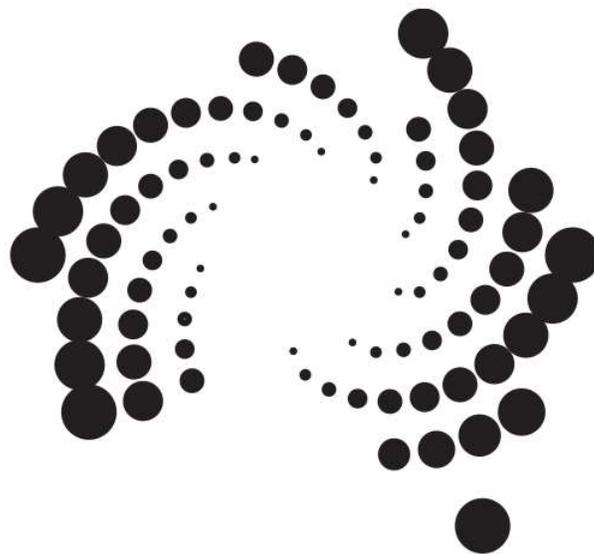


42nd NATIONAL CONFERENCE OF THE AUSTRALIAN ASSOCIATION FOR COGNITIVE AND BEHAVIOUR THERAPY

“CBT FOR ALL”

ABSTRACT HANDBOOK

13-15 October 2022 (Melbourne, Victoria)



AACBT

AUSTRALIAN ASSOCIATION
FOR COGNITIVE AND
BEHAVIOUR THERAPY

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Welcome

Wominjeka yearmann koondée biik Wurundjeri balluk

Welcome to the land of the Wurundjeri people

On behalf of the Organising Committee, we are delighted to welcome you to the 42nd National Conference of the Australian Association for Cognitive and Behaviour Therapy (AACBT).

We now find ourselves in a new era of clinical science, discipline diversity and increasingly challenging social conditions. Our line-up of keynote and invited speakers, who are innovators in research and clinical practice, will present cutting edge ideas in this new generation of cognitive and behavioural therapy. The keynote, invited, and workshop presenters will present exciting research advancements and novel, evidence-based approaches to the management of common and complex difficulties.

THIS YEAR'S CONFERENCE THEME IS "CBT FOR ALL".

AACBT has always celebrated advances in cognitive and behavioural therapies and evidence-based practice. However, the design, evaluation, and practice of cognitive and behavioural therapies has commonly neglected traditionally underserved peoples, broadly defined. Extending the very best traditions of previous conferences, we plan to begin the process of rectifying this imbalance by emphasising best practices in cognitive and behavioural practice and science in diverse communities. We invite you to consider presenting your work at this high-profile national forum.

Enjoy what Melbourne has to offer, and on behalf of the Committee, welcome.

Committee Members

Professor Peter J Norton – Scientific Convenor 2022 (Vic)

Ms Natasha Dean – Convenor 2022 (Vic), National Tour Coordinator

Professor Louise Sharpe – National Conference Coordinator (Chair)

Associate Professor Melissa Norberg – National President

Ms Lisa Catania – Sponsorship Coordinator (Vic)

Associate Professor Kristin Gainey – Early Career Research Co-Chair

Dr David Preece – Early Career Research Co-Chair

Ms Anna Dedousis-Wallace – Convenor 2023 (NSW)

Associate Professor Jill Newby – Scientific Convenor 2023 (NSW)

Venue and General Information

DISCLAIMER

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

VENUE

Crowne Plaza Melbourne
1-5 Spencer St, Melbourne, VIC, 3008
Tel: +61-3-9648 2777
Web: <https://www.melbourne.crowneplaza.com/>

REGISTRATION DESK

All enquiries should be directed to the registration desk located in the foyer outside Studios 1-6. The registration desk will be open at the following times:

- Thursday 13 October 7:00am-7:00pm
- Friday 14 October 7:00am-6:00pm
- Saturday 15 October 8:00am-5:00pm

SPEAKER PREPARATION

Speakers will be required to load their presentation prior to their session. Please ensure you make yourself known to the AV technician at least one hour prior to the session commencing. Please refer to the program to locate the required session room.

POSTER DISPLAYS

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

Thursday:

Lunch 12:45pm – 1:30pm
Afternoon Tea 3:15pm – 3:45pm

Friday:

Morning Tea 10:30am – 11:00am
Lunch 12:15pm – 1:00pm

CATERING

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CERTIFICATES OF ATTENDANCE

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

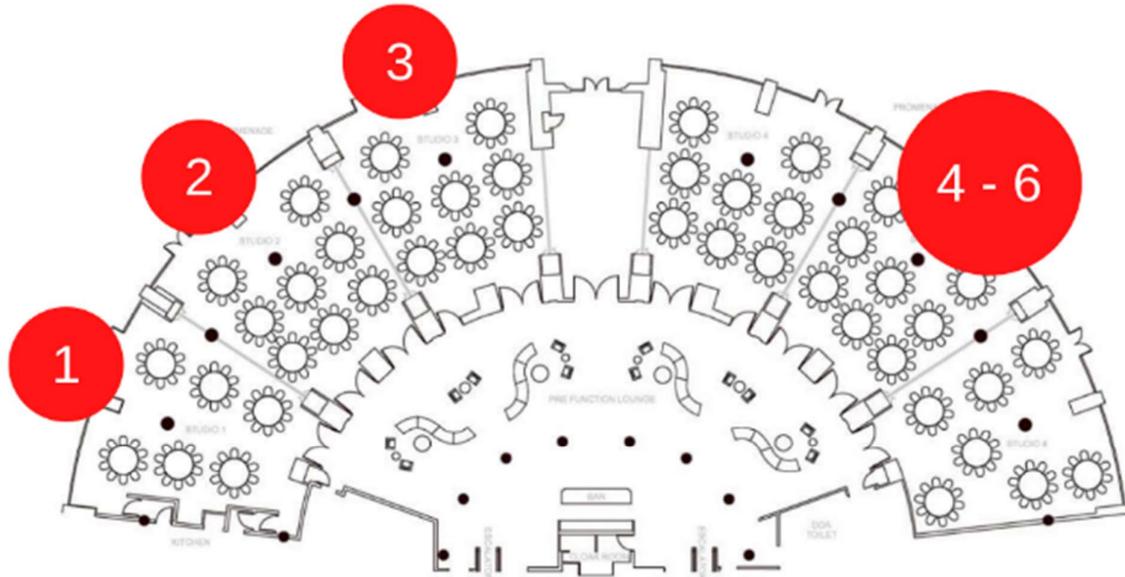
EVALUATION SURVEY

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

LIABILITY/INSURANCE

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

VENUE FLOOR PLAN



<p>Professor Willem Kuyken</p>	<p>Dr Cammi Murrup-Stewart</p>	<p>Associate Professor Dana Wong</p>
		
<p>Associate Professor Laura Jobson</p>	<p>Dr Zeffie Poulakis & Dr Carmen Pace</p>	<p>Professor Andrew Chanen</p>
		

Keynote Speaker

Professor Willem Kuyken

University of Oxford, UK

Keynote: “Mindfulness Based Cognitive Therapy for Life”

Professor Willem Kuyken is a research clinical psychologist who earned his PhD from the Institute of Psychiatry, Kings College London, and his Doctorate in Clinical Psychology from the Salomon’s Clinical Psychology Training Programme. He learned cognitive-behavioural therapy over two years as a Postdoctoral Fellow at the Center for Cognitive Therapy, University of Pennsylvania / Beck Institute, working with Aaron T. Beck. Since the mid-1990s, his training in mindfulness-based cognitive therapy has included: participation in MBCT/MBSR workshops and retreats; supervision with John Teasdale, Trish Bartley and others; and support of his mindfulness practice in the insight/vipassana tradition from Christina Feldman and Catherine McGee.

Since 2014 he has directed the Oxford Mindfulness Centre. Prof Kuyken was awarded the May Davidson award for clinical psychologists who “have made an outstanding contribution to the development of clinical psychology within the first ten years of their work as a qualified clinical psychologist.” He was “grand-fathered” as a Fellow of the Academy of Cognitive Therapy.

Keynote Speaker

Dr Cammi Murrup-Stewart

Monash University

Keynote: “First Nations wellbeing: myths, misconceptions and mobilising strengths”

Dr Cammi Murrup-Stewart is an Aboriginal woman with close ties to Wurundjeri Country and a family history impacted by the Stolen Generation policies. An Assistant Lecturer (Indigenous) and researcher at the Turner Institute for Brain and Mental Health, Monash University, her research focuses on the social and emotional wellbeing of Aboriginal youth, with an emphasis on building the strategies young mob have for improving their wellbeing and mental health, using Indigenous methodologies, and supporting Indigenous students pursuing higher education. Her research aims to centre the voices of Indigenous peoples and other marginalised groups.

Cammi has over 8 years of experience in the international and local community development and health sectors, with a Bachelor and Masters in International Development. She has won a number of awards over the years, including the 2020 Premier’s Award for Health and Medical Research – Indigenous Researcher. Cammi also lives with multiple disabilities and chronic illnesses, and advocates for greater accessibility and inclusion.

Invited Speakers

Associate Professor Dana Wong

La Trobe University

“Can CBT be effectively adapted for people with cognitive impairment and acquired brain injury?”

Associate Professor Dana Wong is an Associate Professor and Clinical Neuropsychologist in the School of Psychology and Public Health at La Trobe University. She leads the eNACT (Neurorehabilitation And Clinical Translation) Research Group, which focuses on innovative neuropsychological rehabilitation techniques to improve the lives of brain injury survivors, and enhancing clinical implementation of and clinician competence in these evidence-based interventions. She has published over 65 peer-reviewed journal articles, several book chapters, and a treatment manual on Cognitive Behaviour Therapy – Adapted for Brain Injury (CBT-ABI). She has received over \$14.2million in research funding. She was awarded La Trobe’s 2020 Research Engagement and Impact Award.

Dana’s practical clinical training approach has been recognised with several awards including the 2021 AAUT Citation for Outstanding Contribution to Student Learning, 2018 APS Early Career Teaching Award, and the 2016 Australasian Society for the Study of Brain Impairment (ASSBI) Clinical Innovation Award. Dana is currently President-Elect of ASSBI and an Editorial Board member for the journal *Brain Impairment*. She co-leads BRAINSPaN, a multidisciplinary community of practice of clinicians and researchers in the brain impairment field. She is a member of the *Attention, Memory and Depression & Anxiety* working groups for the Stroke Foundation’s Living Stroke Guidelines.

Associate Professor Laura Jobson

Monash University

“Considering the role of culture in trauma-focused psychological interventions”

Associate Professor Laura Jobson completed her PhD (Clinical Psychology) at the Australian National University in 2008. Following this she worked as a post-doc researcher in Uganda and then as a Clinical Lecturer/ Senior Lecturer at the University of East Anglia. In 2010, Dr Jobson was awarded a prestigious NIHR Fellowship hosted by the Cognition and Brain Sciences Unit, University of Cambridge to study the influences of culture on post trauma recovery. In 2015 she moved to Monash University. She is a registered Clinical Psychologist specialising in the areas of culture and trauma.

Dr Jobson leads three related themes in her program of research: 1) emotional and cognitive substrates of PTSD and depression, 2) translational studies, and 3) the role of cultural practice in wellbeing. In the emotional and cognitive substrates arm, Dr Jobson’s research has investigated the role of instrumental psychological processes in the development and maintenance of PTSD and depression. In particular, her research has addressed a major limitation associated with cognitive models and treatments of these disorders; namely, that they have been developed based on

Western cultural norms and values. In the translational arm, Dr Jobson has been involved in developing cost-effective interventions for those with PTSD and depression in humanitarian contexts and low- and middle-income countries. Dr Jobson currently has over 80 publications in the area and has received funding from several sources (e.g., NIHR, Wellcome Trust, UK AID, Ian Potter Foundation NHMRC Ideas Grant, NHS).

Dr Zeffie Poulakis & Dr Carmen Pace

The Royal Children's Hospital, Melbourne

[“Mental health in trans, gender diverse, and non-binary young people: what we know and how to help”](#)

Dr Zeffie Poulakis is a clinical psychologist who, following completion of her undergraduate studies in psychology, commenced a research career at the Murdoch Children's Research Institute. She subsequently undertook training in clinical, child, adolescent and family psychology, and has been practicing as a psychologist for over a decade. Following clinical roles in public child and adolescent services and private practice, Zeffie is now part of the team at the Royal Children's Hospital Gender Service where she works as a senior clinical psychologist. She is also the Director of the Victorian Infant Hearing Screening Program at the Royal Children's Hospital's Centre for Community Child Health, and Research Officer with the Child Health Services Research Group at the Murdoch Children's Research Institute.

Dr Carmen Pace is a clinical psychologist and researcher who holds a PhD and Master of Psychology (Clinical Child specialisation) from the University of Melbourne. She has worked with children, adolescents and their families in a range of contexts, conducts research in paediatric health, and regularly contributes to teaching and supervision in undergraduate and postgraduate psychology courses. Carmen currently holds appointments as a senior clinical psychologist in the Gender Service (Department of Adolescent Medicine) and in the Psychology Service (Mental Health) at the Royal Children's Hospital Melbourne, a Hugh Williamson Trans 20 Research Fellow at the Murdoch Children's Research Institute, and an honorary senior fellow in the Department of Paediatrics at the University of Melbourne.

Professor Andrew Chanen

Orygen, the National Centre of Excellence in Youth Mental Health

“Early intervention for personality disorder in young people is easier than you might imagine”

Professor Andrew Chanen is Chief of Clinical Practice and Head of Personality Disorder Research at Orygen in Melbourne, Australia. He is also a Professorial Fellow at the Centre for Youth Mental Health, The University of Melbourne. Andrew’s clinical, research and knowledge translation interests lie in prevention and early intervention for severe mental disorders, principally personality disorder, along with mood and psychotic disorders. He established and directs the Helping Young People Early (HYPE) prevention and early intervention program for severe personality disorder in young people. HYPE has been recognised with several awards for advancing healthcare. Andrew currently receives grant funding from the National Health and Medical Research Council and the Australian Research Council. He has over 175 scientific publications. He serves on several Editorial Boards and on several expert mental health groups. He is a Past President of the International Society for the Study of Personality Disorders and the recipient of the 2017 Award for Distinguished Achievement in the Field of Severe Personality Disorders from the Borderline Personality Disorder Resource Centre and Personality Disorder Institute, New York.

Professor Willem Kuyken	Dr Cammi Murrup-Stewart	Associate Professor Dana Wong
		
Associate Professor Laura Jobson	Dr Zeffie Poulakis & Dr Carmen Pace	Professor Andrew Chanen
		

2022 National Award Winners

AACBT Early Career Award

Dr David Preece



AACBT Mid-career Award Interview

Dr Rebecca Anderson



AACBT Distinguished Career Award Interview

Professor Ross G Menzies



Workshops

Workshop (all-day)

Professor Willem Kuyken

University of Oxford, UK

Mindfulness-based Cognitive Therapy for life: Ancient wisdom meets contemporary psychology in the modern world

As we emerge from the pandemic, the question of living well in the contemporary world has become a more pressing question. It is the same question that has been a driving force for the development of mindfulness-based programs.

Hundreds of millions of people have been introduced to mindfulness through apps (e.g., Insight Timer, Headspace and Calm), books (e.g., *Mindfulness: Finding Peace in a Frantic World*) and tens of thousands through face-to-face mindfulness-based interventions (such as Mindfulness-based Stress Reduction and Mindfulness-based Cognitive Therapy). This workshop will step back to take an overview of the demands of our contemporary world. It will explore the growing field of mindfulness and its applications. What have we learned from research, from developing and teaching mindfulness programs, and from our own mindfulness practice? How can we unlock all that we have learned to create a world without the devastating effects of depression, where people enjoy mental health and well-being and are resourced to meet the challenges of the next 50 years.

We will start by “unpacking” mindfulness, distilling its myriad meanings and offering a practical working definition. The workshop then sets out an approach to teaching mindfulness as a transformative, lifelong practice. It will provide a map and route plan for anyone learning or teaching mindfulness. It draws on the mutuality and dialogue between ancient contemplative traditions and modern psychology to provide a road map, compass and a set of foundational skills for life. More than this, it considers how these skills can help us to flourish in the midst of the challenges of the contemporary world. This synthesis of ancient and modern can clarify intentionality, offer an ethical framework and provide a novel perspective on what it means to be “the change we’d like to see in the world.”

The workshop is based on Willem Kuyken’s research program at the University of Oxford, the 2019 book, co-authored with Christina Feldman *Mindfulness. Ancient Wisdom Meets Modern Psychology* and two forthcoming books on *Mindfulness-based Cognitive Therapy for life*. Jon Kabat-Zinn has described these ideas as: “A tour de force that elaborates in exquisite detail—yet with utter accessibility and clarity—what mindfulness is and where it comes from, as well as its profound ethical foundation, clinical applications, growing evidence base, and potential for healing.” A large body of research attests to mindfulness-based cognitive therapy’s effectiveness in preventing depression, promoting mental health and in the latest randomized controlled trial, enabling flourishing.

Workshop (1/2-day)

Dr Cammi Murrup-Stewart and Samual Fisher

Monash University

Developing a professional and clinical toolkit for being a First Nations Ally

Are you confused, unsure, unconfident or simply trying to improve your practice when it comes to working with First Nations people? Have you considered how social justice and equity should influence your practice? In this workshop, participants will begin to develop the knowledge and skills to be positive advocates and allies for First Nations mental health.

Improving the mental health of First Nations people in Australia requires proactive, engaged and reflective practitioners. The purpose of this workshop is to empower participants to be effective allies for First Nations people in both clinical practice and everyday life. Building on evidence-based research and Indigenous psychology, in this workshop, participants will unpack concepts of cultural safety, allyship and ethical practice for working with First Nations peoples. Using interactive group sessions, participants will learn to recognise Aboriginal and Torres Strait Islander peoples' ways of knowing, being and affirm and protect these factors in health care practice; reflect on the ongoing influence of colonisation on mental health; explore the concepts of the Aboriginal and Torres Strait Islander social and emotional wellbeing model; generate strategies for active allyship within professional practice; learn about effective communication within clinical relationships; and explore specific ethical guidelines for working with Aboriginal and Torres Strait Islander people. With a mix of self-reflective activities, roundtable discussions and interactive exercises, participants will begin to develop the knowledge and skills to be positive advocates and allies for First Nations mental health.

Workshop (1/2-day)

Associate Professor Dana Wong

La Trobe University

How to effectively adapt CBT for people with cognitive impairment

Cognitive impairments are highly prevalent in people seeking therapy for depression and anxiety. Learn ways to effectively adapt CBT so that this often-neglected group can benefit from tailored intervention to improve their mood and quality of life.

We now have evidence that despite the challenges presented by difficulties with learning, memory, cognitive flexibility, and metacognitive awareness, CBT can be adapted for people with cognitive impairments caused by conditions affecting the brain, to successfully treat anxiety and depression. This workshop will explain and demonstrate what these adaptations are and how they can be applied in clinical practice. Current research on therapist strategies and competencies identified to be important for effective adapted CBT will be presented, along with illustrative case examples. Using practical learning methods including experiential exercises, video demonstrations and role plays, workshop participants will:

- learn to identify common presenting features of depression and anxiety in the context of brain conditions
- observe, learn and practise key adaptations to CBT for people with cognitive impairments, based on the manualised Cognitive Behaviour Therapy for Anxiety and Depression: Adapted for Brain Injury (CBT-ABI) program
- outline challenges when working with cognitively impaired cohorts and explore potential ways to manage them

While the focus of the workshop will be on people with acquired brain injury, participants will learn adaptations and skills that can be readily applied to other clinical cohorts who experience cognitive impairments (e.g., substance use disorders, neurodevelopmental disorders, neurodegenerative disorders).

Symposiums

Symposium 01: The transdiagnostic nature of death anxiety and other existential concerns

Symposium Description:

Death anxiety has been proposed to be a transdiagnostic construct, underlying multiple mental illnesses. However, previous research has typically focused solely on anxiety-related conditions. Further, the role of other existential concerns (e.g., identity, meaninglessness) in mental illnesses has received far less attention. In this symposium, death anxiety will be explored in relation to conditions outside of anxiety disorders, and other relevant existential issues will be explored. First, experimental findings demonstrating the role of death anxiety in disordered eating in women will be presented. Second, findings regarding the role of fears of death in muscle dysmorphic disorder in men will be outlined. Third, data will be presented concerning the relevance of death anxiety and other existential concerns (e.g., identity, meaninglessness, guilt) to OCD; in particular, aggressive and sexual obsessions. Results from a sample of individuals with OCD demonstrate the distinct role of these existential issues as a function of the type of obsession. Lastly, the relevance of existential concerns to fear of progression in chronic illness will be outlined. Results from a sample of people with rheumatoid arthritis demonstrate the importance of considering these issues in health psychology. Taken together, the results of these four studies demonstrate the transdiagnostic nature of existential issues, including death anxiety, and the relevance of treatments addressing this construct.

Chair: Rachel Menzies, The University of Sydney, Camperdown, NSW

Paper 1

The effect of mortality salience on disordered eating behaviours and attitudes

Madeline Forrester, The University of Sydney, Camperdown, NSW

Authors: Forrester M, Menzies RE, Sharpe L

University of Sydney, NSW.

Speaker: Madeline Forrester

Introduction/Background: Recently, several authors have claimed that death anxiety may be a transdiagnostic construct, underlying a range of psychological disorders. One category of disorders that maybe driven by death anxiety is eating disorders. TMT argues that pursuing the 'thin ideal' maybe one way that women can defend against fears of death.

Methods: We sought to recruit two samples of 128 women from analogue (Study 1), and clinically relevant (Study 2) populations. Participants completed a measure of eating disorder symptomatology before they were randomised to either a MS or

dental pain priming condition. Following priming, participants completed a series of distraction tasks before completing a portion-size estimation task, two measures of body dissatisfaction, and an intention to eat item.

Results: The results from Study 1 were inconsistent with the claimed role of death anxiety in disordered eating. However, in Study 2, MS priming led to increased dissatisfaction with current thinness and smaller portion-sizes for high-fat food compared to low-fat food.

Conclusion: Our results suggest that death anxiety may selectively exacerbate disordered eating in women for whom these behaviours and attitudes are part of an existing maladaptive coping strategy.

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

Paper 2

Life's too short to be small": the role of death anxiety in muscle dysmorphic disorder

Rachel Menzies, The University of Sydney, Camperdown, NSW

Authors: Menzies RE, Sharpe L, Richmond B, Cunningham M

The University of Sydney, NSW

Speaker: Rachel Menzies.

Introduction/Background: Growing research suggests that death anxiety plays a role in numerous mental health conditions, including body-image-related disorders such as eating disorders and body dysmorphic disorder. However, despite its theoretical relevance, the impact of death anxiety on muscle dysmorphic disorder (MDD), a subtype of BDD which primarily afflicts men, has not been explored. The current study addresses this important gap by examining whether death anxiety drives symptoms of MDD.

Methods: A sample of 326 men with an interest in fitness and dieting were recruited. Participants were randomly allocated to either a mortality salience or control condition. Next, participants completed a task requiring them to select a portion size for high versus low protein foods. They were asked to indicate their current and ideal body shape and muscularity, their intention to exercise, and their willingness to use supplements.

Results: Preliminary analyses indicated significant relationship between symptoms of muscle dysmorphic disorder and at least one measure of death anxiety. Regarding the mortality salience and control conditions, there was mixed support for the hypotheses.

Conclusion: The clinical implications of these findings will be discussed. Future research is needed to further clarify the relationship between death anxiety and muscle dysmorphic disorder.

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

Paper 3

Existential concerns in OCD with aggressive and sexual obsessions

Ross Menzies, University of Technology Sydney, Broadway, NSW

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¹The University of Technology Sydney, NSW, ²The University of Sydney, NSW

Speaker: Ross Menzies.

Introduction/Background: Previous research has highlighted the potential role of existential concerns in Obsessive-Compulsive Disorder (OCD). However, empirical research has thus far only demonstrated the role of one existential issue in this disorder: namely, death anxiety. The present study explored the relationships between OCD symptoms and five existential concerns: Death anxiety, meaninglessness, isolation, identity, and guilt. In particular, the associations between these concerns and sexual and aggressive obsessions were examined.

Methods: The sample consisted of 48 treatment-seeking individuals diagnosed with OCD. These individuals completed the Existential Concerns Questionnaire, and a measure assessing severity of sexual and aggressive obsessions.

Results: The results revealed that the five existential concerns were significantly associated with overall OCD severity. In addition, as hypothesised, death anxiety was significantly associated with aggressive obsessions, but not with sexual obsessions. Further, the existential concerns of identity, meaninglessness, and guilt were uniquely associated with sexual obsessions. The majority of these relationships remained significant after controlling for neuroticism.

Conclusion: In sum, the present research demonstrates the relevance of existential concerns to OCD. In particular, whilst death concerns appear uniquely associated with aggressive obsessions, identity, meaninglessness, and guilt appear conversely to be solely related to sexual obsessions. Future research is needed to examine whether directly addressing existential issues leads to long-term improvements in OCD.

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

Paper 4

Existential concerns and fear of progression in rheumatoid arthritis

Louise Sharpe, The University of Sydney, Camperdown, NSW

Authors: Menzies RE¹, Sharpe L¹, Richmond B¹, Dudeney J², Todd J¹, Szabo M¹, Sesel A¹, Dear BF²

¹The University of Sydney, NSW, ²Macquarie University, NSW

Speaker: Louise Sharpe

Introduction/Background: Previous research has explored the “big five” existential concerns (i.e., death anxiety, isolation, identity, guilt, and meaning), which are faced by all human beings. Increasingly, these concerns are garnering attention in the formulation and treatment of mental health conditions. However, no study has explored the role of these five constructs in chronic physical health conditions. The current study sought to examine whether these constructs may be related to rheumatoid arthritis, given the emotional, social, and physical toll commonly experienced in this condition.

Methods: A total of 300 participants with rheumatoid arthritis were recruited as part of a randomised controlled trial comparing two psychological treatments for this illness. The Existential Concerns Questionnaire (ECQ) and Fear of Progression Questionnaire (FoP-Q-SF) were administered at baseline and post-intervention, alongside other measures assessing relevant psychosocial outcomes.

Results: Correlational analyses explored the relationship between existential concerns of death anxiety, meaninglessness, identity concerns, guilt, and isolation, and the fear of progression in rheumatoid arthritis.

Conclusion: Existential concerns including fears of death, identity concerns, and isolation, may be relevant to individuals with rheumatoid arthritis. The clinical implications of the current findings will be discussed.

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

Symposium 02: Predicting treatment outcome for patients with obsessive compulsive disorder (OCD): who responds best?

Symposium Description:

Obsessive-compulsive disorder (OCD) is a common and chronic mental health condition that is characterised by the presence of unwanted and intrusive thoughts, images, and urges, as well as time-consuming compulsive behaviours. Cognitive-behavioural therapy is an effective treatment for OCD, however not all patients respond well to treatment and it is important to examine variables that might explain this difference in treatment response. Therefore, the aim of this symposium is to describe four studies that have evaluated predictors of treatment outcome in patients with OCD using a variety of methodologies.

Chair: Bethany Wootton, University of Technology Sydney, Broadway, NSW

Discussant: Milena Gandy, Macquarie University, Macquarie Park, NSW

Paper 1

Predicting remission in obsessive-compulsive disorder: a systematic review and meta-analysis

Maral Melkonian, University of Technology Sydney, Broadway, NSW

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Introduction/Background: Obsessive-compulsive disorder (OCD) is widely considered to be a chronic condition; however, our understanding of the chronicity of the disorder, as well as the incidence of spontaneous remission, has largely relied on longitudinal studies of individuals who have received treatment.

Methods: The aim of this study was to examine 1) symptom improvement, 2) rate of spontaneous remission, and 3) moderators of symptom improvement and spontaneous remission in individuals with obsessive-compulsive disorder who were assigned to no-treatment or waitlist control groups within randomized controlled trials using a meta-analytic approach. Twelve studies (n = 282; mean age = 35.52; 60.03% female) were included in the meta-analysis

Results: The pooled within-group effect size was negligible (g = -0.14; 95% CI [-0.25, -0.04]) and only 4% of participants demonstrated spontaneous remission across an average of 10.92 weeks (event rate = 0.04; 95% CI: [0.01, 0.11]). Sample size and duration of symptoms (in years) significantly moderated the effect size for symptom improvement. Specifically, larger studies resulted in a smaller effect size (z = -2.98;

95% CI [-0.02,-0.00]), as did studies with participants with longer symptom duration ($z = -2.29$; 95% CI [-0.04,-0.00]). No moderators predicted symptom remission.

Conclusion: The findings add to the small body of literature demonstrating that OCD has a chronic and unremitting course without treatment. The findings also highlight the importance of timely diagnosis and early intervention in preventing long-term distress and impairment.

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

Paper 2

Predictors of response to cognitive behavioural therapy for individuals with obsessive-compulsive disorder: a systematic review

Sarah McDonald, University of Technology Sydney, Broadway, NSW

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Speaker: Sarah McDonald

Introduction/Background: Cognitive behavioural therapy is considered the first line treatment for obsessive-compulsive disorder (OCD). However, some individuals with OCD remain symptomatic following cognitive-behavioural therapy, and therefore understanding predictors of outcome is important for informing treatment recommendations.

Methods: The current study aimed to provide the first synthesis of predictors of outcome following cognitive-behavioural therapy for OCD in adults with a primary diagnosis of OCD, as classified by DSM-5. Eight studies ($n = 359$; mean age range = 29.2–37.7 years; 55.4%female) were included in the systematic review. Congruent with past reviews, there was heterogeneity of predictors measured, and therefore a narrative synthesis of findings was conducted.

Results: Findings from this systematic review indicated that some OCD related pre-treatment variables (i.e., pre-treatment severity, past cognitive behavioural therapy, and levels of avoidance) and during treatment variables (i.e., poor working alliance and low treatment adherence) may be important to consider when making treatment recommendations. The results also indicated that demographic variables and psychological comorbidities may not be specific predictors of treatment response.

Conclusion: These findings extend and add to the growing body of literature on predictors of cognitive-behavioural therapy outcomes for individuals with a primary diagnosis of OCD.

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

Paper 3

Predicting outcome in self-guided internet delivered cognitive behaviour therapy for obsessive compulsive disorder: a preliminary investigation

Bethany Wootton, University of Technology Sydney, Broadway, NSW

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Speaker: Bethany Wootton

Introduction/Background: Clinician-guided and self-guided Internet-delivered cognitive-behavioural therapy (ICBT) programs have been demonstrated to be an efficacious treatment for obsessive-compulsive disorder (OCD). However, to date there is currently a lack of research examining the predictors of response to self-guided CBT, which may have unique predictors.

Methods: The aim of this study was to examine potential predictors of outcome in a sample of participants who completed a self-guided CBT program for OCD. One hundred and fifty-seven participants (M_{age} = 34.82; SD = 10.49; 78% female) were included in the study.

Results: Two separate regression analyses were run predicting 1) post-treatment Yale-Brown Obsessive-Compulsive Scale (YBOCS) scores and 2) the occurrence of a clinically meaningful treatment response (i.e., a 30% reduction in scores on the YBOCS) using a broad range of clinical and demographic predictors. The regression models predicting post-treatment scores ($F(8, 148) = 15.844, p < .001$) and treatment response ($F(8, 157) = 20.34, p = .009$) were both significant, with 46% and 19% of the variance explained by the predictor variables, respectively. Higher baseline OCD severity, younger age, contamination or symmetry symptoms, and a history of past treatment were all significantly associated with higher YBOCS scores at post-treatment. Younger age, higher contamination symptoms, and past experience with psychological treatment were related to a better treatment response.

Conclusion: The results have important implications for the dissemination of self-guided CBT for OCD, as well as the development of stepped care models of treatment.

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

Paper 4

Predicting outcome in self-guided internet delivered cognitive behaviour therapy for obsessive compulsive disorder: a replication and extension

Bethany Wootton
University of Technology Sydney, Broadway, NSW

Introduction/Background: There is emerging evidence that some demographic and symptom related variables may be able to predict the outcome of self-guided Internet-delivered cognitive-behavioural therapy (ICBT) for obsessive-compulsive disorder (OCD). This study extends on the previous work by our team and aims to replicate and extend our previous findings by examining not only the predictors of outcome, but also predictors of treatment dropout.

Methods: Three-hundred and twenty-four participants completed a successful application and were invited to participate in the study. Of these, one-hundred and sixty-eight completed post-treatment measures. Data collection for this study concludes in June 2022. This presentation will report on the variables that predict 1) post-treatment Yale-Brown Obsessive-Compulsive Scale (YBOCS) scores, 2) the occurrence of a clinically meaningful treatment response (i.e. a 30% reduction on the YBOCS); and 3) treatment dropout.

Results: Final results from this study are expected in July 2022

Conclusion: The state of the literature on predictors of treatment response and dropout in OCD will be discussed, as well the low-cost dissemination of ICBT, and the role of self-guided internet-delivered interventions in stepped-care models of treatment for OCD.

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

Symposium 03: Clinical training in a time of covid lockdowns: CBT adaptations and training innovations in a clinical psychology training clinic

Symposium Description:

In 2020 and 2021 Melbourne, Australia was subject to multiple and extensive lockdowns—a total of 262 days—that restricted movement and closed many face-to-face health services. Access to university premises was extremely limited, resulting in very little on-site training over the 2 years. In this context, Swinburne Psychology Clinic had to quickly transition to a telehealth only clinic in March 2020 to avoid interruption of service and training. A busy clinic training around 40 students a year and servicing 400-500 clients annually, innovation was required to meet the commitment both to the clinical training of our students and to providing continuity of care for our clients. In this symposium we describe some of the innovations and adaptations required for this task. We discuss adaptations to our group programs for social anxiety and for eating disorder and trauma. We describe and evaluate a unique online program for pandemic related anxiety in young people. We also reflect on the impact these changes to training had on students, clinical staff, and supervisors. We discuss ways in which these pandemic driven innovations and adaptations to CBT delivery and clinical training may continue to offer benefits in terms of accessibility and flexibility of treatment and extending training opportunities.

Chair: Catherine Brennan, Swinburne University of Technology, Hawthorn, VIC

Discussant: Keong Yap, Australian Catholic University, Stratfield, NSW

Paper 1

Inside and out of the box: transforming clinical psychology care and training during the covid-19 pandemic

Maja Nedeljko, Swinburne University of Technology, Hawthorn, VIC

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Introduction/Background: The COVID-19 pandemic had a transformational effect on the provision of psychological services and clinician training. Movement restrictions and social distancing measures intended to curb the spread of the virus, imposed challenges to the provision of ongoing clinical service and practical training of provisional psychologists. This study focused on the experiences of a psychology training clinic during multiple periods of restrictions. It considered the perspectives of

students, supervisors, and clinical staff, who reflected on the barriers, opportunities and adaptations experienced during the time of COVID-19.

Methods: The study involved a survey and semi-structured interviews with students and staff of a postgraduate psychology clinic. Students' training level, counselling experience, and experience with digitally based interventions were examined, alongside open-ended questions regarding the challenges, adaptations, clinician self-efficacy and wellbeing. Reflections on the challenges in transitioning to remote service delivery, managing risk, and supervisees' training and wellbeing needs, were collected as part of the staff surveys and interviews.

Results: The findings highlight a range of adaptations and learnings that have contributed to more flexible clinical service delivery and training. The role of supervision and peer support is discussed in relation to challenges in navigating professional roles during transition to remote training and clinical work

Conclusion: The adaptations made to maintain ongoing clinical service and training during the COVID-19 pandemic have encouraged exploration of the potential of technology to facilitate interaction, build therapeutic alliance, develop new ways of presenting information, and learn, all of which have the potential to extend access to care and training opportunities in future.

Disclosure: The authors have nothing to disclose.

Paper 2

Adapting group-based compassion-focused therapy for online delivery to treat comorbid eating disorders and posttraumatic stress disorder

Inge Gnatt, Swinburne University of Technology, Hawthorn, VIC

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Introduction/Background: Eating disorders (ED) are severe and debilitating conditions that commonly occur with other comorbid psychiatric conditions including posttraumatic stress disorder (PTSD). There are currently no specific psychotherapeutic treatment options for individuals where this comorbidity exists, despite the added complexity that tends to occur. Compassion-focused therapy (CFT) is a therapeutic approach that may be useful in targeting some of the common factors thought to drive core symptoms of both disorders including elevated shame and self-criticism, and down regulating the threat system by promoting better emotion regulation and increasing compassion.

Methods: 17 women participated in five 10-week, CFT group-based program, adapted for use with people experiencing symptoms of ED and PTSD Over telehealth. Baseline assessments, follow-up qualitative interviews, supervision and training of facilitators was conducted online.

Results: Participants experienced reduced symptoms relating to ED and PTSD, and increased compassion. Qualitative interviews revealed that online delivery made groups more accessible by creating a safer space from which to participate, reducing hesitance, and enabled individuals from other states or regional areas to attend. Input from other group members was highly valued and an important aspect of the experience. Facilitators expressed confidence in the online mode of delivery

Conclusion: CFT delivered using telehealth for individuals experiencing comorbid ED and PTSD symptoms may be an effective way of providing a flexible treatment option in a group-based setting.

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

Paper 3

Social anxiety in the time of covid: adapting a group based cognitive behaviour therapy treatment for social anxiety disorder

Catherine Brennan, Swinburne University of Technology, Hawthorn, VIC

Bates G, Department of Psychological Sciences, School of Health Sciences, Swinburne University of Technology, Melbourne, VIC, Australia

Introduction/Background: Group based cognitive behavioural therapy (CBT) is a gold standard treatment for social anxiety disorder (SAD). Group treatment is cost efficient, facilitates the use of role-played exposure tasks, and incorporates group processes (e.g., cohesion and universality) that contribute to the effectiveness of treatment. Social anxiety symptoms have increased during the covid-19 pandemic, due to increased isolation and limited social interaction. Due to lockdowns the 2021 the Swinburne Clinic's CBT group treatment for SAD incorporated online delivery. This paper considers the effectiveness of incorporating an online treatment component and the effectiveness of exposure tasks delivered via telehealth

Methods: Twelve clients participated in two 12-week SAD treatment groups. Nine of the 12 sessions were delivered online using telehealth supplemented with emailed resources. Although most exposure tasks were face-to face, two exposure sessions were online. Pre and post assessments included interviews and self-report measures of social anxiety and depression.

Results: Participants reported reductions in symptoms of social anxiety and depression that were comparable to those of pre-pandemic clients. Client and therapist feedback indicated that, while face-to-face delivery was preferred, online exposure tasks were experienced as realistic and effectively engaged the client's

social fears. Group cohesion was high and was identified as a major benefit of the group. In general, the therapists felt confident in delivering in online mode.

Conclusion: Group treatment for SAD incorporating telehealth is a viable alternative for providing effective treatment for SAD.

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

Paper 4

Cognitive behaviour therapy for pandemic-related anxiety and depression in youth: an observational study

Chris Ludlow, Swinburne University of Technology, Hawthorn, VIC

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Introduction/Background: The COVID-19 pandemic has had an enormous impact on the lives of adolescents living in Australia. School closures, isolation from peers, and COVID-19 fears have contributed to increased rates of mental health concerns in this vulnerable population. In response to these concerns, the Swinburne University Psychology Clinic developed and evaluated a cognitive behavioural intervention for pandemic-related anxiety and depression in youth

Methods: Participants were 15 adolescents aged 13–18 presenting during the COVID-19 pandemic with anxiety and depression. A six-session telehealth therapy was delivered to target low reward environments, COVID-related fears, and pandemic-related stressors. The primary outcome was pre-to-post psychiatric symptom change in a single-group design. Secondary outcome measures included pandemic-related fears, behavioural withdrawal, and intolerance of uncertainty.

Results: Participants' psychiatric symptoms demonstrated a significant decrease from pre-to-posttreatment, with 60 percent of participants classed as reliably improved at treatments end. Pandemic fears also reduced, but other secondary outcomes remained unchanged during the course of the intervention

Conclusion: The study provides initial evidence that a cognitive behavioural intervention reduces pandemic-related anxiety and depression in adolescents

Disclosure: The authors have nothing to declare.

Symposium 04: Recent advances in transdiagnostic CBT

Symposium Description:

Transdiagnostic cognitive-behavioural approaches to the treatment of psychological disorders have grown considerably in recent years, with increasing evidence for the efficacy and effectiveness. Further, novel transdiagnostic treatment targets and treatment delivery methods have been identified, further expanding the potential reach and impact of transdiagnostic CBT. The objective of the current symposium is to bring together leading Australian transdiagnostic treatment researchers to provide latest updates on the most recent advances in transdiagnostic treatments.

Chair: Peter Norton, Cairnmillar Institute, VIC

Paper 1

An analysis of differential improvement by diagnosis in group transdiagnostic cognitive behaviour therapy for anxiety disorders

Peter Norton, Cairnmillar Institute

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Introduction/Background: Anxiety disorders are the most prevalent among the mental health disorders and have a negative impact on an individual's life. CBT is documented as the most effective treatment for anxiety disorders. However, challenges associated with implementing diagnosis-specific CBT has led to transdiagnostic approaches of CBT (tCBT). tCBT uses a single protocol with core elements of CBT for treatment of anxiety disorders broadly. The aim of the current study is to examine whether participants with different principal anxiety disorder diagnoses demonstrate similar anxiety reduction

Methods: The current study involved a secondary analysis of 117 participants randomly allocated to receive tCBT for anxiety disorders in a pragmatic randomised effectiveness trial (Roberge et al., 2020). BAI and CSR scales were administered at pre-and post-treatment and one year follow-up, while the ADDQ-W was administered each session.

Results: Mixed-factorial ANOVAs indicated that participants with GAD, SAD and PD/A improved from pre-to post-treatment and maintained to follow-up, with no differential improvement across principal diagnoses. Mixed effect regression modelling of session-by-session measures indicated non-differential negative slopes across principal diagnoses of GAD, SAD and PD/A

Conclusion: Overall, results indicate that group tCBT for anxiety disorders shows equal effectiveness for GAD, PD/A, and SAD in real-world conditions.

Disclosure: The authors have nothing to disclose.

Paper 2

A mixed methods study of an online intervention to reduce perfectionism

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Introduction/Background: Perfectionism is linked to a variety of mental health conditions in university students. Guided by the Perfectionism Social Disconnection Model, the purpose of the current mixed methods feasibility study was to evaluate the efficacy and acceptability of a brief online intervention designed to reduce the negative consequences of perfectionism in university students.

Methods: Seventy university students (83.9% female; Mage= 19) reporting moderate to extreme levels of perfectionism completed the two hour 'Intentional Imperfection Program' (IIP). The IIP includes techniques to increase mindfulness, compassion for self and others, distress tolerance, and social skills. Participants also completed self-report measures at baseline and at a two-week follow-up.

Results: Quantitative data showed statistically significant small to moderate reductions in self-oriented perfectionism ($d=-0.48, p<.001$), socially-prescribed perfectionism ($d= 0.40, p<.001$), hostility ($r= 0.53, p<.001$), rejection sensitivity ($d= 0.37, p<.001$), depression ($r=-0.47, p<.001$), and anxiety ($r=-0.33, p= .010$) and a small increase in perceived social support ($r=-0.29, p= .023$). Thematic analyses of qualitative data indicated that participants found the IIP feasible, enjoyable, and useful.

Conclusion: A brief online intervention may be a feasible way of reducing the negative consequences of perfectionism among university students. A randomised control trial is warranted to further evaluate the efficacy of the IIP.

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

Paper 3

A randomised controlled trial evaluation two universal prevention programs for children: building resilience to manage worry

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¹The Australian National University, ²Flinders University

Background: Childhood anxiety and depression lead to great distress and impairment. Preventing them simultaneously in early life is critically important. We evaluated the long-term efficacy of an emotion regulation-based (ER) and a behavioural activation-based (BA) program. Both aimed to build resilience to prevent worry, a transdiagnostic feature across anxiety and depression.

Methods: Participants were 316 students (52.2% female; 8–13 years) from six South Australian primary schools. Schools were randomised to the ER, BA or a control condition. Measures of resilience, worry, anxiety, and depression were taken at pre- and post-program, and at 6- and 12-month follow-up. In addition, levels of emotion regulation, behavioural activation and resilience were measured as potential mediators of changes in anxiety and depression.

Results: No significant condition × time interactions were observed. However, the percentage of children who met the clinical cut-offs for generalised anxiety disorder and major depressive disorder decreased significantly in the BA condition at 12-month follow-up, as well as the percentage of children who met the clinical cut-off for obsessive compulsive disorder in the ER condition. Furthermore, emotion regulation mediated the relationship between condition and worry at post-program in the ER condition.

Conclusion: The ER and BA transdiagnostic prevention programs for childhood anxiety and depression showed promising results for certain anxiety disorders not otherwise observed in universal school-based studies. Future research should consider evaluating the programs with a larger sample using alternative outcome measures.

Disclosure of Interest/Ethical Statement: No conflict of interest to disclose.

Paper 4

Increasing access to CBT for all: codesign of a blended care app for depression and anxiety

Kathleen O'Moore, Black Dog Institute, Randwick, NSW

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Introduction/Background: In this challenging era, increasing access to Cognitive Behavioural Therapy (CBT) for all people is of utmost importance. Delivery of CBT via smartphones offers a highly accessible method of supporting in person therapy, however the sustained uptake of digital interventions remains low. The aim of this project was to design a new CBT smartphone app that targets depressive and anxiety symptoms in adults that could be used by psychologists to support clinical care.

Methods: A codesign process involved adults with lived experience (n=335) and health professionals (n=260) and included quantitative and qualitative analysis of online surveys, one-on-one interviews, and group workshops. Codesign included (1) discovery of users' needs, (2) defining of features, (3) development of activities, (4) testing and updating of prototypes.

Results: The core needs for both clients and health professionals included product trust, personalised content, bite-sized tasks, ability to see progress over time, and control of sharing and receiving of app content. In addition, psychologists wanted a snapshot of CBT skills, to understand their duty of care, and the benefit of utilising the app.

Conclusion: It is hoped that the use of codesign processes and the latest user experience techniques will lead to increased engagement with a new CBT mobile application that adults with common mental health problems can use with their psychologists. The intervention holds great potential to increase access and support psychologists in the delivery of CBT. A real-world implementation trial is needed to examine the effectiveness, acceptability, and feasibility of the app.

The authors have no conflicts of interest to disclose

Symposium 05: New directions in the field of trauma and grief: identifying novel processes

Symposium Description:

The mental health consequences of exposure to potentially traumatic life events can vary greatly. Although there is a strong evidence-base for CBT treatments for post-traumatic stress disorder, there are trauma-exposed individuals who benefit only minimally from current approaches. Accordingly, there is an imperative to better understand links between trauma types, mechanisms, and mental health outcomes across the life span. In this symposium, we bring together experts and early career researchers in trauma and grief to present the latest findings relevant to critical emerging concepts in the field. Paper 1 systematically reviews the mental health findings related to coercive control, an insidious form of intimate partner violence; Paper 2 reports on mental health outcomes and novel mechanisms in moral injury; Paper 3 reports on the mental health and intervention needs of Australians who have experienced a traumatic bereavement; and Paper 4 presents a systematic review and meta-analysis of interventions for youth who are experiencing significant bereavement distress. Although understudied populations, these findings are particularly relevant in the context of the COVID-19 pandemic, which has seen increased rates of domestic violence, occupational moral distress and burnout, and social isolation. Concurrently, DSM-5-TR has introduced Prolonged Grief Disorder as a new formal diagnostic category. The objective of this symposium is to provide audience members with the latest evidence relevant to these emerging issues to facilitate an understanding of the psychological mechanisms that underpin mental health consequences following exposure to such events and assist with assessment and intervention planning for these vulnerable and understudied populations.

Chair: Fiona Maccallum, The University of Queensland, St Lucia, QLD

Paper 1

The mental health impacts of coercive control: a systematic review & meta-analysis

Susanne Lohmann, The University of Melbourne, Melbourne, VIC

Authors: Lohmann S¹, Ney L², Cowlshaw S³, O'Donnell ML³, Felmingham KL¹
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Introduction/Background: Coercive control is a severe and insidious form of psychological intimate partner violence, with increasing numbers of studies linking exposure to PTSD and other mental health symptoms. However, thus far there has not been a systematic review and meta-analysis of evidence addressing these associations.

Methods: Empirical studies of coercive control and PTSD and other mental health symptoms were identified via a systematic search of databases including PsycINFO,

Medline, CINAHL, and Scopus. Eligible studies reported on associations involving coercive controlling behaviours and mental health consequences, among participants who were at least 18 years old. Articles were published in peer-reviewed journals and English language. A narrative synthesis and random-effects meta-analyses of eligible studies were performed.

Results: Data from 68 studies were included in the narrative synthesis while data from 45 studies could be included in random effects meta-analyses. The latter indicated small to medium associations involving coercive control and PTSD ($r = .32$), depression ($r = .27$), anxiety ($r = .28$), suicidality ($r = .20$), drug or alcohol use ($r = .14$) and transdiagnostic mental health symptoms ($r = .21$). Only one included study reported on the relationship between coercive control and complex PTSD.

Conclusion: The meta-analyses provide evidence that coercive control has major mental health impacts that are at least equal to the impacts of physical intimate partner violence. These findings have implications for clinicians, researchers, policy makers and legislators to acknowledge these mental health impacts and to provide trauma-focused psychological support for those exposed to coercive control.

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

Paper 2

When we fail to live up to our own standards: self-discrepancy and moral injury

Kari James, The University of Queensland

Authors: James K, McKimmie B, Maccallum F
University of Queensland

Introduction/Background: Exposure to potentially traumatic events can fundamentally challenge our moral values, leading to significant ongoing distress. Moral distress following exposure to traumatic events has proven difficult to treat, with clients often unresponsive to standard CBT treatments for post-traumatic stress disorder. Emerging theories highlight an important role for self-identity processes in generating and maintaining moral distress, yet key proposals remain untested. The critical importance of improving our understanding of moral distress is highlighted by the high rates of this moral distress reported by frontline workers during the COVID-19 pandemic.

Methods: Data for this study was collected online. Following a general screening procedure for exposure to a potentially morally injurious event, 184 adults who endorsed exposure to a relevant event completed two online surveys. In Survey 1 participants completed validated measures of moral distress, post-traumatic stress, depression, and anxiety. In Survey 2 they completed a self-discrepancy task where they described and rated different versions of their self-identity (ideal, ought, feared, and socially expected).

Results: Overall, we found a significant relationship between self-discrepancy and moral distress. Mediation analysis tested specific hypothesis that the degree of self-discrepancy would mediate the relationship between event exposure and moral distress. Results are discussed with reference to the relevant contribution of each of the four domains of self-discrepancy in predicting moral distress and related mental health outcomes.

Conclusion: Enhanced understanding of the role of self-discrepancy in moral distress offers a promising avenue for expanding current treatment approaches of moral injury clients. Limitations and future directions are discussed

Disclosure: Nothing to declare.

Paper 3

Bereavement during the covid-19 pandemic: a focus on mental health outcomes and support needs following bereavement due to suicide

Fiona Maccallum, The University of Queensland, St Lucia, QLD

Authors: Maccallum F¹, Lobb EL^{2,3}, Ivynian S³, Chang S³

¹University of Queensland, ²ImPaCCT, NSW, University of Technology, Sydney,

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Speaker: Fiona Maccallum

Introduction/Background: The Covid-19 pandemic changed not only how we live, but also how we die and grieve. Pre-pandemic evidence suggests that while most people find ways of adapting to their bereavement over time, those most at risk for poor outcomes struggle to find appropriate supports. In the wake of the pandemic, these problems are expected to worsen. Concurrently, Prolonged Grief Disorder has been introduced as a new diagnosis in DSM-5TR, underscoring the need for rigorous investigation. Accordingly, the National Bereavement Study sought to identify the mental health and support needs of Australians bereaved during the COVID-19 pandemic. Over 2000 bereaved people have participated in this study since 2020. Here we focus on the findings for those bereaved by suicide, a group identified as at particular risk for poor outcomes.

Methods: Participants completed an online survey indexing bereavement experiences and validated measures of grief, depression, and anxiety severity. A subset of participants completed surveys on multiple occasions and participated in qualitative interviews.

Results: 98 participants were bereaved by suicide. Mean rates of prolonged grief, major depression, and functional impairment were higher among this group than those bereaved by other causes. Results are discussed in terms of features relevant for assessment and intervention planning, support seeking, and public health restrictions.

Conclusions: There are high rates of bereavement distress within the community. Findings suggest greater awareness is needed to ensure those most at risk for poor outcomes can access trained professionals. Limitations are discussed.

Disclosure of Interest Statement: This work is funded by an MRFF-2020 COVID-19 Mental Health Research Grant awarded to Lobb et al. at UTS. The funder of the study had no role in study design, data collection, data analysis, data interpretation, or writing of the report.

Paper 4

Reducing symptoms of anxiety and depression in young people experiencing grief: results from a systematic review and meta-analysis

Lauren Breen, Curtin University, Bentley, WA

Authors: Breen LJ^{1,2}, Greene D², Rees CS², Black A², Cawthorne M³, Egan SJ^{1,2}
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Speaker: Lauren Breen

Introduction/Background: Grief reduction interventions for young people are under-researched, yet grief in young people is common and associated with symptoms of anxiety and depression.

Methods: A Youth Advisory Committee guided a systematic review and meta-analysis to examine the efficacy of grief reduction interventions in young people. The protocol was registered with PROSPERO and we adhered to PRISMA guidelines. We conducted lived experience workshops with 10 young people aged 16-22 years (Mage= 19.80, SD= 2.15).

Results: A database search yielded 27 studies of a grief intervention for young people (14-24 years) and measuring anxiety and/or depression (N= 2740 participants, 59% female). CBT for grief showed a large effect for grief and anxiety and medium effect for depression. Meta-regression indicated CBT for grief that included a higher degree of CBT strategies, was not trauma focused, had more than 10 sessions, offered on an individual basis, and did not involve parents, was associated with larger effect sizes for anxiety. Supportive therapy had a moderate effect for grief and anxiety and a small-moderate effect for depression. Writing interventions had a small effect on grief but were not effective for anxiety or depression. Studies are limited in number and there were few randomized controlled studies. The young people wanted access to quality psychoeducation, strategies, and homework; co-designed grief interventions tailored to young people; and to be listened to and validated.

Conclusion: CBT for grief is the most effective intervention for reducing symptoms of grief, anxiety, and depression in young people experiencing grief.

Disclosure of Interest Statement: This work was funded by a Wellcome Trust Mental Health Priority Area 'Active Ingredients' commission awarded to Lauren Breen at Curtin University. The funder of the study had no role in study design, data collection, data analysis, data interpretation, or writing of the report

Symposium 06: Mind the gap: improving engagement and adherence to digital interventions for child and adolescent anxiety and depression

Symposium Description:

Anxiety and depression are common and impairing disorders in children and adolescents, among the top 6 causes of disease burden worldwide. Access to effective and high-quality interventions is critical to reduce symptoms yet only 27% of Australian children and adolescents with these disorders receive evidence-based care. Face-to-face cognitive behavioural therapy (CBT) is the frontline treatment for anxiety and depression, however there are many barriers related to accessibility, stigma, cost and flexibility. Digital CBT (dCBT) and adjunct digital interventions overcomes many of these barriers. However, widespread uptake of digital interventions has been low. Premature disengagement and non-completion of common problems meaning that digital interventions remain under-utilized for addressing critical treatment gaps in youth mental health.

This symposium includes three presentations that discuss issues related to engagement and adherence to digital interventions for child and adolescent anxiety and depression. To begin, a systematic review provides an overview of how adherence has been defined and measured in dCBT interventions for youth anxiety and depression, and reports on relationships between adherence and treatment outcomes. Two papers report on a co-design process for the development of digital interventions for anxious children; the first, a digital cognitive bias modification intervention; the second, an online screening tool. Together, this symposium provides an update on recent developments and advances in our understanding of improving access to care through engagement in digital interventions for youth with anxiety and depression

Chair: Gemma Sicouri, Black Dog Institute, Randwick, NSW

Paper 1

Instructions for use and operationalisation of adherence to digital cognitive behavioural therapy for depression and anxiety in youth: a systematic review

Sophie Li, Black Dog Institute, Randwick, NSW

Authors: Li SH^{1,2}, Achilles MR¹, Werner-Seidler A¹, Beames JR¹, Subotic-Kerry M¹, O'DeaB¹

¹Black Dog Institute, University of New South Wales, Sydney, NSW, Australia,

²School of Psychology, University of New South Wales, Sydney, NSW, Australia

Background: Adherence to digital, self-guided cognitive behavioural therapy (CBT) interventions is low. The absence of recommendations for appropriate use may account for this. Here, we report how appropriate use has been defined and communicated to users as instructions for use; how adherence has been measured; and the associations between adherence and treatment outcomes

Methods: A systematic review was conducted searching four electronic databases (Embase, Medline, PsycINFO and The Cochrane library) for studies evaluating digital CBT for depression and anxiety in participants aged between 12-24 years. Methodological quality of each study was assessed.

Results: 32 manuscripts met inclusion criteria (total N=16 578 youth). Definitions of appropriate use were not systematically reported and varied between the different interventions. No study provided information on how recommendations for use were relayed to users. Adherence was mostly operationalized as the degree of intervention completion; however, reporting of adherence data was heterogeneous. There was little evidence of an association between degree of use and outcomes.

Conclusion: Definitions of appropriate use are unique to each digital CBT intervention but are not systematically reported in the literature. The extent to which recommendations for use are communicated to users is not routinely reported. Despite unique definitions of appropriate use, adherence was most often generically operationalized as the degree of intervention completion and was rarely associated with outcomes. We propose a framework to promote systematic reporting of recommendations for use of digital interventions to provide guidance to users and to assist the development of appropriate and nuanced measures of adherence.

Disclosure of interest: This research was funded by the Goodman Foundation. We have no potential conflicts of interest to disclose

Paper 2

Co-development of a digital cognitive bias modification of interpretations for child anxiety and depression

Gemma Sicouri, Black Dog Institute, Randwick, NSW

Authors: Sicouri G¹, Hudson J¹, Gale N², Salemink E³

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³Department of Clinical Psychology, Utrecht University, Utrecht, the Netherlands,

⁴Department of Child and Adolescent Psychiatry, Amsterdam UMC, Amsterdam, the Netherlands, ⁵Academic Center for Child and Adolescent Psychiatry, Amsterdam, the Netherlands

Background: Cognitive bias modification of interpretations (CBM-I) teaches children positive or neutral ways to think about ambiguous situations to reduce their anxiety and depressive symptoms. CBM-I overcomes traditional barriers to face-to-face therapy as it uses repetitive training tasks which can be delivered digitally without the input of a therapist. While there is promising evidence for the efficacy of CBM-I for reducing symptoms, adherence and engagement in CBM-I is typically low. Importantly, no CBM-I programs for children have been designed with input from end-users and stakeholders. This study describes and reports on the initial outcomes of a co-development process to develop a CBM-I program for children with anxiety and depression

Methods: Three groups of English-speaking participants took part one or two online focus groups: 1) children aged 8-12 years (n= 6); 2) parents of children aged 8-12 years (n= 8); 3) mental health professionals (n= 4). Participants were recruited via online advertisements and eligibility was determined via a Qualtrics survey. A thematic analysis approach was used to analyse the data and refinement of themes was conducted in consultation with participant groups.

Results: Three main themes were identified: digital behaviours and attitudes, program preferences (features, design, tone and content) and barriers/facilitators to using a digital program. Subthemes and their implications for product design will be outlined.

Conclusion: This study will inform the design and development of a scalable and accessible CBM-I program for children with anxiety and depression which will be evaluated in a randomized control trial.

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

Paper 3

Increasing access to care for Australian children with anxiety and depression: the online mental health check

Deanna Francis, Black Dog Institute, Randwick, NSW

Authors: Francis D, Carr T, Champ S, Leung J, Gale N, Elder E, Croguennec J, & Hudson J

The Black Dog Institute, University of NSW, Sydney, NSW

Introduction/Background: Anxiety and depression impact 7 to 14% of Australian children, yet only around 19.5% of children receive evidence-based care. This is an alarming statistic that highlights the need to discover ways to increase access to mental health care for young Australian children. To address this issue, an Online Mental Health Check for children aged 6 to 12 years of age is being developed. This will be a web-based platform that allows parents to report on anxiety, depression, and related concerns that may impact their child (e.g., eating, attention, and behaviour). Parents will then receive a personalized report with results and triage services for support.

Methods: Stakeholder interviews and engagement with lived-experience advisors will inform the development and co-design of the Online Mental Health Check. Once developed, we will pilot the “Check” before conducting a school-based study with two complimentary randomized controlled trials. We aim to evaluate the efficacy of the Online Mental Health Check to increase access to mental health care for Australian children

Results: An overview of the Online Mental Health Check that has been informed by stakeholder engagement will be provided. Preliminary data and results from pilot testing will follow.

Conclusion: The online mental health check has great potential to improve access to mental health care for Australian children with anxiety and depression.

Disclosure: Nothing to declare.

Symposium 07: Mechanisms and optimisation of treatment for anxiety

Symposium Description:

Anxiety disorders are common and impairing disorders, and represents the sixth leading cause of disability worldwide. Although cognitive behavioural therapy (CBT) is effective, up to 50% of individuals either fail to respond to treatment or experience a relapse after treatment ends. Clearly there is scope to improve the efficacy and durability of treatment. Understanding the mechanisms that underpin effective treatment is critical for improving and optimising interventions, however there is a significant gap in our understanding of how treatments work.

This symposium includes five presentations that discuss different putative mechanisms underpinning the development and treatment of anxiety disorders, as well as potential targets for treatment optimisation. To begin, a scoping review of the mechanisms of exposure therapy with youth will be presented, highlighting the limitations in our understanding of mechanisms of this treatment. Two empirical studies of optimised interventions that target underlying mechanisms will be presented. One study examines the optimisation of exposure therapy based on inhibitory learning principles, and the importance and temporal characteristics of expectancy violation. Another study examines an enhanced cognitive bias modification intervention that concurrently targets interpretation and attributional biases. The final two studies examine mechanisms of anxiety and treatment among children. One project examines anxiety-related attentional biases in a large youth sample, while the other examines the relationship between treatment efficacy and content of therapist guidance during internet-delivered CBT. Together, this symposium will provide an update on recent developments and advances in our understanding of how and why interventions for anxiety are effective

Chair: Carly Johnco, Macquarie University, Macquarie Park, NSW

Paper 1

Investigating the use of exposure for the treatment and targeted prevention of anxiety and related disorders in young people

Jennie Hudson, Black Dog Institute, Randwick, NSW

Authors: Teunisse AK², Pembroke L², O'Grady-Lee M¹, Sy M², Rapee RM², Wuthrich VM², Creswell³, Hudson JL¹

¹Black Dog Institute, University of New South Wales, Australia, ²Centre for Emotional Health, Department of Psychology, Macquarie University, New South Wales, Australia, ³Department of Experimental Psychology and Department of Psychiatry, University of Oxford, Oxford, United Kingdom

Introduction/Background: Cognitive Behavioural Therapy (CBT) is the gold standard intervention for anxiety and related mental health disorders among young people. The efficacy of individual elements of CBT have received little scrutiny. This scoping

review, informed by three stakeholder groups and a scientific advisory group, aimed to identify the nature and extent of the available research literature on the efficacy of exposure to feared stimuli, moderators of effectiveness in young people aged 14-24 years.

Methods: Three international stakeholder groups composed of clinicians (N = 8), parents/carers (N = 5) and youth with lived experience of anxiety (N = 7) provided input into study design and results. Using the PRISMA extension for scoping reviews, a search was conducted using terms related to anxiety, ages 14 to 24, and exposure.

Results: 64 papers were included for the review. While there was evidence for the efficacy of exposure, fundamental gaps in knowledge of exposure in this age group were identified. Most studies examined post-traumatic stress disorder, obsessive-compulsive disorder, and specific phobias with no randomised clinical trials uniquely evaluating exposure for the treatment of DSM-5 anxiety disorders. Exposure was typically delivered accompanied by other anxiety management techniques. A multitude of optimisation strategies have been tested, yet only one of these effects (timing relative to sleep) showed preliminary evidence of replication

Conclusion: A systematic and theoretically driven program of research investigating the efficacy of exposure in young people and factors that moderate its efficacy, along with methods to overcome barriers for delivery, is needed.

Disclosure of Interest Statement: The authors (JH CC RR VW) are also authors of treatment programs and books for anxiety disorders in youth, from some of which they receive royalties

Paper 2

An inhibitory learning approach to optimising exposure therapy: understanding the temporal features of expectancy violation during exposure therapy

Carly Johnco, Macquarie University, Macquarie Park, NSW

Authors: Johnco CJ, Norberg M, Wuthrich VM, Rapee RR
Centre for Emotional Health, School of Psychological Sciences, Macquarie University, NSW

Background: Exposure is the core therapeutic skill for anxiety reduction and is proposed to operate via inhibitory learning mechanisms. Inhibitory learning models emphasise the central role of expectancy violation (i.e., prediction error) during exposure. However exposure is often implemented alongside skills such as cognitive restructuring, where threat expectancies are reduced prior to conducting exposure, reducing the potential for prediction error during exposure itself. This study examined whether the timing of expectancy violation (before/during exposure) affects the efficacy of exposure therapy

Methods: Participants (>200 adults) with public speaking fears completed a massed exposure therapy session. Participants were randomly allocated to complete: 1) cognitive restructuring prior to each exposure task (i.e., threat expectancies reduced prior to exposure); 2) behavioural experiments (i.e., emphasizing expectancy mismatch following exposure); or 3) exposure alone (i.e., no cognitive processing of expectancy violation). Participants completed questionnaire measures of public speaking fears at pre-post treatment, and one-week follow-up. During exposure, subjective distress and threat expectancies were recorded at one-minute intervals, alongside continuous recording of skin conductance and heart rate variability

Results: Data collection is in its final stages (N=219 currently) and will be presented at the conference.

Conclusion: Studies on mechanisms of exposure therapy treatment are in their infancy. These results will highlight whether the timing of expectancy violation, a central tenant in inhibitory learning models, influences fear reduction. These findings have implications for understanding whether procedural differences in the clinical implementation of exposure therapy based on updated understanding of mechanisms of change can improve therapeutic outcomes.

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

Paper 3

A single-session online cognitive bias modification of interpretations modified for adults with anxiety and depressive symptoms

Gemma Sicouri, Black Dog Institute, Randwick, NSW

Authors: Rogers J¹, Sicouri G²

¹Department of Psychology, Macquarie University, Sydney, NSW, ²Black Dog Institute and School of Psychology, University of New South Wales, Sydney, NSW

Introduction/Background: Anxiety and depression are common and co-occurring mental disorders. Cognitive bias modification of interpretations aims to modify biases to reduce associated symptoms. Few studies have targeted multiple biases associated with both anxiety and depression and those that have lacked a control condition. This study piloted a novel single-session online cognitive bias modification (known as CBM-IA) targeting two biases—interpretation bias and attribution style—associated with anxiety and depression in adults with varying levels of both symptoms.

Methods: Participants aged 18-26 years with at least mild levels of anxiety/stress and depressive symptoms were randomly allocated to CBM-IA (n= 23) or a control condition (n= 22). CBM-IA was delivered over a single-session to encourage positive interpretations and a positive attribution style. Interpretation bias, attribution style, anxious and depressive mood states and symptoms were measured immediately post-training and at 1-week follow up.

Results: Interpretation bias, attribution style, anxious and depressive mood states and anxiety, depressive and stress symptoms improved at post-training and at follow-up, irrespective of condition. Changes in interpretation bias were significantly associated with changes in anxious mood state.

Conclusion: Our results add to the mixed evidence of cognitive bias modification of interpretations for anxiety and depression, suggesting that targeting multiple biases associated with both symptom domains in a single session does not yield benefits. The association between change in interpretation bias change and anxious mood state suggests a potential mechanism of effect.

Disclosure: Nothing to declare.

Paper 4

Eye-tracking to assess anxiety-related attentional biases among a large sample of preadolescent children

Ella Oar, Macquarie University, Macquarie Park, NSW

Authors: Oar EL¹, Johnco CJ¹, Waters AM², Fardouly J^{1,3}, Forbes MK¹, Magson NR¹, Richardson CE^{1,4}, Rapee RM¹

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Introduction/Background: A considerable body of research in adults has demonstrated that anxiety disorders are characterised by attentional biases to threat. Findings in children have been inconsistent.

Methods: The present study examined anxiety-related attention biases using eye tracking methodology in 463 preadolescents between 10 and 12 years of age, of whom 92 met criteria for a DSM-5 anxiety disorder and 371 did not. Preadolescents' gaze was recorded while they viewed adolescent face pairs depicting angry-neutral and happy-neutral expressions with each face pair presented for 5000ms

Results: No group differences were observed across any eye tracking indices including probability of first fixation direction, latency to first fixation, first fixation duration and dwell time. The sample overall showed faster initial attention towards threat cues, followed by a later broadening of attention away from threat.

Conclusion: There is a need to identify the types of threats and the developmental period during which visual attention patterns of anxious and non-anxious youth diverge. Implications for developmentally sensitive approaches to treatment for anxious youth will be discussed.

Disclosure of Interest Statement: This study was supported by Australian Research Council grant FL150100096 to Ronald M Rapee and was supported by additional funding from Macquarie University. The authors declare that they have no conflict of interest

Paper 5

Content of therapist session notes in online CBT for childhood anxiety

Lauren McLellan, Macquarie University, Macquarie Park, NSW

Introduction/Background: There is growing evidence for the efficacy of cognitive behavioural therapy delivered online (iCBT) for childhood anxiety disorders. However, little is known about the content of therapist guidance provided alongside these programs. Svartvatten and colleagues (2015) developed codes for analysing client communication with therapists during adult iCBT. The present study adapted a selection of these codes (chooses, tries, positive consequences, problems and avoidance) and aimed to understand and describe how parents understood and implemented core CBT components (exposure therapy, cognitive restructuring, and parenting strategies) in the online anxiety program, and how this related to program access and treatment outcomes

Methods: Therapist notes of telephone sessions with parents of 65 children (7-12 years) with anxiety disorders drawn from a randomized controlled trial of Cool Kids Online were coded

Results: Positive intercorrelations were observed between a) choosing, trying and reporting positive consequences from exposure therapy, b) trying and positive consequences from cognitive restructuring, and c) trying and reporting problems with parenting strategies. More avoidance of parenting strategies was associated with less frequent exposure attempts. More problems with cognitive restructuring was associated with less change on clinician-rated severity of primary anxiety disorder post-treatment. Only trends emerged between codes and program access

Conclusion: This is a first step in describing the content of guidance alongside iCBT for child anxiety. It is surprising that exposure was not more strongly associated with program access or symptom improvement. Further research is needed to better understand how therapist guidance assists outcomes of online programs

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

Symposium 08: Innovations in Australian clinical child and youth research: introducing growing minds Australia

Symposium Description:

Australia's children, young people and parents are demonstrating a critical need for access to evidence-based support and intervention for mental health concerns (Doyle et al., 2022; Lawrence et al., 2015). However, our system is often failing them. Pathways to evidence-based support are confusing and service waiting lists are long, with demand frequently outstripping supply (Sicouri et al., 2021). People are getting lost in the system with many unable to access the right level of support at the right time, and others (specifically, non-responders to treatment-as-usual, those in traditionally marginalised groups and those in rural and remote areas) are being left behind in our emerging evidence-base of effective child and youth clinical practice. In this symposium we introduce Growing Minds Australia, a child and youth clinical trials network recently established to transform the mental health landscape in Australia. We will present a range of new and innovative studies and initiatives that will increase access to, and enhance the delivery of, evidence-based mental health support for Australian children, youth and their parents. We will also discuss the important role that clinicians and people with lived experience of mental health concerns play in directing research prioritisation within the Growing Minds Australia CTN. We invite you all to partner with us as GMA members, to work collaboratively to innovate child and youth mental health within Australia.

Chair: Mark Dadds

Discussant: Mark Dadds

Paper 1

The growing minds Australia clinical trials network in child & adolescent mental health: progress & challenges

David Hawes, The University of Sydney, Camperdown, NSW

Authors: Hawes DJ, Nowland T, Tully L, Dadds MR, Northam JC & Growing Minds Australia
The University of Sydney

Introduction/Background: Many areas of medicine have benefited from the formation of clinical trials networks (CTNs) in recent years, whereby researchers have come together on a large scale to identify important clinical questions and implement corresponding trials. CTNs in field of mental health, however, have been rare and largely absent from the Australian context. This presentation will provide an overview of the Growing Minds Australia Clinical Trials Network (GMA-CTN), the first comprehensive CTN in child and adolescent mental health in Australia, as funded by the Million Minds Medical Research Future Fund in 2021.

Methods: The principal members of the CTN consist of 60 Chief/Associate Investigators, who represent teams across 19 diverse areas related to specific forms of psychopathology (e.g., internalising, externalizing, and neurodevelopmental disorders, early psychosis, substance use), specific methods (e.g., health economics, e-Health, translation to existing services), and specialised areas of practice (e.g., indigenous mental health, refugee families, school-based interventions, parenting interventions).

Results: The GMA-CTN has made important progress toward establishing processes to support its seven core functions of: (1) collaborative trial protocol development; (2) peer review, prioritisation and endorsement of trials; (3) convening scientific meetings/events; (4) education & training/mentoring of researchers; (5) advocacy and consumer liaison; (6) clinical guideline development and implementation; and (7) improving access to evidence-based treatment.

Conclusion: A dedicated CTN has the potential to produce fundamental change in child and adolescent mental health systems in Australia, while at the same time introducing a range of unique and complex challenges.

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

Paper 2

Developing the growing minds check-in: a systematic review and scoping study

Jaimie Northam, The University of Sydney, Camperdown, NSW

Authors: Nowland T, Northam JC, Tully L, Hawes DC, Kan J, Liew O, Brinley S, Dadds MR, Growing Minds Australia.
The University of Sydney
Speaker: Trisha Nowland

Introduction/Background: The inclusion of children in lived experience child and youth mental health research remains challenging for a number of reasons, even though lived experience youth mental health research has become both informative and valued for shaping mental health service delivery and intervention. In this project, we describe outcomes from working to involve lived experience participant/researchers in child and youth mental health research advances, focusing specifically on CBT-based intervention.

Methods: A rapid realist review was conducted to develop theory and guide development for a lived experience training program run for lived experience researchers in Growing Minds Australia child and youth mental health research project. Outcomes related to lived experience researcher knowledge, skills, attitudes, and behaviours as well as evaluation of the training program modules was conducted to understand what worked, for whom and how, when developing lived experience training material with some focus on CBT intervention research.

Results: Outcomes from both the rapid realist review, and the training program will be presented, as well as accounts directly from the lived experience researchers, themselves.

Conclusions: Inclusion of lived experience perspectives can make a valued difference to research projects as demonstrated in the outcomes relevant to Growing Minds Australia research projects. Based on our findings we recommend that integration of lived experience perspectives should be considered as a base requirement across research projects that take as a focus prevention, assessment, intervention and monitoring, for child and youth mental health.

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

Paper 3

Lived experience in child and youth mental health - reshaping CBT intervention delivery

Trisha Nowland, The University of Sydney, Camperdown, NSW

Authors: Nowland T, Northam JC, Tully L, Hawes DC, Kan J, Liew O, Brinley S, Dadds MR, Growing Minds Australia
The University of Sydney
Speaker: Trisha Nowland

Introduction/Background: The inclusion of children in lived experience child and youth mental health research remains challenging for a number of reasons, even though lived experience youth mental health research has become both informative and valued for shaping mental health service delivery and intervention. In this project, we describe outcomes from working to involve lived experience participant/researchers in child and youth mental health research advances, focusing specifically on CBT-based intervention.

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Minds Australia research projects. Based on our findings we recommend that integration of lived experience perspectives should be considered as a base requirement across research projects that take as a focus prevention, assessment, intervention and monitoring, for child and youth mental health.

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

Paper 4

Stepped care assessment and intervention - CBT innovation in child and youth mental health

Olivia Liew, The University of Sydney, Camperdown, NSW

Authors: Liew O, Northam JC, Tully L, Hawes DC, Kan J, Brinley S, Nowland T, Dadds MR, Growing Minds Australia.

The University of Sydney

Speaker: Olivia Liew

Introduction/Background: Fewer than one in three children and young people (CYP) with mental health problems access and receive mental health services in Australia, and the prevalence of child and youth mental health problems is not decreasing. Participation in services is low throughout Australia due to poor availability and access to evidence-based treatments with long waiting times and high costs; poor recognition and understanding of mental health problems; low levels of knowledge about how to seek help, and what help is available. GMA-IMPACT is an innovation informed by successes of international stepped care initiatives adapted for the context of CBT-informed service delivery in Australian child and youth mental health services, which aims to address the problems highlighted above.

Methods: A rapid review of grey and peer-reviewed literature was conducted to develop GMA-IMPACT, a stepped care service model specifically integrating direct from service-user data for screening and initial assessment, and online formats for self-guided CBT based low intensity support.

Results: The features of the service model include training components and attention to the integration of clinician data and feedback in the conduct of therapeutic interventions, whether of high intensity or low intensity in nature. Supervisory pathways, routine outcome monitoring, and specific considerations for a network approach to the family and carers involved for a CBT intervention also have been elucidated.

Conclusions: The GMA-IMPACT model is structured enough such that shared conceptual infrastructure can be used to cross-evaluate distinct interventions, yet flexible enough to be adapted into any child and youth mental health service which may currently exist in Australian mental health care.

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

Symposium 09: Transdiagnostic factors across depression, anxiety and eating disorders

Symposium Description:

Transdiagnostic psychological mechanisms have been implicated in the development and maintenance of depressive and anxiety disorders. Mechanisms include intolerance of uncertainty, rumination, emotional regulation, anxiety sensitivity, distress tolerance and psychological inflexibility and death anxiety. The current symposium will present the results from five different studies examining a range of transdiagnostic factors associated with depression, anxiety and eating disorders and across different population groups (help-seeking, community-based and medically/chronically ill).

Chair: Litza Kiropoulos

Paper 1

Transdiagnostic psychological processes underlying depression and anxiety in multiple sclerosis and endometriosis: a systematic review and meta-analysis

Rebekah Davenport, The University of Melbourne, Parkville, VIC

Authors: Davenport R, Rickerby N, Krug I, Kiropoulos L
Mood and Anxiety Disorders Lab and Eating Disorders Lab, Melbourne School of Psychological Sciences, The University of Melbourne, VIC
Speaker: Rebekah A. Davenport

Introduction/Background: Clinical and comorbid levels of depression and anxiety are highly prevalent in Multiple Sclerosis (MS) and Endometriosis and this comorbidity has been associated with increased clinical distress, suicidal ideation and a host of negative prognostic factors. A range of transdiagnostic psychological processes have been implicated in non-medically ill samples (i.e., intolerance of uncertainty, anxiety sensitivity, emotion dysregulation, psychological inflexibility, distress tolerance), however, no research has examined whether these processes contribute to the development and maintenance of depression and anxiety in MS or endometriosis populations. The study aimed to: (1) synthesise the literature on psychological factors correlated with depression and anxiety in MS and endometriosis; (2) evaluate the strength of associations, thereby highlighting the most salient factors; (3) utilise information to propose a framework, in the form of a transdiagnostic model of depression and anxiety.

Methods: Following PRISMA guidelines, a systematic search was undertaken via MEDLINE, PsycINFO, EMBASE, Web of Science and ProQuest up to February 2022. Quantitative studies with MS and/or endometriosis adult participants that measured depression, anxiety and psychological variables were considered for

inclusion. A meta-analysis using Rpackages will be later conducted if there are greater than two studies with comparable, relevant outcomes.

Results and Conclusion: 2,355 studies were identified, 681 duplicates removed, and screening of 1,674 titles and abstracts is underway. Authors will present systematic review and meta-analytic findings and the implications of results for a transdiagnostic model of depression and anxiety in MS and endometriosis.

Disclosure of Interest Statement: This research is funded by a MS Australia post-graduate research scholarship and an Australian Government Research Training Program scholarship. No other interests to disclose

Paper 2

Can embodiment illusions elucidate transdiagnostic factors across depression, anxiety, psychosis, eating disorders and body dysmorphia? A scoping review

Jade Portingale, The University of Melbourne, Parkville, VIC

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¹Mood and Anxiety Disorders Lab and Eating Disorders Lab, Melbourne School of Psychological Sciences, The University of Melbourne, VIC, ²Cairnmillar Institute
Speaker: Jade Portingale

Introduction/Background: Numerous psychopathologies, including eating disorders (EDs), body dysmorphic disorder (BDD), depression, anxiety, and psychosis, are associated with disturbances in bodily self-perception. Growing research evidence, although scant, suggests that such disturbances may reflect broader impairments in multisensory integration, as made evident by increased susceptibility to embodiment illusions (i.e., the temporary experience of ownership over another body part following a shared multisensory experience). These illusions have also been shown to temporarily improve bodily self-perception among ED populations. However, to date, there has been no attempt to review and compare the literature examining embodiment as a function of, and method to improve self-perception distortions across various psychological disorders.

Methods: To address this issue, we conducted a scoping review and identified 22 studies that examined susceptibility to embodiment as a function of EDs (N = 7), BDD (N = 1), depression (N = 2), anxiety (N = 2), and psychosis (N = 11), and 11 studies that examined changes in EDs (N = 10) and psychosis (N = 1) post-embodiment.

Results and Conclusion: A preliminary analysis of the results provided support for greater susceptibility to embodiment among those with EDs (n = 4; 57.1%), depression, anxiety (both n's = 1; 50%), and psychosis (n = 11; 100%). Improvement in ED psychopathology post-embodiment was observed in most (n = 8; 80%) studies, whilst the one study examining psychosis reported worsening psychopathology. Overall, suggesting that impairments in multisensory integration

may represent a transdiagnostic risk and maintenance factor for these conditions, particularly EDs and psychosis. However, due to a paucity of research, it remains unclear whether these illusions may act as a novel, transdiagnostic treatment approach. Thus, necessitating future research.

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

Paper 3

An examination of the transdiagnostic model of eating disorders across anorexia nervosarestrictive, anorexia nervosa-binge-purging and bulimia nervosa

An Dang, The University of Melbourne, Parkville, VIC

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Presenting author: An Binh Dang, PhD Candidate, The University of Melbourne, Melbourne, VIC, Australia.

Background: According to Fairburn et al.'s (2003) transdiagnostic model of eating disorders (EDs), perfectionism, low self-esteem, mood intolerance, and interpersonal difficulties are core factors that lead to the development and maintenance of EDs. This is the first study to examine the roles of the four transdiagnostic core factors as proposed by Fairburn et al.'s across Anorexia Nervosa-Restrictive (AN-R), AN-Binge-Purging (AN-BP), and Bulimia Nervosa (BN).

Methods: The sample comprise of 389 patients (AN-R = 192, AN-BP = 93, BN = 90) with EDs recruited from both clinical-and community-based platforms. A path-model including AN-BP, AN-R and BN as key polychotomous categorical outcome was conducted.

Results: Our path-analysis showed that mood tolerance mediated the relationship between interpersonal difficulties and ED symptomatology (i.e., dieting, bulimia, and oral control) across all ED subtypes. A clinical perfectionism was found to predict low self-esteem. Furthermore, a bidirectional relationship between interpersonal difficulties and low self-esteem was found. Contradicted to our predictions, none of the four core transdiagnostic factors were found to directly nor indirectly associated with ED subtypes.

Conclusion: Despite no significant relationship between ED diagnoses and the four core transdiagnostic factors, the result highlighted the difficulties in tolerate emotions might play a role in all form of disordered eating behaviours across all ED subtypes.

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

Paper 4

A longitudinal examination of anxiety sensitivity in the relationship between intolerance of uncertainty, health anxiety, and GAD, SAD, PTSD and PD symptoms in multiple sclerosis, help seeking, and community-based populations

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Speaker: Phuong Linh Dang

Introduction/Background: Intolerance of uncertainty (IU)—the dispositional fear of the unknown—has often been implicated in the aetiology of several anxiety disorders and health anxiety. Although the role of IU has been explored extensively in the adult population and more recently in children and adolescents (Wright et al., 2016), much less is known about its associations with anxiety symptoms and health anxiety in adults with multiple sclerosis. Drawing on the work of Wright et al. (2016), the current study aims test the predictions that (i) IU is positively associated with anxiety disorder symptoms, health anxiety, and anxiety sensitivity (i.e., fear of anxiety-related sensations), and (ii) anxiety sensitivity mediates the relationship between IU and health anxiety in the MS population using a longitudinal design. We will then compare the magnitude of these relationships to those in clinical help-seeking and community-based samples.

Methods: Data was collected at two timepoints with data collection ongoing. At Time 1, there were 2401 adult participants aged 18 to 81. At Time 2, there were 298 adult participants aged 18 to 74. All participants completed demographic and medical background questions. The Intolerance Uncertainty Scale, Anxiety Sensitivity Index Revised (ASI-R), and Short Health Anxiety Inventory were used. Symptoms of GAD, PTSD, panic disorder, and social phobia were also measured. Bivariate correlations and structural equation modelling (SEM) were used to examine our hypotheses.

Results: Preliminary results will be discussed.

Conclusion: Implications for transdiagnostic interventions will be discussed.

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

Paper 5

Psychological correlates of death anxiety in oncology, multiple sclerosis and eating disorder populations: a systematic review

Anastasia Pourliakas, The University of Melbourne, Parkville, VIC

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Speaker: Anastasia Pourliakas

Introduction/Background: Death Anxiety (DA) is transdiagnostic variable which has garnered theoretical and clinical attention. It has been found to play a role in the development and severity of disorders such as obsessive-compulsive disorder, illness anxiety disorder, panic disorder and other anxiety disorders, alcohol use disorder and depressive disorders (Iverach, Menzies & Menzies, 2014; Menzies, Sharpe and Dar-Nimrod, 2019). It has also been implicated in severity of distress for those with medical illness such as cancer (Soleimani et al., 2020a), HIV/AIDS (Miller, Lee and Henderson, 2012) and cardiac conditions (Soleimani et al., 2020b). Illnesses with a sudden onset and often with a serious risk of death—or a perception of a serious risk of death. Currently, there appears limited literature exploring the role of DA in distress for those with Multiple Sclerosis (MS)—an illness with a progressive and often unpredictable course. In addition, although there is an increased risk of mortality for those with eating disorders (EDs), there has been limited research examining DA in individuals with EDs. The aim of this Systematic Review will be to examine this literature in depth, in order to compare and contrast the psychological correlates of DA in an oncology, MS and ED populations. In this talk, the method of the systematic review will be described and preliminary findings from this review will be presented.

Methods: Searches were conducted in four databases (PsycInfo, Medline, Embase and CINAHL). Grey literature was sourced from the ProQuest Dissertations & Theses Global and Trove databases. No date restrictions were applied. Inclusion criteria included: Quantitative studies only in English. Any adult with a current and formal diagnosis of any cancer of malignancy, MS diagnosed by a neurologist or a DSM-V diagnosis of an eating disorder, a self-reported diagnosis of an ED or a completed ED screening tool. The article is required to utilise a formal measure of DA (e.g., Templer's Death Anxiety Scale) and also to examine a correlate of this measure (e.g., self-esteem). Any psychological intervention targeting DA was also included. There were no date restrictions applied. Two reviewers conducted screening and data extraction. Any disagreements were resolved with the inclusion of a third reviewer.

Results: A total of 4,564 articles were identified for screening in this review. The majority of literature examines DA in oncology populations, with fewer results appearing for those with MS or EDs. Interestingly, the articles examining DA in MS tend to be interventions targeting DA, rather than an exploration of psychological correlates.

Conclusion: Results of the systematic review will be presented.

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

Symposium 10: Promoting personal recovery in public mental health: consumer experiences and process-based interventions

Symposium Description:

Promoting personal recovery—the living a meaningful life as defined by the person with serious mental health problems—is an important priority in mental health care. Increasingly mental health services in Australia have adopted frameworks of personal recovery, prioritising personal goals, strengthening relationships, sense of purpose and identity as a key focus, alongside symptom recovery.

This symposium aims to present developments focused on promoting personal recovery in public mental health services in Victoria and to contextualise this work from process-based perspectives (transdiagnostic processes including psychological flexibility, the therapeutic alliance, self-awareness, self-identity). We will present details and evaluations of both direct care innovations (personalized relapse prevention programs; groups based on Acceptance and Commitment Therapy for psychosis) and system-wide training and service development (the ACTivating Recovery Program). The process-based nature of this work will be discussed, along with implications for future innovations.

Chair: Eric Morris, La Trobe University; NorthWestern Mental Health, Royal Melbourne Hospital, Bundoora, VIC

Discussant: Neil Thomas, Centre for Mental Health, Swinburne University

Paper 1

The NorthWestern Mental Health (NWMH) activating recovery program: embedding process driven therapies into public mental health services

Lisa Soares, NorthWestern Mental Health, Royal Melbourne Hospital, Bundoora, VIC

Authors: Soares L¹, Zabel C¹, Morris E^{1,2}

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Introduction/Background: Acceptance and Commitment Therapy (ACT) and contextual behavioural science promote process-based, pragmatic approaches to supporting wellbeing and flourishing (Hayes & Hofmann, 2017). Within public mental health services there is a need for recovery-oriented, evidence-based care that puts the consumer at the heart of decision-making and goal setting (State of Victoria, Royal Commission-2021). This paper will describe the ACTivating Recovery Program (ARP), a training, supervision and service development initiative to develop mental health workers' skills in process-based care & recovery within a large metropolitan mental health service (NorthWestern Mental Health: NWMH). We will highlight the impact ARP has had on service provision and clinician skills across NWMH and share how this program is transforming approaches to both practice

development and service delivery in a public mental health setting. Evaluation data will be presented on training and supervision experiences; activity data on ACT-based care will be described. ARP activities have quadrupled since program commencement, with staff across all disciplines taking up opportunities to learn, build and support process-driven therapy skills across all parts of NWMH. ACT has been adopted as a key psychological therapy approach within this public mental health setting, particularly for consumers with severe mental health problems. Supervision around formulation-driven ACT and process-based therapy has been supported by service models. We will share lessons learned and plans for further evaluation and development of ARP, including peer workforce support, workplace wellbeing, and research directions

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

Paper 2

"Look at the person not the illness": consumers' experiences of acceptance and commitment therapy groups supporting psychosis recovery

Eric Morris, La Trobe University; NorthWestern Mental Health, Royal Melbourne Hospital, Bundoora, VIC

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Introduction/Background: Acceptance and Commitment Therapy (ACT) has been demonstrated as an effective intervention for psychosis (Jansen et al., 2020) yet there is little research examining the lived experience and perspectives of consumers engaged in ACT. This paper explored participants' experiences of ACT groups promoting recovery from psychosis offered in public mental health services (based on the manual by O'Donoghue et al., 2018), including helpful and unhelpful aspects and reflections that may be consistent with personal recovery

Methods: Participants were engaged in an interview about their experiences of Recovery ACT groups in community mental health settings. A qualitative research methodology, thematic analysis, was used to explore themes across nine participants who attended groups.

Results: Analysis of semi-structured interview transcripts identified four themes: interpersonal vulnerability, living beyond the illness, personal growth and recovering from psychosis. All participants described the intervention as beneficial, particularly valuing the person-centred, inclusive nature of the group that contrasted to some individual's past experiences of coercion, alienation and stigmatisation.

Conclusion: Participants' accounts appeared consistent with the ACT model and further our understanding of consumers' experience of group ACT for psychosis. This study found and extended on themes identified in previous studies of individual (Baconet al., 2014) and group ACT for psychosis (Bloyet al., 2021).

Disclosure: nothing to disclose.

Paper 3

Therapist self-disclosure in group acceptance and commitment therapy for psychosis recovery

Julia Nicholls, Alfred Health, Melbourne, VIC

Authors: Nicholls J¹, Newman E², Morris E^{3,4}

¹Alfred Mental and Addiction Health, Melbourne, VIC, ²Peninsula Health Mental Health Service, Melbourne, VIC, ³La Trobe University, Melbourne VIC, ⁴North Western Mental Health, Melbourne, VIC

Introduction/Background: Therapist self-disclosure is described as central feature of the Acceptance and Commitment Therapy (ACT) model, and important in supporting the recovery of people with psychosis. Yet, there is a dearth of clinical literature on the use of therapist self-disclosure and therapeutic outcomes. This study aims to bridge the gap by evaluating the use of therapist self-disclosure in group ACT for psychosis recovery (O'Donoghue, Morris, Oliver & Johns, 2018). Therapist self-disclosure in group ACT for psychosis recovery is used to promote learning of ACT concepts, strengthen the therapeutic relationship, and normalise human suffering. This presentation will focus on the why, when, and how of therapist self-disclosure in group ACT for psychosis recovery

Methods: Therapist self-disclosure is being evaluated within group ACT for psychosis recovery as part of a prospective, longitudinal, multi-agency, non-randomised control trial. The design includes the use of qualitative questions across four time points, including 'did your group leaders sometimes share their own personal experiences during the group sessions? What impact, if any, did this have on you? Did the group leader's sharing personal information about themselves impact the way you relate to them in any way?

Results: Findings from the current research are yet to be published, and evaluation is underway.

Conclusion: Therapist self-disclosure is described as important in supporting the recovery of people with psychosis, yet little is known about its use and impact. This is an area of clinical practice that requires more research.

Disclosure: Nothing to disclose.

Paper 4

Engaging consumers in their own recovery - evaluating relapse prevention work in the public mental health sector

Simone Cremona, NorthWestern Mental Health, Royal Melbourne Hospital, Bundoora, VIC

Authors: Cremona S, Piscopo K, Bradley G
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Introduction/Background: For many years, relapse prevention has been a key feature for services for consumers with serious mental health problems and has garnered much focus in both research and clinical practice (Birchwood et al, 2000; Smith, 2003; Gumley et al., 2020). Preventing relapse has been identified as being beneficial on individual, familial and community levels. However much of the research data available has excluded consumers with comorbid presentations or added complexities. Furthermore, the quality of the intervention has varied so significantly in its delivery among clinicians and its active collaboration with the consumer, that further investigation is required to understand what constitutes good practice (Johansen et al.,2020).The Be Well Live Well Program at the Inner West Area Mental Health Service is a relapse prevention intervention aimed at supporting consumers with complex needs to develop a personalised relapse prevention plan by enhancing their understanding of the symptoms they experience, the impact it has on their life and how best to look after themselves to maintain wellness and avoid relapse. The focus on collaboration ensures that consumers can become active participants in their treatment and feel empowered to make informed choices about the direction of their recovery. In this paper we will describe a project to evaluate the effectiveness of the program in terms of consumer goals and service aims, and consumer feedback and experiences. We will outline the implications for further service developments and enhancing relapse prevention in routine practice

Disclosure: nothing to declare.

Symposium 11: New directions in understanding and addressing emotion (dys)regulation

Symposium Description:

Difficulties with emotion regulation are common among clients presenting with a range of mental disorders and individuals experiencing conditions such as loneliness and grief. However, the research is still emerging in relation to the nature and role of emotion regulation in each of these presentations, and in turn, how best to address it. This symposium features four papers that focus on emotion regulation in clinical and vulnerable populations. Paper 1 presented by Dr Zoe Walter examines the longitudinal relationship between difficulties in emotion regulation, social support, and mental wellbeing in young people with dual disorders and in homeless adults. Paper 2 presented by Dr Fiona Maccallum examines emotion regulation flexibility and responsiveness to the context and feedback about effectiveness in community dwelling adults who experienced the loss of a loved one during COVID-19. Paper 3 presented by Shaun Hayes is a longitudinal study of emotion regulation and social connections as predictors of loneliness in clients receiving psychological treatment. Paper 4 presented by Dianna Vidas describes a randomised crossover design trial of the Tuned In music emotion regulation program delivered online to stressed international university students. The objectives of the symposium are to provide delegates with new evidence about how emotion regulation is conceptualized in relation to various presenting problems, and how it may be addressed with a specific intervention or in generic psychological treatment.

Chair: Genevieve Dingle

Discussant: David Preece

Paper 1

The relationship between emotion regulation and social support in the prediction of well-being: longitudinal evidence from two vulnerable samples

Zoe Walter, The University of Queensland, St Lucia, QLD

Authors: Walter Z^{1,2}, Dingle G¹, Jetten J¹, Hides L^{1,2}

¹School of Psychology, The University of Queensland, Brisbane, Australia, ²National Centre for Youth Substance Use Research, The University of Queensland, Brisbane, Australia

Introduction/Background: Two factors that play an important role in mental health and well-being are emotion regulation and social support. However, often these factors are examined separately. Understanding the links between social support and emotion regulation may be an important step in identifying mechanisms responsible for associations with mental health and wellbeing, and consequently how we might apply such findings to design relevant treatment interventions.

Methods: Two longitudinal studies were conducted, one with young people (aged 16-35) accessing AOD services with comorbid mental health symptoms (N=152) and one with homeless individuals residing in temporary accommodation (N=119). In each study, emotion regulation, social support and well-being were examined at three time points: at baseline, and 3-months and 12-months later.

Results: Results of linear multilevel models for longitudinal data showed that emotion dysregulation plays both a direct and indirect role in predicting well-being, with social support as a mediator. The reverse mediation was also supported—higher social support was associated with lower levels of emotion dysregulation, and this was an indirect pathway through which social support influenced well-being.

Conclusion: This work presents evidence of the interrelationship between social support and emotion regulation. It is important to further understand how social and interpersonal resources can be used to promote well-being, especially among disadvantaged and vulnerable populations.

Disclosure of Interest Statement: Leanne Hides is supported by an NHMRC Senior Research Fellowship Grant. One study received funding from an Australian Research Council Linkage grant and The Salvation Army, and the other study received funding from an Australian Rotary Mental Health Grant and is also supported by a partnership between Lives Lived Well and The University of Queensland

Paper 2

Components of emotion regulation flexibility and reactions to loss during the COVID-19 pandemic

Fiona Maccallum, The University of Queensland, St Lucia, QLD

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School of Psychology, The University of Queensland, Brisbane, Australia

Introduction/Background: Successful emotion regulation is thought to involve an interaction between three related abilities: the ability to recognise contextual demands, the ability to employ regulation strategies, and the ability to use feedback to evaluate regulation success. Most studies have examined these components in isolation, however, making it difficult to determine if the components have differential importance for determine regulation outcomes. Emotion regulation processes are considered particularly important for adaption to major life events such as bereavement or job loss. To advance understanding of both emotion regulation and responses to loss this study assessed these components simultaneously. Understanding whether emotion regulation components are differentially related to anxiety, depression and grief following loss has implications for targeting psychological interventions

Methods: A community sample of 1012 participants residing in the UK or Australia (60% female and mean age 37) completed online surveys indexing emotion

regulation flexibility, recent significant life events, and mental health outcomes. Of these, 496 reported a key life loss and completed additional measures of grief. Path analyses were conducted to examine the differential relationships between the emotion regulation components and anxiety, depression, and grief

Results: Different relationships were observed between the three regulation components and mental health outcomes. Notably, poorer context sensitivity and feedback responsiveness were related with more severe depression and anxiety. Results are discussed in the context of loss type and assessment during the COVID-19 pandemic

Conclusion: Findings from this study highlight the importance of moving beyond a focus on strategy to include a focus on enhancing skills in evaluating contextual demands and using feedback to modify regulation behaviours.

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

Paper 3

Longitudinal study of loneliness, social connections and emotion regulation in psychology clinic clients

Shaun Hayes, The University of Queensland, St Lucia, QLD

Authors: Hayes S¹, Carlyle M², Haslam SA¹, Haslam C^{1,3}, Dingle G^{1,2}

¹School of Psychology, the University of Queensland, St Lucia, QLD, ²Department of Psychology, the University of Oslo, Oslo, Norway, ³Centre for Health Outcomes Innovation and Clinical Education (CHOiCE), School of Psychology, the University of Queensland, QLD

Introduction/Background: Recent research with a community sample revealed that social connections and emotion regulation strategies were related to loneliness. The purpose of the present study was to investigate the prevalence of loneliness in a clinic sample and whether naturalistic psychological treatment decreases loneliness over time. We also investigated whether social connections (including the therapeutic alliance) and emotion regulation predicted loneliness outcomes

Methods: Clients were 161 adults (M_{age} = 30.14, 61% female) seeking treatment at an outpatient psychology clinic. The study used a repeated measures design, with surveys completed at the commencement of therapy (T1), after 5 appointments (T2, n = 70, M_{age} = 29.07, 60% female), and after 10 appointments (T3, n = 31, M_{age} = 28.68, 55% female). Measures included loneliness, therapeutic alliance, group memberships, emotion regulation, and psychological distress

Results: At T1, 55% of clients reported clinically significant levels of loneliness. Over the three time points the strength of therapeutic alliance increased, and psychological distress and loneliness significantly decreased. Emotion regulation improved from T1 to T2 but not further by T3. Hierarchical regression analyses found that clients' age, number of group memberships and psychological distress at T1,

and therapeutic alliance at T2, significantly predicted variance in loneliness at T3. Emotion regulation did not come through as important predictors of subsequent loneliness in the model.

Conclusion: These findings suggest that loneliness is widespread and responsive to 10 sessions of psychological treatment as usual, particularly when the therapeutic alliance is strong, and the client has social group support. Although emotion regulation has been shown to correlate with loneliness in previous research in a community sample, this study indicates that it may play a less important role in loneliness for adults receiving psychological treatment.

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

Paper 4

Efficacy of the tuned in music emotion regulation program in international university students

Dianna Vidas, The University of Queensland, St Lucia, QLD

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¹School of Psychology, The University of Queensland, ²UQ Music, Dance & Health research group, The University of Queensland, ³School of Psychology, The University of Adelaide

Introduction/Background: Moving overseas and starting university can be stressful and this has been especially the case during the COVID-19 pandemic. Accessible and evidence supported strategies to assist students to manage stress and other emotional states are needed. Tuned In is a group program designed to increase emotion awareness and regulation in young people using motivated music listening. This study aimed to evaluate the effect of a 4-session online version of Tuned In on international students at an Australian university.

Methods: This study used a 2 (Intervention vs Waitlist Control) x 3 (timepoints: pre = T1; +4 weeks = T2; +8 weeks = T3) randomised controlled cross-over design. Intervention participants (n = 23) completed Tuned In between T1 and T2, while Control participants (n = 27) completed Tuned In between T2 and T3. Measures included motivated music use for emotion regulation, emotion regulation capacity and wellbeing

Results: Between T1 and T2, motivated music use and positive affective responses to music increased in Intervention participants but not in Controls. Also, Tuned In participants but not Controls were more confident in maintaining their happiness, and in having healthy ways of managing their emotions at T2. There were no effects on broader academic outcomes, or well-being.

Conclusions: The findings indicate that Tuned In delivered in 4 online sessions may provide some benefits for new international students. With these students' wellbeing

at risk as they adjust to university, enjoyable programs that provide students with new skills for their academic journey should be a priority.

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

Symposium 12: Contemporary issues in supporting children and young people: transdiagnostic mechanisms and treatments

Symposium Description:

This symposium brings together five papers addressing transdiagnostic mechanisms of change and treatment outcomes in programs designed to support children and young people. The first two papers focus on transdiagnostic mechanisms of change, whilst the final three papers focus on transdiagnostic treatments. The first paper (Dawe et al) investigates transdiagnostic mechanisms of change in the Parents Under Pressure (PuP) program that result in a variety of improvements in families facing significant adversity. The second paper (McKenzie et al) reports on a study investigating the transdiagnostic trait of perfectionism in relation to its associations with emotion regulation strategies and obsessive-compulsive symptoms. The third paper (Hides et al) reports on a RCT of a transdiagnostic program called FullFix, designed to target comorbid substance use and anxiety/depression in young people. Finally, papers four (Donovan et al) and five (Shiels & Donovan) report on two RCTs of the Lights Out program, a transdiagnostic, parent-based CBT program targeting sleep, internalizing and externalizing disorders in young children. Paper four provides results of a group-based, face-to-face version of the program, while paper five examines anxiety in adolescents

Chair: Caroline Donovan

Paper 1

An investigation of potential mechanisms of change in a parenting program for families facing multiple adversities

Sharon Dawe, Griffith University, Mt Gravatt, QLD

Authors: Dawe S¹, Eggins E¹, Harnett P²

¹School of Applied Psychology, Griffith University, Brisbane, Qld, ²School of Criminology and Criminal Justice, Griffith University, Brisbane, Qld

Background: There is growing evidence across a range of interventions that programs which integrate a focus on parenting, parental wellbeing and caregiving can result in improvements in parents and children facing multiple adversities. However, there has been surprisingly little evaluation of the therapeutic process of change. Understanding “what works” is necessary: understanding “how it works” provides critical information for practitioners and policy makers who need to understand the key processes that generate change.

Methods: This presentation describes the results from two studies investigating the mechanisms of change in the Parents under Pressure program in parents with parental substance abuse. In Study1, the predictors of treatment outcome and the potential moderators of change are investigated using data from a UK randomized controlled trial of the PuP program. Putative predictors of outcome were drawn from

the literature on child maltreatment and treatment outcomes. Study2 compliments and extends this by investigating the relationship between mindful parenting and subsequent improvements in parental emotional regulation in a cohort study of families engaged in the PuP program.

Results: Mechanisms of change were investigated using cross lagged modelling. Study 1 found that for parents engaged in the PuP program, improvements in emotional regulation posttreatment predicted reductions in child abuse potential at 6 month follow up. In Study2, improvements in parental wellbeing (depression, anxiety and stress) midpoint in treatment was associated with improvements in mindful parenting post treatment.

Conclusion: The mediational analyses support a growing body of evidence indicating that improving emotional regulation is a key mechanism of change in parents with substance abuse problems. Further, it would appear that improving parental emotional regulation and wellbeing is associated with more mindful parenting.

Disclosure of Interest Statement: Dawe and Harnett are the co developers of the Parents under Pressure program. Findings from this study contribute to the evidence base for the PuP program. The program is owned and disseminated by Griffith University. Proceeds from dissemination are distributed in accordance with Griffith University policy. The remaining authors have no conflicts of interest to disclose

Paper 2

Multi-dimensional perfectionism and associations with emotion regulation strategies and obsessive compulsive symptoms

Matthew McKenzie, Griffith University, Mt Gravatt, QLD

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Introduction/Background: Perfectionism is a transdiagnostic trait identified as a vulnerability factor for obsessive-compulsive disorder (OCD). However, research that incorporates multiple measures that capture a broader range of perfectionism dimensions as potential predictors of Obsessive-Compulsive symptoms (OCS) is limited. Additionally, despite the separate bodies of literature highlighting the role of Emotion Regulation (ER) in perfectionism and OCD respectively, there are no known studies to date that have examined the intersection of OCS, perfectionism, and ER strategies. The current study will examine a broad range of perfectionism domains and their predictive utility, as well as examine a broad range of adaptive and maladaptive ER strategies for their potentially modulating effect on the relationship between perfectionism and OCS

Methods: This cross-sectional study will involve 200+ university students aged 18-25 years. Participants complete an online questionnaire, including measures of perfectionism, ER (10strategies), and OCS. Data collection is ongoing.

Results: It is expected that OCS and maladaptive ER strategies will be positively associated with specific perfectionism domains, whereas adaptive ER strategies will be negatively associated with these domains. Specific domains of perfectionism are expected to be unique predictors of OCS and specific maladaptive and adaptive ER strategies are expected to moderate the relationship between perfectionism and OCS, whereby specific maladaptive strategies will strength the relationship between perfectionism and OCS, and adaptive strategies will weaken this relationship.

Conclusion: Findings have important implications for clinical interventions (including CBT) for OCS where specific ER strategies may be worthwhile targets for reducing the known impact of perfectionism on treatment resistance.

Disclosure of Interest Statement: Nothing to declare

Paper 3

FULLFIX: a randomised controlled trial of a telephone delivered transdiagnostic intervention for comorbid substance and mental health problems in young people

Leanne Hides, The University of Queensland, St Lucia, QLD

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Background: Transdiagnostic cognitive behavioural therapy (CBT) targets common psychological factors that underlie multiple disorders. While transdiagnostic interventions area promising new approach, limited research has evaluated these treatments within the alcohol and other drug (AOD) sector for young people with comorbid mental health symptoms. This project aims to examine the feasibility and preliminary efficacy of FullFix-anew risk-targeted transdiagnostic CBT telehealth program for comorbid AOD and depression/anxiety disorders in young people

Methods: Participants were 152young people (aged 16-35) accessing AOD services with comorbid mental health symptoms. Participants received either the FullFix intervention plus standard AOD care or standard AOD care alone. Primary outcomes on AOD use and mental health symptoms were assessed at 3- and 6-months, along with secondary outcomes of impulsivity, emotion regulation, social connectedness, and coping skills assessed at 6-weeks, 3-, and 6-months

Results: Both groups had a significant improvement in AOD use, depression, and anxiety at the 3-months post baseline. The degree of change was larger in the group receiving the FullFix intervention for alcohol and methamphetamine use. Further, these changes were maintained atthe6-monthfollow-up. There were also significant reductions in the proposed transdiagnostic mechanisms of negative urgency,

positive urgency, difficulties in emotion regulation, and increases in social support and coping skills

Conclusions: Preliminary findings suggest that FullFix, a new risk-targeted transdiagnostic CBT telehealth program, may be feasible and effective for comorbid AOD and depression/anxiety disorders in young people.

Disclosure of interest: Nothing to declare

Paper 4

Treating paediatric insomnia & comorbid disorders: a RCT of a group-based, parent-focused CBT program for sleep problems in young children

Caroline Donovan, Griffith University, Mt Gravatt, QLD

Authors: Donovan CL¹, Shiels A¹, Meltzer L², Farrell L¹, Waters A¹, Gradisar M³
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Background: This study evaluated the Lights Out program, a group-based, parent-focused CBT program for sleep problems in young children.

Methods: Participants were 128 parents aged 19-49 years of preschool children aged 3-5 years with paediatric insomnia. Participants were randomly allocated into either the Lights Out condition (LO) or Care as Usual (CAU) conditions, and assessments were conducted at pre-treatment, post-treatment, end of first term of formal schooling (follow-up 1), and end of second term of formal schooling (follow-up 2). Measures of child sleep problems, internalising and externalising behaviours, anxiety and behaviour problems were taken at each assessment point.

Results: Compared to children in the CAU, those in the LO condition showed significantly greater improvements in sleep, internalising and externalising behaviours, anxiety and behaviour problems over time. In addition, improvements in sleep were found to mediate the improvements in anxiety, internalising and externalising behaviours, but not behaviour problems. Furthermore, fewer children in the LO compared to CAU condition who were in the clinical ranges for anxiety and behaviour problems remained in the clinical ranges by follow-up 2. Finally, by follow-up 2, a significantly greater percentage of children in the CAU condition compared to the LO condition had moved from the non-clinical to the clinical ranges on anxiety and internalising problems.

Conclusions: The findings suggest that the Lights Out program is effective in improving sleep, anxiety, behaviour problems, and internalising and externalising behaviours in young children.

Disclosure of interest: Nothing to declare

Paper 5

Trajectories of anxiety among adolescents from a national, longitudinal sample, and the role of social support from parents, peers, and the school in predicting anxiety development

Sue Spence, Griffith University, Mt Gravatt, QLD

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Introduction: This paper examines i) whether adolescents can be reliably categorized into subgroups based on their patterns of anxiety levels over time and ii) whether low levels of social support from parents, peers and their school, and high levels of peer victimization predict a pattern of increasing anxiety during adolescence.

Method: The study includes 3392 youth from Waves 5-7 of the Longitudinal Study of Australia's Children (LSAC) from ages 12/13 to 16/17 years. Anxiety was measured using the Children's Anxiety Scale-8 items (CAS-8), with social support and victimization assessed at age 12/13 years. Anxiety trajectories were identified using latent class growth mixture modelling, and predictors of class membership were examined using multinomial logistic regression analyses.

Results: Three reliable classes of anxiety trajectories were identified for both genders. The majority fell within a stable-low anxiety symptom class, with smaller percentages in low-increasing or high-decreasing classes. Low levels of support from parents, low sense of school belonging, and high levels of peer victimization at age 12/13 years predicted membership of the low-increasing anxiety trajectory class, irrespective of gender. Social support did not moderate the effect of peer victimization upon the risk for development of anxiety.

Conclusions: Low social support from parents (as perceived by the child), low sense of school belonging, and high peer victimization all increase the risk of anxiety development. Peer victimization remains a risk factor even when adolescents experience good social support from parents and school. The findings highlight the need for screening in early adolescence to identify those who are at increased risk of developing significant anxiety symptoms. It may then be possible to provide them with targeted intervention to reduce the likelihood of anxiety development.

Symposium 13: Unpacking the factors that lead to hoarding: the way forward

Symposium Description:

Hoarding Disorder is a disabling psychological condition which is characterized by difficulty discarding possessions regardless of their value, and often involves excessive acquiring of items. These behaviours lead to clutter in the living environment, which can interfere with an individual's social and family life, work, and home responsibilities, leading to significant distress. In severe cases, hoarding results in fire hazards (potentially fatal outcomes when exits are blocked) and eviction due to issues with neighbours or landlords. Cognitive Behavioural Therapy (CBT) results in significant reductions to hoarding symptoms but requires improvement as approx.70% of individuals finish treatment with their symptoms still in the clinical range. Thus, researchers face the challenge of investigating other psychological factors that contribute to hoarding problems which may need to be targeted in treatment. The objective of this symposium is to highlight different lines of research by leading experts in the hoarding field which will hopefully result in improved CBT protocols. Paper 1 will discuss the different motivations to acquire and save possessions, drawing attention to motivations not targeted by current treatment. Papers 2 and 3 will discuss interpersonal problems experienced by individuals with hoarding problems and how they can lead to loneliness, which may need to be targeted in treatment. Paper 4 will discuss different aspects of the "self" which contribute to hoarding problems. Paper 5 will discuss family accommodation behaviours and how they can contribute to hoarding, as well as a new intervention to improve family support for individuals who hoard.

Chair: Jonathon David, Macquarie University, Macquarie Park, NSW

Discussant: Jessica Grisham, University of NSW

Paper 1

Investigating the motivations behind acquiring and saving

Jonathan David, Macquarie University, Macquarie Park, NSW

David J, Forbes MK, Norberg MM
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Introduction/Background: The cognitive-behavioural model of hoarding posits that motivations to acquire and save possessions are driven by positive emotions (e.g., excitement) and negative emotions (e.g., avoiding distress). However, motivations have been understudied in the hoarding literature, particularly for motives driven by positive emotions. We aimed to develop a comprehensive self-report measure of motivations to acquire and save.

Methods: Two self-report measures were written based on a review of the literature and consultation with 22 experts in the field. We modified our measures based on expert feedback and factor analyses after administering to three large non-clinical samples (N=432, 481, and 653). In the final administration, there were 102 acquiring items and 110 saving items; 75 items were common to both measures, reflecting the similar motivations for acquiring and saving behaviours. Participants also completed measures of hoarding symptoms and compulsive acquiring.

Results: Factor analyses indicated that there were 13 distinct acquiring motives, and 13 saving motives. Regression analyses indicated that difficulty discarding symptoms were uniquely predicted by sentimental motives, fears of making mistakes about possessions, and using possessions to cope with loneliness. Compulsive acquiring was predicted by motives about finding shopping rewarding, using possessions for social reasons (i.e., impressing others), coping with negative emotions, and sentimental motives.

Conclusion: Findings highlight the number of different motivations that drive acquiring and saving behaviours but need to be replicated in a clinical sample. Our research should inform future treatment protocols to make sure they target all motivations relevant to acquiring and saving behaviours.

Disclosure of Interest Statement: This research was funded by a Macquarie University Higher Degree Research Grant awarded to the first author. All authors declare no conflicts of interest.

Paper 2

The experience and expression of anger in hoarding

Wenting Chen, University of New South Wales, Sydney, NSW

Authors: Chen W, Denson T, Grisham JR
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Introduction/Background: Hoarding Disorder (HD) is associated with reduced social functioning, including greater loneliness and reduced social support. However, there is little research on the factors that may maintain these difficulties. One factor that may contribute to these difficulties is the experience of anger. Emerging evidence suggests that hoarding is associated with feelings of anger, more hostile attributions, and greater aggression. This study aims to further understand the emotional, cognitive, and behavioural experience of anger in individuals with greater hoarding symptoms.

Methods: Participants were recruited through the online crowdsourcing platform MTurk. Participants were asked to complete self-report measures of anger experience, angry rumination, aggression and hostility. Participants also completed a behavioural measure of hostility, aggression, and blame. Furthermore, participants

completed a measure of depression symptoms, given the high comorbidity of depression with hoarding.

Results: Preliminary analyses (N=126) suggest that increasing hoarding symptoms are associated with increased emotional experience of anger, greater angry rumination, greater hostility, and greater aggression. Hoarding symptom severity was also positively associated with hostility and blame on a behavioural measure. These results were largely maintained even after controlling for depression.

Conclusion: These initial results suggest that hoarding may be associated with greater emotional experiences of anger, greater maladaptive cognitive processes (i.e., rumination, hostility, blame), and more unhelpful behavioural expressions (i.e., aggression). Pending further investigation, these results provide preliminary evidence to suggest that anger may be a treatment target for improving social functioning in individuals with hoarding difficulties.

Disclosure of Interest Statement: No conflicts of interest to disclose

Paper 3

The high prevalence of loneliness in people with hoarding disorder

Keong Yap, Australian Catholic University, Strathfield, NSW

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Introduction/Background: Attachment theory suggests that strong emotional attachments to objects are due to unmet relatedness needs. Unfortunately, this object attachment does not adequately fulfill relatedness needs in hoarding disorder (HD). Consistent with this theory, studies have shown a positive association between hoarding symptoms and loneliness in non-clinical samples. However, past studies have been conducted in community or undergraduate samples and no study has examined the prevalence of loneliness in individuals with clinical levels of hoarding

Methods: The current study examined the prevalence of loneliness in MTurk workers with clinical levels of hoarding (n= 305) compared to non-hoarding controls (n= 775). As the hoarding group had higher depression than controls, we also examined groups matched on depression. In addition, we examined the prevalence of loneliness in a sample of treatment seeking individuals with HD (n= 39).

Results: Results showed a very high prevalence of severe loneliness (77.7%) in MTurk workers with clinical levels of hoarding symptoms, which was significantly higher than controls (36.8%). Comparisons of means also showed significantly higher loneliness in the HD group compared to the controls, and the difference remained significant in groups matched on depression. In the clinical sample, we found that 34 had high levels of loneliness and five had moderately high levels

Conclusion: Our results are consistent with attachment theory and show that loneliness is a serious concern in HD and underscore the importance of addressing loneliness in the HD treatment.

Disclosure of Interest Statement: This work was supported by the International OCD Foundation (IOCDF) and an Australian Government Research Training Program Scholarship for Keong Yap. The IOCDF and the Australian government did not have any involvement in the study design, nor in the collection, analysis, interpretation of data, and did not influence the decision to submit this work to the conference.

Paper 4

Examining the multidimensional nature of "self" in hoarding disorder

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³Australian Catholic University, Sydney, NSW

Introduction/Background: Hoarding Disorder (HD) is characterized by difficulty with the acquisition and ability to discard objects to the point where it is significantly disabling for the affected individual. It has often been noted the meaning of objects is important for the affected individual in terms of their self-concept and relationship with others appears important for individuals with HD. The current study describes a series of studies aimed at understanding in greater detail the importance of "self" in HD.

Methods: Self was first understood through a series of interviews with 10 individuals with HD. A quantitative measure the Possessions as Others and Self Inventory (POSI) was developed on the basis of this and its psychometrics examined in four non-clinical samples (N=246,307, 121 and 164 community participants).

Results: Interpretative Phenomenological Analysis indicated the presence of important themes including: the importance of early life factors in hoarding, "possessions are me", and "They are linked: I look at them and I think of people". Regarding the POSI, an exploratory study found a six-factor solution, which was then confirmed in a second community sample. Two further community studies provided further evidence of validity against measures of attachment, anthropomorphism, savings-beliefs, and symptoms.

Conclusion: Self-themes appear important in HD, and we hope that this study will lead to further investigation of the relationships that individuals have with "stuff", including via our developed self-report measure, the POSI. Eventually we hope this improves CBT treatment for this disabling disorder, particularly for those who are ambivalent within current CBT approaches.

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

Paper 5

Family accommodation in hoarding: supporting families and carers of individuals with hoarding

Maja Nedeljkovic, Swinburne University of Technology, Hawthorn, VIC

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Introduction/Background: Hoarding disorder (HD) impacts individuals, but also negatively affects their families. Family accommodation is when relatives become involved in the cycle of acquiring and saving items for their loved one in order to avoid conflict. The current study evaluated the feasibility, acceptability, and efficacy of a psychoeducation group intervention for family members of individuals with HD. An in-depth analysis of the experiences of individuals whose parents had HD was also conducted.

Methods: Fifteen participants completed the group intervention, across three separate recruitment groups. The intervention consisted of five weekly two-hour sessions, with an additional week in the third recruitment group. Five participants whose parents had HD took part in semi-structured interviews exploring their experiences of family accommodation and support needs. Transcripts were analysed using Interpretative Phenomenological Analysis.

Results: The group intervention was a feasible treatment option that was accepted by family members. Significant increases in knowledge, confidence, and health outcomes among family members were noted following the group intervention; however no significant changes were recorded in family accommodation from pre to post. The qualitative analysis of participants whose parents had HD highlighted the intersubjective, verbal processes which often take place before a particular accommodation behaviour occurs.

Conclusion: Group psychoeducational can provide an effective support for family members of individual with HD. Providing family members with practical training in rhetorical skills may increase their ability to navigate conversations about family accommodation with their loved one, and thereby potentially reduce their participation in these behaviours.

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

Symposium 14: Interpretation bias in pain conditions: mechanisms and treatment

Symposium Description:

Negative interpretation bias—that is, the interpretation of ambiguous information in a threatening manner—features in explanatory models for the maintenance of pain-related disability and distress. Yet, the role of interpretation bias in specific health conditions that feature pain, and whether interpretation bias is causally relevant, is not fully understood. The aim of this symposium is to bring together research on pain-related interpretation bias across a range of health conditions. The first talk assesses whether negative interpretation bias is associated with endometriosis pain-related distress and interference. The second talk examines interpretation bias and fear of progression in endometriosis. The third talk presents longitudinal research testing whether interpretation bias in acute pain predicts who goes on to develop chronic pain. The final talk evaluates the effectiveness of an interpretation bias modification for breast and ovarian cancer-related pain. Together, these studies suggest that interpretation bias is important in the development and maintenance of pain, disability and distress across a range of health conditions.

Chair: Jemma Todd, The University of Sydney, Camperdown, NSW

Discussant: Louise Sharpe, The University of Sydney, Camperdown, NSW

Paper 1

The role of interpretation bias in endometriosis related pain and disability

Brydee Pickup, The University of Sydney, Camperdown, NSW

Authors: Pickup B, Sharpe L, Todd J
School of Psychology, University of Sydney, Sydney, NSW

Introduction/Background: Endometriosis is a chronic gynaecological condition affecting approximately 1 in 9 people born with a uterus worldwide. Up to 80% of individuals with endometriosis report pain, yet the involvement of psychological processes, such as cognitive biases, in this experience of pain are not well understood. Cognitive biases are highlighted in models of chronic pain and encompass differential ways of appraising pain, for example appraising pain as threatening which can then lead to interruption of daily activities. Of interest, interpretation bias occurs when ambiguous information is preferentially interpreted as threatening and pain related. Individuals with chronic pain consistently demonstrate interpretation bias relative to pain-free individuals. Yet, the role of interpretation bias in the experience of endometriosis-related pain remains to be investigated. Therefore, the current study seeks to address this gap in the literature.

Methods: Eight hundred and seventy participants with endometriosis were recruited from Endometriosis Australia. Participants completed quantitative and open-ended

questions that assessed their interpretation bias, pain severity, pain interference, pain avoidance and pain-related distress associated with their endometriosis-related pain. Individual differences in interpretation bias were hypothesised to be associated with pain interference, pain avoidance, and pain-related distress. Further, interpretation bias was predicted to moderate the relationship between pain intensity and pain avoidance

Results& Conclusion: Results will be discussed. The findings from this study will be used to generate a model of pain experience in endometriosis, as well as informing the development of future interventions.

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

Paper 2

Interpretation biases, pain, and fear of progression in endometriosis

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School of Psychology, University of Sydney, Sydney, NSW

Introduction/Background: Endometriosis, a chronic condition characterized by significant recurring pain, affects 1 in 9 women and people assigned female at birth. However, there remains a paucity of research on the experience of endometriosis, and it is not known whether key psychological phenomena that are relevant in other chronic pain conditions are related to endometriosis. This study investigates the relationship between interpretation bias, endometriosis-related pain, and fear of endometriosis progression. Whilst fear of progression is a construct known to predict worse psychological adjustment and quality of life in cancer, multiple sclerosis, and cardiac disease, this is the first study to apply the construct to endometriosis.

Methods: Through Endometriosis Australia, more than 500 participants with endometriosis were recruited for an online survey. Participants completed questionnaires related to pain experience, fear of progression, and mental imagery, as well as a word association task which assesses interpretation bias.

Results and conclusions: The survey results will be presented. This study helps to elucidate whether interpretation biases are one of the mechanisms underlying pain in endometriosis. This is important, because by better understanding how fear of illness progression and interpretation bias relate to pain experience in endometriosis, we can develop more effective treatments. For examples, interpretation bias modification interventions may represent a novel avenue of treatment for the complex phenomena that is endometriosis-related pain. This study also provides insight into the generalizability of fear of progression to other health conditions such as endometriosis

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

Paper 3

Interpretation bias predicting the transition from acute to chronic pain

Jemma Todd, The University of Sydney, Camperdown, NSW

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Introduction/Background: Across a range of pain models, interpretation bias is proposed to be a key factor in the development and maintenance of chronic pain. However, most studies evaluating interpretation bias are cross-sectional, with some preliminary interventions in chronic pain. These studies do not provide adequate information on whether interpretation bias is involved in the development of chronic pain. This longitudinal study investigated whether interpretation bias predicts the transition from acute to chronic pain.

Methods: Through an online research participation platform, N =4000 individuals were screened for current pain status. Of these, N=390 people with acute pain (for 2-8 weeks) were identified and invited to participate in the present study. N = 246 went on to complete baseline measures of interpretation bias and pain-related outcomes. Measures of interpretation bias and pain were completed again at 3 months.

Results and conclusions: Longitudinal results will be presented. This study helps to elucidate whether interpretation bias is a mechanism. This study adds important longitudinal data to the preliminary research suggesting that interpretation bias modification can lead to changes in pain outcomes. The question remains as to whether interpretation bias interventions could assist in preventing the transition from acute to chronic pain.

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

Paper 4

The efficacy of cancer-specific vs pain-related cognitive bias modification for interpretation (CBM-I) for the treatment of fear of cancer recurrence in breast and ovarian cancer

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Introduction/Background: Both theories and evidence suggest that interpretation biases are associated with increased levels of fear of cancer recurrence (FCR). One previous study found preliminary support for the efficacy of CBM-I in breast cancer. The aim of the current study was to determine whether CBM-I was superior to placebo for the management of FCR, and whether personalised or generic training were significantly different from each other.

Methods: We recruited 174 participants with breast or ovarian cancer. They completed an assessment of FCR (primary outcome), fear of progression, pain intensity, pain interference, physical symptom burden, anxiety and depression. They were randomized to receive a cancer-specific version of CBM-I, a pain-specific version of CBM-I, or a placebo. Participants completed 4 sessions of CBM-I over 2 weeks and were assessed again 2 weeks later.

Results: At post-treatment, there was a significant difference between groups for the primary outcome of FCR. Specifically, both personalised and generic training were superior to placebo for FCR, but the two training groups did not differ from each other. The same pattern was identified for fear of progression, pain intensity and pain interference. No significant interactions were found for other secondary outcomes, including global symptom burden, depression and anxiety.

Conclusion: CBM-I is an efficacious treatment, at least in the short-term, for FCR. This intervention was delivered wholly online, had high completion rates and therefore is highly scalable. CBM-I could be part of the solution of meeting the large unmet need for people who are living with and beyond cancer.

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

Symposium 15: From perinatal care to school involvement: supporting parents and their children's development through parenting interventions

Symposium Description:

Parents face multiple challenges from the very earliest stages of their children's development. Risk factors throughout early and middle childhood have the potential to negatively impact children and the way their parents raise them in the short and long-term. Access to appropriate supports during these crucial stages of children's development can help parents to provide effective guidance and care to their children and meet their developmental needs. The aim of this symposium is to examine the application and efficacy of parenting support interventions in helping parents to navigate through different developmental challenges.

This symposium showcases evaluations of parenting interventions and reports on effects of interventions that can be used to support families from the perinatal period through to school age. The first presentation reports on the prevalence and risk factors for symptoms of depression and anxiety among pregnant women living in a low resource setting. The second paper informs the main barriers that parents face when promoting health behaviours with their young children. The third paper examines predictors of school readiness and adjustment for children born very preterm who are transitioning to school. The fourth presentation reports on parents' preferences for support during their very preterm children's transition to school and considers implications for future intervention development and testing. The final paper reports on the importance of parenting self-efficacy to teacher-child relationships, parent-teacher communication, enhancing the parent-teacher alliance.

A final Q&A session will encourage attendees to reflect on the practical and research implications of the outcomes when providing appropriate support to parents during pregnancy and when supporting their children in school age

Chair: Alina Morawska, The University of Queensland, St Lucia, QLD

Paper 1

Prenatal depression and anxiety among pregnant women in low resource settings: a hospital-based prevalence study

Japheth Adina, The University of Queensland, St Lucia, QLD

Authors: Adina J¹, Morawska A¹, Mitchell A², Haslam D³, Ayuku D⁴

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³Queensland University of Technology, Brisbane, QLD, ⁴Moi University, Eldoret, Kenya

Introduction/Background: Depression and anxiety can be particularly impactful during pregnancy and post-birth as they have significant effects on both mothers and babies. The risk of perinatal depression is greatest in the second and third trimesters of pregnancy; however, the symptomatology trajectory is still unclear, especially in low resource settings. It is also unclear to what extent depression is comorbid with anxiety in pregnancy. The present study assessed the prevalence of prenatal depression and anxiety, and associated risk factors.

Methods: A convenience sample of 395 pregnant women (13-36 weeks) was recruited from those attending antenatal care clinics in Kenya. Depressive and anxiety symptoms were screened for using the Edinburgh Postnatal Depression Scale and the Generalised Anxiety Disorder-7scale.

Results: Overall, 16.2% and 6.6% of women scored in the clinical ranges for depression and anxiety, respectively, and 12.5% of those with depression had anxiety. Multivariate ordinal logistic regressions revealed that planned pregnancy was a significant predictor of both depression and anxiety. However, having sufficient income, and feeling happy about the pregnancy were associated with less risk for prenatal depression and anxiety. Similarly, history of seeking psychological help made women less likely to have anxiety

Conclusion: Women in trimesters two and three of pregnancy showed a high prevalence of prenatal depression and moderate rates of anxiety signifying a threat to maternal perinatal mental health and potentially posing a risk to postnatal mental health and infant developmental outcomes. Routine screening is recommended to enable timely intervention and to mitigate negative maternal-infant outcomes.

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. Dr Morawska receives royalties from TPI. TPI had no involvement in the study design, collection, analysis or interpretation of data, or writing of this report. Dr Morawska is an employee at UQ. Japheth Adina is a PhD candidate at UQ

Paper 2

Parent challenges in implementing health behaviours with young children

Alina Morawska, The University of Queensland, St Lucia, QLD

Morawska A¹, Mitchell AE^{1,2}

¹The University of Queensland, Brisbane, QLD, ²Griffith University, Brisbane, QLD

Introduction/Background: Establishing daily preventive health practices in early childhood can lay the foundation for a lifetime of healthy habits. While parents play a key role in the development of their child's healthy habits, they are often unaware of current guidelines, confused about them, or unsure how to meet them; and face barriers in implementing the recommended strategies

Methods: Parents (N=477) of 0–4-year-old children participated in a cross-sectional Australia-wide online survey which explored parents' perspectives on barriers to implementing health behaviours. Parents provided qualitative responses relating to a variety of specific health behaviours (i.e., diet, physical activity, oral health, sleep, pedestrian/vehicle safety, screen use, sun safety, personal hygiene, medical care). Thematic analyses were used to explore main challenges and barriers experienced by parents within each health behaviour domain.

Results: The main barriers experienced by parents differed depending on the health behaviour. For example, parents reported that a main barrier to following screen time guidelines was parents using screens to keep children occupied and their own high screen use, while for engaging in physical activity, concern about the weather was a key barrier. Several common areas emerged as well including child resistance to engaging in the health behaviour and parental lack of time.

Conclusion: Integrating parent experienced barriers across multiple health behaviours generates better understanding of how to influence child health and development outcomes. Results will be used to inform development and testing of parenting interventions to support parents to promote early health behaviours.

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Paper 3

Children born very preterm transitioning to school: predictors of school readiness and adjustment

Amy Mitchell, Griffith University, Mt Gravatt, QLD

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Introduction/Background: The transition to school is a sensitive developmental period with implications for children's school adjustment and success. Children born very preterm (<32 weeks) have increased risk of health and developmental concerns; however, predictors of their school readiness and adjustment remain largely unexamined

Method: A community sample of parents of 3-to 7-year-old children (pre-transition n=114, post-transition n=112) completed an online survey which included measures of children's school readiness and adjustment, parents' self-efficacy with supporting children's readiness for school, and parents' needs for assistance with school readiness. Measures of child and parent adjustment, health/developmental history, and demographic variables were also collected. Correlations examined relationships among variables, and multiple linear regressions tested demographic, child health/development and psychosocial predictors of school readiness and adjustment, parental self-efficacy, and needs for support.

Results: Poorer school readiness and adjustment, lower parent self-efficacy, and greater needs for support correlated with child hyperactivity, peer problems, conduct problems, emotional symptoms, and less prosocial behaviour. For families at pre-transition only, poorer school readiness, lower parent self-efficacy and greater needs for support also correlated with earlier gestation at birth, younger parent age and financial stress. After including all predictor variables in regression models, low hyperactivity, greater prosocial behaviour, low parent distress, fewer health/developmental diagnoses, and fewer peer problems emerged as common predictors of school readiness and adjustment at pre-and post-transition.

Conclusion: For children born very preterm, child and parent adjustment and health/developmental factors predict both pre-transition school readiness and post-transition school adjustment. Results will be used to identify families in need of support and to develop tailored support strategies.

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TPI had no involvement in the study design, collection, analysis or interpretation of data, or writing of this report. Dr Morawska is an employee at UQ

Paper 4

Preferences of parent of children born very preterm for parenting support at the transition to school

Alina Morawska, The University of Queensland, St Lucia, QLD

Authors: Morawska A¹, McBryde C¹, Mitchell AE^{1,2}, McAuliffe T¹, Armstrong R¹, Johnston L¹

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Introduction/Background: Children born very preterm (<32 weeks) are at increased risk of ongoing developmental problems which may affect their transition to school and have flow-on effects on school engagement and academic achievement. Parents of all children experience mixed emotions during the transition to school, however, little is known about how best to support families of very preterm children

Methods: A cross-sectional Australia-wide online survey explored parents' perspectives on child, parent, and family needs and preferences for support. Parents (N=181) of children pre-and post-transition (aged 3-7 years) described their concerns about their child's recent or upcoming transition to school and their needs and preferences for support.

Results: Most parents reported difficulties with their child's emotions, concentration, behaviour, and/or social functioning. The majority of parents wanted assistance with supporting their child to be ready to start school. Of 35 proposed topics for potential inclusion in a support program, parents nominated "strategies for being an advocate for your child" and "strategies to support children's ability to communicate and express feelings" as the most important, although all topics were rated as very or extremely important by >50% of parents. Online (rather than face-to-face) program delivery was preferred, and >50% of parents considered it to be very/extremely important that programs be professional-led (rather than parent-led), include interaction with other parents, involve their child's educators, and be easily accessible.

Conclusion: Results will be used to inform strategies to support parents to promote successful transitions and readiness for school for very preterm children.

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Paper 5

The role of parenting self-efficacy on teacher-child relationship and parent-teacher communication: evidence from an Australian national longitudinal study

Tianyi Ma, The University of Queensland, St Lucia, QLD

Authors: Ma T, Tellegen CL, Sanders MR
The University of Queensland, Brisbane, QLD

Introduction/Background: High-quality teacher-child relationships and parent-teacher communications have substantial benefits to children's wellbeing and school functioning. However, more research is needed to understand how parenting self-efficacy influences these relationships. This cross-sequential study investigated the direct impact of parenting self-efficacy on both relationships beyond its influence on child behaviour

Methods: The current study included a sample of 8,152 children who participated in the Longitudinal Study of Australian Children (LASAC), a large study with a nationally representative sample of children from two cohorts who were four years apart. We used data collected in three waves—when children were aged 6 years, 8 years, and 10 years. We used structural equation modelling to test a panel model with parent-reported parenting self-efficacy and parent-teacher communication quality, as well as teacher-reported teacher-child relationship, child behaviour difficulties, and child prosocial behaviours at school.

Results: Cross-lagged regressions demonstrated that baseline parenting self-efficacy directly, and positively predicted quality of teacher-child relationship and parent-teacher communication two years later after controlling for child behaviour, as well as temperament and demographic variables. The same patterns were identified in two waves (6 to 8 and 8 to 10). Limited gender or cohort differences were observed.

Conclusion: The findings provided initial support that increasing parenting self-efficacy in parents, may not only bring benefits within the family, but also associated with flow-on benefits to others in the ecological system, such as teachers. The findings have implications for parenting researchers and practitioners because one important way to promote parenting self-efficacy is through evidence-based 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 Uniquest PtyLtd on behalf of UQ, to publish and disseminate Triple P worldwide. The authors of this report have no share or ownership of TPI. TPI had no involvement in the study design, or analysis or interpretation of data. Prof Sanders receives royalties and consultancy fees from TPI. Dr Tellegen and Mr Ma are employees at UQ. Mr Ma is also a student at UQ.

Symposium 16: Novel treatment strategies for identifying and treating loneliness, anxiety and depression

Symposium Description:

This symposium will present on novel treatment strategies to tackle loneliness, anxiety and depression in various population groups. The aims are to increase knowledge of new approaches that are being developed and tested that have the potential improve the identification and treatment of these common conditions across the lifespan. The symposium will first report on the findings from a series of studies that have identifying the key psychological mechanisms underlying loneliness, and testing the effectiveness of psychological treatment approaches that target these specific mechanisms. These approaches hold great promise for our approaches to treatment loneliness across the lifespan. Secondly, whilst relatively common in younger adults, the applicability and effectiveness of telehealth strategies for the treatment of depression and anxiety in older adults is limited. Older adulthood is associated with increased chronic health conditions, reduced confidence in using technology, and cognitive rigidity that can impact on the effectiveness of telehealth approaches, especially those that provide limited contact with a therapist.

Our team will present the findings of a brief telehealth intervention (workbooks supported by 15-minute weekly calls) in this population. Finally, poor wellbeing in later life is associated with a range of common risk factors that can be identified in mid-life. Yet early screening and interventions are limited. Our team have designed a novel screening and early intervention approach in primary care that utilizes routinely collected patient data in electronic medical records. This new approach has the potential to reduce risks for poor wellbeing at the population level

Chair: Viviana Wuthrich, Centre for Emotional Health, Macquarie University, Macquarie University, NSW

Paper 1

Development and validation of the loneliness automatic thoughts questionnaire

Jessamine Chen, Centre for Emotional Health, Macquarie University, NSW

Authors: Chen JTH^{1,2}, Edwards EF³, Wuthrich VM^{1,2}

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Introduction/Background: Loneliness is an established risk factor for physical and mental illness. Although loneliness is typically characterised as a subjective experience, few studies have examined the cognitive mechanisms underlying loneliness. Cognitive models of loneliness suggest that maladaptive cognitions, in the form of automatic thoughts, play a significant role in maintaining feelings of

loneliness. However, currently there is no measure of automatic thoughts associated with loneliness. The aim of this study was to describe the development and preliminary psychometric properties of the Loneliness Automatic Thoughts Questionnaire (LATQ). It was hypothesised that automatic thoughts related to loneliness would predict loneliness symptoms over and above automatic thoughts for anxiety, depression, and symptoms of depression and anxiety.

Methods: The Loneliness Automatic Thoughts Questionnaire (LATQ), was developed to test the hypothesis that loneliness automatic thoughts would be associated with thoughts and symptoms of anxiety and depression. Young and older adults completed a survey comprising of six measures of loneliness, anxious and depressed automatic thoughts and symptoms.

Results& Conclusion Loneliness automatic thoughts significantly predicted a unique proportion of loneliness symptoms, after controlling for anxiety, depression, and demographic factors. Bivariate correlations revealed that participants who scored higher on the LATQ endorsed more frequent anxious and depressed thoughts and symptoms. These findings indicate that LATQ may be useful for understanding the cognitive mechanisms underlying loneliness. Clinically, addressing these automatic loneliness thoughts may improve treatment of loneliness in older adults.

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

Paper 2

Focused cognitive restructuring alleviates feelings of aloneness, loneliness, and promotes social connectedness

Dino Zagic, Centre for Emotional Health, Macquarie University, NSW

Authors Zagic D^{1,2}, Wuthrich VM^{1,2}, Rapee RM

¹Centre for Emotional Health, Macquarie University, Sydney, NSW, ²Centre for Ageing, Cognition and Wellbeing, Macquarie University, Sydney, NSW

Introduction/Background: The mechanisms underlying loneliness remain unclear. Although models of loneliness have emphasised the importance of maladaptive cognitions, empirical support is limited. This study aimed to experimentally manipulate maladaptive cognitions hypothesised to underlie loneliness using an experimental intervention and measure changes in severity of lonely mood, and belief ratings of lonely thoughts. Participants in the experimental condition were hypothesised to report significantly greater reductions in belief rating of maladaptive cognitions, and greater reductions in loneliness, compared to participants in the control condition.

Methods: Participants were undergraduate Psychology students at Macquarie University (N =59). After providing consent, participants completed measures of emotional state (PANAS), loneliness (UCLA-LS-3), depression (PHQ-9), social anxiety (MINI-SPIN), social network (LSNS-6), and belief of maladaptive, lonely

cognitions. Participants were then randomly allocated to the experimental (N =30) or control (N = 29) condition. Participants in the experimental condition received focused cognitive restructuring to address maladaptive cognitions associated with loneliness, whereas participants in the control condition completed a series of mindfulness-based puzzles designed to distract from feelings of loneliness. Measures of emotional state and maladaptive cognitions were completed post-manipulation

Results & Conclusion: A series of repeated measures ANCOVAs indicated that focused cognitive restructuring led to significant decreases in feelings of aloneness and loneliness, and significant increases in feelings of social connectedness, compared to the mindfulness-based puzzles. These findings suggest maladaptive cognitions play a significant role in maintaining feelings of loneliness, and they can be modified with cognitive restructuring. Longer term follow-up is needed in future clinical trials.

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

Paper 3

Utilising Telehealth to treat depression and anxiety in older adults: a multi-site clinical trial

Jessamine Chen, Centre for Emotional Health, Macquarie University, NSW

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Introduction/Background: Low intensity psychological interventions can potentially balance clinical outcomes and service costs. The use telehealth in the early steps of care offers the potential to increase access to psychological interventions in isolated participants, especially those living in rural and remote areas. There are no rigorous evaluations of clinical effectiveness, cost savings, feasibility or acceptability of telehealth in older adult mental health services. This cofounded NHMRC-Beyond Blue multi-site clinical trial will evaluate whether telehealth delivery of psychological services for anxiety and depression can be delivered through older adult mental health services. Telehealth is hypothesised to improve clinical effectiveness and reduce costs.

Methods: 667 older adults (>65 years) with clinically interfering symptoms of depression and/or anxiety will be randomised to telehealth as part of a stepped care model or usual care at one of five older adult mental health services including public, private, urban and rural services. Participants will complete demographic, self-report symptom measures, semi-structured clinical interviews conducted by reviewers blind

to treatment allocation, quality of life and economic measures, pre-treatment, 13-week post baseline, 26-week post baseline and at 12-month postbaseline. Acceptability to clinicians and consumers will be evaluated.

Results & Conclusion: This study is still in the recruitment phase. Preliminary data for participants in the telehealth condition will be presented on available sample to date (n>50). Study challenges related to identifying eligible cases, attitudes by clinicians, and acceptability by participants and clinicians

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

Paper 4

Acceptability and feasibility of a wellbeing check for primary care

Viviana Wuthrich, Centre for Emotional Health, Macquarie University, NSW

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¹Centre for Emotional Health, Macquarie University, NSW, ²Centre for Ageing, Cognition & Wellbeing, Macquarie University, NSW

Introduction/Background: Lifestyle and psychological factors have been associated with increased risk for developing dementia as well as poor general mental, social and physical wellbeing in later life. Further there is emerging evidence that if these risk factors are identified and treated, it may reduce the risk for both the development of dementia, as well as poor wellbeing. With the ageing of the Australian population, strategies to maintain healthy ageing are a priority. Despite this, there is limited understanding of how to identify and treat these common risks at a population level.

Methods: Using a novel approach, a new routine health check is codesigned with patients and general practitioners to identify common risk factors in older adults in primary care settings. This screening utilising existing medical data from GP software, integrated with data related to additional risk factors to offer a potential model for large scale screening and interventions. This screening tool is piloted in conjunction with the Sydney North Primary Health Network, and evaluated for acceptability and feasibility.

Results: Early results will be presented that examines the acceptability and feasibility of this approach, initial changes in risk factors over time and plans for further evaluation.

Conclusion: This new approach is a potential method to better identify individuals at risk and engage patients in preventative medicine approaches that offer the potential to result in wide scale risk reduction for cognitive decline and poor wellbeing in later life.

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

Symposium 17: Building evidence to improve access and effectiveness of parenting interventions for caregivers, children and families

Symposium Description:

Evidence-based parenting interventions use cognitive and behavioural strategies to support caregivers in their role of raising children. Unfortunately, caregivers are still facing barriers to access this kind of support. These interventions are also in continuing development and adaptation to meet caregivers' needs for their wellbeing and their families. The aim of this symposium is to discuss ways to improve access and effectiveness of parenting interventions targeting parents and other caregivers.

The first paper will introduce a brief measure of parental self-regulation, indicating that is a reliable and valid measure to be included in clinical practice and research of parenting interventions. The second study will report the promising preliminary outcomes of an open trial of a parenting intervention targeting parents with a history of trauma and childhood adversity. The third study will inform the results of a trial evaluating the effectiveness of a parenting program with caregivers of children in orphanages. The final paper will provide some insights about emerging profiles of parental preferences of certain program characteristics of parenting interventions. This symposium will allow attendees access to published and unpublished evidence of parenting interventions supporting caregivers in their role. The final discussion of this symposium will focus on the clinical and research implications of these research findings providing some suggestions to practitioners working with caregivers and families using evidence-based interventions.

Chair: Matthew Sanders, The University of Queensland, St Lucia, QLD

Paper 1

Validation of a brief scale assessing self-regulation in parents and parenting practitioners

Tianyi Ma, The University of Queensland, St Lucia, QLD

Authors: Tellegen CL¹, Ma T¹, Day JJ¹, Hodges J¹, Panahi B¹, Mazzucchelli TG^{1,2}, Sanders MR¹

¹The University of Queensland, Brisbane, QLD, ²Curtin University, Perth, WA

Introduction/Background: Parenting self-regulation is increasingly recognised as an important facet of positive parenting because it allows parents to manage their thoughts, behaviours, emotions, and attention to parent effectively. Evidence-based parenting programs such as the Triple P-Positive Parenting Program aim to increase parenting self-regulation by teaching parents a range of skills and strategies to deal with everyday parenting. Despite the importance of self-regulation, few measures assessing this construct in parents are available. The current investigation aims to evaluate the measurement properties of a brief measure of self-regulation for both

parents and parenting practitioners, the Parenting Self-Regulation Scales (PSRS)—Parent and Practitioner versions

Methods: The PSRS has 12 items measuring five core dimensions of parental self-regulation. Participants were 427 parents and 1,606 parenting practitioners. We conducted exploratory and confirmatory factor analyses for the parent version and then confirmed the factor structure again in the practitioner version. Convergent and concurrent validity were then tested.

Results: Exploratory and confirmatory factor analyses supported a single-factor model for the parent version, and this was confirmed in the practitioner version. Both versions demonstrated excellent internal consistency and hypothesis testing supported the construct validity of both scales. The scores of the parent version correlated strongly with other measures of parenting self-efficacy, as well as negatively correlated with parental adjustment. The practitioner self-regulation was associated with practitioner's program use.

Conclusion: The results indicate that the PSRS is a promising brief measure of parenting self-regulation for parents and practitioners which could prove useful to clinical work and training and research.

Disclosure of Interest Statement: The Parenting and Family Support Centre is partly funded by royalties stemming from published resources of the Triple P—Positive Parenting Program, which is developed and owned by The University of Queensland (UQ). Royalties are also distributed to the Faculty of Health and Behavioural Sciences at UQ and contributory authors of published Triple P resources. Triple P International (TPI) Pty Ltd is a private company licensed by Uniquest PtyLtd on behalf of UQ, to publish and disseminate Triple P worldwide. The authors of this report have no share or ownership of TPI. M.R.S. and T.G.M. receive royalties and/or consultancy fees from TPI. TPI had no involvement in the study design, or analysis or interpretation of data, or writing of this report. C.L.T., T. M., J.J.D. and J.H. are or were employees at UQ. T.M. and B.P. are or were students at UQ.

Paper 2

Effects of family life skills Triple P: an open feasibility trial for vulnerable parents

Matthew Sanders, The University of Queensland, St Lucia, QLD

Authors: Sanders MR, Turner KMT
The University of Queensland, Brisbane, QLD

Introduction/Background: Parents with histories of family of origin trauma and childhood adversity are at greater risk of mental health problems, experiencing difficulties in raising their children and having children with social, emotional, and behavioural problems. Family Life Skills Triple P (FLSTP) is a new variant of Triple P that targets vulnerable parents in a 10-session program that blends parenting skills training with adult life skills training.

Methods: 50 parents of children aged 3 to 9 years participated in an open trial of Family Life Skills Triple P involving 4 measurement occasions (T1 baseline to T4long term follow up). All parents completed a comprehensive assessment of child behaviour problems, parenting practices, parenting self-efficacy, parental self-regulation, emotion regulation, mental health, child abuse potential, family disorganisation and chaos, and compassion.

Results: Parents participating in FLSTP reported several benefits. Medium to large effects sizes were reported for child behaviour and emotional problems, coercive parenting, positive parenting, risk of child abuse, mental health, parental self-regulation, family chaos and self-compassion. High levels of parent satisfaction were reported despite the trial being disrupted by COVID and the need to transition from in person to zoom based delivery of all sessions.

Conclusion: Family Life Skills Triple P is a promising intervention showing clinically and statistically reliable change in participating parents and children. This open trial justifies conducting a more rigorous randomised controlled trial to rule out competing explanations for change and to establish with a large sample mechanism of change, moderators, and mediators of intervention effects.

Disclosure of Interest Statement: This work was partly funded by the Sydney Local Health District and the Parenting and Family Support Centre at the University of Queensland.

Paper 3

Effectiveness of Triple P in an orphanage context in Lahore, Pakistan

Amina Khalid, The University of Queensland, St Lucia, QLD

Authors: Khalid A, Morawska A, Turner KMT
The University of Queensland, Brisbane, QLD

Introduction/Background: Pakistan is home to 4.6 million orphan children. Inadequate caregiving in an orphanage context can negatively impact children's wellbeing, and lack of specialised training can induce work related stress and lower self-efficacy among caregivers. Caregiving practices in orphanages may be enhanced by context-specific training that can also positively impact the wellbeing of caregivers and children in their care.

Methods: This study focused on examining the effectiveness of Group Triple P with caregivers (n=14) of 4–12-year-old children in Pakistani orphanages. A quasi-experimental within-group design was used with assessment at pre-and post-intervention and at six-month follow up.

Results: Repeated measures ANOVA indicated that the personal wellbeing of caregivers improved following participation in Group Triple P. There was also a significant increase in caregivers' parental efficacy and a significant decrease in the

use of dysfunctional parenting practices. The frequency and number of perceived children's challenging behaviours decreased significantly, along with a significant increase in warmth and affection and a reduction in negativity in caregiver-child relationships.

Conclusion: This study was the first to implement Group Triple P in an orphanage context and explore its effectiveness. The positive outcomes support the use of an evidence-based parenting intervention with orphanage caregivers in a proxy parenting role. Triple P was well received by all study participants.

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. TPI had no involvement in the study design, collection, analysis or interpretation of data, or writing of this report. The authors of this report have no share or ownership of TPI. Alina Morawska and Karen Turner are contributory authors and receive royalties from TPI. Amina Khalid was a UQ doctoral candidate during this project.

Paper 4

Profile of parents' preferences to enhance their engagement with parenting interventions

Carolina Gonzalez, The University of Queensland, St Lucia, QLD

Authors: Gonzalez C¹, Morawska A¹, Haslam D^{1,2}

¹The University of Queensland, Brisbane, QLD, ²Queensland University of Technology, Brisbane, QLD

Introduction/Background: Parents are the primary consumers of parenting interventions, and their feedback has been integrated in program development and refinement. However, how certain characteristics of these interventions influence their engagement and their access to these interventions remains unclear. This study aimed to identify profiles of parents' preferences for program formats and features of parenting interventions.

Methods: Participants were 6,949 parents who completed the International Parenting Survey. This cross-sectional survey collected information from parents mainly from Canada, Germany, the UK, Hong Kong, Australia, Belgium, Switzerland, and Spain. Two-step cluster analyses were conducted to identify clusters of program formats and features.

Results: Two clusters were identified for program formats and features, respectively. Parents' preferences for delivery formats were organized in a face-to-face cluster and media-based cluster. In terms of program features, clusters were focusing on

personalized features or logistic factors. All clusters differed according to demographic, parent, and child factors.

Conclusion: This study explored patterns of parental preferences for program characteristics showing that parents differ in their preferences for certain delivery formats and program features. Facilitating parents' access to parenting interventions requires further attention to their demographics and their concerns about their parenting and their children's emotional and behavioural characteristics. These findings show the potential role of parental preferences for improving parents' access to parenting interventions.

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

Symposium 18: Cognitive Processing Therapy for PTSD/CPTSD: increasing impacts and reach

Symposium Description:

Cognitive Processing Therapy (CPT) is one of several recommended frontline treatments for PTSD and has been subject to more than 24 randomised trials and numerous open or uncontrolled observational studies. Although it has been studied in both Western and non-Western populations, and with a range of trauma populations, there remains a number of areas that require further investigation. The symposium brings together a range of studies from an Australian context that aim to test the efficacy of CPT in new populations, different service settings and delivery modes, and to examine the impact of CPT beyond reduction of PTSD severity.

First, Larissa Roberts reports on the outcomes of a randomised trial that compared an online stepped-care approach for PTSD against standard CPT (also delivered online). Next, Reg Nixon presents initial outcomes of an open trial of CPT delivered in a South Australian youth mental health service, including headspace. Effectiveness of CPT delivered for young adults with PTSD in a Queensland residential substance use treatment unit is presented by Leanne Hides. Kirsten Yates presents effectiveness data for CPT delivered in a Victorian adult community mental health setting and associated reduced mental health service usage. Sheradyn Matthews will finish by reporting on an ongoing study of CPT delivery in adult community mental health settings in South Australia, with a specific focus on health economic and quality of life outcomes

Chair: Reg Nixon

Paper 1

Randomised controlled trial of an online stepped care treatment approach for adults with posttraumatic stress disorder

Authors: Roberts LN¹, Nixon RDV^{1,2}

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²Órama Institute for Mental Health and Wellbeing, Flinders University, Adelaide, SA

Introduction: Stepped Care approaches are recommended to increase the accessibility of mental health services. This RCT evaluates the efficacy of a novel online stepped care approach for adults with PTSD.

Methods: Participants were randomised to stepped care (an online, self-guided program, This Way Up, with the option to 'step up' to Cognitive Processing Therapy [CPT] if required) or to standard CPT delivered via telehealth. Clinician-rated interviews and self-report questionnaires were completed at post-treatment, and 3- and 6-month follow-up time points.

Results: 75 participants with a diagnosis of PTSD or subthreshold PTSD have been randomised to date, with a 24% dropout rate. Post-treatment data were available for 57 participants (28stepped, 29 CPT) at the time of writing. At post-treatment, both groups demonstrated large reductions in PTSD severity on the Clinician-Administered PTSD Scale (CAPS-5; d 's =1.82 to2.08) and PTSD Checklist (PCL-5; d 's =1.86 to 2.41). There were no significant differences between stepped care and CPT outcomes on these measures. Participants in the stepped intervention with high levels of PTSD and depression severity were more likely to be stepped up; however, participants who were stepped up had smaller reductions in PTSD symptoms at post-treatment than those who received CPT only

Conclusion: Recruitment will be finalised by October, with anticipated data available for 80 clients, allowing for more detailed reporting of outcomes (including 6-month follow-up data, cost-effectiveness, and treatment acceptability). Clinical implications of the stepped care approach and the use of online low-intensity treatments for PTSD will be discussed.

Disclosure of Interest Statement: RDV Nixon receives royalties from a book on CPT. The other authors have no conflicts of interest to disclose

Paper 2

An open trial of cognitive processing therapy in a youth mental health service.

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Background: The effectiveness of Cognitive Processing Therapy (CPT) for young people (adolescents and young adults) is understudied. As part of a larger project aimed at improving identification and treatment of PTSD within the Sonder service, clinicians were trained in CPT.

Methods: At the time of writing, 91 young people (ages 14-25) had initiated CPT. The project involves an open-trial design, with pre-treatment, posttreatment, 3-month and 1-year follow-up assessments (1-year data will not be reported). Participants are assessed with standardised measures including diagnostic interview (Clinician-Administered Scale for PTSD; CAPS) and symptom reporting (i.e., PTSD Checklist [PCL-5], Patient Health Questionnaire [PHQ]). Complex PTSD symptoms are also assessed. Posttreatment and follow-up diagnostic interviewers were masked to treatment status of participants (i.e., whether participant completed CPT or not). CPT sessions are audiotaped for assessment of treatment fidelity and quality.

Results: To date, 52% of participants have completed what is considered a full 'dose' of CPT. Preliminary analysis demonstrates statistically and clinically significant reductions pre-posttreatment(Completers: $ps < .001$) for all symptom measures with large effects ($ds > 1.0$ forPTSD,ComplexPTSD, and PHQ measures).For those who

completed CPT, 78% no longer met criteria for PTSD at posttreatment (CAPS). Gains were maintained for the subset of those who completed 3-month follow-up. Conclusion: The findings suggest promising evidence that CPT is effective in treating PTSD/CPTSD in young people seen in a routine mental health setting. Discussion will include issues relating to improving treatment retention in this group

Disclosure of Interest Statement: Funded by a Channel 7 Children's Research Foundation grant awarded to RDV Nixon & S Wright. RDV Nixon receives royalties from a book on CPT. The other authors have no conflicts of interest to disclose.

Paper 3

Pilot study of the feasibility and outcomes of Cognitive Processing Therapy for young people with comorbid posttraumatic stress and substance use disorders in residential substance use treatment

Authors: Mefodeva V¹, Walter Z¹, Kerswell N¹, Carlyle M¹, Hides L^{1,2}

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Background: Comorbid posttraumatic stress disorder (PTSD) is common among individuals seeking residential treatment for substance use disorders (SUDs). However, people in residential treatment for SUDs rarely have access to PTSD treatment. This pilot study examined the feasibility and outcomes of delivering Cognitive Processing Therapy (CPT) to young people with PTSD in residential treatment for SUDs.

Methods: This project was part of a larger study that developed, implemented and evaluated a trauma-informed residential model of SUD treatment. 150 out of 183 clients who entered treatment consented to research. 70 (47%) with a provisional DSM-5 diagnosis of PTSD were eligible to participate in the pilot, which offered 10 twice weekly sessions of CPT over 5 weeks. Assignment to CPT was based on therapist availability.

Results: 33 of the 70 clients eligible commenced CPT, after 5 clients refused, 10 were discharged prior to commencing and 1 was ineligible for CPT. Five clients were uncontactable after early discharge and therapists were not available for 17. Twelve (40%) clients completed all 10 sessions of CPT. Clients who completed at least five CPT sessions displayed clinically meaningful (5-10 point) reductions in PTSD symptoms. Treatment completers achieved reductions in the severity of depression/anxiety symptoms and substance use at one month follow up. Three month follow up results will be presented.

Conclusions: These results provide preliminary support for the feasibility of delivering CPT to young people with comorbid PTSD/SUDs in residential substance use treatment. Treatment completers achieved reductions in the severity of PTSD, depression, anxiety and substance use.

Disclosure of interest: The authors have no conflicts of interest to disclose

Paper 4

Implementation of CPT in a Victorian community mental health service

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Background: The effectiveness of Cognitive Processing Therapy (CPT) for posttraumatic stress disorder (PTSD) in Australian community mental health settings is understudied, as is its impact on other mental health service utilisation. Monash Health has been training psychologists to deliver CPT in community clinical care settings since 2016. Patient outcomes following treatment and the impact on service utilisation were examined.

Methods: Adults (N = 155) with PTSD received CPT at a large public health service as part of their clinical care. PTSD severity was measured pre-treatment, during treatment, and at posttreatment. Additional mental health outcomes and therapeutic processes were indexed (e.g., depression, therapeutic alliance) as was health service utilisation in the 12-months prior to and 12-months after receiving CPT

Results: Significant improvements across all symptom measures and large effect sizes for PTSD outcomes were observed (Cohen's $d = 1.03-1.66$). Analysis of the whole sample (intent to-treat) demonstrated 46.4% of the sample fell below the probable-PTSD cut-off, and 34.1% achieved remission. On average, participants' use of mental health services (e.g., inpatient hospitalisations, outpatient services) halved in the 12-months following CPT relative to the same period prior to treatment. No significant adverse outcomes were reported.

Conclusion: CPT is a safe, effective therapy for PTSD which can be delivered in a routine public mental health setting. Further research should be undertaken to formally establish health cost savings from delivering CPT in the Australian health care system and to improve our knowledge of the factors which assist patients to undertake and complete this therapy.

Disclosure of Interest Statement: RDV Nixon receives royalties from a book on CPT. The other authors have no conflicts of interest to disclose

Paper 5

Improving delivery of an evidence-based therapy for posttraumatic stress disorder (PTSD): A combined analysis of clinical effectiveness and associated economic benefits

Authors: Matthews SR¹, Kaambwa B³, Wade TD^{1,2}, Nixon RDV^{1,2}

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Background: Evidence-based therapies exist for the treatment of posttraumatic stress disorder and yet the delivery of these therapies in health services is limited (Mihalopoulos et al, 2015). This discrepancy is partially explained by clinicians unable to obtain expert training and supervision in PTSD treatments, with expense and a lack of funding often cited as an issue (Finch et al., 2020). Whilst a small number of economic evaluations suggest that these therapies are cost-effective and worth the initial investment, there is a paucity of research examining the economic implications of these treatments in Australia.

Methods: In this ongoing open trial, 28 mental health clinicians across community mental health sites in South Australia were trained in Cognitive Processing Therapy (CPT). To date, 48 clients with PTSD have been enrolled in the study. Recruitment rates indicate that an additional 30 clients will be enrolled by October.

Results: Preliminary analyses for those who have finished therapy show a large reduction in PTSD symptoms as indicated by the Posttraumatic Stress Checklist ($d=1.40$, $p=.002$) and a moderate decrease in depression symptoms (Depression and Anxiety Stress Scale, $d=0.70$, $p=.007$). There was also a moderate improvement in quality of life (Assessment of Quality of Life 8Dimension, $d=0.62$, $p=.01$).

Conclusion: Whilst the results presented are preliminary, there is evidence of promising symptom reduction and improvement in quality of life. Detailed reporting on the economic impact of providing CPT will be made in October.

Disclosure of Interest Statement: Funded by a Breakthrough Mental Health grant awarded to RDV Nixon, TD Wade & B Kaaambwa. RDV Nixon receives royalties from a book on CPT. The other authors have no conflicts of interest to disclose.

Open Papers

Madelyne Bisby

Sudden gains in therapist-guided versus self guided online treatments for anxiety or depression

Authors:

Bisby MA, Scott AJ, Hathway T, Dudeney J, Fisher A, Gandy M, Heriseanu AI, Karin E, Titov N, Dear BF

eCentreClinic, School of Psychological Sciences, Macquarie University, NSW

Introduction/Background:

Sudden gains are large, rapid, and sustained symptom improvements, and are associated with improved treatment outcomes across a range of mental health problems. Current theories suggest that therapists are required for sudden gains to be sustained, and to result in improved treatment outcomes. We compared the prevalence and consequences of sudden gains in therapist-guided versus self-guided internet-delivered treatments for anxiety and depression.

Methods:

Samples from four previous randomized controlled trials were analysed: Generalized Anxiety Disorder (n = 259), Panic Disorder (n = 109), Social Anxiety Disorder (n = 175), and Major Depressive Disorder (n = 209). The prevalence, timing, and reversal rates of sudden gains were compared across therapist-guided and self-guided groups. Generalized estimating equations were used to examine the impact of guidance level and sudden gain status on post-treatment outcomes.

Results:

Sudden gains were similarly prevalent in therapist guided and self-guided treatments. In all four diagnostic samples, sudden gains most frequently occurred between Weeks 2 and 3 of treatment, and the rate of reversals did not differ based on presence of guidance. The association between sudden gains and treatment outcome varied by disorder, such that sudden gains were associated with improved outcomes (irrespective of guidance condition) for participants with Social Anxiety Disorder and Major Depression, but not Generalized Anxiety Disorder or Panic Disorder.

Conclusion:

Sudden gains can occur, and are maintained, during internet-delivered psychotherapy even in the absence of therapist guidance. Furthermore, sudden gains may be associated with different patterns of symptom improvement depending on diagnostic presentation.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

Madelyne Bisby

The timing and magnitude of symptom improvements during an internet-delivered transdiagnostic treatment program for anxiety and depression

Authors:

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Introduction/Background:

In face-to-face treatments, mental health symptoms improve rapidly across the first few treatment sessions, and the pace of improvement slows with additional sessions. As there has been limited investigation into when, and by how much, symptoms improve during remotely delivered treatments, the current study investigated the timing and magnitude of symptom change during an 8-week online treatment for anxiety and depression.

Methods:

Three adult samples were derived from previous randomised controlled trials: Generalized Anxiety Disorder (n = 165), Major Depression (n = 149), and mixed anxiety/depression (n = 262). Symptom scores were compared between consecutive weeks of treatment, and we examined the proportion of individuals who achieved a $\geq 25\%$ or $\geq 50\%$ improvement in symptoms each week.

Results:

Across all three samples, symptoms improved more rapidly during the first half of treatment compared to the second half of treatment. Within the first four weeks over half of participants had experienced a $\geq 25\%$ improvement in symptoms, and approximately a third of participants had experienced a $\geq 50\%$ improvement in symptoms. This pattern of change was found irrespective of diagnostic status, outcome measure, or baseline symptom severity.

Conclusion:

A substantial number of people who receive internet-delivered treatments appear to experience rapid, large, and clinically significant symptom improvement early in treatment. These findings add to our theoretical understanding of symptom improvements during psychotherapy, and further research investigating the mechanisms of such change will inform the development of more effective treatments.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

Marika Blonner

Predictive genetic testing for amyotrophic lateral sclerosis: psychological differences between those who receive and do not receive testing

Authors:

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Introduction/Background:

Predictive genetic testing for amyotrophic lateral sclerosis (ALS) enables at-risk individuals to ascertain their risk of developing this deadly disease. Informed life decisions can be made from the outcome of this test, yet it has low uptake rates of only 10% among at-risk individuals. As previous research has consisted of only two qualitative studies, this study aimed to be the first to examine psychological factors and demographic characteristics that differentiate those who have received predictive genetic testing for ALS from those who do not.

Methods:

Measures assessing demographic and ALS-specific characteristics, perceived severity, perceived risk, health anxiety, disease specific distress and their beliefs regarding whether they had inherited the gene for ALS or not were administered online to 84 individuals (34 non-testers, 50 testers) at-risk of ALS. These participant numbers are expected to reach 135 (45 non-testers, 90 testers) by October.

Results:

Early analysis using data collected to date show that testers are more likely to perceive themselves as a gene carrier for ALS than non-testers. Additionally, testers who had received a positive genetic test result reported higher perceived risk of developing ALS than non-testers, who further had higher perceived risk than negative testers. Data will be analysed in full once all data is collected.

Conclusion:

Predictive genetic testing for ALS appears to influence perceived risk. These data and those yet to be analysed will help with the development of a cognitive-behavioural interventions to help people make decisions about predictive genetic testing as well as how to manage the psychological sequela that ensue after results are received.

Disclosure of Interest Statement:

This study was supported by Donations to support MND Research Centre. Author Marika Blonner also was supported by a scholarship from the Australian Government.

Mark Boyes

A mental health program accessible to children with reading difficulties: an evaluation of the 'Clever Kids' program

Authors:

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Introduction/Background:

Children with reading difficulties (dyslexia) are at elevated risk of emotional and behavioural disorders. While a range of programs have been demonstrated to reduce risk of child mental health problems, their reliance on literacy skills to access program content limits accessibility for children with dyslexia. We piloted a mental health program (Clever Kids) developed by the Dyslexia-SPELD Foundation specifically for children with dyslexia. We tested the feasibility, efficacy, and acceptability of Clever Kids in a small randomized-controlled trial.

Methods:

Children ($n = 40$, $M_{age} = 10.45$ years, 65% male) with a dyslexia diagnosis were randomized to attend Clever Kids or to a wait-list control group. Child-reported coping skills, self-esteem, resilience, and emotion regulation were assessed at pre-program, post-program, and three-month follow-up. Parent and child-reported emotional and behavioural problems were assessed at all time-points.

Results:

Recruitment and retention rates indicate high feasibility for further evaluation of Clever Kids and the program appears acceptable to children with dyslexia and their families. Program attendance was associated with significant reductions in the use of non-productive coping strategies, which were maintained at three month follow-up. Condition by time interactions were non-significant for all other outcomes, although there were promising improvements in self-esteem and reductions in internalizing symptoms for children randomized to Clever Kids.

Conclusion:

Clever Kids is accessible and acceptable to children with dyslexia, and significantly improved their coping skills. A larger trial is feasible, and is needed to confirm this finding and test if attendance is associated with additional improvements in emotional well-being.

Disclosure of Interest Statement:

This research was funded by an Australian Rotary Health - Mental Health Research Grant. Mark Boyes is supported by the National Health and Medical Research Council, Australia (Investigator Grant 1173043).

Simon Byrne

Using a mobile health device to monitor stress in youth psychiatric outpatients: patient and clinician acceptability

Authors:

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Introduction/Background:

There is growing interest in using mobile health (mHealth) devices to passively monitor physiological stress associated with psychiatric symptoms. Physiological information such as movement, sleep and electrodermal activity can be collected and returned to outpatients and clinicians to enhance early intervention. This presentation describes a paper published in March 2022 in *Journal of Psychiatric Rehabilitation* examining patient and clinician-related acceptability for using a mHealth device to monitor stress in psychiatric outpatients.

Methods:

Outpatients and their clinicians at a community youth mental health service were shown how an mHealth device could be used to monitor symptoms of mental illness. Focus groups were then conducted regarding the acceptability of the mHealth device for both outpatients and their clinicians. Content was analysed using an inductive thematic analysis focusing on perceptions of benefit, barriers and facilitators of uptake.

Results:

Outpatients and clinicians identified two themes related to benefits of the mHealth device: 1) self-monitoring improves patient insight and 2) clinician monitoring as a benefit to treatment. They identified one barrier theme: 3) privacy and data misuse concerns. They also identified three facilitators of uptake: 4) ease of use, 5) engaging design and 6) procedural guidelines.

Conclusion:

The perceived benefits of passive physiological monitoring comes with concerns regarding its privacy and ambiguity in the patient-clinician relationship. Results

suggest the importance of co-design to ensure the mHealth device is secure, easy to use and engaging.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

Simon Byrne

Coaching parents to conduct powerful exposure therapy with their child: preliminary results from a treatment trial

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Introduction/Background:

A vital part of parenting is assisting a child to face whatever they find frightening, challenging or new. Parents also face challenges conducting exposure therapy with their child due to their parenting style, their own anxiety or a lack of requisite skills. This presentation will describe preliminary results of a brief parent guided exposure therapy which coaches parents to conduct exposure therapy with their child. This presentation is a follow up to a treatment protocol presented at AACBT 2021.

Methods:

Participants are shy children and their mothers. Over four sessions, parents were coached to conduct in vivo exposure therapy with their child in social settings, following a basic set of exposure therapy principles. Mother and child initially completed self-report and observational measures of their anxiety, attachment and parenting style. These variables were used to predict performance on Behaviour Approach Tests (BATs) and self-report of social anxiety.

Results:

As of April 2022, N = 10 families have started or completed the protocol. This presentation will discuss preliminary results from early participants. It will examine whether parent/child variables predicting exposure success can be identified.

Conclusion:

This research could lead to brief, autonomous parent-guided exposure treatments which requires limited intervention from a trained therapist. It is anticipated that this treatment will result in ongoing benefits, as parents can better manage and treat their child's anxiety at the conclusion of formal therapy. We aim to complete the treatment trial in mid-2023.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

Ashleigh Cameron

Pre-treatment prediction of dropout in group psychotherapy

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Introduction/Background:

Dropout remains a significant problem in psychotherapy. Identifying the pre-treatment predictors of dropout may aid early identification of at-risk patients and proactive intervention. This study investigates the pre-treatment predictors of dropout across several day-patient group psychotherapy programs differing by therapeutic orientation (Cognitive Behaviour Therapy; CBT and Dialectical Behaviour Therapy; DBT) and session frequency.

Methods:

Intake variables were collected from day-patients ($N = 3063$) who attended either a weekly or daily CBT or DBT group at Perth Clinic between 2016 and 2019. Classification tree models were used to identify pre-treatment predictors of dropout and make predictions on unseen data.

Results:

Dropout was higher in DBT (33.7%) than CBT (21.9% in the weekly format, 13.2% in the daily format). In both formats of CBT, patients' number of secondary diagnoses was the single most important predictor of dropout, with balanced model accuracy ranging between 62.06% and 63.18%. In DBT, the length of patients' prior inpatient admission, anxiety severity, and number of secondary diagnoses emerging as the primary splits in the model (balanced accuracy = 52.39%).

Conclusion:

Findings indicate that dropout can be predicted with moderate accuracy based on pre-treatment characteristics alone; however, the variability between the models highlights the need for future programs to dedicate more resources to developing individualised prediction models. Furthermore, classification trees may aid the identification of at-risk patients in routine clinical practice, and offer transparent, simple, cost-effective, yet powerful clinical decision-making aids to improve overall patient retention.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

Alexandra Canty

Using Experience Sampling Methodology (ESM) to improve our understanding of intrusion frequency and intrusion related distress in posttraumatic stress disorder (PTSD)

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Introduction/Background:

Cognitive models of posttraumatic stress disorder (PTSD) suggest that interpretations of traumatic sequelae and subsequent distress drive the development and maintenance of PTSD. Traditionally, posttraumatic research has relied heavily on macro-longitudinal designs, leaving weeks or months between observations of trauma-related cognitions and symptoms. More recently, experience sampling methodology (ESM), has provided a wealth of information on posttraumatic symptomology, improving our understanding of the day-to-day experiences of trauma exposed individuals.

Methods:

Automated survey links were used to record the posttraumatic symptoms, interpretations, and behaviours of trauma exposed adults four times a day over a 10-day ESM period. The current results are based the data of 75 participants.

Results:

As anticipated, significant positive associations were observed between negative intrusion appraisals and co-occurring intrusion related distress and intrusion frequency. Maladaptive coping strategy engagement was also positively associated with intrusion related distress and intrusion frequency. Finally, intrusion related distress was found to significantly moderate a negative association between intrusion frequency and maladaptive coping. Contrary to predictions, this significant interaction was negative, indicating that the within-person relationship of intrusion-related distress and avoidance coping was stronger on occasions where individuals had fewer intrusive symptoms than typical for them.

Conclusion:

The findings demonstrate that intrusion related distress plays a significant role in the relationship between intrusive symptoms and maladaptive coping strategy engagement beyond baseline symptomology and time since trauma. This information can shape the way we develop methods of PTSD prevention and intervention.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose

Liam Casey

How are LGBTQ people impacted by public debates about LGBTQ rights?

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Introduction/Background:

Marriage equality legislation was introduced in Australia in 2017 following a national survey of enrolled voters conducted via the postal system (“the postal survey”). Consistent with other major LGBTQ rights campaigns, research has demonstrated that this event posed a unique source of social stress for LGBTQ people. As LGBTQ rights continue to feature in public discourse, understanding how these debates impact LGBTQ people is vital.

Methods:

The present study sought to identify cognitive, behavioural, affective, and physiological symptoms reported by LGBTQ people during the postal survey. A sample of 2,200 LGBTQ people answered the question “Do you think the public discussion about marriage equality and the marriage equality postal survey has affected you and/or your family? If so, how?” Seven hundred responses were randomly selected and analysed using reflexive thematic analysis.

Results:

Cognitive themes were hyperawareness of stigma, social and political exclusion, changes in self-perception, and fear of harm. Affective themes were anger, anxiety, and sadness. Behavioural themes were avoidance, changing social relationships, hiding identity, and preoccupation. The physiological theme was exhaustion.

Conclusion:

The results have implications for the assessment and treatment of LGBTQ experiencing distress in the face of LGBTQ rights campaigns, particularly for mental health professionals and organisations employing a cognitive-behavioural lens.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

James Clarke

Self-compassion, psychological flexibility, burnout, and emotional labour: how do they relate in psychologists?

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Introduction/Background:

Emotional labour is associated with burnout in several fields and this link has recently been demonstrated in psychologists providing psychotherapy. Emotional dissonance is the intrapsychic state of holding one emotional experience while portraying another and research indicates it is the key mechanism of action between emotional labour and its outcomes. Self-compassion and psychological flexibility have recently been identified as two potential key variables in affecting emotional labour's influence on burnout in psychologists. However, evidence for this comes from small sample qualitative reports and lacks larger-scale quantitative verification. Our study sought to analyse theorized relationships between these variables to inform potential interventions promoting psychologist wellbeing.

Methods:

An online survey was constructed to collect data from an international sample of 412 psychologists. Structural equation modelling was used to assess whether emotional dissonance mediated the relationship between self-compassion and burnout, as well as whether psychological flexibility moderated the relationship between emotional dissonance and burnout.

Results:

Results indicate that emotional dissonance mediates the relationship between self-compassion and burnout. However, no support for psychological flexibility's hypothesized moderating effect was found.

Conclusion:

A reduction in emotional labour appears to be a mechanism by which self-compassion reduces burnout. Despite psychological flexibility's established beneficial effect on burnout, our data suggests it does not assist psychologists to cope with emotional labour. Our findings support further investigation of self-compassion's utility to reduce emotional labour and improve wellbeing in psychologists. Future research exploring self-compassion and related constructs more closely might help assist the longevity and capacity for psychologists to deliver positive outcomes with clients.

Disclosure of Interest Statement:

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

Sarina Cook

The role of fear of positive evaluation in social anxiety: a systematic review and meta-analysis

Authors:

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Introduction/Background:

Social anxiety disorder (SAD) is traditionally understood as being underpinned by a fear of negative evaluation (FNE), characterised by sensitivity to social exclusion and rejection that becomes maladaptive. More recently, fear of positive evaluation (FPE) has increasingly been recognised as a fear domain of SAD in which individuals are sensitive to positive appraisal and find social competition and conflict threatening. The Bivalent Fear of Evaluation model (BFOE) accommodates both fear of positive and negative evaluation. The present study aimed to systematically review and meta-analyse the relationships between FNE, FPE and social anxiety symptoms.

Methods:

Papers published between 2008 and 2020 were considered, with 147 studies eligible for inclusion in this meta-analysis.

Results:

It was found that evaluative-anxiety symptoms related to FNE and FPE evenly, interaction-anxiety and appearance-anxiety symptoms related more to FNE, and school-age classroom symptoms related more to FPE. Considering both FNE and FPE together accounted for up to 9% of additional variance in social anxiety symptoms than FNE alone. Finally, the means of FPE and FNE differed between those with or without a SAD diagnosis with large effect sizes.

Conclusion:

These findings suggest that the BFOE model has stronger empirical support than the FNE-only approach. It is recommended that research, diagnosis, and treatment account for the unique contribution of the FPE fear domain to better address social anxiety symptoms.

Disclosure of Interest Statement:

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

David Cooper

An exploratory study on the effects of an online guided rescripting exercise for obsessional imagery

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Background:

People who live with obsessive-compulsive disorder (OCD) often experience obsessions in the form of mental imagery. Such imagery elicits strong emotional reactions and may exacerbate compulsive behaviour. Although imaginal exposure (IE) is typically used to address mental imagery in OCD, clients may benefit from alternative approaches that are less aversive or more effective. Imagery re-scripting (ImRs) is a cognitive technique used to develop alternative, competing imagery and associated meaning that can reduce the impact of the original mental representation. Although ImRS has historically been used in the context of trauma, emerging evidence suggests that it may have broader therapeutic relevance. The purpose of this study was to explore the potential for ImRS to be facilitated through a standardised online task to address obsessional prospective imagery.

Methods:

Participants (n=198) recruited online from Mechanical Turk were randomised into three conditions: ImRs, IE, and a distraction control condition. All participants engaged in an audio-guided imagery exercise to identify idiographic obsessional imagery and were then asked to provide a written description of their imagery. Participants then completed a similar process respective to their assigned condition. Self-related beliefs, emotions, imagery experience and attitudes to the exercises were measured by questionnaires at pre, post, and one-week follow-up.

Results:

Although we found insufficient evidence of differential changes between the conditions with respect to core beliefs (all groups reported improvements), we found that the IE condition was associated with highest levels of anxiety, fear and distress, followed by ImRs and then the distraction control task.

Discussion:

These results suggests that rescripting obsessional imagery may be a less aversive experience than IE, which may be beneficial for treatment engagement. The effects observed in the online format also suggest further opportunity in technologically-facilitated experiential exercises. However, the study was limited in its ability to elicit or detect changes in core beliefs. The efficacy of ImRs within the context of OCD remains an open question.

Conclusion:

The ImRs task holds promise in terms of treatment acceptability and should be further evaluated with improvements to methodology focused on changes in cognitions.

Cassandra Crone

Immersive virtual reality for cognitive-behavioural and exposure therapies: validating embodiment

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Introduction/Background:

Immersive virtual reality (VR) interventions can improve therapeutic outcomes for clinical disorders (e.g., anxiety, depression, substance use, psychosis, anorexia/bulimia, aggression). These virtual exposures generate realistic environmental cues and emotional triggers within simulated environments. However, the efficacy of this approach relies on one's ability to embody an avatar – ownership of the virtual body is required to integrate the experience authentically. To date, little research has systematically examined this factor, owing to a deficit in validation. Accordingly, this research seeks to validate the psychometric properties of a proposed measure of virtual embodiment (Gonzalez-Franco & Peck, 2018) to endorse its inclusion in future therapeutic interventions.

Methods:

Undergraduate psychology students ($N = 82$) completed a series of experimenter-directed movement tasks in-vivo and in VR. Participants completed previously validated measures of agency (positive/negative agency, involuntariness), body connection, body ownership (embodiment/disembodiment), proprioception, and kinaesthesia alongside body ownership, motor control/agency, and body location subscales of the proposed questionnaire.

Results:

Preliminary analyses suggest that participants reported statistically similar kinaesthetic sense and state agency ratings regarding their physical and virtual bodies. Additionally, subscale scores appear to converge with positive agency, body connection, embodiment, and proprioceptive drift and to diverge with negative agency, involuntariness, and disembodiment.

Conclusion:

The proposed questionnaire initially performs as a viable, psychometrically sound measure assessing subjective VR embodiment. Follow-up validation using numeric approaches is recommended, with the caveat they explicitly integrate underlying theory and associated cognitive psychological constructs (e.g., agency, body ownership).

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

Mark Donovan

Mind the family: enhanced behavioural parent training for fathers and mothers

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Speaker: Donovan M

Introduction/Background:

Fathers are under-represented in Behavioural Parenting Training (BPT) study samples and demonstrate poorer outcomes than mothers. Here we present findings from mothers (n = 223) and fathers (n = 115) who had attended an 8-session mindfulness and imagery enhanced behavioural parenting group program – Confident Carers Cooperative Kids. CCKK was developed to improve engagement, acquisition, integration and implementation of well-proven behavioural techniques, and sample materials will be presented. CCKK has moved to online delivery since 2020.

Methods:

Permission was gained to use archival data from parents (n = 338) who had attended CCKK groups between 2009-2019 in a real-world university clinic setting in regional Australia. The dataset included basic demographic information, post-intervention parent evaluations, and pre- and post-intervention measures of parent-reported child behaviour, parent wellbeing, parenting approach, and mindful parenting. We also report briefly on parent evaluations comparing in-person with online delivery.

Results:

Parents reported significant pre- to post-intervention improvements across all measures, with large effect sizes ($p < .001$, $\eta^2 = 0.11 - 0.55$). Fathers demonstrated similar improvements and attended the same number of sessions as mothers, however were less likely to complete measures at both timepoints. Parent evaluations were similarly positive for online and in-person delivery.

Conclusion:

Blending imagery and mindfulness with behavioural skills appears helpful in promoting engagement and outcomes, including for fathers. Further research is needed to confirm these promising results.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

Sean Drummond

The impact on treatment adherence of adding a bedpartner to CBT-I: preliminary findings from a randomised controlled trial (project REST)

Authors:

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Introduction/Background:

Cognitive Behavioural Therapy for Insomnia (CBT-I) involves difficult-to-implement behavioural change, and this can result in poor adherence. In other CBTs, adding a significant other to “individual” therapy increases adherence. Here, we report preliminary findings from a randomised controlled trial (RCT) of a newly developed partner-assisted CBT-I.

Methods:

117 adults with Insomnia Disorder (age $M \pm SD = 47.9 \pm 15.3$ yrs; 73F) and their live-in partners participated in a single-blind parallel RCT. They were assigned 1:1:1 to 7wk individual CBT-I (Ind-CBTI), partner-assisted CBT-I (PA-CBTI), or sleep management control (CTRL) conditions. Participants completed daily sleep diary throughout the intervention. Adherence was assessed for Sleep Restriction Therapy and Stimulus Control Therapy. Intention-to-treat, mixed effects models examined differences in adherence for “Build” (initial phase to build sleep debt) and “Maintain” (starting the first week sleep opportunity was titrated upwards) stages of therapy.

Results:

Sleep Restriction: Build stage (vs Maintain) adherence better to prescribed wake time ($p = .045$); Condition by Stage interaction ($p = .010$) showed PA-CBTI (vs Ind-CBTI) adhered better in avoiding naps during Build. Stimulus Control: PA-CBTI (vs Ind-CBTI) adhered better to avoiding daytime wake time-in-bed ($p = .017$); Condition by Stage interaction ($p = .017$) showed PA-CBTI (vs Ind-CBTI) adhered better to avoiding overnight wake time-in-bed during Maintain.

Conclusion:

Aspects of adherence to CBT-I benefit from adding bedpartners to CBT-I (i.e., avoiding naps, daytime wake time-in-bed, overnight wake time-in-bed). The Build and Maintain stages of treatment appear to be associated with better adherence to different aspects of the intervention (Sleep Restriction Therapy and Stimulus Control Therapy, respectively).

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

Alana Fisher

User decision-making about digital mental health service use: a qualitative exploration of therapist perspectives

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Introduction/Background:

Digital mental health services (DMHS) provide evidenced-based psychological treatment to people who may not otherwise access it. Little is known about what influences user decisions to access and engage with DMHSs. This study aimed to explore decision-making regarding uptake of online assessment and treatment for anxiety and/or depression within two DMHSs, from the perspectives of therapists.

Methods:

Semi-structured interviews with 20 therapists from two Australian DMHSs were conducted; interviews were audio-recorded, transcribed verbatim, and analysed thematically using framework methods.

Results:

Analyses yielded three interrelated themes, each comprising several subthemes: 1) Interplay between users, the DMHS and broader mental health system; 2) Decision-making process; and 3) Information and decision-support needs. Theme 1 revealed the diversity of DMHS users, and the influencing role of users' current/past interactions with external health professionals on access and use, showing that DMHSs are not a standalone entity. Theme 2 highlighted the key role of therapists within DMHSs, including how they shape users' decision-making through managing expectations and deliberating on options and "treatment fit" according to user needs and life circumstances. Theme 3 demonstrated considerable variability in terms of how informed and knowledgeable users were when engaging with DMHSs, and how some users express decisional uncertainty and delay, and would benefit from additional decisional support.

Conclusion:

Findings provide in-depth insights into decision-making about using DMHS, from the perspectives of therapists who deliver assessment and treatment. Such insights can inform user-centred design of DMHSs and highlight the need to integrate DMHS into mainstream mental healthcare provision.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

Elaine Fox

Development of anxiety and depressive symptoms across adolescence: role of cognitive biases and molecular genetics

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Introduction/Background:

The CogBIAS longitudinal study was designed to shed light on healthy and pathological emotional development in adolescence. Data was collected from a starting sample of 504 and a wide range of variables were assessed when adolescents were approximately 13 (n=504), 14.5 (n=450) and 16 (n=411) years of age.

Methods:

A range of cognitive biases were assessed by means of behavioural tasks in addition to a range of subjective questionnaire assessments. A DNA sample was obtained from each participant and polygenic risk (sensitivity) scores were calculated using a genome-wide approach. Growth mixture modelling revealed four distinct developmental trajectories with regard to anxiety and depressive symptoms.

Results:

There was a close relationship between the four developmental trajectories and changes in cognitive biases, specifically interpretational and memory biases. In addition we found some associations between a standardized polygenic risk score (PRS) derived for Major Depression Disorder - from Genome Wide Association Studies - and cognitive biases, especially those relating to biased interpretation and selective memory.

Conclusion:

It is concluded that cognitive biases are closely associated with different trajectories of internalizing symptoms across four years of adolescent development. Moreover, cognitive biases, especially social interpretation biases mediate the link between genetics and the development of anxiety and depressive symptoms. Specifically, the absence of a positive social interpretation bias was found to drive the association between social interpretation biases and the depression PRS.

Disclosure of Interest Statement:

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

Milena Gandy

The wellbeing neuro course: a randomised controlled trial of an internet-delivered transdiagnostic psychological intervention for adults with neurological disorders

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Introduction/Background:

Mental health and functional difficulties are highly comorbid across neurological disorders, but supportive care options are limited.

Methods:

This Randomised Controlled Trial assessed the efficacy of a novel transdiagnostic internet-delivered psychological intervention for adults with a confirmed diagnosis of epilepsy, multiple sclerosis, Parkinson's disease, or an acquired brain injury. The intervention, the Wellbeing Neuro Course, includes six lessons, based on principles of Cognitive Behavioural Therapy (CBT) and Compensatory Cognitive Rehabilitation, delivered over 10-weeks with support from a psychologist via email and telephone.

Results:

215 participants commenced the trial (treatment n = 111; control n = 104). At post-treatment, we observed significant between-group differences on our primary outcomes of depression (PHQ-9; hedges g = 0.62), anxiety (GAD-7; g = 0.41) and disability (WHODAS 2.0; g = 0.31), that favoured treatment (all ps < 0.001). Treatment effects were larger when isolated to those with baseline clinically meaningful symptoms (e.g., PHQ-9; g = 0.82). We also observed significant between-group differences on secondary outcomes of cognitive function (Neuro-Qol; g = 0.37), emotional/behavioural dyscontrol (Neuro-Qol; g = 0.45) and cognitive strategy use (CCSQ; g = 0.41), favouring treatment (ps < 0.001). Treatment-related effects maintained at 3-month follow-up. Findings were achieved with modest clinician time (average of 95.7 min [SD = 59.3]) per participant.

Conclusion:

A carefully designed remote psychological intervention based on modified CBT was highly acceptable and efficacious for adults with a range of neurological disorders.

Disclosure of Interest Statement:

Supported by a Macquarie University Fellowship and iCare Lifetime Care and Support Authority.

Lauren Harvey

Depression predicts emotion acceptance beliefs in early adolescence: a longitudinal investigation

Authors:

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Introduction/Background:

Adolescence is a time period which confers significant risk for the development of psychopathology. There is increasing consensus within the literature that beliefs about one's emotional experience are important and may present a unique risk factor during this time period. However, to date, there has been no longitudinal examination of the relationship between depression and specific beliefs regarding the acceptability of experiencing and expressing emotion in young people.

Methods:

506 participants (50.60% female) aged 12–15 years completed the Beliefs about Emotion questionnaire to assess for beliefs regarding the acceptability of experiencing and expressing emotions, and the depression subscale of the DASS-21 to measure depressive symptoms. Measures were completed at two waves spaced 8 months apart.

Results:

Greater depressive symptoms were associated with more negative beliefs about emotion at both time points. More negative beliefs about emotion at T1 did not significantly predict greater depressive symptoms at T2. However, greater depressive symptoms at T1 predicted significantly more negative beliefs about emotions at T2.

Conclusion:

Greater beliefs about the unacceptability of experiencing or expressing emotions do not appear to predispose young people to depression. Rather, these beliefs appear to emerge following earlier experiences of depressive symptoms. Further research is needed over multiple measurement waves to further elucidate the relationship between emotion acceptance beliefs and depressive symptoms across adolescence into adulthood and whether such beliefs may predict future depressive episodes indirectly via difficulties in emotion regulation.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

Penelope Hasking

'Managing emotion': open label trial and waitlist controlled trial of an emotion regulation program for university students

Authors:

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Introduction/Background:

More than one third of university students meet diagnostic criteria for a mental disorder, and three quarters experience role impairment in some aspect of their life. One determinant of whether young adults will experience mental health difficulties is their ability to regulate emotion. We conducted two pilot trials of a brief online program designed to teach emotion regulation skills to university students.

Methods:

In Study 1, we conducted an open-label trial with 104 university students. In Study 2, we conducted a waitlist controlled trial with 167 students. In both studies pre and post assessment of emotion regulation, psychological distress, and self-compassion were conducted.

Results:

In both trials, we observed improvements in emotion regulation, and reductions in symptoms of psychological distress. Acceptability and feasibility were also satisfactory.

Conclusion:

An online emotion regulation program may offer promise in improving emotion regulation and subsequent mental health concerns among university students.

Disclosure of Interest Statement:

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

Kirsty Hird

Understanding and supporting young trans people who self-injure

Authors:

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Introduction/Background:

Almost 80% of trans people aged 14-25 have engaged in non-suicidal self-injury (NSSI) in their lifetime. NSSI is the intentional damage of one's own body tissue without suicidal intent. NSSI is commonly used for emotion regulation. This may explain the prevalence of the behaviour among trans young people, who often experience poor mental health due to the stressors they experience, including feelings of gender dysphoria, body dissatisfaction, and transphobic experiences (e.g. discrimination, violence). This study explored the experiences and support needs of young trans people who self-injure.

Methods:

We conducted semi-structured interviews with 20 trans people between the ages of 14-25. Specifically, we asked about their experiences of self-injury, gender dysphoria, body dissatisfaction, and transphobia, as well as the support they are receiving, and what further support they would like to receive.

Results:

Preliminary analysis of the interview data suggests that participants use self-injury to cope with or distract from difficult feelings brought about by the unique stressors they face. Some participants expressed feeling dissociation from their body, and reported using self-injury to feel connected to, or punish the body which does not reflect their identity. Participants also expressed the importance of being understood and supported by family, peers, schools, and health professionals.

Conclusion:

These findings may have important implications for clinicians seeking to better understand and support young trans people who self-injure. In particular, the finding that cognitions about one's body may be linked with self-inflicted injury to the body may highlight potential targets for CBT.

Disclosure of Interest Statement:

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

Lauren Lawson

Evaluating a group-based insomnia intervention for autistic adults

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Introduction/Background:

Poor sleep quality and insomnia are highly prevalent among autistic adults and have been linked to significant social, psychological, and health burdens. Despite this there is limited work investigating the effectiveness of an insomnia intervention for autistic adults. In non-autistic adults, CBT-I is most frequently recommended, however, due to the core features of autism CBT is not always suitable. Acceptance and Commitment Therapy (ACT) has provided an alternative option. The aim of this study was to pilot a group ACT insomnia intervention tailored for autistic adults.

Methods:

Eight (6 male, 2 female) autistic adults aged between 18-70 years participated in this multiple baseline single-case design evaluation. Participants were assigned to one of two intervention groups (4/group) and completed pre-, post- and 2-month follow up questionnaires (sleep, anxiety, depression, psychological distress, and experiential avoidance) and a daily sleep diary from baseline to 1-week post-intervention, and 1-week at follow-up. Treatment acceptability was also assessed.

Results:

At a group level there were significant improvements in sleep (ISI, $p=.006$) and anxiety (HADS-A, $p=.015$) across the three time points. Post-intervention clinically reliable improvement was found for insomnia (ISI, $n=5$), anxiety (HADS-A, $n=4$), psychological distress (CORE-10, $n=4$), and depression (HADS-D, $n=3$). Most improvements were maintained at follow-up. Minimal changes were observed based on sleep diary results. Client satisfaction ratings indicated acceptability, median 4/5 (agree).

Conclusion:

This pilot study illustrates that group ACT for insomnia is acceptable for autistic adults and efficacious for reducing self-reported insomnia and related mental health symptoms.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

Sophie Li

A cognitive behavioural therapy smartphone app for adolescent depression and anxiety: co-design of CLEARLYME

Authors:

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Introduction/Background:

Fewer than 80% of adolescents with depression or anxiety receive evidence-based treatment. Digital interventions have the potential to improve treatment uptake, however, there are no commercially available evidence-based cognitive behavioural therapy (CBT) smartphone apps specifically designed for adolescent depression and anxiety. The aim of this project was to address this gap by developing ClearlyMe – a new CBT smartphone app for adolescent depression and anxiety.

Methods:

We engaged in an extensive, novel co-design process with adolescents (n=36), parents (n=15), and mental health professionals (n=32) to discover users’ needs and preferences and to develop and test innovative app features and prototypes.

Results:

We validated the need for a CBT intervention designed with and for adolescents that utilises the ubiquitous, ‘in-the-pocket’ nature of smartphones. Preferences for vibrant colours and illustrations emerged, and in contrast to other studies, users did not endorse gamification and chatbots as features. Preferences were largely consistent between the three user groups. However, adolescents preferred an app that could be used without professional support, whereas mental health professionals desired a therapy adjunct.

Conclusion:

Our findings culminated in the creation of ClearlyMe, a CBT smartphone app for adolescent depression and anxiety that can function as a standalone treatment or as a therapy adjunct. The impact of co-design on factors such as uptake, engagement and effectiveness are currently being evaluated in a randomised controlled trial (N=500) of ClearlyMe. Our co-design process has the potential to offer a framework for others wishing to design digital mental health interventions for young people.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

Ratih Arruum Listiyandini

Pilot trial of a guided culturally attuned internet delivered mindfulness intervention for Indonesian university students' distress

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Introduction/Background:

University students experience elevated levels of psychological distress. Mindfulness-based treatments that can effectively reduce distress have been growing in popularity and are increasingly being delivered through the Internet. However, further research is needed to develop and evaluate this kind of intervention in people from Low- and Middle-income countries (LMICs) and non-western cultural backgrounds, such as Indonesia. The present study investigated the acceptability, feasibility and preliminary outcomes of a novel internet-delivered mindfulness program for treating Indonesian university student's distress.

Methods:

An open pilot trial was conducted in a sample of 40 university students in Indonesia with elevated distress level. Participants were enrolled into the 4-lesson online clinician-guided program for 4 weeks and completed the Depression Anxiety and Stress Scale [DASS-21], Indonesian Well-being Scale [IWBS], and Five Facet Mindfulness Questionnaires (FFMQ) at baseline and post-treatment.

Results:

Twenty-eight participants (70%) completed the program, and all participants reported the program was satisfactory. Large, significant reductions in distress (Hedges' $g=1.45$) and significant improvement in well-being ($g=0.85$) and mindfulness ($g=1.35$) were found at post-treatment. Moreover, the program was found to be acceptable to participants with positive evaluation about the content and support that was provided.

Conclusion:

A guided, culturally-attuned online mindfulness program is feasible to reduce psychological distress among Indonesian university students. A randomized controlled trial is now needed to examine the efficacy of the program and the maintenance of treatment gains over time.

Disclosure of Interest Statement:

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

Tianyi Ma

Predicting the sustained implementation of an evidence-based parenting program: a structural equation modelling approach

Authors:

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Introduction/Background:

Sustained implementation is essential for evidence-based parenting programs to promote children and their families' wellbeing at the societal level. Previous literature has examined the role of a range of different factors in enhancing sustainability. However, the inter-relationship between, and the relative importance of different factors remain largely unknown. The overall aim of this study is to identify predictors of sustained program use, the relative importance of factors, and potential mediation pathways.

Methods:

We surveyed 1202 practitioners who were trained in the Triple P-Positive Parenting Program, at least one and half years before data collection. The present data were linked with data collected during professional training. We first examined the independent effect of each factor on sustained program use, then, developed and evaluated a structural equation model of sustained program use.

Results:

The structural equation model explained a considerable amount of variance in sustained program use, with seven positive predictors and one negative predictor identified. Organisational support was identified as a key facilitator, which was not only positively linked with other facilitators but also had an independent positive effect. Perceived usefulness of the program was the most important practitioner-level facilitator, which might be contributed by both research-based evidence and practice-based evidence. Practitioners' self-regulation in program delivery impacted sustained use by influencing other factors such as perceived usefulness of the program.

Conclusion:

The findings provided insight into factors influencing the sustainability of evidence-based parenting programs which could be used by managers of service organisations and practitioners to inform future implementation practice.

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. TPI had no involvement in the study design, or analysis or interpretation of data. Prof Sanders receives royalties and consultancy fees from TPI. Dr Tellegen and Mr Ma are employees at UQ. Mr Ma is also a student at UQ. Dr McWilliam is an employee of TPI.

Kristen McCarter

“QUITLINK”—a randomized controlled trial of peer worker facilitated QITLINE support for smokers receiving mental health services

Authors:

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Introduction/Background:

People who experience mental illness and smoke require greater support to quit. Tailored Quitline tobacco treatment may improve access and enhance cessation and should be tested with this population. However, there are recruitment challenges in conducting intervention trials among people who experience mental illness and smoke tobacco. This presentation will include recruitment lessons learned, costs per participant recruited and primary trial smoking cessation outcomes from a tobacco treatment trial for people receiving mental health services.

Methods:

In the ‘Quitlink’ randomised controlled trial, participants were provided a brief peer worker delivered intervention and then randomised to either no further intervention, or to be referred and contacted by the Victorian Quitline and offered a targeted 8-week cognitive behavioural intervention along with nicotine replacement therapy. Numerous recruitment challenges necessitated an adaptive response.

Results:

109 people were recruited using face to face, mail and online strategies. the sample was evenly divided between men and women (56/109), aged in their mid-forties (mean 45.5, SD 13.0). The mean number of cigarettes smoked per day at baseline assessment was 20.8 (SD 9.7). Participants recruited face-to-face were significantly more likely to be living in partially or fully supported independent living. Face-to-face recruitment was the most expensive approach and postcard recruitment the least.

Conclusion:

Peer researcher facilitated recruitment into a tobacco treatment trial was difficult and expensive and adaptive recruitment strategies were required. Direct mail postcards improved recruitment and may be worthy of further research.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

Kristen McCarter

The value of compassionate support for addressing smoking for people who experience severe mental illness: a qualitative study

Authors:

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Introduction/Background:

People experiencing severe mental illness (SMI) smoke at much higher rates than the general population and require additional support to quit. This presentation reports on a qualitative study nested within a peer researcher-facilitated tobacco treatment trial that included tailored Quitline call-back counselling (8-week cognitive behavioural intervention) and combination NRT.

Methods:

Qualitative semi-structured interviews were conducted with 29 participants in the randomised controlled trial (both intervention and control groups). Interviews explored the experience of getting help to address smoking (before and during the trial), perceptions of main trial components including assistance from peer researchers and tailored Quitline counselling, the role of NRT, and other support received. A general inductive approach to analysis was applied.

Results:

We identified four main themes: 1) the long and complex journey of quitting; 2) factors affecting quitting; 3) the perceived benefits of a tailored approach for people with mental ill-health including the invitation to quit and practical resources; and 4) the importance of compassionate delivery of support, beginning with the peer researchers and extended by Quitline counsellors for intervention participants.

Conclusion:

Participants valued the cognitive behavioural skills and strategies offered by Quitline including setting a plan, and creating specific and feasible goals. Beyond information and skill building, participants valued Quitline counsellors' support in meeting people 'where they were at' and their continued encouragement. Furthermore, participants emphasised gratitude for a collaborative model of working. The findings have implications for delivery of cognitive behavioural based programs

including the perceived value of compassionate support and recovery-oriented approaches alongside specific strategies.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

Peter McEvoy

Integrating telehealth into routine clinical practice for eating disorders: increasing access at the expense of outcomes?

Authors:

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Introduction/Background:

The coronavirus pandemic (COVID-19) has increased the integration of telehealth into the delivery of evidence-based treatments. The impacts of delivering evidence-based treatments for eating disorders via telehealth on patient outcomes are unknown. The present study examined the impact of rapidly transitioning to telehealth during the first wave of the COVID-19 pandemic in a routine clinical setting. It was hypothesized that telehealth patients would (1) experience poorer treatment outcomes compared to historical controls, and (2) perceive poorer therapeutic alliance and quality of treatment compared to face-to-face therapy.

Methods:

Participants ($N = 25$) with a confirmed eating disorder who rapidly transitioned from face-to-face to telehealth during the first wave of the COVID-19 pandemic completed measures of eating disorder symptoms and clinical impairment before, during, and after treatment.

Results:

On average, patients achieved large improvements in eating disorder symptoms and impairment ($ds > 1.47$), which compared well to historical benchmarks. Patient-rated quality of treatment and therapeutic alliance were high.

Conclusion:

The hypothesis that rapidly transitioning to telehealth during treatment for eating disorders would adversely impact on patient outcomes, and patient-rated therapeutic alliance and quality of treatment, was not supported. Switching from face-to-face to telehealth sessions was associated with positive treatment outcomes and was acceptable to patients. These findings indicate that telehealth may be an effective model of treatment delivery for other populations who are unable to access face-to-face treatments for eating disorders (e.g., due to geographical constraints), but further and more rigorous evaluations are required.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

Lauren McLellan

Barriers to treatment participation in an internet-based treatment program for child anxiety

Authors:

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Introduction/Background:

Anxiety disorders are common mental disorders in children, yet many experience barriers that limit treatment engagement. Internet-based cognitive behaviour therapy (iCBT) attempts to overcome some of these barriers. Yet, we know very little about the degree and nature of barriers experienced amongst those completing iCBT for child anxiety.

Methods:

Participants were 82 children with diagnosed anxiety who were enrolled in a randomized controlled trial at a university clinic. Barriers to treatment participation, demographics, parental distress, anxiety severity/impairment and diagnostic status were assessed according to information provided by parents, children and therapists.

Results:

Finding the time to complete the program was the most common parent and therapist reported barrier (66.7% and 44.1%, respectively). Losing interest in the program was the most common barrier reported by children (32.3%). There was a positive association between all reporters on barriers. Interestingly, parents working full time reported fewer barriers than other parents. Parent and therapist reported barriers were positively associated with post-treatment anxiety symptoms (parent and child reported) and anxiety interference (parent reported). Child reported barriers were positively associated with post-treatment parental anxiety and depression scores. As expected, children who experienced remission of their primary anxiety disorder reported fewer barriers (according to parent and therapist report), and children who experienced remission of all anxiety disorders reported fewer barriers (according to parent but not therapist report).

Conclusion:

Findings suggest that more time-efficient and innovative iCBT delivery methods are needed to minimise barriers to participation and maximise engagement with treatment for child anxiety.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose

Tomas Meaney

Analysis of distinctive biomarkers of emotion regulation strategies

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Introduction/Background:

Research on the emotion regulation strategies of cognitive reappraisal and expressive suppression has indicated their transdiagnostic relevance to mental ill-health and the efficacy of CBT. However, this research has been limited by its overreliance on correlational designs and self-report measures. The present experimental study utilised novel computer vision technology to determine if these regulation strategies could be distinguished by facial, acoustic and linguistic biomarkers of emotional states. Cognitive reappraisal was expected to be distinguished by acoustic and linguistic markers and expressive suppression by facial markers.

Methods:

65 participants were split into two groups before viewing and describing 10 negative IAPS images. The first group was told to cognitively reappraise five images and to observe five. The second group was told to expressively suppress their responses to five images and to observe five. Facial, acoustic and linguistic biomarkers were extracted from videos of participants following these instructions. Self-reported negative responses to the images were also recorded.

Results:

Distinct biomarkers and self-reported responses to the images distinguished those who engaged in cognitive reappraisal and expressive suppression from those who did not. Cognitive reappraisal was distinguished by significantly higher levels of acoustic activity ($p < 0.001$), more positive speech ($p = 0.0065$) and less self-reported negative reactions ($p < 0.001$) to the images. Expressive suppression was distinguished by significantly diminished overall facial expressivity ($p = 0.002$), facial expressivity of fear ($p = 0.046$) and head movement ($p < 0.001$).

Conclusion:

Expressive suppression and cognitive reappraisal can be distinguished by multiple biomarkers.

Disclosure of Interest Statement:

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

Maral Melkonian

Who chooses internet-delivered cognitive behavioural therapy for obsessive compulsive disorder?

Authors:

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Introduction/Background:

Internet-delivered cognitive behaviour therapy (ICBT) has been shown to be an efficacious treatment for obsessive-compulsive disorder (OCD). ICBT addresses many barriers involved in accessing traditional face-to-face treatments, however, little is known about the characteristics of individuals who engage in ICBT for OCD and whether they are comparable to those who engage in face-to-face treatment.

Methods:

The aim of this study was to examine the demographic and clinical characteristics of participants who engaged in a large open trial of ICBT for OCD and compare their characteristics with participants who completed face-to-face treatment for OCD, described in published studies. Three hundred and twenty-four participants who participated in the ICBT intervention (mean age = 33.26; female = 72.8%) were included in the study.

Results:

Participants who engaged in ICBT had similar symptom severity to those who engaged in face-to-face treatment as measured by the Yale-Brown Obsessive Compulsive Scale total score ($t(681) = 1.44, p = 0.15$), as well as the Dimensional Obsessive-Compulsive Scale (DOCS) total score ($t(390) = 1.05, p = 0.29$). Some differences between the groups emerged when looking at the DOCS subscales however. Participants in the ICBT group were also significantly younger than those in the face-to-face treatment group ($t(681) = 2.97, p = 0.00$).

Conclusion:

These findings contribute to our understanding of the characteristics of individuals with OCD who engage in different treatment modalities. The implications of this study for the dissemination of remote stepped care treatments for individuals with OCD will be discussed.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

Rosemaree Miller

Improving engagement with digital interventions: clinician perspectives on a blended care approach to the treatment of depression and anxiety

Authors:

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Introduction/Background:

Integrating in-person therapy with digital mental health interventions can help increase the accessibility of treatment for common mental health issues. However, a common challenge when including digital interventions in routine clinical care is low user engagement. Our study aimed to identify factors that deter or encourage the use of digital mental health interventions from the perspective of health professionals who often employ cognitive behavioural therapy (CBT) to treat clients with anxiety and/or depression.

Methods:

As part of a larger co-design study, qualitative data were collected from 178 health professionals (39 males) via an online survey between October and December 2021. Data were analysed with thematic analysis in NVivo (version 12.0) using a general inductive approach.

Results:

Five core factors that deter or encourage the use of digital mental health interventions by clients with anxiety and/or depression were found: ease of use, cost-free, personalisation to the clients' needs, low levels of digital literacy, and overlong or uninteresting content. These health professionals were also supportive of digital inventions that included psychoeducation which allowed clients to practice skills covered during in-person therapy.

Conclusion:

Understanding what factors deter or encourage engagement with digital mental health interventions ensures that therapeutic clients and the health professionals who support them benefit from the wide accessibility and convenience of these programs. However, it is also important that these digital interventions are designed with the needs of health professionals and people with common mental health issues in mind, especially when used to support in-person therapy.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose

Michael Murphy

The use of internet delivered cognitive behavioural therapy (ICBT) for health anxiety in a general hospital outpatient setting.

Authors:

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Introduction/Background:

The main evidence-based psychological treatment for health anxiety (HA) is Cognitive Behavioural Therapy (CBT), proven in community patients when delivered face-to-face and via the internet (iCBT). SHAPE (Screening and Support for Health Anxiety at the Prince of Wales hospital: An Exploratory study) is looking to assist people with HA. SHAPE is trialling an iCBT program (ThisWayUp.org.au) in a general hospital outpatient setting.

Methods:

SHAPE is undertaking online screening to medical outpatients and identifies participants with high HA scores. Such participants are offered iCBT alongside other interventions (i.e., social work, medication, exercise physiology, etc.) as part of their tailored pathway.

Results:

Approximately 5000 general hospital outpatients have been contacted via SMS. About 10% completed online screening. Of those, 40% scored high on measures of anxiety. The process has identified a unique cohort of patients with HA. This complex group exhibit a range of medical and psychiatric co-morbidities with concurrent social ramifications in many domains. Within this cohort 34% of people have chosen iCBT as their preferred treatment plan.

Conclusion:

This presentation will begin with a summary of the SHAPE trial and its overall findings. Thereafter, there will be an overview of pertinent case studies, and lastly preliminary findings regarding the practical use of iCBT and the multidisciplinary pathway in this unique population.

Disclosure of Interest Statement:

This project is funded by Mindgardens Neuroscience Network, Sydney, Australia. No conflicts of interest to disclose.

Josh Nguyen

Prospective effects of internalised stigma on same-sex relationship satisfaction: the mediating role of depressive symptoms and couple conflict

Authors:

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Introduction/Background:

Cognitive-behavioural couple interventions target modifiable factors associated with couple relationship outcomes. For same-sex couples, there are some distinctive features associated with relationship outcomes that interventions need to address, such as internalised stigma. Using actor–partner interdependence models, the present study examined the effects of internalised stigma on relationship satisfaction, and whether depressive symptoms and couple conflict mediated these effects. Hypotheses were tested cross-sectionally and prospectively across a 5-year period.

Methods:

Participants were 330 same-sex couples (n = 660 individuals; Mage = 39.5 years, SD = 10.8) who were assessed annually over a 5-year period. There were 109 male couples, 216 female couples, and five couples in which one partner did not identify with these labels

Results:

There was a significant actor effect of internalised stigma on lower relationship satisfaction cross-sectionally and prospectively, and significant indirect actor–actor and actor–partner effects of internalised stigma on satisfaction via couple conflict cross-sectionally and prospectively. Finally, there was a cross-sectional indirect actor–actor effect of internalised stigma on relationship satisfaction via depressive symptoms, though depressive symptoms did not mediate any effects over time.

Conclusion:

These findings highlight the importance of considering both individual and interpersonal mediators of minority stress, particularly when investigating partner effects of minority stress on relationship satisfaction. Cognitive behavioural couple interventions could reduce the impact of internalised stigma on couple functioning by targeting relational conflict, though further research is needed to address this question.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

Belinda Parker

While we wait: using digital technology to improve care for young people awaiting in-person mental health services

Authors:

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¹Black Dog Institute, UNSW Sydney, Randwick, Australia; ²Faculty of Medicine, UNSW Sydney, Kensington, Australia; ³School of Psychology, UNSW Sydney, Kensington, Australia

Introduction/Background:

Long wait times for in-person mental health treatment is a crisis for young people, and are associated with poor outcomes. Smartphone apps may provide accessible, evidence-based interim support while young people await in-person care. The Black Dog Institute developed a brief app based on the principles of Cognitive Behavioural Therapy that may be ideal for use during wait times as it focuses on issues of universal importance (interpersonal relationships) and has demonstrated positive effects on emotional wellbeing and help-seeking intentions. This study examines the impact of wait times for mental health treatment on young people, and their openness towards using digital programs as interim support.

Methods:

A national cross-sectional survey among 383 young people aged 13-17 years (currently recruiting).

Results:

This presentation will outline the survey results. Preliminary results (N=271) indicate young people perceive wait times for psychologists (n=172/197; 87.3%), psychiatrists (n=103/116; 88.8%), headspace (n=60/77; 77.9%), and CAMHS (n=35/49; 71.4%) as too long and that feelings of sadness (M=2.15, SD=1.19) and worry (M=2.14, SD=1.24) worsened during their wait time. Many (71.4%) reported they would likely use a digital intervention during wait time in the future.

Conclusion:

This research is the first in Australia to examine the impact of wait times on young peoples' mental health and the utility of smartphone apps as support while they await care. The findings can be used to inform clinical practice on how young people can be best supported during wait times and the interventions most likely to be accepted by this client group.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

Angelika Radeka

The role of psychological flexibility in understanding the impact of trauma symptoms in helpers

Authors:

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¹ School of Psychology & Public Health, La Trobe University, Melbourne, Victoria

Introduction/Background:

Helpers, people whose work involves supporting the emotional needs of trauma survivors, often vicariously experience trauma many times over. There is a high prevalence of trauma among helpers, resulting in significant distress and negative personal and professional outcomes. Alongside arousal, intrusion and avoidance symptoms, helpers can experience reduced belief in their professional self-efficacy and disruptions to their personal and professional sense of self. Despite this impact, relatively little research exists regarding understanding what may influence helper trauma. The current study investigated whether psychological inflexibility, a core set of transdiagnostic processes, mediated the effect of exposure to traumagenic events on trauma symptoms among helpers.

Methods:

The current cross-sectional study of Australian trauma professionals (N=311) recruited via online survey examined the combined influence of three transdiagnostic psychological inflexibility processes implicated in trauma (experiential avoidance, cognitive fusion and inflexibility in taking self-perspective) alongside experiences of trauma, wellbeing and burnout.

Results:

Results supported the prediction that trauma symptoms were mediated by combined psychological inflexibility processes when helpers were exposed to trauma. Psychological inflexibility predicted trauma symptoms and reduced wellbeing even when accounting for workplace burnout. However, burnout appears to increase a helper's vulnerability to vicarious trauma. Cognitive fusion was the strongest predictor of trauma symptoms and a novel finding was that a greater ability to view self in perspective across contexts was negatively associated with trauma symptoms.

Conclusion:

If these findings are replicated there are important implications for how trauma professionals are supported, including how workplaces can promote psychological flexibility.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

Aseel Sahib

The curative effect of schools: a longitudinal study of the impact of school climate, school identification, and resilience on adolescent mental health

Authors:

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¹ The Australian National University, Canberra, ACT

Introduction/Background:

Mental illness in adolescents is on the rise, thus it is vital to study factors that can lead to prevention and improvements. The extant theory and research have identified both group (school climate; school identification) and individual (resilience) constructs that protect mental health. However, these protective factors remain in silo and require further integration. To address this issue, the current study proposed and investigated an integrative model in which group factors (i.e., school climate, school identification) nurture individual (i.e., resilience) protective factors, which in turn impact adolescent mental health.

Methods:

Using three-wave longitudinal data (2017-2019) from high school students (Grades 7-10; $N = 1,357$), hierarchical path models were established. The predictor variables (school climate, school identification, and resilience) were added step by step, to investigate their effect on students' mental health (anxiety, depression, happiness, life satisfaction, and positive affect) by using hierarchically-built regression models.

Results:

We found evidence supporting the integrated model examining five dimensions of mental health: anxiety, depression, happiness, life satisfaction, and positive affect. Greater Wave 1 school climate predicted greater identification one year later, which in turn predicted greater resilience. Furthermore, greater resilience predicted lower depression and anxiety, and greater happiness, life satisfaction, and positive affect one year later.

Conclusion:

These results support efforts to strengthen school climate and to reconceptualise resilience as an outcome of group processes. They provide pathways for intervention, suggesting that school-based programs that aim to improve mental health could target resilience by fostering school climate and school identification.

Short Biography of Presenter:

Aseel Sahib is a second-year research PhD candidate in psychology at the Australian National University. Her honours research was focused on school climate, school identification, resilience, and adolescent mental health. While her PhD research is focused on intolerance of uncertainty, emotion regulation, and anxiety and mood disorders.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

Gemma Sharp

A real-world evaluation of “KIT” the body image chatbot

Authors:

Sharp G¹

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Introduction/Background:

There is increasing evidence for the efficacy of artificial intelligence (AI) conversational agents (“chatbots”) to help fill gaps in mental health service provision. A world-first chatbot called “KIT” was developed to deliver body image/eating disorder focused evidence-based psychoeducation and cognitive behavioural therapy (CBT)-based micro-interventions. Initial acceptability and feasibility for KIT has already been demonstrated. The current study aimed to examine KIT’s real-world usability and effectiveness.

Methods:

KIT was launched on the Butterfly Foundation’s website and Facebook messenger in November 2020. A range of analytics were collected through KIT’s technical platform (e.g., number of unique users). Users could also choose to complete online surveys within KIT’s conversation, asking about user demographics, satisfaction with experience, body image satisfaction and mood.

Results:

In 15 months, KIT conversed with >23,000 unique users, with the CBT-based micro-interventions the most frequent conversations. A subsample ($n=402$) completed a brief online survey. Most of these users identified as female (93%), with 22% as LGBTIQ+, 19% as culturally and linguistically diverse, and a mean user age of 25.7 years ($SD=10.8$). Mean satisfaction rating for overall KIT experience was 70%. Furthermore, CBT-based micro-interventions resulted in statistically significant improvements in user body image satisfaction and mood from pre- to post-micro-intervention.

Conclusion:

The evaluation thus far suggests that KIT is a highly used and effective intervention in the real-world, supporting diverse individuals who generally do not seek support for body image/eating issues. Owing to these promising results, a more advanced AI version of KIT is in development for international dissemination.

Disclosure of Interest Statement:

Dr Gemma Sharp was the recipient of an AMP Tomorrow Maker Grant to fund this project and holds a National Health and Medical Research Council (NHMRC) Early Career Fellowship (GNT1146033).

Ursula Silverstone

Sudden gain prevalence during transdiagnostic cognitive-behavioural therapy for principal anxiety disorders: the effects of comorbid depression

Authors:

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Introduction/Background:

Sudden gains, incidences of unexpectedly large and stable session to session symptom reductions during psychotherapy, are typically evident in 40-50% of depressive disorder samples compared to 15-20% of anxiety disorder samples. This may suggest that sudden gains are a function of depression. However, the high frequency of comorbidity between anxiety and depressive disorders makes this difficult to assess and there is minimal research exploring the effect of comorbidity on sudden gain prevalence.

Methods:

The current study utilised a sample of 117 adults with a principal anxiety disorder to explore the effect of comorbid depression on sudden gain prevalence. Participants received twelve weeks of a group transdiagnostic cognitive-behavioural therapy (tCBT) program in a community-based care-setting. It was hypothesised that: (1) treatment outcomes would be significantly better among sudden gain participants, and (2) participants with principal anxiety and comorbid depressive disorder diagnoses would have significantly higher rates of sudden gains, compared to participants with an anxiety disorder diagnoses only.

Results:

Results indicated that sudden gains predicted better overall treatment outcomes at follow up but were not found to be more prevalent in the comorbid depression group, however the rate of sudden gains was related to depressive disorder severity.

Conclusion:

Sudden gains may therefore be driven by depression, but only at the more severe level. This may support the observed discrepancy of sudden gains between depressive and anxious samples and is important for treatment planning.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

Lauren Stavropoulos

Applying imagery rescripting in the treatment of worry: a preliminary experimental investigation

Authors:

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Background:

Mental images of feared events are shown to be overactive and intrusive in generalised anxiety disorder (GAD). Imaginal exposure for GAD involves systematic exposure to mental images to induce habituation. By contrast, imagery rescripting involves integration of positive or neutral imagery and corrective information into images to facilitate emotional processing, reduce imagery intrusions, and re-structure underlying schema. Yet only one known study has applied the technique to treatment of worry.

Methods:

Participants recruited through MTurk (N=365), 28% above the clinical cutoff for GAD, completed self-reports of trait worry and GAD symptoms, identified their major worry, and wrote the script of a worst-case scenario mental image. Participants were randomised to re-writing the same script (exposure) or writing scripts of either one or three positive alternative images (rescripting conditions).

Results:

In preliminary analyses, participants' level of trait worry negatively predicted their ratings of worry images, including valence and ability to cope, and positively predicted distress, anticipated cost, and belief in their negative meaning. In experimental analyses, linear mixed-effects models revealed that self-rated anxious response and cognitive appraisal of the threat was significantly lower among participants allocated to rescripting relative to exposure conditions. There was no effect of rescripting type.

Conclusions:

This preliminary investigation demonstrated the potential impact of a future-oriented imagery rescripting task on anxiety and cognitive biases associated with real worries in an unselected sample. Results may contribute to the development of imagery rescripting interventions for GAD.

Disclosure of Interest Statement:

The Australian Association for Cognitive and Behaviour Therapy Conference Collaborators recognise the considerable contribution that industry partners make to professional and research activities. We also recognise the need for transparency of disclosure of potential conflicts of interest by acknowledging these relationships in publications and presentations.

The authors have no conflicts of interest to disclose.

Laura Strachan

Pathways from trauma to unusual perceptual experiences: modelling the roles of insecure attachment, negative affect, emotion regulation, and dissociation

Authors:

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¹ Discipline of Psychology, Curtin School of Population Health & enAble Institute, Curtin University, Perth, WA, ² Centre for Clinical Interventions, Perth, WA, ³ School of Psychology, Murdoch University, Perth, WA, ⁴ Perth Voices Clinic, Perth, WA, ⁵ School of Psychological Science, University of Western Australia, Perth, WA

Introduction/Background:

A range of traumas have been linked to voices (auditory verbal hallucinations) and unusual perceptual experiences in other perceptual-sensory domains (multi-sensory UPEs), within clinical and non-clinical populations. The content of UPEs is often directly (e.g., voices repeat perpetrator's words) or indirectly (i.e., thematically) linked to past trauma. However, cognitive behavioural therapies that are based on stand-alone models of PTSD and positive symptoms of psychosis have shown inconsistent effectiveness in treating trauma-related UPEs. The trauma-related voices (TRV) model was recently developed to generate novel research into the mechanisms underlying trauma-related voices, and this was the first study to test theorised pathways within the TRV model.

Methods:

We used path analysis in a non-clinical sample ($N = 528$) to model direct and indirect effects from diverse trauma experiences to the frequency of multi-sensory UPEs via a subset of mediators from a key pathway within TRV model: insecure attachment, emotion regulation deficits, negative affect, and dissociation.

Results:

Our model provided an excellent fit to the data and accounted for 37.1% of variance in UPE frequency, and all direct ($\beta s = .14-.61$) and indirect pathways ($\beta s = .01-.08$) were significant ($p s < .001$).

Conclusion:

Our findings provide preliminary evidence for this subset of key relationships within the TRV model and suggest that insecure attachment may link a diverse range of traumatic experiences to emotion regulation deficits and negative affect, which are linked to UPE frequency via dissociation. Future studies are needed to replicate our model within transdiagnostic treatment-seeking samples and to test the broader pathways within the TRV model.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

Yu-Tung Jennifer Sun

Experiencing intrusions without awareness: a detailed investigation of the characteristics and influences of meta-awareness failures

Authors:

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² Órama Institute for Mental Health and Wellbeing, Flinders University, Adelaide, SA

Background:

Intrusive traumatic memories are a key symptom of posttraumatic stress disorder (PTSD). Although self-report is the most common assessment for its frequency, research found that individuals with PTSD are not always aware of the occurrence of intrusions, hence, could underestimate the actual frequency of intrusions. The current study examined potential differences in the characteristics between aware and unaware intrusions that might explain why certain intrusions are not immediately apparent to an individual.

Methods:

Participants ($N = 85$) completed a reading task in which they self-reported trauma-related intrusions. Intermittent probes asked if participants had any unaware intrusions (i.e., were 'caught' having an intrusion without overt awareness of it). Participants also wrote keywords that described any intrusion they experienced. Next, a semi-structured interview obtained detailed characteristics of intrusions, using the keywords to prompt recall, as well as how meaningful or important the intrusion was to them, and other characteristics (e.g., vividness, emotionality).

Results:

The results showed, on average, participants self-reported 6.39 ($SD = 4.58$) times with 10.6% of the probes 'catching' their unaware intrusions. Unaware intrusions appear to be significantly less vivid and meaningful compared to aware intrusions ($ps < .04$). Apart from this difference, both types of intrusions were rated as comparable on all other characteristics ($ps > .06$).

Conclusion:

The current study showed that unaware intrusions were generally experienced in the same fashion as aware intrusions. Potential directions for future research will be outlined that will help us better understand meta-awareness failures.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

Vesna Trenoska Basile

Treatment histories, barriers and preferences for individuals with symptoms of generalized anxiety disorder

Authors:

Trenoska Basile V¹, Newton-John T¹, Wootton B.M¹

¹ Discipline of Clinical Psychology, Graduate School of Health, University of Technology Sydney, Ultimo, NSW, 2007, Australia.

Introduction/Background:

Generalized anxiety disorder (GAD) is a prevalent and chronic mental health condition, associated with considerable individual and economic burden. Despite availability of effective treatments, many individuals do not access support. The current study explores treatment histories, barriers to help-seeking, and cognitive-behavioural therapy (CBT) treatment preferences for individuals with clinically significant GAD symptoms. The utility of Health Belief Model (HBM) in predicting help-seeking is also examined.

Methods:

A cross-sectional design with 127 participants (Mage = 29.17; SD = 11.86; 80.3% female) was used.

Results:

62% of participants reported previously seeking psychological treatment, and approximately 28% received CBT in the first instance. The most influential treatment barriers were a desire to solve the problem on one's own (M = 1.96, SD = .96), followed by affordability (M = 1.75, SD = 1.15) and feeling embarrassed or ashamed (M = 1.75, SD = 1.06). The most preferred treatment modes were in-person individual treatment (M = 7.59, SD = 2.86) followed by remote treatment via videoconferencing (M = 4.31, SD = 3.55). Approximately 38% of the variance in intention to seek treatment was associated with the HBM variables with perceived benefit of treatment being the strongest predictor.

Conclusion:

Results have the potential to inform mental health service delivery by reducing treatment barriers and aligning public health campaigns with benefits of psychological treatments.

Disclosure of Interest Statement:

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

Vesna Trenoska Basile

Remote cognitive-behavioural therapy for generalized anxiety disorder: a preliminary meta-analysis

Authors:

Trenoska Basile V¹, Newton-John T¹, Wootton B.M¹

¹ Discipline of Clinical Psychology, Graduate School of Health, University of Technology Sydney, Ultimo, NSW, 2007, Australia.

Introduction/Background:

Generalized anxiety disorder (GAD) is a chronic mental health condition that results in a significant individual, societal and economic burden. While cognitive behavioural therapy (CBT) is well established as an efficacious treatment for GAD, individuals have identified several logistical barriers to accessing face-to-face CBT. Remotely delivered treatments address many of these treatment barriers.

Methods:

The aim of the current study was to synthesize the current literature on the efficacy of remote CBT for GAD using a meta-analytic approach. Relevant articles were identified through an electronic database search and ten studies (with 11 remote conditions and 1071 participants) were included in the meta-analysis.

Results:

Within-group findings indicate that remote CBT for GAD results in large effect sizes from pre-treatment to post-treatment ($g = 1.30$; 95% CI: 1.03–1.58). Both low intensity and high intensity remote CBT interventions were found to result in large effect sizes ($g = 1.36$; 95% CI: 1.11–1.61 and $g = 0.83$; 95% CI: 0.20–1.47, respectively), with no significant differences between the treatment formats ($Q1 = 2.28$, $p = 0.13$). Between-group effect sizes were medium in size at post-treatment ($g = 0.76$; 95% CI: 0.47–1.06).

Conclusion:

These findings have potential implications for the delivery of evidence-based treatment for GAD and the inclusion of remote methods in stepped care treatment approaches.

Disclosure of Interest Statement:

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

Aliza Werner-Seidler

The effects of a sleep-focused smartphone application on sleep and mental health symptoms in adolescents: a randomised controlled trial and mediation analysis

Authors:

Werner-Seidler A^{1,2}, Li SH^{1,2}, Spanos S¹, Johnston L¹, Habak S¹, Newby J^{1,2}, O'Dea B¹, Torok M¹, Christensen, H³ & Mackinnon, A¹

¹Black Dog Institute, University of New South Wales, Sydney, ²School of Psychology, UNSW, Sydney, ³School of Psychiatry, UNSW, Sydney.

Background:

Sleep disturbance is common during adolescence and is a risk factor for mental illness. Cognitive Behavioural Therapy for Insomnia (CBT-I) is an effective treatment, however barriers including cost, clinician expertise and availability have limited the use of CBT-I. Digital technologies offer a scalable way to deliver this treatment to the community. However, there are currently no evidence-based programs delivering CBT-I specifically for young people available.

Methods:

Following a co-design process, the Sleep Ninja smartphone application was developed in collaboration with young people. In this presentation, I will present data from a randomised controlled trial evaluating the Sleep Ninja application. Participants were 264 young people aged between 12-16 years with insomnia symptoms. They were randomised to the intervention or to an active control group and completed self-report measures of insomnia, depression and anxiety at baseline, post-intervention (6 weeks), and two-month follow-up.

Results:

Intent-to-treat analyses showed a greater reduction in symptoms of insomnia, depression and anxiety at post-intervention, relative to the control group. Changes in insomnia mediated changes in depression. Adherence to the intervention was associated with outcomes, whereby symptom reduction was greater for those who completed at least half of the intervention.

Conclusion:

Smartphone delivery of CBT-I to adolescents could be a practical and scalable way to improve sleep and reduce symptoms of depression and anxiety among young people experiencing sleep difficulties. Dissemination pathways that are currently under consideration to deliver the Sleep Ninja app to the community will also be discussed.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

Natalie Windsor

Intrusive thoughts and images in health anxiety

Authors:

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¹ University of NSW, Sydney, NSW, ² Black Dog Institute, Sydney, NSW

Introduction/Background:

Intrusive Thoughts (ITs) and Intrusive Images (IIs) are common symptoms of Health Anxiety (HA). However, the nature and impact of these in HA is poorly understood.

Methods:

We recruited individuals with HA (N=38), and individuals without HA (N=45). The Imagery in Health Anxiety Interview Schedule (IHA-IS; Muse et al., 2010) was used to assess content of IT/IIs, behaviours (e.g., checking and reassurance seeking) and feelings associated with IT/IIs, and other relevant variables such as how vivid, and distressing the IT/IIs were. Self-report measures such as the Metacognitions Questionnaire- Health Anxiety (MCQ-HA; Bailey and Wells, 2015), assessed other cognitive variables considered to be associated with IT/IIs (e.g., beliefs and thoughts about thoughts).

Results:

IT/IIs were common in the HA group. Individuals with HA indicated their ITs/IIs were more intrusive, vivid, distressing, and believed the events were more likely to occur in the future compared to those without HA. Individuals with HA were more likely to engage in checking and reassurance seeking behaviour when experiencing an IT/II than those without HA, but this was not seen for using distraction or thought suppression. When experiencing IT/IIs those with HA experienced higher levels of numb, fear, disgust and shame feelings than those without HA.

Conclusion:

These findings highlight the cognitive, behavioural, and emotional impact IT/IIs have on individuals with HA and emphasise the importance of assessing and addressing ITs/IIs in treatment for Health Anxiety. The findings lend support to and build upon current cognitive behavioural models of Health Anxiety.

Disclosure of Interest Statement:

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

Keong Yap

Is it as good as being in person? The effectiveness of a modified buried in treasures group for hoarding disorder using video conferencing

Authors:

Yap K^{1,2}, Chen W¹, Wong S F³, Isemann S⁴, Svehla J⁴, Grisham J R¹

¹ University of NSW, Sydney, NSW, ² Australian Catholic University, Strathfield, NSW, ³ La Trobe University, Melbourne, VIC, ⁴ Lifeline Harbour to Hawkesbury, Gordon, NSW

Introduction/Background:

The COVID-19 pandemic necessitated the use of video-teleconferencing (VTC) for psychological treatments. However, it is unclear whether treatments that are rapidly adapted to a VTC format are effective. We examined treatment outcomes for a modified Buried in Treasures (BIT) group program for hoarding disorder (HD) that was adapted to be delivered via VTC.

Methods:

Participants were 10 individuals with HD. Hoarding severity was evaluated at pre, mid, post, and six-month follow-up using the Saving Inventory – Revised (SI-R). We examined growth models over time in SI-R total and subscale scores. Dropout rates and the number of participants who made clinically significant and reliable improvements at follow-up were also evaluated.

Results:

There was a significant linear fixed effects of time indicating a decrease in hoarding symptoms over time (with an average decrease of 32%). The dropout rate was low (9%) and 30% of participants had clinically significant and reliable improvements in hoarding and could be considered as recovered at follow-up.

Conclusion:

Recovering rates and decrease in hoarding severity were similar to previous hoarding treatment studies. These findings provide assurance of equivalence in treatment outcomes between in-person and VTC-delivered group treatment for HD.

Disclosure of Interest Statement:

Simone Isemann and Jeanette Svehla were the clinicians at Lifeline who delivered the treatment. Lifeline did not have any involvement in the study design, nor in the collection, analysis, interpretation of data, and did not influence the decision to submit this work to the conference.

Posters

Poster 10

Henry Austin

Investigating the relationship between perseverative negative thinking and disrupted sleep in the laboratory and daily life

Type: Rapid poster presenter & Poster

Poster 11

Donita Baird

Behaviour change techniques used by Quitline to support people with severe mental illness who smoke

Type: Rapid poster presenter & Poster

Poster 03

Erin Forbes

Rates of procedural anxiety during radiotherapy and next steps

Type: Rapid poster presenter & Poster

Poster 01

Nicole Gray

Profiling ambivalence in the context of non-suicidal self-injury

Type: Rapid poster presenter & Poster

Poster 12

Nusaibah Islam

Think you're tired? The relationship between cognitions and fatigue in a community sample.

Type: Rapid poster presenter & Poster

Poster 06

Anthony Joffe

All in a days work: examining how Australian psychologists manage their own emotions when providing therapy

Type: Rapid poster presenter & Poster

Poster 07

Imran Keshani

Telehealth-delivered CBT for older adults

Type: Rapid poster presenter & Poster

Poster 13

Cassie Lavell

Developmentally tailored cognitive-behavioural therapy for adolescent body dysmorphic disorder: a multiple-baseline design pilot study

Type: Rapid poster presenter & Poster

Poster 05

Kate Maston

A trial to prevent depression at scale in Australian adolescents: the future proofing study

Type: Rapid poster presenter & Poster

Poster 02

Eric Morris

Examining psychological flexibility and other transdiagnostic psychological processes in poor sleep

Type: Rapid poster presenter & Poster

Poster 09

Isaac Sabel

Imagining letting go: rescripting negative discarding imagery in hoarding disorder

Type: Rapid poster presenter & Poster

Poster 08

Lauren Stavropoulos

Basic processes and clinical applications of mental imagery in generalised anxiety disorder: a systematic review

Type: Rapid poster presenter & Poster

Poster 04

Michelle Tadros

Psychological treatments to improve sleep quality in university students: a systematic review and meta-analysis

Type: Poster

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The Sleep Health Foundation is an Australian not-for-profit health promotion charity that aims to raise community awareness about the value of sleep and its common disorders, and to improve public health and safety.

To date, The Foundation receives no government resources or funding and relies on the untied funding and support of its corporate partners, sponsors, members, and donations. Our mission is to promote better sleep to optimise health, well-being, and performance for all Australians.

The main focus is on providing evidence-based community education materials and spreading the word across the nation about the importance of sleep. The Foundation also provides strong advocacy to help meet the sleep health needs of the community and people with sleep disorders.

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