS, SIAS, and the FNE.

**Methods:**

Participants (N = 22) were university students engaged in an assessable, on-camera, role-play. Self-report data was collected before the role play and before and after the VF. Negative perceptual bias was considered by examining score discrepancies between observer and participant ratings.

**Results:**

The high SA group reported a significant reduction in blushing and an overall reduction in all interoceptive cues from pre- to post-VF. Both participant groups reported a significant improvement in ratings of performance throughout the experiment. Unexpectedly, the high SA group reported significantly greater perceived embarrassment, post VF, compared to the low SA group.

**Conclusion:**

Our results demonstrated that video feedback was associated with a reduction in interoceptive cues and improved self-ratings of overall performance. These results support the efficacy of video feedback as a moderator of subjective ratings of performance in social anxiety and the clinical utility of video feedback as an adjunct to interventions targeting social anxiety disorder.

**Disclosure of Interest Statement:**

The authors have no conflicts of interest to disclose.

Maria Sharrock, Clinical Research Unit for Anxiety and Depression (CRUfAD), Darlinghurst, NSW

*Outcomes of online cognitive behavioural therapy versus mindfulness for depression and anxiety: results from a randomised controlled trial*

**Authors:** Newby J<sup>1,2</sup>, Jiang M<sup>2</sup>, Upton E<sup>2</sup>, Sharrock M<sup>1</sup>, Chen A<sup>1</sup>, Grierson A<sup>1</sup>

<sup>1</sup>Clinical Research Unit for Anxiety and Depression (CRUfAD), University of New South Wales at St Vincent's Hospital, Sydney, Australia, <sup>2</sup> School of Psychology, University of New South Wales, Sydney, Australia

**Background:**

Online Cognitive Behavioural Therapy (CBT) is an effective treatment for depression and anxiety disorders, but few alternative evidence-based online treatment options exist for those who do not want to undergo CBT, or for the 25% of patients who do not respond to CBT. Mindfulness-based interventions provide a novel treatment alternative. The aim of this randomised controlled trial was to compare the efficacy and acceptability of two online programs for the treatment of depression and anxiety disorders: an online CBT program and an online mindfulness skills training program.

**Methods:**

Eligible participants who met the DSM-5 criteria for an anxiety and/or depressive disorder were randomised into one of the two treatment groups. Participants completed a 6-lesson online program over 14 weeks and had access to clinician support via e-mail and phone contact. Primary outcome measures were depression (PHQ-9) and anxiety (GAD-7) severity at post-treatment.

**Results:**

Participants in both the online CBT program and the online mindfulness skills training program achieved significant and large improvements in depression and anxiety from pre-to post-treatment, with no significant between-group differences at post-treatment.

**Conclusion:**

Online mindfulness skills training is as efficacious as online CBT for the treatment of depression and anxiety disorders. Online mindfulness skills training may be suitable as an alternative online treatment for depression and anxiety for individuals who are unresponsive to, or do not wish to undergo online CBT. Further research needs to explore the long-term efficacy and moderators of treatment response to each of the two online treatments.

Nothing to disclose.

Gemma Sicouri, Macquarie University, Sydney, NSW

*Cognitive predictors of anxiety and depression in adolescent girls*

**Authors:** Sicouri G<sup>1</sup>, Hudson J L<sup>1</sup>, Dodd, H F<sup>2</sup>

<sup>1</sup> Centre for Emotional Health, Department of Psychology, Macquarie University, Sydney, NSW <sup>2</sup> School of Psychology and Clinical Language Services, University of Reading, UK

**Introduction/Background:**

Anxiety and depression occur in 20% of school-aged children and are the leading cause of disability in Australian girls. Although anxiety tends to have an earlier onset than depression, these disorders often co-occur at levels between 10-50%. Yet, current treatments for these early-emerging disorders are sub-optimal. Research examining the transdiagnostic risk factors (i.e., common to both anxiety and



depression) to inform the development of more effective treatments is both urgent and vital.

**Methods:**

A large existing longitudinal dataset (n>1800) will be examined to determine how cognitive factors affect the development of anxiety and depressive symptoms in adolescent girls (aged 12-18 years) over time. This data was collected as part of two high school intervention studies for anxiety and depression conducted at the Centre for Emotional Health at Macquarie University.

**Results:**

The results of this study will determine (a) which cognitive factors (attention bias and interpretation bias) predict the development of anxiety and depression over three time points (12 months, 24 months and 36 months from the initial assessment) and (b) which cognitive factors at baseline are associated with the development of both anxiety and depression and which are uniquely related to anxiety and depression at each time point.

**Conclusion:**

This is the first longitudinal investigation of cognitive factors underlying anxiety and depressive risk in adolescent girls. It will provide essential information to inform the development of transdiagnostic interventions for this population, which directly targets cognitive factors found to be associated with both disorders.

**Disclosure of Interest Statement:**

The authors have no conflicts of interest to disclose.

Saumya Singh, University of Queensland, Brisbane, Qld

*Exploring familial agency to mitigate negative impact of environmental impoverishment in children and families*

**Authors:** Singh S<sup>1</sup>, Turner KMT<sup>1</sup>, Ashworth P<sup>2</sup>

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

**Introduction/Background:**

High levels of impoverishment have been associated with increased incidence of adverse childhood experiences (ACEs). While evidence-based parenting intervention (EBP) are considered effective in addressing ACEs, there has been limited uptake in low and middle income countries. This study explored the interplay between families and issues of impoverishment in their physical environment using a social cognitive theory lens, focusing on their self-perceived capacity to be agents of change.

**Methods:**

Using qualitative research methodology, 19 parent-child dyads, eight adults and four children from diverse socioeconomic backgrounds in India were interviewed.

**Results:**

The emergence of familial agency involves a complex interaction between the personal agencies of all family members. Parents, particularly fathers if they are the sole earners or educated, have stronger agency than children. Children can exercise their agency if they are able to communicate their concerns persuasively and are involved in family decision making. Issues in the physical environment are seen as being outside the family's purview. This results in limited efforts to address modifiable risk factors that impact the wellbeing of children and families.

**Conclusion:**

The findings contribute to the understanding of the emergence of collective agency in a family, and how through EBP, agency can be leveraged to help families plan for and make changes in their psychological and physical environment.

**Disclosure of Interest Statement:**

Saumya Singh is a UQ doctoral candidate supported by a University of Queensland (UQ) strategic funding initiative. The Parenting and Family Support Centre is partly funded by royalties stemming from published resources of the Triple P – Positive Parenting Program, which is developed and owned by UQ. Royalties are also distributed to the Faculty of Health and Behavioural Sciences at UQ and contributory authors of published Triple P resources. Associate Professor Turner is a contributory author and is employed by UQ. Professor Peta Ashworth is an employee of UQ.

**Matthew Smout, University of South Australia, Adelaide, SA**

*Investigating issues relevant to therapeutic boundary violations*

**Authors:** Dickeson E<sup>1</sup>, Roberts RM<sup>1</sup>, Smout MF<sup>2</sup>

<sup>1</sup> University of Adelaide, Adelaide, SA, <sup>2</sup> University of South Australia, Adelaide, SA

**Introduction/Background:**

Therapeutic boundary violations occur when a practitioner transgresses from their defined professional role when interacting with a client. Certain practitioner characteristics and circumstances are thought to predict boundary violations; however, it has previously been difficult to quantify these due to the inherent difficulty in predicting a practitioner's propensity to engage in unethical conduct.

**Methods:**

This project used three separate self-report instruments, designed to measure a practitioner's propensity to violate therapeutic boundaries. In an online survey, these instruments were completed by a sample of Australian mental-health practitioners ( $N = 275$ ) along with a battery of personality and contextual measures, hypothesized to be associated with boundary violations.

**Results:**

Several factors were shown to be significantly associated with boundary violation propensity including practitioner life satisfaction, frequency of client contact, impulsivity and experiential avoidance. There was evidence of significant gender differences; for men, boundary violation propensity was most associated with overly dominant interpersonal styles, while for women, propensity was associated with low-dominant-overly-nurturant interpersonal styles. Above all, practitioner narcissism was the single largest predictor of boundary violation propensity.

**Conclusion:**

These findings inform therapist selection decisions and focus trainers, therapists and their supervisors on high-risk situations and personal qualities to monitor, anticipate and practice healthier alternatives to.

**Disclosure of Interest Statement:**

'The authors have no conflicts of interest to disclose'.

[Andrew Speers, University of New England, Armidale, NSW](#)

*The causes of therapist drift*

**Authors:** [Speers A](#)<sup>1</sup>, [Wootton B](#)<sup>2</sup>, [Bhullar N](#)<sup>1</sup>, [Cosh S](#)<sup>1</sup>.

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

**Introduction/Background:**

Therapist drift (TD) is the tendency of psychologists not to implement fully the evidence-based treatments (ESTs) in which they are trained, even when resourced to do so. Failure to implement ESTs as designed negatively affects client outcomes. Notwithstanding emphasis placed on training in and deployment of evidence-based psychological practice (EBPP), TD is not the exception but the norm. This presentation will report on a systematic literature review which identified therapist characteristics that correlate with or predict TD and research gaps.

**Methods:**

A systematic literature review was conducted to identify randomized control trials and surveys pertinent to the phenomenon.

**Results:**

Correlates of TD included: therapist knowledge; attitudes to research and, separately, to treatment manuals; the privileging of clinical experience; therapist age; theoretical orientation, time spent in practice; critical thinking ability; therapist anxiety; and cultural competence. Gaps in understanding include therapists' awareness of EBPP and its operationalisation, shifts in attitudes to EBPP over the past two decades, the impact on treatment fidelity of failure to adapt ESTs when counselling minority clients, and others. There is a need to quantify TD among Australian psychologists.

**Conclusion:**

Therapist drift is pervasive. Increased awareness of the causes of drift may facilitate the development of interventions to encourage treatment-protocol fidelity.

**Disclosure of Interest Statement:**

This research is part funded through an Australian Government Research Training Program Stipend scholarship.

Helen Stallman, University of South Australia, Adelaide, SA

*Care · Collaborate · Connect: a disruptive innovation in suicide prevention*

**Authors:** Stallman H<sup>12</sup>

<sup>1</sup> University of South Australia, Adelaide, SA, <sup>2</sup> Basil Hetzel Institute, The Queen Elizabeth Hospital, Woodville, 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.

Lexine Stapinski, The University of Sydney, Sydney, NSW

*Making inroads: trial of an early intervention to address co-occurring anxiety and alcohol use problems among young people*

**Authors:** Stapinski L<sup>1</sup>, Prior K<sup>1</sup>, Newton N<sup>1</sup>, Deady M<sup>2</sup>, Kelly E<sup>1</sup>, Lees B<sup>1</sup>, Teesson M<sup>1</sup> & Baillie A<sup>3</sup>

<sup>1</sup>The Matilda Centre for Research in Mental Health and Substance Use, University of Sydney, Sydney, NSW, <sup>2</sup>Black Dog Institute, University of New South Wales, Sydney, NSW, <sup>3</sup>Faculty of Health Sciences, University of Sydney, Sydney, NSW

**Introduction/Background:**

The transition to adulthood is a unique period characterized by numerous role changes and increased opportunities for alcohol consumption. Using alcohol to cope with anxiety symptoms is common, and young people with anxiety are at a greater risk of hazardous alcohol use and progression to alcohol use disorder. This randomised controlled trial evaluates the efficacy of the *Inroads* program, an early intervention that targets anxiety, alcohol use, and the interconnections between these problems.

**Method:**

Participants (aged 17 to 24; n = 123) experiencing anxiety symptoms and harmful alcohol use were randomised to *Inroads* or a control psychoeducation condition. The *Inroads* intervention comprised 5 online CBT modules and weekly therapist support via email or phone. Primary outcomes assessed 2 and 6 months after baseline were standard drinks consumed in the past month, severity of alcohol-related consequences, and anxiety symptoms. Secondary outcomes were social anxiety and alcohol expectancies. Analyses were intention-to-treat using multi-level modeling for repeated measures.

**Results:**

The *Inroads* program reduced anxiety and corrected alcohol expectancies relative to control. Alcohol consumption and related consequences reduced in both conditions, however benefits were greater and sustained at 6 months for participants in the *Inroads* condition.

**Conclusion:**

The study is the first to evaluate the benefits of early intervention to interrupt the trajectory to co-occurring anxiety and alcohol use disorders. The online format combined with therapist support is aligned with youth treatment preferences, and has the potential for wide dissemination to reach those who are not able or willing to access face-to-face treatment.

**Disclosure of Interest Statement:**

The authors are developers of the *Inroads* early intervention program.

Lexine Stapinski, The University of Sydney, Sydney, NSW

*Strong & Deadly Futures: preventing drug and alcohol harms among Aboriginal and Torres Strait Islander youth*

**Authors:** Stapinski L<sup>1</sup>, Snijder M<sup>1</sup>, Newton N<sup>1</sup>, Lees B<sup>1</sup>, Ward J<sup>2</sup>, Champion K<sup>1</sup>, Chapman C<sup>1</sup>, Sarra R<sup>3</sup>, Watson I<sup>3</sup>, Garlick Bock S<sup>1</sup>, & Teesson M<sup>1</sup>.

<sup>1</sup>The Matilda Centre for Research in Mental Health and Substance Use, University of Sydney, Sydney, NSW, <sup>2</sup>South Australia Health and Medical Research Institute, Adelaide, SA, <sup>3</sup>Gilimbaa, Indigenous Creative Agency, Brisbane, Queensland

### **Introduction/Background:**

Computerized substance use prevention programs delivered in secondary schools have been found to be effective for non-Indigenous students in Australia and internationally. Computerized approaches hold promise for Aboriginal youth given their high rates of technology use and the potential for wide reach and sustainability. This study informs development of a computerized, culturally-appropriate substance use prevention program for Aboriginal youth.

### **Method:**

Two literature reviews were undertaken to 1) identify elements of effective prevention for Indigenous Populations and 2) investigate factors protecting against substance use among Aboriginal Australians. The *Strong and Deadly Futures* program was developed in partnership with Year 7/8 students and teachers in four schools. Focus groups were conducted with teachers using appreciative inquiry. Students participated in a Photovoice project and creative session to guide development of the program storylines. Feedback sessions with teachers and students provided ongoing input in the development of the story and program.

### **Results:**

Effective elements of substance use prevention included cultural knowledge integration and cognitive behavioural coping skills. Individual, relationship, community and societal risk and protective factors were identified for substance use for Indigenous Australians. Consultations indicated a need for culturally-appropriate substance use prevention materials that are empowering and suitable for delivery in a mixed classroom setting. Together with an Indigenous creative agency we developed a computerized prevention program, combining illustrated story telling with classroom activities.

**Conclusion:**

Findings from the reviews and student and teacher consultation were used to inform development of an interactive, computerized substance use program Aboriginal secondary students.

**Disclosure of Interest Statement:**

The authors are co-developers of the *Strong and Deadly Futures* program.

Heidi Sturk, Queensland University of Technology, South Brisbane, Qld

*The growth of digital mental health services in Australia: usage, referral and challenges*

**Authors:** Sturk H<sup>1</sup>, Crowther, and R<sup>1</sup> Kavanagh DJ<sup>1</sup>

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

**Background:**

While digital resources and services have now obtained a key place in national mental health services, there remain significant challenges in its integration into routine clinical practice. E-Mental Health in Practice (eMHPrac) is a support service funded by the Australian Government to build digital mental health awareness and skills in primary care practitioners across the country. This paper reports the impact of this work on numbers of new users and on referrals by practitioners.

**Method:**

Monthly data has been obtained since May 2013 from major providers of digital mental health programs and services on new registrations, and the nature of any practitioner who referred them. Data were totalled across providers and also examined within provider. Training workshops were evaluated using pre/post changes in practitioners' knowledge, confidence in referring to services, and intention to refer clients.

**Results:**

Using totals across providers, annual data from Australian digital mental health service providers showed a 53% increase in contacts to online programs and 43% to online chat services over the last 5 years, and total yearly health practitioner referrals increased by 50% over 4 years. Within-provider data also showed similarly strong



median increases. Evaluations of workshops demonstrated increases in practitioner knowledge, confidence, and intentions to refer clients.

**Conclusion:**

Numbers of new users and referrals to digital mental health services have risen substantially over the project period. However, absolute rises in referrals are dwarfed by the increase in new users. Promoting the integration of digital mental health into routine service delivery remains a challenge.

Tatiana Tairi, Massey University, New Zealand

*Associations between cognitive distortions and mental health status in New Zealand adolescents*

**Author:** Tairi T<sup>1</sup>

<sup>1</sup> Massey University, Wellington, New Zealand

**Introduction/Background:**

Cognitive distortions are known to play an integral role in the theoretical and clinical formulation of anxiety and depression in youth. However, little is known about the associations among cognitive errors and symptoms of anxiety and depression in New Zealand youth.

**Methods:**

490 adolescents aged 16–18 years from eight secondary schools in the Wellington and Palmerston North regions provided information regarding symptoms of anxiety, depression and negative cognitive errors.

**Results:**

Hierarchical regression analyses indicate that overall cognitive error score is a strong predictor of adolescents' self-reported anxious symptoms and, to a lesser extent, depressive symptoms. Certain cognitive errors show specificity in their association with anxiety symptoms versus depressive symptoms. Further, cognitive errors significantly differentiate between adolescents with high and low scores on both the anxiety and depression scales. Finally, results show high rates of anxious and depressive symptoms, which warrant study in their own right.

**Conclusion:**

Our findings demonstrate support for Beck's cognitive model to a New Zealand adolescent population and highlight the importance of focusing on prevention and early intervention programmes that directly target these faulty or biased ways of thinking in adolescents with anxious and/or depressive symptoms before meeting diagnostic criteria.

**Disclosure of Interest Statement:**

The author has no conflicts of interest to disclose.

Radhika Tanksale, University of Queensland, Brisbane, Qld

*Mind-body group skills training program based on yoga techniques in children on the autism spectrum: an RCT*

**Authors:** Tanksale R,<sup>1</sup> Sofronoff K<sup>2</sup>, Sheffield J<sup>3</sup>

<sup>1</sup> School of Psychology, University of Queensland, St. Lucia, Queensland, <sup>2</sup> School of Psychology, University of Queensland, St. Lucia Queensland, <sup>3</sup> School of Psychology, University of Queensland, St. Lucia Queensland

**Introduction/Background:**

Mindful breath-centered movement practices influence self-awareness, bottom-up and top-down processing, self-regulation and stimulate the parasympathetic nervous system. The lowering of psychophysiological arousal may affect sleep problems indicating that this approach may be beneficial for autism spectrum conditions and complement existing psychotherapy. The study evaluated a weekly, 6-session yoga-based group program for children on the autism spectrum (8-12 years).

**Methods:**

Sixty-seven parent-child dyads were randomly assigned to the intervention group or the wait-list control group. Questionnaires for both groups were conducted concurrently at baseline, post-intervention, and 6-week follow up. In children, the outcome measures assessed changes in selective and sustained attention, self-reported anxiety and emotional awareness. The parents completed questionnaires relating to children's executive function skills, anxiety, and sleep.

**Results:**

Preliminary analysis of the data was conducted using a Linear Mixed Model. Significant interaction was found for time and group on the global executive composite and the behavioural regulation index as rated by parents on the Behaviour Rating Inventory of Executive Functioning, Second Edition in the intervention group. These reductions were maintained at follow-up. There was also a significant improvement in sleep anxiety on the Children's Sleep Habits Questionnaire post-intervention but not maintained at follow-up. On child data, significant interaction on verbal sharing of emotions, a component of emotional awareness for the intervention group was noted post-intervention.

### **Conclusion:**

The preliminary analysis supports the application of yoga-based techniques to promote self-regulatory skills, reduce anxiety around bedtime, and facilitate verbal affective communication. Incorporating mind-body tools in a clinical setting will be discussed.

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

Radhika Tanksale is a PhD candidate in School of Psychology, University of Queensland, St. Lucia. She is the author of the "Incredible Explorers" yoga-based program and retains the copyright. She delivered the program to the participants. No financial benefit or any other advantage was derived by the authors from the reported work. She received a stipend of \$1000 each year from the University of Queensland which was used for the purchase of resources for the program.

[Anthony Venning, Flinders University, Adelaide, SA](#)

*Can low intensity CBT for non-cardiac chest pain presentations to an emergency department be efficacious? A pilot study.*

**Authors:** [Venning A](#)<sup>1</sup>, [Wilkinson M](#)<sup>2</sup>, [Redpath P](#)<sup>1</sup>, [Marleesa L](#)<sup>1</sup>, [Brown S](#)<sup>2</sup>, and [Battersby M](#)<sup>1</sup>

<sup>1</sup> College of Medicine & Public Health, Department of Psychiatry, Flinders University, Adelaide, South Australia, <sup>2</sup> Southern Adelaide Local Health Network, IAPT@Flinders, Flinders Medical Centre, Adelaide, South Australia.

### **Introduction/Background:**

Complaints of chest pain are one of the most common reasons that people visit Emergency Departments (EDs). However, more than 50% of patients who present to EDs with chest pain do not have identifiable cardiac disease or other medical

conditions. A pilot study was conducted to investigate if using Low Intensity (LI) Cognitive Behaviour Therapy (CBT) in the ED at Flinders Medical Centre, South Australia, reduced the reported levels of anxiety and depression, re-presentation rates, and the associated cost of patients presenting to the ED with non-cardiac chest pain.

### **Methods:**

A convenience sample (n=35) were recruited from people who presented to the ED with non-cardiac-chest pain and screened positive for psychological distress. If eligible, participants were referred to the Improving Access to Psychological Therapies@Flinders (IAPT@Flinders) service and, following completion, hospital medical records were reviewed to investigate the number of presentations to the ED and the subsequent costs of each presentation, in the 3 months prior and 3 months preceding treatment.

### **Results:**

There was a decrease in self-reported levels of depression and anxiety after the completion of treatment, and a suggested 59% decrease in ED admissions and a 69% cost saving.

### **Conclusion:**

The potential health benefits and cost savings as a result of LICBT for patients who present to ED's with non-cardiac chest pain warrant further investigation utilising a robust and economically validated trial.

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

The 2<sup>nd</sup> and 5<sup>th</sup> author are affiliated with the Improved Access to Psychological Therapies@flinders program, and the 2<sup>nd</sup> author completed the initial data collection to fulfil the research component of her Masters of Cognitive Behaviour Therapy.

[Anthony Venning, Flinders University, Adelaide, SA](#)

*"I felt like less than a shadow in the room": the experiences and needs of new fathers*

**Authors:** [Venning A](#)<sup>1</sup>, Herd M<sup>1</sup>, Smith D<sup>1</sup>, Lawn S<sup>1</sup>, Mohammadi L<sup>1</sup>, Redpath P<sup>1</sup>, and Glover F<sup>1</sup>

<sup>1</sup> College of Medicine & Public Health, Department of Psychiatry, Flinders University, Adelaide, South Australia.

**Introduction/Background:**

Given the prevalence of fathers who experience anxiety and depression during their partner's pregnancy and following the birth of their baby, and the tendency of this population to be less likely to seek out help for these issue and/or be treated as secondary figures, new attitudes and systems are needed to improve the mental health and wellbeing of new fathers.

**Methods:**

A systematic search of the literature took place in September 2018 to identify studies and papers exploring various mental health supports available to fathers of new children. A narrative synthesis was then undertaken to integrate the experiences of 12,660 fathers across 68 papers and tell the story of the combined findings.

**Results:**

Findings indicated (1) tentative support for interventions targeting the mental health of new fathers, (2) that while the experience of fatherhood was viewed as 'joyous', it was also an 'uncertain rollercoaster ride', (3) they faced barriers to accessing support, and (4) a need for support that was tailored, credible, practical, and accessible.

**Conclusion:**

While there are numerous essential take-home messages, arguably the indication that 'new' fathers report feeling "*excluded*", "*inept*", and "*secondary*" are important to note in terms of their mental health. Becoming a "*good father*" does not always come naturally and may take time to achieve for some, but the perinatal period is a "*teachable moment*" that is currently not fully harnessed to support the wellbeing needs of new fathers, which then directly impacts on the mental health and wellbeing needs of their partners and children

**Disclosure of Interest Statement:**

This review was funded by a 2018 grant from the South Australian Mental Health Commission. We would like to thank the SA Mental Health Commission, in particular Adam Monkhouse, Rachel Rodda, Rebecca Whellum, and Amelia Traino for their ongoing support, interest and collaborative approach throughout the course of the project.

Cindy Wall, Pain Management Unit, Flinders Medical Centre, Adelaide, SA

*Low intensity cognitive behavioural therapy for adult chronic pain patients: pilot data and lessons learned*

**Authors:** Wall C<sup>1</sup>, Venning A<sup>2</sup>, Redpath P<sup>2</sup>, Herriot P<sup>1</sup>, Smith D<sup>2</sup>, Glover F<sup>2</sup>, Oswald T<sup>2</sup>, Wolinska R<sup>2</sup>, Casiero S<sup>2</sup>, Searle A<sup>1</sup>

<sup>1</sup> Flinders Human Behaviour and Health Research Unit, Margaret Tobin Centre, Department of Psychiatry, Flinders University, Bedford Park, SA, <sup>2</sup> Pain Management Unit, Flinders Medical Centre, Bedford Park, SA

### **Introduction/Background:**

Chronic pain affects 1 in 5 Australians in their lifetime, and costs billions of dollars annually in lost productivity and care. While providing adequate pain management remains difficult, with long waiting lists for specialist pain units, CBT-based pain management can improve pain, disability, and quality of life. Low intensity CBT (LiCBT) is easier to access as it is administered via phone, and can reduce mental illness, but has not been trialled for chronic pain. Thus, we conducted a pilot study aiming to assess the feasibility of embedding LiCBT within a chronic pain tertiary outpatients unit.

### **Methods:**

Within the pain unit, LiCBT has been administered in-person or over-the-phone by two clinical students. Six manualised sessions focus on goal setting, psycho-education, retraining the brain, weakening the pain cycle, activity scheduling, pacing, and thought disputation. LiCBT has been trialled: (1) following completion of a mandatory pain education program and prior to further pain unit contact, to improve self-management; and (2) alongside unit appointments, to enhance standard care. Outcomes of depression, anxiety, stress, pain intensity, pain self-efficacy and catastrophising are regularly assessed.

### **Results:**

We discuss benefits and challenges of the two implementation modalities, as well as patient uptake/dropout, and qualitative data on expectations and satisfaction. Our preliminary results suggest that LiCBT is acceptable to patients, and appears to correlate with reduction in psychological symptoms.

**Conclusion:**

LiCBT is a feasible and promising option for chronic pain sufferers. Subsequently, our developing randomised controlled trial will assess whether it results in positive patient outcomes.

**Disclosure of Interest Statement:**

The authors have no conflicts of interest to disclose.

Bethany Wootton, University of Technology Sydney, Broadway, NSW

*Self-guided internet delivered cognitive behaviour therapy (iCBT) for symptoms of obsessive-compulsive disorder: a benchmarking study*

**Authors:** Wootton B<sup>1</sup>, Karin E<sup>2</sup>, Titov N<sup>2</sup>, Dear B<sup>2</sup>.

<sup>1</sup> Graduate School of Health, University of Technology Sydney, Sydney, NSW, <sup>2</sup> Macquarie University, Sydney, NSW

**Introduction/Background:**

Individuals with obsessive-compulsive disorder (OCD) experience difficulty accessing evidence based treatment, and many prefer to manage their own symptoms. Self-guided internet-delivered cognitive behavior therapy (ICBT) overcomes many of the barriers experienced by clients and also allows them to self-manage their symptoms. While self-guided ICBT has been demonstrated to be effective, there are currently no studies comparing self-guided ICBT to guided ICBT or face-to-face interventions. The aim of the current study was to: 1) examine the efficacy of self-guided ICBT and 2) benchmark the results against guided ICBT and face-to-face CBT for OCD.

**Methods:**

140 participants were randomized to either a self-guided ICBT condition or a waitlist control condition and treatment consisted of an 8-week self-guided ICBT protocol. Benchmarking analyses were used to compare outcomes from the current sample with those from recent meta-analyses examining the effect sizes from guided ICBT and face-to-face CBT.

**Results:**

There was a significant reduction in symptoms with large effect sizes demonstrated from pre-treatment to post-treatment ( $d=1.25$ ) and from pre-treatment to three-month follow-up ( $d=1.23$ ). The effect sizes from the study met the 'good enough' criterion to demonstrate equivalence with guided ICBT and face to face CBT interventions.

**Conclusion:**

The current study provides preliminary evidence to support the equivalence of self-guided, guided, and face-to-face CBT interventions for OCD. Further examination of the relative efficacy of each of these intervention formats is needed in controlled trials as well as an understanding of who responds best to each treatment approach.

**Disclosure of Interest Statement:**

The authors have no conflicts of interest to disclose.