43rd NATIONAL CONFERENCE OF THE AUSTRALIAN ASSOCIATION FOR COGNITIVE AND BEHAVIOUR THERAPY

ABSTRACT HANDBOOK

19-21 October 2023 (Double Bay, Sydney, New South Wales)

AACBT

AUSTRALIAN ASSOCIATION FOR COGNITIVE AND BEHAVIOUR THERAPY

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Welcome

AACBT acknowledges the Gadigal people of the Eora Nation as the Traditional Custodians of this land we now call Sydney, where this event will take place. We thank the La Perouse Local Aboriginal Land Council for hosting us in Double Bay and welcoming us.

On behalf of the Organising Committee, we are delighted to welcome you to the 43rd National Conference of the Australian Association for Cognitive and Behaviour Therapy (AACBT).

We 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: adapting to change".

AACBT has always celebrated advances in cognitive and behavioural therapies and evidence-based practice. However, recent global challenges, have highlighted the need to re-think the way we approach the design and delivery of treatments in ways that allow us to adapt to changes in our world. Extending the very best traditions of previous conferences, we plan to bring research to the forefront that has tackled the changing landscape of our time by emphasising best practices in cognitive and behavioural practice and science in ways that can be adapted to meet the changing needs of the community. We invite you to consider presenting your work at this high-profile national forum.

Enjoy what Sydney and Double Bay have to offer, and on behalf of the Committee, welcome.

Committee Members

Professor Jill Newby – Scientific Convenor 2023 (NSW)
Ms Anna Dedousis-Wallace – Convenor 2023 (NSW)
Professor Louise Sharpe – National Conference Coordinator (Chair)
Professor Melissa Norberg – National President
Ms Natasha Dean – National Tour Coordinator
Associate Professor Aliza Werner-Seidler – Early Career Research Chair
Mrs Jenn Hawken – Sponsorship Coordinator
Dr Rachel Menzies –Volunteer Coordinator
Ms Lara Keogh – Social Events Coordinator
Dr Fiona Maccallum – Scientific Convenor 2024 (Qld)
Dr Heidi Saunders – Convenor 2024 (Qld)

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

InterContinental Sydney, Double Bay
33 Cross Street, Double Bay, NSW, 2028
Tel: +61-1 800 468 357
Web: https://doublebay.intercontinental.com/

Registration desk

All enquiries should be directed to the registration desk located in the hallway as you approach the ballroom area. The registration desk will be open at the following times:

- Thursday 19 October 7:00am -6:00pm
- Friday 20 October 7:45am-6:00pm
- Saturday 21 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 in Ballroom 1 at least one hour prior to the session commencing. Please refer to the program to correctly indicate your scheduled presentation time to AV desk.

Poster displays

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

Thursday:
Lunch & Afternoon Tea
Friday:
Morning Tea & Lunch

Catering

All catering is included with your registration. Dietary requirements noted in your registration have been passed on to the catering staff. Please liaise with hotel staff in regard your specific dietary requirements such as vegan, gluten intolerance, allergies etc.

Special dietary people are noted with a “dot” on their badge, and they should attend the special catering section in breaks for their reserved food.

All catering breaks are in the foyer area outside Ballrooms 1-3.

Emergency and evacuation procedures

In the event of an emergency, such as a fire, the hotel staff will direct delegates accordingly.

Smoking
The hotel has a no smoking policy.

Mobile phones/electronic devices
As a courtesy to all delegates and speakers, please set your phone or electronic devices off or on to silent during all sessions.

Wi-Fi connection
The hotel has advised that the password for the in-house Wi-Fi is: SYDIC2023

Luggage/storage
Please see hotel reception located at in the foyer.

Car parking
A full valet parking service is provided at the hotel, subject to availability, at a flat rate of $70 per day for vehicles less than 1.9m high.
Guests may also self-park at Wilsons Parking Double Bay whose entrance is right next to the hotel, or at Woollahra Council's car park at 1 Cross Street, a short 5 minute walk from the hotel.
All parking options have a maximum height clearance of 2.0m
Please refer to the operators' websites for current details.

Taxis
Taxis are readily available from the hotel main entrance.
Reception can assist by booking taxis for you.

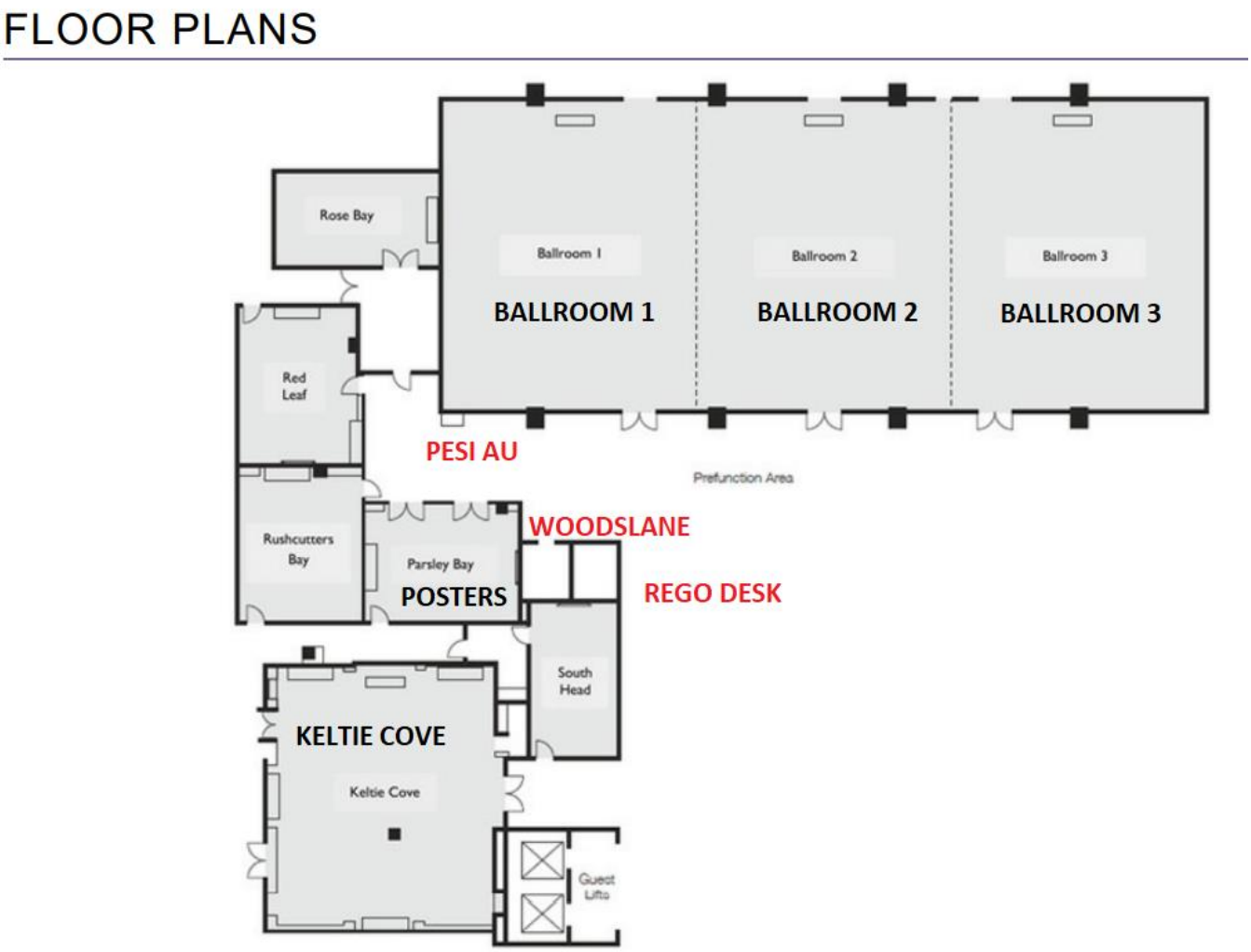
Delegate badges
All delegates should report to the registration desk upon arrival to collect a name badge.
This badge is the official pass and must be always worn to obtain entry to all conference sessions, social events, and associated activities. If you misplace your name badge, please see the staff at the registration desk.

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

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

Liability/insurance
In the event of industrial disruptions or natural disasters 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



Plenary sessions are in Ballrooms 1 & 2, combined (the internal wall will be removed and inserted as required).

Breakout sessions run concurrently in Ballroom 1, Ballroom 2, Ballroom 3, and Keltie Cove – refer to the program for details.

All poster displays are in Parsley Bay room.

Social events

A welcome event for all scientific program delegates will be held on Thursday night, and the program has regular breaks throughout all days of conference.

We are also excited to be hosting our conference dinner on a 4-hour cruise on Friday night after the scientific program is over. This is a separately ticketed event and will be noted on your delegate badge. Please refer to the website for directions to the event.

Pre-conference session “Publishing tips”

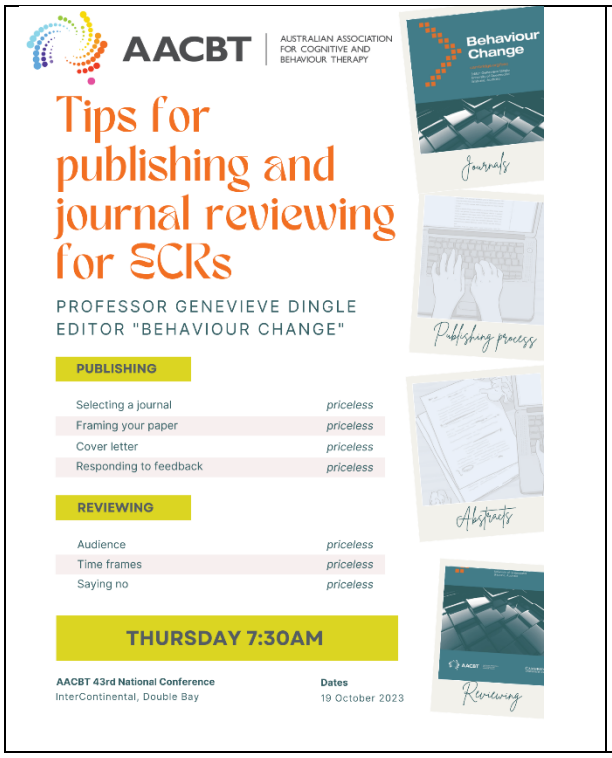
“Tips for publishing and journal reviewing for ECRs” by Professor Genevieve Dingle, Editor "Behaviour Change".

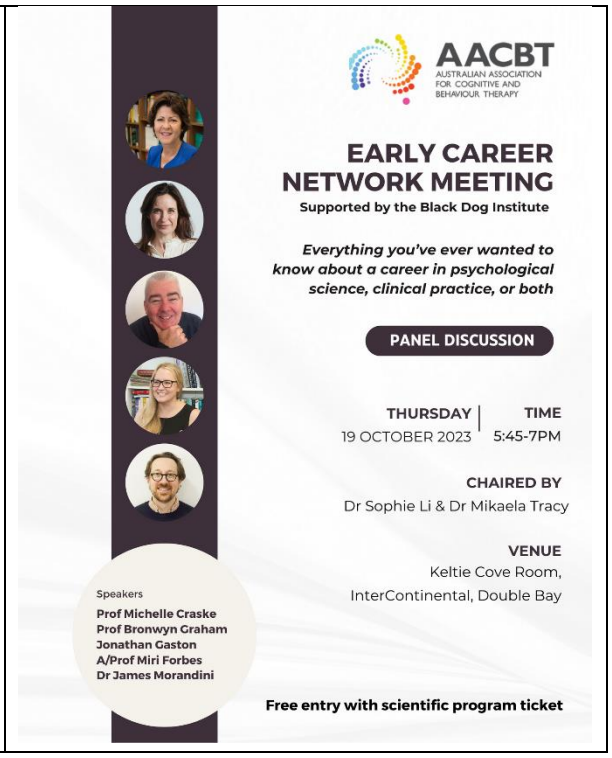
This session is included in the scientific program ticket and is being held prior to the first plenary session on day 1 of conference.

Early career network meeting (Researchers and Clinicians)

Supported by Black Dog Institute

This session is open to all scientific program ticket holders and will be an open discussion with mentors, with a focus on early career delegates.





Keynote Speaker

Professor Michelle G. Craske

University of California, Berkeley, USA

Keynote: "Reward sensitivity as a risk factor and treatment target for depression and anxiety"

Michelle G. Craske, Ph.D., is Professor of Psychology, and of Psychiatry and Biobehavioral Sciences, Kevin Love Fund Centennial Chair, Director of the Anxiety and Depression Research Center, and Associate Director of the Staglin Family Music Center for Behavioral and Brain Health, at the University of California, Los Angeles. She is also co-director of the UCLA Depression Grand Challenge. She has published extensively in the area of fear, anxiety and depression, including over 570 peer reviewed journal articles as well as academic books and several self-help books and therapist guides, and is on the Web of Science Most Highly Cited Researcher List. She has been the recipient of extramural funding since 1993 for research projects pertaining to risk factors for anxiety and depression among children and adolescents, neural mediators of emotion regulation and behavioural treatments for anxiety disorders, fear extinction translational models for optimizing exposure therapy, novel behavioural therapies targeting reward sensitivity and anhedonia, and scalable treatment models for underserved populations. She is Editor-in-Chief for Behaviour Research and Therapy. Dr. Craske holds the position of Officer of the Order of Australia.

Keynote Speaker

Professor Jacqueline B. Persons

Oakland CBT Center, Oakland, CA and University of California, Berkeley, USA

Keynote: "The case formulation approach to cognitive behaviour therapy: why use it?"

Jacqueline B. Persons is internationally recognized for her writings on case conceptualization in cognitive behaviour therapy. Dr. Persons has presented dozens of training workshops around the world on the case formulation approach to CBT and has published nearly 100 articles and chapters and three books. She is a past president of the Association for Behavioral and Cognitive Therapies and the Society for a Science of Clinical Psychology. Dr. Persons received her Ph.D. in clinical psychology from the University of Pennsylvania in 1979.

Invited Speakers

Dr Milena Gandy

Macquarie University, Sydney, NSW

"Enhancing the psychological care of people with neurological disorders"

Dr Milena Gandy (BArts Psych [Hons 1]/ DClinPsych/ PhD) is an experienced Clinical Psychologist and Senior Lecturer at Macquarie University. Her work aims to improve the mental health and psychological care of people living with neurological disorders. Dr Gandy has published widely (n>74, H-index = 30) and received numerous grants and awards in this area. She currently holds an MS Australia Postdoctoral Fellowship Grant and Medical Research Future Fund (MRFF) Grant to develop innovative digital mental health care pathways for people with Multiple Sclerosis and epilepsy, respectively. Dr Gandy's expertise is well regarded nationally and internationally and across both the psychology and medical disciplines. She is the proud co-chair of the Integrated Mental Health Care Pathways Task Force (2022-2025) with the prestigious International League Against Epilepsy (ILAE). In this role she leads a multi-disciplinary team of experts across projects to improve mental health care in epilepsy globally. She is also the recipient of an Australian Psychological Society Early Career Research Award (2019) and invited speaker at the Australia New Zealand Association of Neurologists on Addressing Psychological Comorbidity in Neurology Care (2023).

Dr James Morandini

King Street Psychology Clinic, Sydney, NSW

"Exploring the diversity of gender diverse youth: implications for research and clinical practice"

Dr James Morandini is a clinical psychologist and research supervisor @ The University of Sydney who's clinical and research work focuses on matters related to gender identity and sexuality. He is currently Clinical Lead at The Gender Centre Psychology Service and founded King Street Psychology Clinic to provide evidence-based psychological services for those who experience gender dysphoria, sexual orientation-related mental health struggles, and sexual disorders.

Dr Morandini has published widely on sexuality/gender in academic journals including on shifts in the demographics of recent referrals to specialist paediatric gender identity services, and the psychological consequences of social gender transition in minors. He currently serves on the editorial board of the Archives of Sexual Behavior.

Dr Morandini has lectured on undergraduate and postgraduate psychology programs at ACU, WSU, and The University of Sydney, and provides clinical supervision on these issues to clinical psychologists and other health professionals in Australia and abroad. He maintains active involvement in clinically relevant research related to matters of gender identity and sexuality, including undertaking a large longitudinal study of birth-assigned males with adolescent onset gender dysphoria. He is the National Convenor of the Psychology of Diverse Bodies, Genders, Sexualities Interest Group of the Australian Psychological Society (APS).

He takes a holistic approach to matters of gender/sexuality, that is respectful and aware of community and societal discourses and stigma, while being passionately committed to evidence-based practice, both in his research contributions and clinical practice.

Professor Cecilia Essau

University of Roehampton, London, UK

"Cultural adaptation and implementation of CBT for anxiety and depression in young people"

Cecilia A. Essau is Professor of Developmental Psychopathology at the University of Roehampton, UK. She is also Visiting Professor at the University of Adelaide, and Scientific Advisor at the United Nations Office on Drugs and Crime on the development and dissemination of a "Treatnet Family Intervention", an evidence-based training package for adolescents with drug use disorders.

Professor Essau was born and raised in Sarawak, Malaysia. She obtained her Master of Arts degree from Lakehead University (Canada), her PhD from the University of Konstanz (Germany), and her "Habilitation" in Psychology (qualification for tenure-track professorships in Germany) from the University of Bremen. She is the first Iban (indigenous group) woman to have received a PhD.

She is a recipient of the Norman Munn Distinguished Visiting Scholar from Flinders University, Distinguished Visiting Professorship from De La Salle University (Philippines), and the Florey Medical Research Foundation Mental Health Visiting Professorship from the University of Adelaide. She had Visiting Professorial appointments at Karl-Franzens-Universität Graz (Austria), Universiti Malaysia Sabah (Malaysia), and Uniwersytet Opolski (Poland). She was Singapore's Ministry of Health HMDP (Health Manpower Development Plan) Visiting Expert in Young Children with emotional and/or behavioural problems.

She is the author/co-author of 290 scientific articles and is the author/editor of 22 books in youth mental health. She is also a co-developer of the Super Skills for Life (SSL), a programme which equip young people with skills to deal with situations that in previous times would have caused them anxiety and been challenging. SSL was developed to address an accessibility gap and to increase quality and diversity of treatment options for young people with anxiety and depression, especially in low resource settings. By using the "train-the-trainer approach", SSL training has built capacity and shaped the practice of approximately 25,000 practitioners and has produced positive mental health outcomes in about 700,000 young people in 21 countries.

Professor Richard Bryant

University of New South Wales, Sydney, NSW

"Can we treat PTSD better than we currently do?"

Richard Bryant is a Scientia Professor at UNSW and Director of the Traumatic Stress Clinic. He is regarded as a leading authority in posttraumatic stress responses. He has developed novel assessment and treatment programs for people with PTSD. These protocols are the gold standard for early interventions after psychological trauma, have been translated into over 15 languages, and are used in many countries. He has also mapped many of the key genetic, neural, emotional, and cognitive factors that promote adjustment after trauma. His team have conducted many clinical trials of psychotherapies for PTSD. They have also studied mechanisms and treatment of Prolonged Grief Disorder. Professor Bryant has also collaborated with the World Health Organization to develop and evaluate scalable mental health programs in low-and-middle-income countries for people affected by trauma, which have been disseminated globally for countries affected by adversity. He has written 6 books, 78 book chapters, and 730 journal articles. He is a ISI Highly Cited Researcher. He has received the Companion in the Order of Australia.

2023 National Award Winners

AACBT Early Career Award

Dr Jemma Todd

AACBT Mid-career Award

Professor Angela Nickerson

AACBT Distinguished Career Award

Matthew Flinders Distinguished Professor Tracey Wade

Workshops

All workshops are supported by insurance.com.au!

Workshop (all-day)

Professor Jacqueline B. Persons

Oakland CBT Centre, Oakland, CA, and University of California at Berkeley

The case formulation approach to cognitive behaviour therapy

The case formulation approach to cognitive behaviour therapy (CBT) calls for clinicians to develop a cognitive-behavioural formulation of each case they are treating, use the formulation to guide the process of setting treatment goals and intervening to help the client accomplish their goals, and monitor the client's progress in every session. Case formulation-guided CBT offers an evidence-based approach to individualizing treatment to address each client's unique situation, including the client's cultural background and treatment goals.

Dr Persons will introduce clinicians to some of the basic skills of a case formulation approach to CBT and will provide strategies and tools to help clinicians implement it in their clinical practice. Attendees will have the opportunity to practice developing some formulation hypotheses for their clients.

Workshop (1/2-day) AM

Professor Michelle G. Craske

University of California, Los Angeles

Treatment for anhedonia in the context of depression and anxiety

Threat and reward sensitivity are fundamental processes that become dysregulated in the context of vulnerability to, or expression of, anxiety and depression. Treatments have traditionally targeted reductions in threat sensitivity with limited effects upon reward mechanisms. Investigation of reward sensitivity is essential for our understanding of psychopathology and for targeted treatment approaches. I will present our latest findings regarding neural, behavioural, and subjective features of reward hyposensitivity (specifically in domains of reward anticipation-motivation, response to reward attainment, and reward learning) that correlate with and predict anxiety, depression and anhedonia. These findings led us to develop a treatment that specifically targets reward hyposensitivity, termed Positive Affect Treatment, which we have shown to be more effective than standard cognitive behavioural therapy for anxious and depressed individuals. I will present our most recent replication study in anxious, depressed, and extremely low positive affect individuals, where the symptomatic outcomes occur in parallel with changes in target measures of reward anticipation-motivation and attainment to a greater degree than occurs with standard cognitive behavioural therapy. The remainder of the workshop will cover the step-by-step details of Positive Affect Treatment, accompanied by video demonstrations.

Workshop (1/2-day) PM

Professor Jennifer Wild
University of Melbourne

Cognitive Therapy for Posttraumatic Stress Disorder

Cognitive therapy is rooted in the idea that whilst people may face gritty times, it is the meaning they make of them that matters. A patient's symptoms, emotions, and behaviours are seen as inextricably linked to their thinking. CT-PTSD is based on a robust cognitive model that identifies three core processes that keep the disorder going (Ehlers & Clark, 2000). The treatment aims to modify these processes through intervention that targets trauma memories, triggers, and unhelpful behaviours and thoughts. Updating painful meanings linked to the trauma memory with information that addresses relevant cognitive themes is a key part of the treatment. Cognitive themes typically relate to anger, shame, guilt, betrayal, overgeneralised danger, loss, moral injury, or permanent change. CT-PTSD is recommended by the National Institute for Health and Care Excellence (NICE) and numerous international guidelines as a first line treatment for the disorder. The treatment leads to high rates of recovery, is often described as life-changing, can be delivered in about 10 to 12 sessions and easily adapted for remote delivery during pandemic-working.

This workshop will build on Ehlers and Clark's (2000) cognitive model of PTSD. The workshop will demonstrate how to deliver core interventions of CT-PTSD face-to-face and remotely, including how to update memories, carry out trigger discrimination and design highly effective behavioural experiments. A focus will be included on how to transform challenging cognitive themes, such as loss and permanent change, which arise after the death of a loved one or permanent injury. We will also discover how to work with trauma that the patient is likely to experience again, such as in the context of healthcare, emergency, or military work.

Symposiums

Symposium 01: Complex presentations of child conduct problems: recent advances in research and practice

Symposium Description:

Conduct problems, or disruptive behaviour disorders (e.g., oppositional defiant disorder; conduct disorder), are prevalent in children, and evidence-based interventions for these problems are widely available. At the same time, there has been growing recognition that a broad range of factors may complicate the delivery of such interventions, and complex presentations of conduct problems have often been overlooked in clinical research. This symposium will address recent advances in research concerned with understanding and responding to complex presentations of conduct problems, and highlight the diverse methods and designs that are needed to answer current questions in the field. First, Barker will report data on practitioners' perceptions of case complexity in the treatment of child conduct problems from a Delphi study involving a panel of parenting intervention experts from 9 countries. Second, Leonard will present case-series data on ParentWorks-Spectrum, a novel parenting intervention for young children with comorbid disruptive behaviour and autism. Third, Chin will report meta-analytic findings concerning conduct problems characterised by high levels of irritability, and the importance of irritability as a transdiagnostic construct. Finally, Kimonis will present on a pilot trial investigating a novel school-based intervention for children with conduct problems and callous-unemotional traits, who are known to form a particularly high-risk subgroup. The symposium will conclude with a discussion of progress and future research directions pertaining to children with complex presentations of conduct problems, along with the implications of emerging evidence for clinical practice with such children and their families.

Chair: Prof. David J Hawes, School of Psychology, University of Sydney.

Paper 1

Practitioner perceptions of case complexity in the treatment of child conduct problems: a DELPHI study

Jessica Barker, University of Sydney, NSW

Authors: Barker, J.M.[1]., Hawes, D.J.[1]
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Introduction/Background:
Children with complex presentations of conduct problems have been the focus of growing research, and much evidence is now available regarding the factors associated with poor clinical outcomes and engagement among such children and

their families. However, little is known about practitioners' perceptions of the factors that contribute to case complexity among such children, or the practitioner competencies that complex cases necessitate. The current study examined practitioner consensus regarding the factors that complicate the delivery of evidence-based parenting interventions for child conduct problems, and the practitioner competencies implicated in the delivery of such interventions with complex cases.

Methods:
Participants were a panel of 49 practitioners with expertise in evidence-based parenting interventions for child conduct problems, recruited from 9 countries. Data were collected via online surveys and interviews in a three-round Delphi study design. Conceptual content analysis was applied, with results presented to participants in each round until consensus (≥70% agreement) was reached.

Results:
Support was found for a model specifying seven dimensions of case complexity related to child conduct problems. Consensus was also reached on a number of therapist competencies for evidence-based intervention with complex cases characterised by these dimensions.

Conclusion:
There is considerable consensus among practitioners regarding the case-related factors that complicate the delivery of evidence-based parenting interventions for child conduct problems. The implications of these perceptions will be discussed in relation to core therapist competencies such as those pertaining to family-based formulation and treatment planning.

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

Paper 2

A case-series investigation of an integrated parent mediated intervention for autism and disruptive behaviour: ParentWorks-Spectrum

Bridie Leonard, University of Sydney, NSW

Authors: Leonard, B[1]., Hawes, D.J.[1], Tully, L[1], Dadds, M.R[1]
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Introduction/Background:
Autism spectrum disorder (ASD) and conduct problems often co-occur, along with a range of additional family-based difficulties and stressors. Parent mediated interventions for ASD have received considerable support, yet are often lengthy and rarely address additional areas of need. This study investigated the feasibility, acceptability, preliminary effectiveness of a novel parent mediated intervention for

families of children with ASD, ParentWorks-Spectrum. This brief (12-sesstion) intervention integrates three skills-based modules addressing (1) Disruptive child behaviours that commonly co-occur with ASD in young children (e.g., tantrums; aggression); (2) Core features of ASD related to social and communication skills; and (3) Parent Wellbeing (e.g., parental stress; marital conflict).

Methods:
A case series was conducted with (N = 8) clinic-referred two-parent (mother and father) families who had a child (male n = 7; female n = 1) diagnosed with ASD, aged between 2 and 5 years 11 months (*M* = 4.25 years, *SD* = .707).

Results:
Parent-report data indicated that the intervention was acceptable and feasible, and associated with low attrition rates and high levels of engagement. Moreover, significant reductions in child behaviour difficulties were observed. Seven children demonstrated reliable reductions in both the frequency and number of behavioural difficulties across the intervention.

Conclusion:
These findings provide preliminary support for ParentWorks-Spectrum, and support the further evaluation of this brief, integrated intervention for families of children with ASD, in future research.

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

Paper 3

Irritability, conduct problems, and psychopathology across childhood and adolescence: a meta-analytic review

Miriam Chin, University of Sydney, NSW

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Introduction/Background:
Irritability features in a range of mental health disorders across the lifespan, and is one of the most common reasons for referral to child mental health services. Evidence regarding irritability in the context of conduct problems has grown rapidly in recent years, resulting in the inclusion of a diagnostic specifier of ‘with chronic irritability-anger’ for oppositional defiant disorder in the lasted edition of the International Classification of Diseases (ICD-11; WHO, 2018). There is a need to synthesise this evidence, and emerging meta-analytic research has examined irritability in early childhood as a predictor of psychopathology later in life. A largely separate body of research has examined irritability across childhood and

adolescence, and has important implications for diagnostic models of disruptive behaviour disorders. The current meta-analytic study provides the first review of this research.

Methods:
Literature was searched using 5 databases (PubMed/MEDLINE, Web of Science, PsycINFO, PsycARTICLES, and Scopus). Effect sizes for associations between common dimensions of mental health symptoms and irritability across childhood and adolescence were extracted from samples of participants aged 2-18 years, and the AXIS tool used to assess study quality. Age, sex, and study quality were tested as moderators.

Results:
104 studies met inclusion criteria, with a total of 81,958 participants. Irritability was significantly associated with symptoms dimensions classified as internalising, externalising, and neurodevelopmental symptoms, and specific diagnostic categories (e.g., conduct disorders; ODD).

Conclusion:
Findings have important implications for the conceptualisation of irritability as a transdiagnostic construct, and have the potential to inform clinical research and practices regarding comorbidity among children with conduct problems.

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

Paper 4

A pilot trial of school-delivered parent-child interaction therapy for young children with subtypes of disruptive behaviour problems

Eva Kimonis, University of New South Wales, NSW

Authors: Kimonis ER[1], Fleming GE[1], Kershaw K[1], Lam A[1], Lee YTL[1], Clark-Whitney E[1,2]

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Introduction/Background:
Disruptive behaviour disorders (DBD) place young children at risk for chronic psychological, social, and academic difficulties, underscoring the need for early intervention. Parent training is the first-line approach for treating DBD during early childhood; however, there is little empirical support that treatment gains generalise to the school setting, and DBD symptoms fail to normalise for children with callous-unemotional (CU) traits. Previously, we enhanced Parent-Child Interaction Therapy

(PCIT) to target the unique needs of children with CU traits (called PCIT-CU). In this study, we adapted PCIT and PCIT-CU for school-based delivery. School-based PCIT/-CU enhances PCIT's *in vivo* coaching model by involving teaching staff in treatment sessions alongside caregivers, and supporting them to implement classroom behaviour management strategies.

Methods:
Results of an ongoing pilot trial of School-based PCIT/-CU will be presented. Participants were 60 children from preschool to Year 2 and their caregivers/teachers. Children were assessed for CU traits and randomised to a matched (PCIT for children without CU traits, PCIT-CU for children with CU traits) or unmatched 21-week treatment program. All families completed comprehensive assessments at baseline, posttreatment, and three-month follow-up, including assessment of parent- and teacher-reported DBD symptoms.

Results:
Linear mixed models will be used to test whether School-based PCIT/-CU results in statistically significant improvement in DBD symptoms over time. Descriptive results for matched *v.* unmatched groups will be presented.

Conclusion:
If findings support hypotheses, they will provide preliminary support for matched School-based PCIT as an accessible model of early intervention for complex childhood DBD.

Disclosure of Interest Statement:
Kimonis is the author of the Parent-Child Interaction Therapy: Callous-Unemotional Traits (PCIT-CU) and Coaching and Rewarding Emotional Skills (CARES) treatment protocols and will receive royalties from their sale and associated training activities. The other authors have no conflicts of interest to disclose.

Symposium 02: CBT intensity, predictors and long-term effects

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

An online single-session treatment for depression and anxiety: a randomised controlled trial

Madelyne Bisby, Macquarie University, NSW

Melkonian M[1], McDonald S[1], Scott A[2], Karin E[2], Dear BF[2], & Wootton, BM[1,2]
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Introduction/Background:
There are a number of barriers to engaging in current psychological treatments, including time, cost, and availability. Single session treatments overcome some of these barriers by delivering therapeutic information and skills within a single encounter. We developed an online therapist-guided single session treatment for depression and anxiety, and compared it to an existing 8-week therapist-guided multi-session treatment and a waitlist control.

Methods:
In a randomised controlled trial, adults with self-reported depression or anxiety were randomised (1:1:1) to the single-session treatment, multi-session treatment, or waitlist control. The primary outcomes were depression symptoms and anxiety symptoms assessed at baseline, 5-weeks later, 9-weeks later (primary timepoint), and 3-months later.

Results:
Between February 7, 2022, and August 16, 2022, 242 participants were enrolled in the single-session treatment (n = 85), multi-session treatment (n = 80), and waitlist control (n = 77). Participants were mostly women with an average age of 48.56 years. At 9-weeks post-baseline, participants in the single-session treatment group reported significantly lower depression symptoms and anxiety symptoms than the

waitlist control group. The single-session treatment was non-inferior to the multi-session treatment.

Conclusion:
The online single-session treatment resulted in significant reductions in depression and anxiety that were non-inferior to a longer treatment course at post-treatment. Remotely delivered single-session treatments have the potential to provide accessible and effective care for those who cannot, or would prefer not to, access longer psychological interventions.

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

Paper 2

High body weight predicts response to iCBT for adjustment to chronic health conditions

Andreea Heriseanu, Macquarie University, NSW

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Introduction/Background:
High body weight frequently co-occurs with chronic health conditions, yet its impact on response to psychological interventions in this population is unknown. The current study examined whether body mass index categories predicted changes in depression, anxiety, disability, and life satisfaction following a transdiagnostic iCBT program targeting adjustment to chronic illness.

Methods:
Participants from a large randomised controlled trial who provided information on height and weight were included (N = 234; mean age= 48.32, SD = 13.80; mean BMI = 30.43, SD = 8.30, range 16.18–67.52; 86.8% female). The predictive value of body mass index category at pre-treatment on treatment outcomes at post-treatment and 3-month follow-up was examined using generalized estimating equations. Changes in body mass index and in perceived impact of weight on health were also examined.

Results:
Persons with high weight (i.e. overweight/obesity) experienced symptom reductions that were at least as large as those with a healthy weight, and in some cases larger. A higher proportion of participants with obesity reached clinically significant change on depression: 32% [95% CI: 25%, 39%]) than participants with a healthy weight (21% [95% CI: 15%, 26%]). There were no significant changes in body mass index.

However, there were significant reductions on participants' perceived impact of weight on their health.

Conclusion:
Persons with co-occurring high weight and chronic health conditions benefit at least as much as those with a healthy weight from iCBT programs targeting psychological adjustment to chronic illness, even without weight loss. iCBT programs can make a useful contribution to self-management in this group.

Disclosure of Interest Statement:
The original randomized controlled trial was funded by the Australia National Health and Medical Research Council (NHMRC) via a Career Development Fellowship (CNT1128770) and a Project Grant (CNT1108395). The authors have no conflicts of interest to disclose.

Paper 3

Predictors of treatment outcome for older adults with anxiety and depression

Viviana Wuthrich, Macquarie University, NSW

Authors: Wuthrich VM,[1,2] Huang-Smith T,[1,2] Jones M[1,2] & Rapee RR[1,2]

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[2]Centre for Emotional Health, Macquarie University, Sydney Australia

Introduction:
There is limited understanding of the factors that predict treatment outcomes in older adults with depression and anxiety. This study aimed to examine predictors using a combined sample of participants from randomised controlled trials (RCT) examining the efficacy of psychological therapy on anxiety and depression symptoms in older adults.

Methods:
One-hundred and eighty participants aged 60–87 years (*M* = 68.12; *SD* = 5.72; female = 107) previously participated in one of three RCTs examining the efficacy of the *Ageing Wisely* CBT program. Participants were randomised to CBT or a control condition. All participants had an anxiety or unipolar mood disorder as the primary diagnosis, with most meeting the DSM-IV or DSM-5 criteria for an anxiety or mood disorder (*n* = 178).

Results:
Across all trials for participants who received CBT, treatment outcome was significantly predicted by higher baseline severity of all disorders, anxiety and mood disorders, having social phobia and greater session attendance. A subgroup analysis examining additional predictors measured in the OATS trial indicated that for participants who received CBT, treatment outcome was additional significantly

predicted by female gender, education level, frequency of negative thinking and participation in social activities. Other predictors were non-significant.

Conclusions:
The findings from this study partially replicate previous studies that have found significant predictors of treatment response related to the severity of disorders pre-treatment, gender and education. This study extends previous findings to identify that decreases in negative thinking and increases in social activities, may be particularly important in older adult samples.

Disclosure of Interest Statement:
The original randomized controlled trials were funded by the National Health and Medical Research Council (NHMRC). Vivian Wuthrich and Ron Rapee and authors of the Ageing Wisely program manuals but do not receive any financial reimbursement from this program.

Paper 4

Long term outcomes of ICBT for child anxiety (Cool Kids Online): after 4 – 5 years and a pandemic

Lauren McLellan, Macquarie University, NSW

Authors: McLellan L[1], Rapee R M[1], Wuthrich V[1], Kangas M[1]

[1] Centre for Emotional Health, School of Psychological Sciences, Macquarie University, Sydney, NSW

Introduction/Background:
Internet-delivered cognitive behaviour therapy programs are considered evidence-based for treating child anxiety. Treatment effects are typically maintained over a brief (3-12 month) period. However, no studies have evaluated their longer-term outcomes. This study evaluated outcomes for children who completed an iCBT program 4-5 years prior, and with COVID between.

Methods:
123 participants originally assessed for inclusion in a clinical trial evaluating the Cool Kids Online program were recontacted to participate. Sixty participants (49%) completed the long-term follow-up assessment which included diagnostic interview and questionnaires provided by caregiver and/or child (20% of original study participants being unreachable, 20% declining to participate and the remaining 11% were interested but unable to participate).

Results:
Between four and five years after treatment (and with COVID between), 69% of participants who accessed treatment no longer met criteria for their primary anxiety diagnosis. Forty percent reported remission of all anxiety diagnoses. Symptom and interference measures also suggest maintenance of treatment effects.

Conclusion:
In one of the larger studies to evaluate the long-term maintenance of CBT for child anxiety, and the only study to evaluate online delivery, evidence suggests that treatment gains are mostly maintained over a 4-5 year period.

Disclosure of Interest Statement:
Dr McLellan and Profs Rapee and Wuthrich are authors of the Cool Kids Online program but do not receive any personal payments. Prof Rapee is an author of a commercial book on child anxiety from which he receives royalties. Prof Kangas has no conflicts of interest to disclose.

Paper 5

Long-term remission and relapse of anxiety and depression in older adults after CBT: a 10-year follow-up of a randomised controlled trial

Carly Johnco, Macquarie University, NSW

Authors:
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Introduction/Background:
Anxiety and depression are the most common mental health problems among older adults. Left untreated, they are associated with poorer quality of life, increased loneliness, disability, healthcare use, risk of dementia and suicide. Although cognitive behaviour therapy (CBT) is effective for treating these conditions in the short term, data are more limited on the long-term outcomes. This study assessed the rates of long-term (10 year) symptom remission and relapse rates among older adults previously treated with CBT for anxiety and depression compared to an active control treatment (Discussion Group).

Methods:
A naturalistic follow-up was conducted with 55 older adults (70-84 years) previously diagnosed with a comorbid anxiety and depressive disorder, who had completed a group-based CBT (n = 50) or an active control discussion group (n = 41) treatment during a previous randomised controlled trial in 2011-2013 (60% of living participants from the original trial). Participants were assessed by an independent assessor using a semi-structured diagnostic interview and self-report measures of symptoms in 2022-2023.

Results:
Remission rates of anxiety and depression were higher in the CBT group compared to the discussion group at long-term follow-up. Relapse rates were also lower in the

CBT compared to discussion group. Fewer participants in the CBT group showed a chronic course of symptoms.

Conclusion:
Long-term rates of remission and relapse following CBT were similar to those among youth and adults with anxiety and depression. There is evidence of long-term durability of CBT outcomes up to 10 years after treatment.

Disclosure of Interest Statement:
This study was supported by funding from Macquarie University and the National Health and Medical Research Council. V Wuthrich and C Johnco are authors of the Ageing Wisely treatment program, however do not receive any financial reimbursement from this program.

Symposium 03: New perspectives on hoarding disorder: exploring innovative approaches to conceptualisation and treatment

Symposium Description:

Hoarding disorder (HD) is classified in the DSM-5-TR as an obsessive-compulsive and related disorder. It is characterised by difficulties in discarding which lead to congested and cluttered living areas. In addition, the need to save items is often accompanied by excessive acquisition, even though there is no space for more things in the home. The disorder leads to functional impairment, poor quality of life, and significant distress in individuals and their families. Current psychological interventions for HD are based on the cognitive-behavioural model and although these treatments are effective, 60-70% of patients who complete treatment do not make clinically significant improvements. Furthermore, many people with HD refuse or discontinue treatment. New perspectives on the conceptualization and treatment of HD are therefore needed to help improve treatment outcomes. This symposium presents the latest research that explore new ways of addressing this disabling condition. Paper 1 examines whether HD can be conceptualized as a behavioural addiction. Paper 2 explores the role of mental imagery in HD. Paper 3 approaches HD from an attachment theory perspective and uses a structural equation modelling methodology to investigate the impact of interpersonal attachment styles, anger, and emotion regulation difficulties on hoarding symptoms. Paper 4 is also informed by attachment theory and examines the effects of reducing loneliness on object attachment in a high hoarding sample.

Chair: Keong Yap, Australian Catholic University

Discussant: Melissa Norberg, Macquarie University

Paper 1

Can hoarding disorder be considered a behavioural addiction?

Jonathan David, Macquarie University, NSW

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Introduction/Background:
Current theory and research on hoarding disorder (HD) is based on the premise that problematic acquiring and saving are primarily maintained by avoidance (e.g., possessions are saved to avoid feelings of loss). However, a fundamental issue with this conceptualisation is that individuals with HD also enjoy saving. If possessions

are used both for positive emotions and to cope with negative emotions, then HD may better fit a behavioural addiction framework, rather than being classed as an obsessive-compulsive related disorder. Our aim was to investigate whether HD may meet criteria for a behavioural addiction with the components model of addiction (Griffiths, 2005).

Methods:
We recruited 71 individuals who met DSM-5 criteria for HD. All participants completed a modified version of the Bergan Shopping Addiction Scale to assess addiction to saving possessions. This scale measures salience, mood modification, conflict, tolerance, relapse, and withdrawal associated with excessive saving.

Results:
We found that 64%, 79%, 56%, 64%, 73%, and 67% of participants endorsed salience, mood modification, conflict, tolerance, relapse, and withdrawal criteria, respectively (i.e., responded ‘agree’ or ‘strongly agree’). 68% of participants endorsed at least four criteria, and 34% of participants endorsed all six addiction criteria for saving.

Conclusion:
The high proportions of clinical participants endorsing addiction criteria provides some support to a behavioural addiction framework for hoarding. However, further studies and replication via different methods are needed to draw stronger conclusions.

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

Paper 2

The effects of imagery rescripting compared to thought listing on discarding ease and frequency in a high hoarding sample

Isaac Sabel, UNSW, NSW

Sabel, I. Stavropoulos, L., Grisham, J.R.

UNSW Sydney, NSW

Introduction/Background:
Emerging evidence suggests that discarding is difficult for individuals who hoard due to interfering mental imagery, and that rescripting this imagery may have promise as a clinical strategy to encourage discarding. However, due to limitations of previous research, little is known about whether imagery rescripting can be successfully applied in this population in face-to-face settings, whether its positive effects on discarding last overtime, and its efficacy compared to other techniques already used in hoarding treatment to facilitate discarding. The present study aims to bridge this gap by testing a novel therapist-guided imagery rescripting protocol in a sample of individuals with hoarding difficulties, against a thought listing condition - a popular technique currently used in hoarding treatment to encourage discarding.

Methods:
Participants with hoarding tendencies (N=100), recruited from undergraduate and community samples, will be randomised into a therapist guided imagery rescripting or thought listing exercise, followed by a brief discarding task. Pre-to-post and 1-week follow up measures will assess the relative effects of the interventions on several discarding-related emotional and motivational variables overtime (i.e., discarding anxiety, discarding frequency, object attachment, maladaptive beliefs about possessions).

Results:
Compared to the thought listing task, we predict that imagery rescripting will significantly increase participants' ease and frequency of discarding, while reducing their object attachment and maladaptive beliefs about possessions. These effects are expected to last overtime.

Conclusion:
If imagery rescripting outperforms (or performs as well as) thought listing, it may be a promising addition to hoarding treatment to encourage discarding.

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

Paper 3

A structural equation analysis of anger in hoarding

Wenting Chen, UNSW, NSW

Chen W[1], Denson T[1], Timpano K[2], Kocol O[1], Grisham J[1]

[1] UNSW Sydney, NSW, 2University of Miami, Florida, USA

Introduction/Background:
Hoarding disorder (HD) is associated with social difficulties, including greater loneliness and reduced social support. One factor that may contribute to these difficulties is the experience and expression of anger. Emerging evidence suggests that hoarding is associated with more anger, hostility, and aggression. However, it is unclear how the experience of anger relates to other associated factors that are also known to be relevant in hoarding, including interpersonal attachment and emotion regulation. As such, this study investigated a structural equation model of variables related to anger and interpersonal difficulties in hoarding.

Methods:
Participants (N=235) were recruited through the online crowdsourcing platform, MTurk. Participants were asked to complete various self-report measures of anger, including angry feelings, anger rumination, aggression, and hostility. Participants also completed measures of hoarding symptoms, interpersonal attachment, and emotion regulation.

Results:
Results generally supported the hypothesised model. Insecure attachment had a direct positive effect on emotion regulation difficulties, which had a direct positive effect on anger. Subsequently, anger had a positive direct effect on hoarding. Unexpectedly, results showed that the effect of insecure attachment on hoarding was mediated by emotion regulation and anger.

Conclusion:
Previous studies noted that insecure attachment contributes to greater hoarding symptoms, perhaps because object attachment compensates for unmet social needs. Future research may be able to investigate if targeting anger may reduce interpersonal difficulties and the impact of insecure attachment on hoarding symptoms.

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

Paper 4

Reducing loneliness improves object attachment in high hoarding individuals: a pretest, post-test randomised experimental study

Keong Yap, Australian Catholic University, NSW

Authors: Yap, K[1,2], Timpano, K. R., Schmidt, B.[4], Grisham, J. R.[1]

[1] UNSW Sydney, NSW, [2] Australian Catholic University, Strathfield, NSW, [3] University of Miami, Florida, USA, [4] Florida State University, Florida, USA

Introduction/Background:
According to attachment theory, people with hoarding disorder (HD) form strong emotion attachments to their possessions to compensate for unmet relatedness needs. Consistent with this theory, previous studies have shown that people with HD have high levels of loneliness, and that loneliness is positively correlated with hoarding. However, no study to date has examined whether intervening to reduce loneliness has any impact on object attachment. We therefore conducted a pretest, post-test study with an active control group to examine the effects of reducing loneliness on object attachment in people with high hoarding symptoms.

Methods:
We prescreened MTurk workers via CloudResearch.com to recruit 298 participants with high levels of hoarding. At Time 1, participants completed measures of hoarding severity, loneliness, and object attachment. Participants were randomly assigned to either an online loneliness intervention (n = 142) or a health education program (n = 156). Follow-up questionnaires were completed after two weeks. Analyses of Covariance were conducted to assess for group differences at Time 2 controlling for Time 1 variables..

Results:
Compared to the active control group, the loneliness intervention group showed small significant improvements in loneliness and object attachment for a novel item. We also found that change in loneliness mediated the effect of the intervention on insecure object attachment.

Conclusion:
Our findings indicate that intervening to reduce loneliness could lead to better treatment outcomes for people with HD. Future research is warranted to examine more intensive loneliness interventions as an adjunct to cognitive-behavioural therapy for HD in clinical participants.

Disclosure of Interest Statement:
The authors have no conflicts of interest to disclose. This research is supported by the International Obsessive-Compulsive Disorder Foundation.

Symposium 04: Fear of progression/recurrence in health conditions: mechanisms and implications

Symposium Description:

Fear of illness progression/recurrence in health conditions can have profound psychological implications for individuals' well-being and quality of life. This symposium investigates the multifaceted nature of fear of progression/recurrence in various health conditions, its mechanisms, and impact. It features five presentations, each providing unique insights into fear of progression/recurrence within specific conditions. The first presentation (Bennet) focuses on scanxiety in individuals with ovarian cancer, examining triggers, maintaining factors, and association with fear of cancer recurrence using ecological momentary assessment. The second presentation (Boyse) explores interpretation bias and fear of disease progression in people with rheumatoid arthritis. The third presentation (Pickup) investigates fatigue and insomnia in endometriosis, emphasizing the role of fear of progression and depression. Presentation four (Todd) delves into fear of progression and pain interference in endometriosis, considering the role of imagery and interpretation bias. The final presentation (Coutts-Bain) examines fear of recurrence/progression in mental health conditions, highlighting psychosocial outcomes and core factors underlying this fear through a systematic review and qualitative research. Overall, this symposium provides a comprehensive exploration of fear of progression/recurrence in health conditions, offering insights into triggers, maintaining factors, and psychological mechanisms. It underscores the importance of addressing fear of progression/recurrence as a critical component of comprehensive care and paves the way for the development of tailored interventions to alleviate psychological distress and improve well-being in individuals with a range of health conditions.

Chair: Jemma Todd, University of Sydney

Paper 1

Ecological momentary assessment of scanxiety in people with ovarian cancer

Audrey Bennett, University of Sydney, NSW

Authors:
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Introduction/Background:
Scans are a time of heightened anxiety for cancer patients, as they understandably fear the results or outcome of the scan. In this study, we aimed to determine the triggers and maintaining factors of scan associated anxiety (scanxiety). Specifically, we examined whether physical symptoms led to increased anxiety, whether interpretation bias moderated these relationships and whether scanxiety was associated with fear of cancer recurrence (FCR)

Methods:
Ovarian cancer survivors (n = 116) completed a baseline questionnaire and were prompted to download a smartphone application to track their scanxiety. Participants were sent surveys daily in the week leading up to their next blood test or scan. These surveys measured outcome variables including anxiety, fear of cancer recurrence, physical symptoms, and interpretation bias.

Results:
We found that baseline FCR was associated with having had a recurrence, greater body threat monitoring, fatigue, and gastrointestinal symptoms. However, interpretation bias did not moderate this relationship. There were no significant predictors of scanxiety in the week preceding scans. However, scanxiety was highly associated with FCR during this time. Physical symptoms were stable over the course of monitoring.

Conclusion:
The association between scanxiety and FCR suggests that the two may be similar constructs. Addressing scanxiety might benefit from focusing on underlying fears of recurrence. Further research into the experience of other cancer types is needed to provide insight into scanxiety.

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

Paper 2

The interpretation of pain and fear of progression in rheumatoid arthritis

Jack Boyse, University of Sydney, NSW

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Introduction/Background:
People with chronic pain tend to interpret ambiguous information as health-related, more so than people without. In this study, we aimed to investigate whether people with rheumatoid arthritis (RA) exhibit this interpretation bias, and whether it is associated with fear of disease progression.

Methods:
The interpretation biases of people with RA (n = 164) were compared to an age and gender-matched control group. We hypothesized that: (1) people with RA would have larger interpretation biases than people without; (2) those who scored in the clinical range for fear of progression would have larger interpretation bias than those

who did not, and (3) interpretation bias would moderate the relationship between pain severity and fear of progression.

Results:
Our results confirmed that people with RA were more likely to interpret ambiguous information as health-related compared to people without RA. This effect was more pronounced for the RA subgroup with clinically significant fear of progression than those scoring in the normal range. We did not find evidence to suggest interpretation bias moderated the relationship between pain and fear of progression.

Conclusion:
Our results indicate that interpretation bias is common amongst people with RA and is associated with fear of progression. Further research is required to illuminate the exact nature of this relationship.

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

Paper 3

Fear of progression and depression in fatigue and insomnia associated with endometriosis

Brydee Pickup, University of Sydney, NSW

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Introduction/Background:
Endometriosis is a chronic condition that affects 1 in 9 people assigned female at birth. Pain is the most recognized endometriosis symptom, however, rates of insomnia and fatigue are also elevated and are associated with increased mental health symptomatology and worse quality of life. Yet, little is known about the mechanisms driving insomnia and fatigue among people with endometriosis is associated with pain and sleep difficulties in cancer populations. Depression is also associated with fatigue, insomnia, and pain in other health conditions. We aimed to investigate whether fear of progression and depression are mechanisms interacting with pain to exacerbate fatigue and insomnia outcomes in endometriosis.

Methods:
Participants completed an online survey assessing demographics, fatigue, insomnia, fear of progression, depression, and pain. Moderation analyses tested whether fear of progression and depression independently moderated the relationships between pain and fatigue, and pain and insomnia.

Results:
Of the 207 participants comprising the sample, 79.2% had insomnia at subthreshold level or above, and 82.6% had severe fatigue. Fear of progression moderated the relationship between pain and fatigue. Specifically, with heightened fear of progression, greater pain was associated with greater fatigue. No other significant moderation effects were found regarding fatigue or insomnia. However, fear of progression was found to uniquely contribute to worse insomnia.

Conclusion:
This study elucidates the role of fear of progression as contributing to worse insomnia outcomes and exacerbating the detrimental effects of pain on fatigue among people with endometriosis. These findings have important clinical implications for the treatment of endometriosis-related fatigue and insomnia.

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

Paper 4

Fear of progression, imagery, interpretation bias and their relationship with endometriosis pain

Jemma Todd, University of Sydney, NSW

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Introduction/Background:
Endometriosis is a chronic gynaecological condition, of which pain is both the most common and most debilitating symptom. As with other forms of pain, there is increasing recognition of the role of psychological processes in bridging the gap between pain and pain impact, and yet these processes are not well understood in endometriosis. The aim of the present study was to investigate the relevance of fear of progression, imagery and interpretation bias in endometriosis, and their contribution to pain interference.

Methods:
A total of 221 participants with endometriosis were recruited from Endometriosis Australia. This cross-sectional study included relevant demographics and endometriosis characteristics, questionnaires to measure fear of progression, imagery, interpretation bias, and pain, and the word association task to measure interpretation bias.

Results:
We found that rates of fear of progression were high amongst the sample (*M* = 38/60); higher than has been found in cancer. Controlling for age and pain intensity, we found that imagery, interpretation bias, and their interaction were associated with

increased fear of progression, and that fear of progression was associated with greater pain-related interference. In exploratory analysis, we also found that the frequency and distress of endometriosis-related intrusive imagery was associated with greater fear of progression and pain interference, after controlling for age and pain intensity.

Conclusion:
These findings provide support for the presence of high fear of progression amongst people with endometriosis, and provide preliminary evidence that imagery and interpretation bias contribute to such high fear of progression.

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

Paper 5

Toward the development of a transdiagnostic model of fears of recurrence and progression in people with mental health conditions

Daelin Coutts-Bain, University of Sydney, NSW

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Introduction/Background:
The idea that people living with a physical chronic illness might experience fear of recurrence or progression (FORP) of their condition is well-studied, most prominently as fear of cancer recurrence. However, little is known about FORP in people with mental health conditions. However, much of this research has focused exclusively on psychosis, and thus even less is known about FORP with respect to the most common mental health conditions. This presentation details two studies, a systematic review and a qualitative study, which aim to elucidate the nature and impact of FORP in people with mental health conditions.

Methods:
Study 1 was a mixed-method systematic review and meta-synthesis. It examined the association between FORP and psychosocial outcomes, and derived a preliminary model of FORP based on existing data. Study 2 was a qualitative study based on grounded theory which interviewed people diagnosed with and treated for non-psychotic mental health conditions to develop a richer transdiagnostic model of FORP based on primary data.

Results:
FORP is associated with worse psychological outcomes and quality of life, as well as increased medication adherence and impacts on family planning in women with postpartum conditions. The qualitative research found that FORP is a significant source of distress, and that hypervigilance to symptoms and triggers of mental distress, trauma, and self-disgust/shame are core factors in understanding FORP.

Conclusion:
The results highlight both the adaptive and maladaptive consequences of FORP and provide insight into effective relapse prevention approaches as people transition out of a clinical service.

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

Symposium 05: A primer on novel and cross-cutting methodological and statistical approaches in psychological research

Symposium Description:

The recent shift to expand the range of methodological and statistical approaches applied in psychological research and practice has resulted in innovative and complex work. However, many researchers and clinicians report difficulty accessing trainings and education on these topics, limiting their ability to apply such approaches in their own work. The panel will provide an overview of multiple novel and cross-cutting methodological and statistical approaches, including discussion of the strengths and limitations of such approaches in the context of basic clinical research and clinical trial research. The first speaker will discuss intensive longitudinal methodology and propose how researchers and clinicians can remain apprised of current trends in remote, evidence-based services. The second speaker will discuss mixed methodology and how the use of Linguistic Inquiry and Word Count—a commonly used software tool in some branches of psychology—may enhance objectivity in diagnosis and assessment of treatment response and minimize the influence of cognitive bias. The third speaker will discuss the recent shift in using computational approaches to model psychological reactions and provide applied examples of how these models have advanced the bereavement literature. The fourth speaker will discuss the increasing reliance on implementing a biopsychosocial approach towards diagnosis and intervention, then discuss how researchers and clinicians might integrate biological markers, fMRI, and psychophysiological functioning with self-report data to provide a more comprehensive understanding of patient presentations. Attendees will leave with the foundational knowledge needed to inform initial considerations about how they might translate these approaches into their own work.

Chair: Jonathan Singer, Texas Tech University, United States

Paper 1

Applying intensive longitudinal methods in psychological research

Caroline Cummings, Texas Tech University, United States

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Speaker: Singer J

This year’s AABCT convention theme is “CBT: Adapting to Change.” Researchers have increasingly gained interest in applying intensive longitudinal methods to psychological research, vastly expanding the types of research questions that can be answered and increasing the ecological validity of such research. There are various

cutting-edge tools and approaches that can be applied within this work, including but not limited to ecological momentary assessment, daily diary methodology, and passive sensing. The speaker will provide a brief overview of these approaches, including their strengths, limitations, and special considerations. Additionally, she will review an applied example of the use of actor-partner interdependence modelling within a daily diary study with teens and their caregivers to account for the interdependency of emotions and behaviour over time and within dyads. The speaker will conclude by proposing how researchers might translate these approaches into clinical trial research to increase the reach of interventions to historically underserved populations and account for the shift (and preference) towards digital health interventions that stemmed from the COVID-19 pandemic. Specifically, she will discuss how using ecological momentary assessment can inform the development of a just-in-time adaptive intervention, thereby accounting for both within-person and between-person differences in psychological and related constructs and potentially increasing intervention acceptability and efficacy.

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

Paper 2

Applying linguistic enquiry and word count (LIWC) analysis to support psychological assessment

Tyler Livingston, Angelo State University, United States

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Cognitive biases and heuristics can threaten the reliability and validity of psychological assessments. Moreover, clinicians often display a “bias blind spot” by which they experience greater difficulty identifying the influence of biasing information on their own assessments relative to those of their peers. Adapting to change in CBT should involve incorporating bias-reduction strategies that can support psychological assessment and increase clinicians’ awareness of information that can bias their judgments. The speaker will propose implementation of a validated and easy-to-use software tool, Linguistic Inquiry and Word Count (LIWC) analysis, to aid psychological assessments. LIWC is a text analysis software that compares transcriptions to a validated internal dictionary. The software generates percentages of words representative of each of its approximately 100 categories that measure psychological constructs including positive and negative emotion, pronoun use, physical and mental health, and others. After describing the strengths and limitations of LIWC software, the speaker will recommend strategies and considerations for implementing the tool in clinical practice. Linguistic cues analysed by LIWC software may facilitate differential diagnosis and reduce the influence of biasing contextual information on clinical judgments. The speaker will conclude with

directions for future research examining linguistic changes over multiple therapy sessions as an indication of progress toward improving mental health.

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

Paper 3

Modelling psychological responses to bereavement: how computational advances are helping to transform our understanding of adaption to major life events

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

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The application of computational approaches to modelling psychological reactions is transforming our understanding of how people adapt to bereavement and other major life events. It was widely held that there were only two possible outcomes following bereavement: namely, gradual resolution into a manageable form of integrated grief, or persistence of distress evolving into a prolonged grief reaction. In this talk the speaker will describe how the application of cross-sectional and longitudinal latent class approaches, such as latent growth curve mixture modelling, has changed our understanding of outcome trajectories and symptom co-morbidity. This application has allowed for greater specification of modifiable and non-modifiable predictors of distress and encouraged greater appreciation of the resilient nature of human beings. The speaker will then describe how the application of network analysis, which posits that mental health disorders are best conceptualized as complex dynamic systems that arise and are maintained by direct relationships between symptoms, has helped elucidate the core phenomenon of prolonged grief reactions, offering new possibilities for interventions and development of cognitive behavioural theories. The speaker also will discuss challenges in applying these techniques in research and clinical settings and opportunities and cautions for the field.

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

Paper 4

Utilizing unique and novel methodology to improve diagnosis and measurement of treatment response

Jonathan Singer, Texas Tech University, United States

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Diagnosis of mental health conditions and measurement of treatment response has relied predominantly on self-report measures, which are imperfect for diagnosing clients especially for diverse clients and clients living in rural areas. More recently, integrating multiple factors, including biological functioning, neurological functioning, and physiological functioning in the diagnosis and treatment of conditions has been discussed as an option to improve clinicians' ability to diagnose and track treatment response. In this talk the speaker will describe how utilizing measures of biological functioning (e.g., biomarkers), neurological functioning (e.g., fMRI), and physiological functioning (e.g., heart rate variability via digital health tools) can improve our ability to provide more accurate diagnosis and better measurement of treatment response. The speaker will also provide an example of how clinicians and researchers could utilize measures of biological, neurological, and physiological functioning to diagnosis prolonged grief disorder and track progress throughout treatment. Lastly, the speaker will discuss some barriers (e.g., monetary costs of these tests; addition burden on clients; small amount of empirical data supporting these methods) that might need to be addressed to utilize these techniques in clinical settings.

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

Symposium 06: Transdiagnostic treatment for depression and anxiety

Symposium Description:

Transdiagnostic CBT interventions aim to target the shared symptoms, features, and cognitive, emotional, and behavioural mechanisms that underlie emotional disorders. Over the last two decades, a large body of evidence from randomized controlled trials has supported the efficacy and cost-effectiveness of transdiagnostic CBT for anxiety and depressive disorders, in face-to-face and digital formats. Yet, important questions still remain about their effectiveness and cost-effectiveness outside of tightly controlled clinical trial settings, which interventions have the strongest evidence, how to implement these interventions more broadly, and the moderators of treatment response. This symposium brings together leading experts in the development, evaluation, and dissemination of transdiagnostic interventions for anxiety and depression. It will describe several different transdiagnostic treatment protocols, including blended care, group-based treatment protocols, and protocols targeting specific mechanistic processes (e.g., repetitive negative thinking). It will deliver the latest research into the impact of transdiagnostic interventions in real-world digital and face-to-face clinics, the impact of transdiagnostic CBT on shared mechanisms and comorbidities, the cost-effectiveness of transdiagnostic CBT, and new strategies to increase the uptake and engagement with transdiagnostic CBT in routine mental health care settings.

Chair: Jill Newby, Jill Newby, Black Dog Institute and UNSW Sydney

Paper 1

The impact of psychotropic medication use during transdiagnostic cognitive behavioural therapy (TCBT): results from the Quebec pragmatic RCT

Peter Norton, Cairnmillar Institute, VIC

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Introduction/Background:
Although transdiagnostic group CBT (tCBT) has shown to be both efficacious and effective across a number of randomized controlled trials (RCT) and meta-analyses, no studies have explored the extent that concurrent psychotropic medication use moderates treatment Effectiveness. The current study involves a secondary analysis of data from a recent pragmatic effectiveness RCT to examine whether concurrent

medication use, as well as specific medication classes, were associated with differences in outcomes following tCBT.

Methods:
The study is based on a pragmatic multisite randomized controlled trial where adults (18-65 years) with AD were randomized to tCBT+TAU (n=117) or TAU (n=114). tCBT is a 12-week community-based intervention (2h-sessions/week). Medication use was assessed at baseline and 4 months. Primary outcomes were change in Clinician Severity Ratings and Beck Anxiety Inventory scores assessed at baseline, 4, 8, and 12 months.

Results:
Of those enrolled in tCBT, 28 reported no psychotropic medication use, 31 were taking one medication, 37 were on two medications, and 21 were taking 3 or more medications. The most common classes of medications included SSRI/SNRIs (*n* = 63), benzodiazepines (*n* = 43), hypnotic (*n* = 12), and antipsychotics (*n* = 9), while other antidepressants, anticonvulsants, and psychostimulants were also reported. Data are currently being analysed for moderating effects.

Conclusion:
The current paper will be the first study to report on the potential effect of psychotropic medication as a moderator of treatment effects during transdiagnostic CBT for anxiety disorders.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

Paper 2

Group transdiagnostic cognitive behavioural therapy (TCBT) for anxiety disorders: cost-effectiveness analysis of adults consulting in primary care in Quebec

Peter Norton, Cairnmillar Institute, VIC

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Introduction/Background
Rare are the studies that have assessed the cost-effectiveness (CE) of group transdiagnostic cognitive-behavioural therapy (tCBT). This study assesses the incremental cost-effectiveness ratios (ICERs) from the health system perspective of tCBT + treatment as usual (TAU) for anxiety disorders (AD) compared to TAU.

Method
The study is based on a pragmatic multisite randomized controlled trial where adults (18-65 years) with AD were randomized to tCBT+TAU (n=117) or TAU (n=114). tCBT is a 12-week community-based intervention (2h-sessions/week). Healthcare costs included those for the intervention, outpatient visits, inpatient stay and medications. Quality-adjusted life years (QALYs) were assessed with the EQ-5D-5L. Measures were collected at baseline, 4, 8, and 12 months. Seemingly unrelated regression analyses were conducted to assess the effect of the intervention on total costs and QALYs while controlling for confounders. The probability of CE was calculated for a range of willingness to pay thresholds.

Results
Unadjusted and adjusted intention-to-treat analyses showed that the ICERs associated with tCBT+TAU as compared to TAU were $20,000/QALY and $6,581/QALY. Unadjusted and adjusted complete case analyses showed that the ICERs associated with tCBT+TAU as compared to TAU were $15,556/QALY and $6,642/QALY. The probability that tCBT+TAU as compared to TAU is cost-effective at a willingness to pay threshold of $20,000 and $40,000, is 93% and 99.9%.

Conclusion
The intervention seems to be cost-effective from the health system perspective for treating adults with AD. Larger studies including younger and older adults are needed to further investigate the cost-effectiveness of tCBT in different population groups.

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

Paper 3

Effectiveness of transdiagnostic group metacognitive therapy for repetitive negative thinking: replication and extension of positive outcomes

Bruce Campbell, Centre for Clinical Interventions, WA

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[1] Centre for Clinical Interventions, Perth, WA, [2] School of Population Health, Curtin University, Perth, WA, [3] enAble Institute, Curtin University, Perth, WA

Introduction/Background:
Repetitive negative thinking (RNT) is a transdiagnostic process that maintains emotional disorders. A pilot study (*N* = 52) found that a group metacognitive therapy

(GMCT) program consisting of six weekly two-hour sessions and follow-up one month later was associated with very large reductions in RNT, worry, and negative metacognitions for Generalised Anxiety Disorder (GAD) patients. Limitations included the modest sample size, failure to examine outcomes for depressed patients despite the therapy purporting to be transdiagnostic, or to evaluate mechanisms of change. Goals of the current study were to (i) test whether the positive results could be replicated in a larger, independent sample, (ii) evaluate outcomes for depressed patients, and (iii) probe mechanisms of change.

Methods:
Patients with emotional disorders (*N*~180) were treated with GMCT. RNT, anxiety, depression, and metacognitive beliefs were assessed at every session and data analysed using mixed-model repeated measures.

Results:
MCGT led to substantial reductions on all outcome measures. Effect sizes were comparable to the pilot study and similar for depressed and non-depressed patients. Changes in negative and positive metacognitions were larger following sessions that explicitly targeted those mechanisms compared to sessions that did not, suggesting the changes were driven by specific MCGT interventions rather than non-specific or 'common' factors.

Conclusion:
Positive outcomes of MCBT for RNT were replicated and extended in a large, independent, and more diverse sample. The therapy appears to be an efficient and highly effective treatment that reduces RNT and symptoms of emotional disorders.

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

Paper 4

Transdiagnostic blended care intervention for depression and anxiety

Kathleen O'Moore, Black Dog Institute, NSW

Authors:
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Introduction/Background:
Uptake and adherence to digital transdiagnostic CBT interventions for depression and anxiety has been poor in routine care. To address this, we developed a new transdiagnostic blended care intervention (*myNewWay)* which integrates digital components into face-to-face therapy sessions.

Methods:
This implementation trial aimed to evaluate the effectiveness of, and factors associated with successful implementation of *myNewWay* when used by Australian Psychologists in routine care. *myNewWay* includes brief, engaging CBT-based modules that can be flexibly tailored to individual's goals and symptoms. Client outcomes (e.g., depression, anxiety and stress (DASS-21) scores, quality of life (WSAS), wellbeing (WEMBWS), app engagement metrics) and psychologist outcomes (e.g., attitudes, satisfaction, working alliance, engagement with digital programs) were assessed at baseline, 3 and 6 months.

Results:
A total of 20 psychologists and 100 clients are expected to be recruited (start: June 2023). We will present preliminary trial outcomes for clients and psychologists, as well as qualitative data on the barriers and facilitators of the implementation of the blended care program in routine care.

Conclusion:
This new transdiagnostic blended care intervention, which fully integrates digital components into in-person psychological therapy represents a promising new treatment approach for depression and anxiety with great potential to increase the standardisation and quality of CBT provided in routine care. Randomised trials comparing blended with usual care are needed to explore their efficacy and cost-effectiveness in the Australian health care context.

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

Symposium 07: Advances in understanding and treating depression, anxiety, and posttraumatic stress disorder in later life

Symposium Description:

This symposium will present advances in understanding of the factors associated with reduced risks of depression, anxiety, and posttraumatic stress disorder (PTSD) in later life, as well as advances in adaptation of treatment for anxiety and depression in older adults. The aims are to increase knowledge of factors that have the potential to improve identification and treatment of depression, anxiety, and trauma in older adulthood. This symposium will first report the findings from a longitudinal study comparing the roles of instrumental and emotional support and their associations with depressive symptoms in older adults. The second study will report the findings of a qualitative investigation of the demographic, health, and social profile of older adults with PTSD. The impact of a PTSD diagnosis on response to treatment for anxiety and/or mood disorders will also be discussed. The third study will present the findings of an investigation of age-related avoidance of a wide range of fearful stimuli including situations that might be more commonly avoided in later life (e.g., driving, aggression). Finally, although anxiety and depression can be effectively treated in community-dwelling older adults using psychological interventions with the strongest evidence for cognitive behavioural therapy (CBT), no evidence-based psychological interventions exist for inpatient settings. Due to alterations in orientation, variable attendance and admission durations, psychological interventions need to be purpose-built. The fourth study will present the initial effectiveness of a pilot CBT group program for treating anxiety and depression in older adult mental health inpatient services.

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

Paper 1

Instrumental and emotional support: associations with depressive symptoms in longitudinal ageing cohort studies

Suraj Samtani, UNSW Centre for Healthy Brain Ageing, NSW

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Introduction/Background:
Social support can help reduce the risk of depressive symptoms in older adults, but little is known about the type of support needed to reduce symptoms longitudinally. We aimed to compare instrumental and emotional support and their associations with depressive symptoms in older adults.

Methods:
We obtained data from eleven COSMIC (Cohort Studies of Memory in an International Consortium) longitudinal studies involving 27,058 adults in later life (M = 71.7 years, 59.5% female). We harmonised data on emotional support (i.e., having a confidante) and instrumental support (i.e., help with daily living activities), and standardised depressive symptom scores at baseline and follow-up (M = 2.02 years). We controlled for age, sex, education, living situation, smoking history, diabetes mellitus, cardiovascular risk, global cognitive function and (where available) history of depression.

Results:
In the fully adjusted cross-sectional models, emotional support (B = -0.40, 95%CI: -0.60, -0.21), but not instrument support (B = 0.15, 95%CI: -0.29,0.58) was associated with lower depressive symptoms. In the fully adjusted longitudinal models, emotional support (B = -0.36, 95%CI: -0.53, -0.19), but not instrumental support (B = 0.07, 95%CI: -0.33,0.46), was associated with lower depressive symptoms.

Conclusion:
For older adults, we found having emotional, but not instrumental, support was associated with lower depressive symptoms cross-sectionally and longitudinally using harmonised data from 11 longitudinal ageing studies. Emotional support may be more accessible than mental health support (e.g., antidepressants, therapy) and should be promoted by community and healthcare professionals to help reduce risk of depression in older adults.

Disclosure of Interest Statement:
HB declares consulting fees from Biogen, Advisory Board fees from Eisai, Eli Lilly, Nutricia, Roche, Skin2Neuron and Cranbrook Care. PSS declares payments for Advisory Board meetings for Biogen Australia and Roche Australia. All other authors do not have any conflicts of interest to disclose.

Paper 2

Posttraumatic stress disorder in later life: symptom profile and impact on treatment outcome(s)

Dino Zagic, Macquarie University, NSW

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Introduction/Background:
Posttraumatic stress disorder (PTSD) is prevalent in late life, and in fact, functional changes associated with the ageing process can exacerbate underlying symptoms. For some, PTSD symptoms are chronic, whereas for others, symptoms fluctuate across the lifespan. The factors that contribute to these discrepancies in late life remain largely unclear, and therefore, this study aimed to qualitatively examine the demographic, health, and social profile of a sample of older adults that met criteria for PTSD. Furthermore, although psychometrically sound measures that assess for symptoms of PTSD are readily available, PTSD is under-detected. This has recently been suggested to reflect older adults organising their daily routine in such a way that leads to minimal interference from symptoms due to subtle avoidance strategies. A secondary aim was to examine the symptom profile of older adults that met criteria for PTSD and the impact of a PTSD diagnosis on response to treatment for anxiety and/or mood disorders.

Methods:
Older adults (N = 31, M_{age} = 75.6 years) who met DSM-V criteria for comorbid PTSD and anxiety/mood disorders were recruited across several randomised controlled trials of cognitive behavioural therapy for anxiety and mood disorders. Data on

demographics, physical health, cognitive ability, depression, anxiety, loneliness, size of social network, and DSM-V diagnoses was collected and examined qualitatively.

Results & Conclusion:
The preliminary data and their implications with be presented during the conference.

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

Paper 3

Examining age differences in behavioural avoidance and the association with anxiety symptoms

Viviana Wuthrich, Macquarie University Lifespan Health & Wellbeing Research Centre, NSW

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Introduction/Background:
Epidemiological research shows that older adults report fewer anxiety disorders than younger adults. It is not clear what drives these lower prevalence rates. Theoretical models describing the psychological factors that cause and maintain anxiety across the lifespan highlight the role of avoidance. Therefore lower rates of anxiety disorders in later life should be linked with lower levels of avoidance compared to younger adults.

Methods:
One-hundred and thirty participants (n=60 aged 60-92 years; and n=70 aged 17-24 years) from Australia and the United States of America self-rated anxiety, worry and depressive symptoms. In addition participants completed a card sorting task in which they rated how much they would avoid 133 scenarios generated to capture common fears in younger and older adults.

Results:
Older adults reported significantly less anxiety, worry and depressive symptoms than younger adults. In addition, older adults reported significantly less avoidance of social and medical fears, more avoidance of aggressive situations, and not significantly different levels of avoidance of animal or agoraphobic scenarios compared to younger adults. When the impact of age and level of avoidance were considered in full statistical models, the results indicated that anxiety symptomatology explained avoidance behaviour, over and above age.

Conclusion:
The findings from this study indicate that lower anxiety symptoms were associated with lower levels of avoidance behaviour for all types of fear except avoidance of aggressive situations, which was found to be unrelated to anxiety. As such reduced avoidance may contribute to the lower prevalence of anxiety disorders later in life.

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

Paper 4

Developing evidence-based psychological treatment for older adults with depression and anxiety in inpatient services – a pilot clinical trial

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Background: Acute anxiety and depression in older adults are managed in inpatient settings. Psychotropic medications are often first-line management, including benzodiazepines which place older adults at increased risk of falls and cognitive decline. Despite the effectiveness of psychological interventions for community-dwelling older adults with anxiety and depression, no evidence-based psychological interventions exist for inpatient settings. Due to alterations in orientation, variable attendance and admission durations, psychological interventions need to be purpose-built. This pilot study brings together experts in older adult mental health across multiple disciplines (clinical psychology, biostatistics, primary care) with clinical practitioners in inpatient services to co-design a cognitive-behavioural treatment (CBT) group program and evaluation procedure.

Methods: 40 older adults (>65 years) with clinically interfering symptoms of depression and/or anxiety are recruited from two older adult mental health inpatient services. Upon stabilisation of their mental health following admission, participants participate in this pilot inpatient CBT group program (*Ageing Wisely*). Participants complete demographic, self-report symptom measures at pre-treatment, post-discharge and at 3-month post-discharge. Acceptability to clinicians and participants will be evaluated.

Results: Early results will be presented regarding the acceptability and feasibility of this group treatment program. Plans for further evaluation will also be discussed.

Conclusion: This new treatment program has the potential to address critical knowledge gaps around effective psychological interventions for anxiety and

depression in older adults in inpatient settings. This treatment program could also potentially lead to reduced symptoms, shorter hospital stays, reduced health service utilisation and costs, as well as reduced relapse.

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

Symposium 08: Enhancing the policy and social impact of evidence-based parenting support

Symposium Description:

Improved access to evidence-based parenting support has never been more important than in this COVID-19 affected age of uncertainty. Children's mental health, learning, development, and wellbeing is at greater risk due to unprecedented disruptions in family lives. Most children grow up in households where their parents have not accessed high-quality, evidence-based, and culturally informed parenting support appropriate to their needs. This is in large part due to a lack of recognition of the crucial importance of parenting and parenting support in influencing human growth and development. In many countries there has been insufficient focus on the critical importance of evidence-based parenting support in policy development. Parenting support is rarely a policy priority and there continues to be inadequate funding for research into developing and testing new parenting supports, or adapting existing programs and strategies known to work. To advance the field of evidence-based parenting support globally, greater collaboration and harmonisation is needed between program developers, evaluators, policy makers, implementation organisations, end-users, and consumers (parents and children themselves). In a series of three papers and one discussion session, this symposium aims to explore what clinical researchers and practitioners could do to enhance the policy and social impact of evidence-based parenting support. Presentations will explore what factors can influence practitioners' decision to advocate for evidence-based mental health interventions, discuss the challenges with the current Australian funding environment, and actions that have been taken by parenting researchers to address this global challenge.

Chair: Matthew Sanders, Parenting and Family Support Centre, The University of Queensland, Brisbane, QLD

Discussant: Professor Mark Dadds, School of Psychology, The University of Sydney, Sydney, NSW

Paper 1

What predicts the transformation from practitioner to program champion

Tianyi Ma, Parenting and Family Support Centre, The University of Queensland, QLD

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Introduction/Background:
The importance of champions in the implementation of evidence-based public health programs has been well established. Champions perform a range of behaviours

which can have significant influence on the adoption and sustainability of interventions. This study investigates champion behaviours in parenting practitioners with the aim to provide insight into the range and extent that practitioners engage in champion behaviours and to examine predictors of practitioners' champion behaviours.

Methods:
Data were collected during a large international implementation survey of 1606 practitioners trained to deliver an evidence-based parenting program, the triple P—Positive Parenting Program. We developed a 13-item Champion Behaviours Scale which was administered alongside other measures of predictors of implementation outcomes.

Results:
Factor analyses revealed the Champion Behaviours Scale measures two types of champion behaviours: personal (e.g., recommend to friends and family) and public (e.g., present at conferences). Most practitioners participated in personal champion behaviours and a relatively smaller but meaningful proportion of practitioners engaged in public champion behaviours. Structural equation modelling was conducted to explore potential predictors of champion behaviours.

Conclusion:
Perceived usefulness of the program was the most important facilitator of both public and personal champion behaviours. Certain desirable features of the program tended to not only be positively associated with the perceived usefulness of the program, but also had a unique impact on practitioners' personal champion behaviours. Higher positions within organizations were linked with more public champion behaviours. Although organizational support was found to be unrelated to champion behaviours, it facilitated other predictors of champion behaviours.

Disclosure of Interest Statement:
The Parenting and Family Support Centre (PFSC) is partly funded by royalties stemming from published resources of the triple P—Positive Parenting Program, which is developed and owned by The University of Queensland (UQ). Royalties are also distributed to the Faculty of Health and Behavioural Sciences at UQ and contributory authors of published triple P resources. triple P International (TPI) Pty Ltd is a private company licensed by Uniquest Pty Ltd on behalf of UQ, to publish and disseminate triple P worldwide. 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 from TPI. Dr. Tellegen and Mr. Ma are employees at UQ PFSC. Mr. Ma is also a student at UQ PFSC.

Paper 2

A review of Australian government funding of parenting intervention research

Mark Dadds, School of Psychology, The University of Sydney, Sydney, NSW

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Introduction/Background:
Parenting is central to children's optimal development and accounts for a substantial proportion of the variance in child outcomes, including up to 40% of child mental health. Parenting is also one of the most modifiable, proximal, and direct factors for preventing and treating a range of children's problems and enhancing wellbeing. To determine the effectiveness of new approaches to parenting intervention, and to

evaluate how to optimise reach and uptake, sufficient funding must be allocated for high quality research.

Methods:
We reviewed funding awarded by the National Health and Medical Research Council (NHMRC) and Australian Research Council (ARC) for parenting intervention research during 2011–2020.

Results:
Parenting intervention research received 0.25% of the NHMRC and ARC research budgets. The most commonly identified (and funded) outcome was child health, followed by child mental health. The least commonly funded outcome was child maltreatment prevention. Only two project grants and one organisational grant were awarded for research with Indigenous Australians, amounting to 1.8% of the total parenting intervention grants.

Conclusion:
There is a substantial mismatch between the funding of parenting intervention research and the impact of improved parenting on short- and long-term child outcomes. To rectify this, it is critical that Australian Government funding schemes include parenting interventions as priority areas for funding. Changes in allocation of funding to parenting research will support the establishment of evidence for the effective development, implementation, and dissemination of parenting interventions to maximise health and wellbeing outcomes for children and their families.

Disclosure of Interest Statement:
S.H. is a co-author of the Tuning in to Kids parenting program. Proceeds from dissemination of the program provide funding for development and research of the program. Program authors and the University of Melbourne are distributed royalties from proceeds of manual sales. F.D., D.H. and K.M.G. have no conflicts of interest to report. M.S. is the founder and an author on various Triple P Positive Parenting Programs and a consultant to Triple P International. 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 Pty Ltd on behalf of UQ, to publish and disseminate Triple P worldwide. The authors of this manuscript have no share or ownership of TPI. TPI had no involvement in the study design, collection, analysis or interpretation of data, or writing of this manuscript. C.C. is employed at the Parenting and Family Support Centre. T.M., V.C., D.H., A.M., M.S., H.S. and K.T. are contributary authors and receive royalties from TPI. T.M., V.C. and M.S. have, or may in the future, receive consultancy fees from T.P.I.. M.Z-G. directs the Family Interaction Program, which is funded by the Queensland Department of Children, Youth Justice and Multicultural Affairs to provide Parent-Child Interaction Therapy and other parenting interventions and evaluates the effectiveness of these parenting programs for Queensland families. S.D. and P.H. are the co developers of the Parents under Pressure (PuP) program, developed for complex families engaged in child protection services. The PuP program is owned and disseminated by Griffith University with a non-exclusive

license granted to the University of Queensland. Proceeds from dissemination are distributed in accordance with Griffith University policy with five per cent of training fees paid to the University of Queensland. M.B.H.Y. is founder of the Parenting Strategies Program, which comprises a suite of online parenting resources for the prevention and early intervention of child and adolescent mental health problems. Many of the authors on this paper have applied for and/or received grants from NHMRC and ARC for their research. Authors of this paper may benefit from publication of these findings because it may result in changes in funding for parenting intervention research.

Paper 3

Formation of PAFRA and I-CEPS to enhance social and policy impact

Matthew Sanders, Parenting and Family Support Centre, The University of Queensland, QLD

Authors:
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Introduction/Background:
This paper traces the historical development, challenges, activities and achievements since Feb 2020 of a new collaborative research alliance Parenting and Family Research Alliance (PAFRA). PAFRA is a policy advocacy group that has brought together parenting and family intervention researchers and developers across Australia to create a shared vision relating to enhancing the mental health and wellbeing of children. PAFRA seeks to undertake collaborative activities that enhance the visibility, policy relevance and social impact of evidence-based parenting support.

Methods:
This paper uses PAFRA as a case exemplar that demonstrates how research teams can comes together, partner and collaborate in activities for the shared benefit of the whole sector. A diverse range of goals has been undertaken to develop a shared vision, create a new not for profit organization, develop a strategic plan, created action circles to influence policy, and ambitiously to stage an inaugural International Congress on Evidence-based Parenting Support (I-CEPS) within 2 years.

Results:
The presentation will provide a descriptive profile of the logic model informing PAFRA activities and the results of a survey evaluating the usefulness of PAFRA activities.

Conclusion:
The establishment of PAFRA has demonstrated the value of forming alliances based on respectful communication, creation of a shared vision, the power of collaboration, to build collective efficacy and support for all evidence-based programs. Ultimately, we expect the policy relevance of the work of PAFRA members to shine through more children and families will reap the long-term benefits of growing up in a safe, caring family environment.

Disclosure of Interest Statement:
The Parenting and Family Support Centre (PFSC) is partly funded by royalties stemming from published resources of the triple P—Positive Parenting Program, which is developed and owned by The University of Queensland (UQ). Royalties are also distributed to the Faculty of Health and Behavioural Sciences at UQ and contributory authors of published triple P resources. triple P International (TPI) Pty Ltd is a private company licensed by Uniquest Pty Ltd on behalf of UQ, to publish and disseminate triple P worldwide. 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 from TPI.

Moderated Panel Discussion:
Professor Matthew Sanders, Parenting and Family Support Centre, School of Psychology, The University of Queensland, Brisbane QLD
Professor Mark Dadds, School of Psychology, The University of Sydney, Sydney, NSW

Symposium 09: Young children's screen use: improving support for parents and families

Symposium Description:

Excessive screen use in early childhood is a public health concern and many published recommendations and screen use guidelines exist. Nevertheless, Australian and international studies indicate that most parents and children do not adhere to screen use recommendations. Parents play a central role in young children's screen use, identify screen use as a key parenting concern and experience numerous barriers to healthy screen practices, yet interventions to assist parents remain limited. This symposium aims to provide a framework for understanding parenting practices related to children's screen use and provide evidence to support development and testing of interventions for parents of young children. The first presentation will provide a context for understanding the nature of the problem, summarise the existing intervention evidence base and describe a conceptual model linking aspects of parenting and the socioecological environment to young children's screen use. The second presentation will provide the results of a systematic review of the factors influencing screen use in young children, with a focus on proximal factors in the child's ecology. The third presentation will provide data on the perspectives of parents of young pre-school aged children and examine predictors of parents' intention to change their children's screen use. The final presentation will describe the results of a pilot randomised controlled trial of an online intervention designed to assist parents in developing healthy screen practices in their families. The symposium will focus on recommendations to support parents in the development of their children's wellbeing and healthy digital practices.

Chair: Alina Morawska, Parenting and Family Support Centre, School of Psychology, The University of Queensland

Paper 1

Understanding young children's screen use: a theoretical model of factors influencing screen use

Alina Morawska, The University of Queensland, QLD

Authors:
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Speaker: Alina Morawska

Introduction/Background:
The impact of excessive screen use on children's health and development is a significant concern for parents, particularly for children under age 5. Many countries

including Australia have published recommendations to limit and guide the use of screen media in childhood, yet research from Australia and around the world indicates that most children and their parents do not adhere to screen use recommendations.

Methods:
A literature review of key factors influencing child screen use and existing interventions supported the development of a conceptual model of child screen use.

Results:
Parents play a central role in influencing young children's screen use yet existing research aiming to understand children' screen use has largely focused on older children, on non-modifiable factors and on television. There is a paucity of comprehensive models that incorporate key parenting factors in understanding children's screen use. The evidence for interventions to improve children's screen use behaviours is also mostly focused on older children, on television and parental involvement has generally been limited. Key factors associated with screen use in young children (<5 years) were identified (i.e., parenting practices, parental modelling, parent self-efficacy, parent attitudes and knowledge). A conceptual model linking aspects of parenting and the socio-ecological environment to young children's screen use will be described.

Conclusion: The conceptual model aims to support the design of longitudinal studies of screen use predictors and outcomes and inform intervention development. Recommendations for future research, intervention development and testing will be discussed.

Paper 2

The impact of proximal and modifiable parenting factors on the screen time of children five years or younger: a systematic review and meta-analysis

Blake Pyrne, The University of Queensland, QLD

Authors:
Pyne B[1], Morawska A[1]

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Speaker: Blake Pyne

Introduction/Background:
To understand the screen time behaviours of young children, a systematic approach considering various interrelated environmental influences is essential. Socio-ecological models are fundamental to explaining how proximal factors (e.g., parenting practices, parental attitudes) can predict and inform young children's screen use practices. Existing approaches to understanding young children's screen use lack a comprehensive, evidence-based approach to identifying modifiable influences.

Methods:
A systematic review was pre-registered with PROSPERO and conducted across four databases (PubMed, PsycINFO, CINAHL, SCOPUS) to address the question of the extent to which modifiable and proximal parenting factors influence the screen time of children five years or younger. Peer-reviewed, English language articles examining parenting factors influencing screen use of children 5 years or younger were included.

Results:
The primary outcome examined is the effect of parenting factors (i.e., parent knowledge, parental attitudes, parental modelling, parenting practices (co-viewing, behaviour management, screen time restrictions), parenting style, and parent self-efficacy) on the total screen time of children 5 years or younger. Secondary outcomes will examine the effects of different parenting styles on screen time and assess the moderating role of screen media type (fixed vs. portable). Data analysis is pending.

Conclusion:
Better understanding of the factors influencing child screen use can support conceptual models of young children's screen use and inform the design and evaluation of more effective interventions.

Paper 3

Young children's screen use: parental concerns and predictors of intention to change

Amy Mitchell, The University of Queensland, QLD

Authors:
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Speaker: Amy Mitchell

Introduction/Background:
Screen use is the top child health concern among Australian parents. Yet, little is known about the perspectives of parents of young children or predictors of parents' intention to change their children's screen use.

Methods:
Parents (*N*=208) of children (birth-4 years) completed an online survey assessing parent and child screen use, parental concerns and beliefs about children's about screen use, self-efficacy with managing children's screen use, screen-related child behaviour problems, parenting practices, perceived control over children's screen use, and intention to change.

Results:
Screen use exceeded national recommendations for 4 in 5 children. Although most parents set screen use limits, a majority were concerned about the amount of time children spent using screens; fewer were concerned with content/context. Thematic analysis of responses to open-ended questions about parental concerns revealed themes of difficult child behaviour (e.g., tantruming) when screens are turned off/withheld, children demanding screens, and parents' "addiction" to screens and desire to reduce their own screen use. Three-quarters of parents reported wanting to reduce their child's screen use, and 1 in 6 intended to make a change in the next 2 weeks. Intention to change correlated with more screen-related child behaviour difficulties, lower parent self-efficacy for managing screen use and screen-related behaviour problems, greater child screen use, less effective parenting, and perceived negative effects of screens on child development. After these variables were entered into multiple linear regression, only screen-related child behaviour difficulties significantly predicted intention to change.

Conclusion:
Results will inform intervention development and parent engagement/retention strategies.

Paper 4

Healthy Habits Triple P: pilot of a novel online parenting intervention to support healthy screen use with young children

Amy Mitchell, The University of Queensland, QLD

Authors:
Mitchell, AE[1,2], Morawska, A[1], Lee, JYS[1], Tooth, L[1], Donovan, C[2]

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

Speaker: Amy Mitchell & Alina Morawska

Introduction/Background: This study investigated the feasibility, acceptability and efficacy of a novel, self-directed online parenting intervention designed to support parents to develop healthy screen use habits with young children.

Methods:
A randomised controlled trial study design was used. More than 120 parents of young children (9 months—4 years) were recruited online, completed baseline assessment, and were randomised to Healthy Habits Triple P or waitlist control. Parents completed the intervention over 2 weeks and were reassessed at 4 weeks post-intervention and 3-month follow-up. Parent-report questionnaires assessed self-efficacy with managing (i) screen use and (ii) screen-related child behaviour problems, general and technology-related parenting behaviour, child screen-related child behaviour difficulties, and children's average daily screen use. Intervention acceptability was assessed via parent-report at post-intervention. Feasibility was

assessed via website analytics and audit of study records (screening rates, proportion accessing/completing intervention, participant retention).

Results:
Despite high interest from families and rapid recruitment, an intensive follow-up protocol was required to prompt intervention engagement and assessment completion. Parents who completed post-intervention assessment found the online modules quite/very helpful and would recommend the program to other families with young children. Most had made changes in their family around screen use (e.g., use of routine, limit-setting, partner involvement, other strategy use) were quite/very happy with their child's current screen use. Intervention effects for primary and secondary outcomes measures will be discussed.

Conclusion:
Healthy Habits Triple P is feasible and acceptable to parents. Results support progression to a fully-powered trial.

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 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. Drs Mitchell, Morawska and Tooth are employees at UQ. Mr Pyne and Ms Lee are students at UQ.

Symposium 10: How can we adapt to change when uncertainty is everywhere?

Symposium Description:

Reactions to uncertainty were highlighted during Covid with an escalation of mental health needs. Researchers have recognised the transdiagnostic role of Intolerance of Uncertainty in maintaining disorders. Studies defining how to change it are needed and only started to emerge 10 years ago. This symposium will examine prevention and treatment of Intolerance of Uncertainty in adolescents and adults. Papers will focus on the presence of IU in adolescent profiles, and explore the value of altering IU in treatment and in the school community.

Chair: Danielle Einstein, Adjunct Fellow, School of Psychological Sciences, Macquarie University

Discussant: Peter McEvoy, Professor, Discipline of Psychology, School of Population Health, Curtin University

Paper 1

Should clinicians target intolerance of uncertainty during treatment? A recent systematic review and meta-analysis

Emily Wilson, University of Technology Sydney, NSW

Authors: Wilson E[1], Abbott M[2], Norton A[2]

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Introduction/Background:
Research has demonstrated a strong link between intolerance of uncertainty and generalized anxiety disorder (GAD). The current systematic review and meta-analysis aimed to evaluate how effective evidence-based psychological treatments are at reducing intolerance of uncertainty for adults with GAD.

Methods:
An extensive literature search identified 26 eligible studies, with 1199 participants with GAD.

Results:
Psychological treatments (k = 32 treatment groups) yielded large significant within-group effect size from pre- to post-treatment and pre-treatment to follow-up for intolerance of uncertainty (g = 0.88; g = 1.05), as well as related symptoms including worry (g = 1.32; g = 1.45), anxiety (g = 0.94; g = 1.04) and depression (g = 0.96; g = 1.00). Psychological treatment also yielded a large significant between-group effect on intolerance of uncertainty (g = 1.35). Subgroups analysis found that CBT that directly targeted intolerance of uncertainty (CBT-IU) throughout treatment was

significantly more effective than general CBT at reducing intolerance of uncertainty ($p < 0.01$) and worry ($p < 0.01$) from pre- to post treatment, however, this result was not maintained at follow-up. Meta-regression analyses supported this finding as increases in the amount of time spent directly targeting intolerance of uncertainty, significantly increased the effect size for both intolerance of uncertainty ($z = 2.01$, $p < 0.01$) and worry ($z = 2.23$, $p < 0.01$).

Conclusion:
Overall, these findings indicate that psychological treatments are effective at reducing IU, and related symptom measures of GAD.

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

Paper 2

Targeting intolerance of uncertainty in secondary schools

Danielle Einstein, Macquarie University, NSW

Einstein, Danielle, A.[1], McMaugh, Anne.[2], Rapee, Ronald, M.[1], McEvoy, Peter.[3,6], Ferrari, Madeleine. I.[5], Abbott, Maree J.[6], Mansell, Warren[6]. and Karin, Eyal[1].

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The current study evaluated a classroom intervention to address Intolerance of uncertainty (IU) in secondary school students in Australia. IU is argued to be a transdiagnostic vulnerability factor for a range of psychological difficulties. A universal classroom intervention aimed to increase student understanding of feelings of uncertainty and explored socioemotional factors that could influence behaviours when facing uncertainty. Classroom teachers in two high schools were trained to deliver three intervention modules within a broader 18-lesson program under naturalistic classroom conditions. Relative to the control group, the intervention lowered IU and its two component subscales (Inhibitory and Prospective IU) at post, but not at follow up. The only secondary outcome measure to demonstrate a concurrent change was social media use. There were several limitations of the study associated with the nature of a naturalistic classroom intervention including a high level of attrition due to absenteeism or students changing classes and schools. Future studies may need to address broader factors in the students' context that could influence the maintenance of change.

Disclosure of Interest Statement: This research was partially funded by the independent schools that participated in the project. The authors report there are no competing interests to declare.

Paper 3

Gender differences: a latent profile analysis of compassionate and uncompassionate self-relating in a large adolescent sample

Madeleine Fraser, Australian Catholic University, NSW

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Introduction/Background:
Self-compassion, a healthy way of relating to oneself, may promote resilience during adolescence. How adolescents engage with self-compassion, and whether they have distinct self-compassionate or uncompassionate psychological profiles, is unclear. This study investigated potential profiles and examined their relationship with a range of mental health symptoms and cognitive and emotional tendencies, including Intolerance of Uncertainty.

Methods:
A large cross-sectional sample of high school students (N = 950; M_{age} = 13.70 years, SD_{age} = 0.72, *range* = 12 to 16 years; 434 female and 495 male) completed several online self-report measures including the SCS-SF and IUS-short.

Results:
Latent profile analysis identified parsimonious self-compassion profiles by gender using the six SCS-SF subscales. Five female profiles included ‘Low Self-Relating’, ‘Uncompassionate’, ‘High Self-Relating’, ‘Moderately Compassionate’ and ‘Highly Compassionate’. Comparatively, two male profiles included ‘Low Self-Relating’ and ‘Moderate Self-Relating’. Low Self-Relating involved low levels of both compassionate and uncompassionate responding, and Moderate Self-Relating involved high levels of both. Low Self-Relating and Highly Compassionate profiles for females consistently reported lower levels of anxiety and depression symptoms, maladaptive perfectionism, intolerance of uncertainty, repetitive thinking and avoidance-fusion thinking patterns compared to the other female profiles. Low Self-Relating males reported more adaptive outcomes compared to Moderate Self-Relating males.

Conclusion:
These findings illustrate important adolescent gender differences in compassionate and uncompassionate self-response profiles. Results suggest self-compassion is a

construct with diverse mental health benefits for females, whereas for males a lack of attachment to either response style is linked with less mental health symptoms and healthier cognitive and emotional tendencies.

Disclosure of Interest Statement: This research was partially funded by the independent schools that participated in the project. The authors report there are no competing interests to declare.

Paper 4

Thinking through imaginal exposure stories for OCD. Are we targeting intolerance of uncertainty in these?

Danielle Einstein, Macquarie University, NSW

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The association between IU and OCD has been observed in a range of studies. In this presentation, imaginal exposure stories will be reviewed for OCD clients with a focus on how to tailor them for clients. With sexual OCD seemingly on the rise in the community, it is often the case that stories contain frightening components and clinicians may be unsure of which aspects to emphasize. The paper will explore the theoretical underpinnings of imaginal exposure to assist in making decisions when scripting stories. The presentation will also examine other innovative ways to target intolerance of uncertainty to promote E-RP. This paper aims to promote discussion of how clinicians can target Intolerance of Uncertainty in treatment.

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

Symposium 11: Drawing on large-scale epidemiological Australian data to understand the role of early life experiences on attachment and mental health in adulthood

Symposium Description:

It is well-established that the quality of early life experiences are associated with the lifelong mental health, and related to this attachment and relationship modelling. This symposium brings together crucial epidemiological findings to suggest potential treatment targets relevant to CBT interventions across the life course, following exposure to key developmental risk factors: adolescent onset depression, anxiety and behavioural problems, poor family communication, and at the severe end, child maltreatment. The first part of this symposium aims to discuss the unique role of adolescent internalising and externalising problems, along with mother-adolescent communication in their association with attachment orientation in early adulthood. This work will be situated and discussed in the context of CBT interventions that target problems of relating. The second aim of the symposium is to provide an over of the findings of the Australian Child Maltreatment Study (ACMS), our nation's first representative study of the prevalence and associated health outcomes of child maltreatment. The findings of this landmark study were launched in 2023 and report for the first time the prevalence of physical abuse, sexual abuse, emotional abuse, neglect, and exposure to domestic violence – the five forms of child maltreatment. Across two talks, this symposium will provide an overview of the alarmingly high prevalence of child maltreatment, along with the associated mental health outcomes in adulthood, including self-harm and suicide attempts. The findings of the ACMS study will be discussed in the context of their implications for strengthening trauma-informed treatment for survivors of child maltreatment, and the priorities for enhancing the prevention of all five types of child maltreatment.

Chair: Dr Hannah Thomas, Queensland Centre for Mental Health Research

Discussant: Dr Divna Haslam, Queensland University of Technology

Paper 1

The unique role of adolescent internalising and externalising problems, maternal-adolescent communication in their association with attachment in early adulthood

Julie Blake, QIMR Berghofer, QLD

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Introduction/Background:
Attachment styles strongly influence mental health and relationships through life. Although early childhood influences on attachment have been extensively studied, limited research has examined the impact of factors during adolescence. This is important considering the onset of emotional and behavioural problems which often emerge during adolescence, which can disrupt pathways for social engagement. Additionally, open communication with maternal caregivers in adolescence is an essential element of adaptive functioning. Attachment is shown to be still malleable in adolescence and developing a better understanding of adolescent factors that influence attachment styles in adulthood may present an area for therapeutic intervention where life trajectories are more modifiable.

Methods:
A total of 3,423 participants from an Australian birth cohort study who were followed up at 14- and 21-years were examined.

Results:
This talk will present the influence of emotional and behavioural problems in adolescence on attachment style, emerging into adulthood. Emotional problems (e.g., such as anxiety and depression) is the strongest and most consistent predictor of later attachment. Additionally, the ways in which maternal-child communication predict attachment patterns in emerging adulthood will also be discussed.

Conclusion:
The implications of emotional and behavioural problems on attachment patterns will be discussed. In particular, there is a need for interventions to consider an adolescent's attachment bonds when presenting with symptoms of anxiety and depression. Opportunities in working with adolescents will be discussed, so as to prevent long-term relational issues as an adolescent transitions into adulthood. The implications for treatment will be discussed.

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

Paper 2

Prevalence of five types of child maltreatment in Australia: findings from the Australian child maltreatment study

Hannah Thomas, Queensland Centre for Mental Health Research, QLD

Authors: Thomas H J[1,2], Haslam D M[2]

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Introduction: The Australian government is committed to reducing child maltreatment and has initiated a range of health policy and practice initiatives to achieve this. Reliable data is critical and until now baseline prevalence data have not been available. This talk will present the national prevalence of the five forms of child

maltreatment (physical abuse, sexual abuse, emotional abuse, neglect, and exposure to domestic violence) drawing on the Australian Child Maltreatment Study, and discuss their implications for clinicians.

Methods:
Trained interviewers used computer-assisted telephone interviewing technology to collect data from 8503 randomly selected Australians aged 16 years through to 65 and over. An oversample (n = 3500) of youth participants were included, as well as 1000 participants from five age decade strata (25-34; 35-44; 45-54; 55-64; 65+). The five types of child maltreatment were assessed using the Juvenile Victimisation Questionnaire-R2 Adapted Version (Australian Child Maltreatment Study).

Results:
Three in five Australians (62%) experienced at least one of the five types of child maltreatment. Each sub-type was prevalent across the Australian population: exposure to domestic violence (39.6%), physical abuse (32%), emotional abuse (30.9%), sexual abuse (28.5%), and neglect (8.9%). Two in five (39.4%) Australians experienced more than one type of child maltreatment.

Conclusion:
Child maltreatment and multi-type maltreatment in Australia is significant, and targeted efforts to reduce maltreatment are urgently needed. The ACMS is nationally important and the findings will have ongoing policy and practice implications for clinicians working to prevent child maltreatment or in providing trauma-informed psychological treatment for survivors.

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

Paper 3

Association between child maltreatment and mental health outcomes throughout life: findings from the Australian child maltreatment study

Divna Haslam, Queensland University of Technology, QLD

Authors: Haslam D M[1], Thomas H J[2,3]

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[3] The University of Queensland

Introduction/Background:
Until now no nationally representative data existed in Australia about the prevalence and outcomes associated with child maltreatment. This talk will i) outline the associations between child maltreatment and mental disorders as well as health risk behaviours and ii) discuss the clinical and service implications for reducing the prevalence and impact of child maltreatment.

Methods:
Cross-sectional data from the Australian Child Maltreatment Prevalence Study (ACMS) was used to examine associations between self-reported child maltreatment and mental health diagnoses as assessed by a structured diagnostic interview (the Mini International Neuropsychiatric Interview [M.I.N.I]), as well as six health risk behaviours (self-harm in past 12 months, suicide attempt in past 12 months, current smoker, binge drinking, cannabis dependence, and obese BMI).

Results:
Australians who experienced child maltreatment were between 2.6 and 4.6 times more likely to meet diagnostic criteria for one of four mental disorders (lifetime MDD, current GAD, current PTSD, and current severe AUD). Australians who experienced child maltreatment were at least times more likely to have cannabis dependence, attempted suicide or self-harmed in the prior 12 months.

Conclusion:
Within Australia the data is critical to informing appropriate maltreatment policy changes and prevention and treatment initiatives. The findings further underscore the need to prevent maltreatment not only to protect Australian children but also as a mechanism to reduce socio-economic burdens related to mental health and other health risk behaviours. Clinically the associations between maltreatment and subsequent outcomes highlight the importance of strengthening trauma-informed care across service offerings.

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

Discussion:
Dr Divna Haslam, Queensland University of Technology

Symposium 12: Cognitive processes in pain: the role of attentional alignment

Symposium Description:

Pain captures attention to allow individuals to take protective action when necessary. However, the attentional bias literature has consistently failed to take context into account. We propose a new framework of attentional processes in pain, whereby it is not the overall tendency to focus on pain or not that is important to pain perception (i.e., overall attention bias), but rather the degree to which we focus on pain when adaptive, but not when pain is not adaptive (i.e., attentional alignment). We developed a novel paradigm in immersive virtual reality (VR) with stimuli that in the natural context would be either adaptive or non-adaptive to attend to. This paradigm is ecologically valid and allows us to measure both overall attentional bias (the degree to which pain is prioritised) and attentional alignment (the degree to which attention is prioritised in adaptive but not non-adaptive contexts). In our first study, Louise Sharpe found that healthy participants showed both attentional bias (vigilance-avoidance) and attentional alignment. Further, it was attentional alignment that was associated with pain threshold and pain tolerance, not attentional bias. Natalie Winiarski will report a study that investigated attentional bias and attentional alignment in people with and without chronic pain. We aimed to determine which of these attentional processes was associated with real-world pain outcomes and the experience of chronic pain. Finally, Stefan Michalski and Tessa Rooney investigate whether we can reliably manipulate attentional alignment or attentional bias in VR, respectively, and if so, whether pain outcomes differed following the training.

Chair: Stefan Michalski, School of Psychology, University of Sydney

Discussant: Professor Elaine Fox, School of Psychology, University of Adelaide

Paper 1

Attentional processes in pain: the importance of context and attentional alignment

Louise Sharpe, The University of Sydney, NSW

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Pain captures attention and attention plays a protective role to mitigate potential injury. However, the attentional bias literature has consistently failed to take context into account. We developed a novel paradigm in virtual reality (VR), based on the dot-probe, where we presented stimuli where it would be either adaptive or non-adaptive to attend to the stimuli. Seventy healthy participants were recruited. Pain tolerance and threshold were measured using electrocutaneous stimulation and thermal pain. The VR attention task assessed attentional bias (the tendency to prioritise pain stimuli) and attentional alignment (the tendency to attend more to adaptive than non-adaptive stimuli). We conducted 2 (context: adaptive vs non-adaptive) x 2 (congruence: congruent vs incongruent) ANCOVAs, controlling for threat and pain-relatedness. Participants responded to pain probes more quickly following adaptive (hammer) than non-adaptive (vaccine) stimuli. However, there was an overall bias away from pain-related stimuli in reaction time. Avoidance was greater for non-adaptive than adaptive stimuli. In contrast, both attentional alignment and attentional bias were observed for latency to first fixation. Attentional alignment, but not attentional bias, was correlated with threshold and tolerance from ECS but not thermal pain. There are three noteworthy findings. First, in a VR environment with ecologically valid stimuli, we found robust attentional biases indicating vigilance (first fixation) and avoidance (response to target). Second, we found that participants evidenced a pattern of attention favouring adaptive over non-adaptive stimuli (attentional alignment). Third, it was attentional alignment and not attentional bias that predicted pain tolerance and threshold.

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

Paper 2

Using virtual reality to investigate attentional processes in people with chronic pain

Natalie Winiarski, The University of Sydney, NSW

Authors: Winiarski N[1], Sharpe L[1], Todd J[1], Rooney T[1], Colagiuri B[1], Van Ryckeghem DML[2,3,4], Crombez G[2], Michalski SC[1]

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While the prevalence and impact of chronic pain are extensive, the mechanisms underlying persistent pain remain elusive. In the first study of this symposium, it was shown that attentional alignment rather than attentional bias was associated with

pain outcomes. In this study we ask, if attention becomes misaligned, whereby an individual focuses on pain regardless of genuine threat, could this misaligned pattern amplify pain perception? If this is the case, are there differences between people with and without pain? This study tested whether people with and without persistent pain differed on outcomes of attentional bias and attentional alignment, as measured by our novel virtual reality paradigm. People with persistent pain then reported pain severity and interference using an ecological momentary assessment for seven days. People with persistent pain were predicted to be characterised by low attentional alignment, as compared to pain-free controls. Further, for people with persistent pain, high attentional alignment is predicted to be associated with lower daily pain severity and interference. Further, we hypothesize that attentional alignment will moderate the effect of daily pain severity on pain interference. This will be the first study to examine the role of context in attentional processes in pain with people who experience persistent pain. If people with persistent pain are found to differ in attentional alignment as predicted, and attentional alignment in turn predicts pain outcomes, these results will have important implications for the management and prevention of persistent pain.

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

Paper 3

Attentional alignment modification in immersive virtual reality

Stefan Michalski, The University of Sydney, NSW

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If attentional alignment, rather than attentional bias is the putative mechanism in the development of persistent pain, we would expect attentional alignment to have a causal relationship with pain outcomes. The aim of this study is to determine whether attentional alignment can be manipulated using our virtual reality (VR) paradigm by changing contingencies to either encourage attentional alignment (focus towards pain in adaptive contexts but away from pain in non-adaptive contexts) or attentional misalignment (focus away from pain in adaptive contexts but towards pain in non-adaptive contexts); and whether this impacts pain outcomes. This study is a between-subjects design: training alignment group vs. training misalignment group. During pre-test, all participants will be exposed to probes (hammer/needle) and targets (red circle) that occur randomly on either side. In the training alignment group, the presentation of a hammer and target always occur on the same hand,

while the needle and target always occur on opposite sides. Contrastingly, in the training misalignment group, the opposite will occur, as the hammer and target always occur on the opposite side, while the needle and target always occur on the same side. In training, the target is presented simultaneously with nociceptive stimuli (ECS) on 50% of trials. A post-test will be conducted which replicates the pre-test. Results will be discussed. This study is crucial as it investigates the ability to manipulate context and align attention in VR. This research has implications for wider investigations on pain management as it examines the importance of attentional alignment.

Disclosure of Interest Statement: The authors declare no conflicts of interest.

Paper 4

Attention bias modification and nocebo hyperalgesia: testing a novel virtual reality based attention bias modification paradigm

Tessa Rooney, The University of Sydney, NSW

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In situations where attention bias modification (ABM) successfully changes attentional biases, improvements in emotional outcomes have been reliably shown within the literature. However, whether this extends to pain outcomes, and in particular the experience of nocebo pain has not yet been established. Further, ABM has not reliably induced changes in attentional biases in studies in the pain context. It has been suggested that improving the ecological validity by using actual pain or more legitimate representations of pain may facilitate more reliable ABM. We will use our new paradigm to provide a stringent test of the role of ABM in modifying pain in the context of nocebo. On all trials, the probe will be a representation of a painful scenario (hammer hitting or needle injecting the hand). Participants respond to a neutral stimulus always appearing on the same or opposite hand (i.e., training away or towards pain, respectively). On some trials, the neutral stimulus is accompanied by a painful stimulation. Following ABM, participants will either undergo a nocebo or matched control procedure. For nocebo groups, this involves pairing a sham device with increased pain during a conditioning phase. For controls, increased pain is non-contingent on whether the sham device is active. Establishing a more reliable means to achieve ABM is important to wider investigations of attention biases in the subjective experience pain. Establishing whether attention biases influence nocebo

hyperalgesia may provide a simple, inexpensive means to counter the pervasive negative effect of nocebo effects in clinical situations.

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

Symposium 13: Understanding and responding to university students' mental health needs in the pandemic era

Symposium Description:

Even before the outbreak of COVID-19, and especially since then, university mental health services have struggled to meet demand. We could potentially 'flatten the curve' of mental health presentations if students engage in preventative strategies (self-care behaviour), are able to recognise the symptoms of mental health problems early (mental health literacy) and know where to access support in a timely way (help seeking). To support students in developing these skills, we need widely available and evidence-based prevention and early intervention programs for university students' mental health. This symposium includes 5 new studies on university students' mental health in the pandemic era.

First, Rong Han sets the scene with data on mental health literacy, self-care strategies and help seeking behaviour in n = 821 first-year students at a large metropolitan university. Then Sjaan Gomersall examines links between engagement in physical activity, sedentary behaviour, and mental health in university students. This leads nicely to paper 3 presented by Kevin Huang, describing how behaviour change theory has informed the development of the Fit 4 Study brief intervention designed to increase physical activity in university students to improve their mental health. In the fourth paper, Genevieve Dingle presents a pilot, controlled evaluation (n = 379) of the Sharper Minds package, which includes seven brief interventions for university student mental health. Finally, Leanne Hides describes a component analysis of the QUIKFIX AOD harm minimisation program for university college residents, comparing three conditions: full intervention; workshop-only; and standard AOD message control.

The symposium will be of interest to researchers and practitioners who work in the field of young people's mental health.

Chair: Genevieve Dingle

Paper 1

Mental health literacy and help-seeking behaviour among first year university students

Rong Han, The University of Queensland, QLD

Authors:
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Introduction/Background:
Not enough is known about university students' mental health literacy, use of self-care strategies and help seeking in relation to mental health, particularly in the context of

the COVID-19 pandemic. We examined these variables in two cohorts of first-year university students (2021 and 2022). We investigated whether enrolment status (international v domestic) and presence of a mental health problem influenced these variables.

Methods:
Participants were 821 students (58.1% female, 25% international students) enrolled in first year courses at a metropolitan university in Australia. The study had a serial cross-sectional design and measures included the Mental Health Literacy Scale, the PsyCheck screen for psychological distress and purpose measures of help-seeking behaviour and knowledge and use of self-care strategies.

Results:
Domestic students in both cohorts showed significant higher awareness of and confidence level in accessing local mental services. International students engaged more in help-seeking behaviour than domestic students in 2021, but in 2022, domestic students reported more knowledge of self-care strategies and sought more help. Additionally, students with greater psychological distress were more likely to seek help but had less knowledge of where to seek information and lower confidence in accessing local services. Also, they reported lower knowledge and use of self-care strategies.

Conclusion:
The study suggests that domestic students generally perform better in mental health literacy, help-seeking behaviour, and self-care knowledge compared to international students. Also, mental health status impacted students' knowledge and behaviour in relation to mental health. Thus, it is important to provide targeted support and resources to these students to ensure they have access to the assistance they need.

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

Paper 2

Cross-sectional associations between physical activity, sedentary behaviour and mental wellbeing in undergraduate university students

Sjaan Gomersall, The University of Queensland, QLD

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Introduction/Background:
Physical inactivity (PA) and sedentary behaviour (SB) are associated with negative mental health-related outcomes. However, there is limited evidence on these associations in university students. This study examined cross-sectional associations

between PA, SB, mental wellbeing (MW), and psychological distress (PD) in first-year Australian university students.

Methods:
Participants (N=200; 65% female, 95% domestic) were asked to self-report PA (Active Australia Survey; min/wk), SB (International Physical Activity Questionnaire; h/day), mental wellbeing (Warwick Edinburgh Mental Wellbeing Scale - Short Version) and psychological distress (Kessler 10). Data were collected at the start of semester 1 (T1) and 2 (T2) in first year and the start of semester 1 in second year (T3). Cross-sectional associations at each timepoint were examined using unadjusted and adjusted linear regressions.

Results:
In unadjusted models, PA was positively associated with MW at T1 (β=0.17 [95% CI=0.030-0.303]; P=0.017). SB was positively associated with MW (β=0.26 [0.069-0.439]; P=0.009) and negatively associated with PD at T3 (β=−0.24 [−0.421—0.046]; P=0.016). When adjusted, SB remained positively associated with MW (β=0.21 [0.082-0.575]; P=0.01) and negatively associated with PD at T3 (β=−0.21 [1.019-0.061]; P=0.028). No other statistically significant associations were identified.

Conclusion:
The current findings suggest that in first semester second year, sedentary behaviour is weakly positively associated with wellbeing and negatively associated with psychological distress in undergraduate students, but the cross-sectional nature limit the ability to determine causality. Further research is needed that uses larger sample sizes and longitudinal analyses.

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

Paper 3

Using the COM-B model of behaviour change to inform and understand FIT4STUDY, a physical activity program for university students' mental health

Kevin Huang, The University of Queensland, QLD

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Introduction/Background:
While there is substantial research in support of the positive relationships between physical activity on mental health outcomes in undergraduate students, the evidence on the effectiveness of physical activity interventions is inconsistent. This might be because existing physical activity interventions do not report utilising behavioural

change theories during the design and implementation phases. The COM-B model of behavioural change (Michie, Atkins & West, 2014) provides a comprehensive and detailed guide in systematically designing, executing, and understanding interventions. COM-B stands for capability, opportunity, and motivation: factors found to increase the likelihood of behaviour change across a diverse range of behaviours and contexts. This abstract describes how the “Fit4Study” program is informed by behaviour change techniques based on the COM-B model.

Methods:
Fit4Study is a 4-week physical activity intervention designed to improve mental health outcomes in undergraduate students. Each component of the “Fit4Study” protocol was mapped on the Behaviour Change Technique Taxonomy (version 1; Michie et al., 2014) associated with the COM-B model and comprises of 93 different behavioural change techniques categorised into nine intervention functions.

Results:
The “Fit4Study” protocol has been mapped on to 21 BCTs utilised over the course of 4 weeks. Examples include goal setting, action planning, social support, instructions on performing the behaviour, demonstrations of the behaviour, and behavioural practice.

Conclusion:
Behavioural change frameworks are important for the development, assessment, and understanding of the effectiveness of interventions focusing on any form of behavioural change. The effectiveness of the “Fit4Study" will be assessed in a separate trial.

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

Paper 4

Pilot evaluation of sharper minds: a mental health prevention package for university students

Genevieve Dingle, The University of Queensland, QLD

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Introduction/Background:
The Sharper Minds package was developed by interdisciplinary health researchers at the University of QLD. Sharper Minds includes seven brief interventions: (1) a weekly progress tracker that monitors and gives personal feedback about study coping, healthy eating, physical activity, sleep, social connection, and mood, (2) *Tuned In* music listening program to regulate academic emotions, (3) *Food for the Brain* nutrition program, (4) *Fit 4 Study* physical activity program, (5) *Better Sleep* CBT for sleep program, (6) GROUPS4EDUCATION social connection program, and (7) GRUNT emotional resilience program. This paper reports on a pilot evaluation of the Sharper Minds package conducted in 2022.

Methods:
The study used a non-randomised controlled design, with three conditions (Control; One-Intervention (using the weekly progress tracker OR completing one short course); or Two-Interventions (using the progress tracker AND completing one short course)) and two times (pre- and post-surveys, approximately 8 weeks apart). Of 379 participants who completed the pre-survey, 264 completed the post-survey (Control *n*=69; One-Intervention *n*=112; Two-Intervention *n*=83). There were no baseline differences between conditions. Measures included the PsyCheck (psychological distress), 8-item UCLA Loneliness scale and Academic Motivation.

Results:
There was a 70% retention rate overall. A time x condition interaction was found for the PsyCheck, with scores improving in the Two-Intervention condition but no change in the Control or One-Intervention conditions. Similarly, there was a significant interaction for Loneliness, which significantly reduced in the Two-Intervention condition while no change was found in the Control and One-Intervention conditions. Finally, academic motivation significantly reduced in the Control condition over time but was sustained over time in the One-Intervention and Two-Intervention conditions.

Conclusion:
The Sharper Minds package shows promise as a brief, engaging, and effective prevention package to support the mental health of university students. These results indicate that engaging in both self-monitoring and a brief course were important to achieving benefits.

Disclosure of Interest Statement:
The Sharper Minds project is funded by Allianz Care, UQ Health Care, University of QLD Office of the DVC(Academic) and Vice Chancellor's Strategic Funding.

Paper 5

A three-arm cluster randomised controlled trial of the QUIKFIX alcohol and other drug (AOD) harm minimisation workshop and targeted brief intervention among residential college students

Leanne Hides, The University of Queensland; Lives Lived Well, QLD

Authors:
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Introduction/Background:

There are high levels of alcohol use and related harm on university campuses. Social influence processes play a key role in driving problematic alcohol use in these settings. We recently demonstrated the feasibility and positive outcomes of the QuikFix College program (a peer-led alcohol and other drug (AOD) harm minimisation trivia workshop and social-network targeted brief intervention) for reducing alcohol use and related problems among university college students. However, it was unclear which component of the program was most effective.

Methods:

This three-arm cluster randomised controlled trial compared the efficacy of 1) the Full QuikFix College Program (i.e., workshop + brief intervention, 2) the workshop only, and 3) a standard AOD messaging control. The peer-led trivia workshop was delivered in orientation week 2022.

Results:

First year college students (n=716, 80%) from six (n=892) colleges consented to participate. Two colleges were randomized to the Full QuikFix College Program, two to the AOD trivia workshop only and two to the control condition. Follow up rates 92% (n=657), 85% (m=609), 591 (84%) and 83% (n=592) were achieved at 6, 12, 24 and 52 weeks respectively. The 12 month follow up was completed in March 2023 and the data is currently being analysed.

Conclusion:
This study will determine whether the Full QuikFix College Program is more efficacious than the AOD trivia workshop alone or standard AOD health messaging. The implications of this for reducing alcohol use and related harm in university college students will be discussed.

Disclosure of Interest Statement:
The QuikFix college study was supported by Commonwealth funding from the Australian Government provided under the Drug and Alcohol Program, which was granted to the National Centre for Youth Substance Use Research. The authors have no conflicts of interest to disclose.

Discussion

Radhika Tanksale, The University of Queensland, QLD

Symposium 14: Parents' engagement with parenting and family support: evidence and next steps

Symposium Description:

Evidence-based parenting and family interventions use cognitive and behavioural strategies to support parents in providing their children with a nurturing, safe, and stimulating environment. However, low participation rates remain a barrier to implementing preventive interventions. There is a need to understand better how parents engage with parenting programs and work collaboratively with systems beyond their families, particularly their children's school.
This symposium will 1) present empirical evidence regarding the role of parents' cognitions in their early engagement with parenting support and 2) describe family-school partnerships as a strategy to promote parents' involvement with parenting support in the school setting. The first paper will report on a study evaluating the contribution of two well-established theories, i.e., the Health Belief Model (HBM) and Theory of Planned Behaviour (TPB), on the early engagement of parents with parenting programs. The second paper will focus on the role of HBM constructs (i.e., perceived threat, benefits, costs, and self-efficacy) in a group of parents who have not used parenting programs yet (non-user parents). The third paper will explore the role of HBM perceived threat and self-efficacy on the intention to participate in a future parenting program in a sample of parents of children with chronic illness. The fourth paper will report a literature review on parenting interventions implemented in Australia to inform successful strategies for family-school partnerships. Finally, the fifth presentation will expand on this work by introducing a randomised trial evaluating a family-school partnership intervention in primary schools.

Chair: Carolina Gonzalez, University of Southern Queensland

Discussant: John Toumbourou, Deakin University

Paper 1

Health behaviour constructs as predictors of parent's initial engagement with parenting programs

Carolina Gonzalez, University of Southern Queensland, QLD

Authors: Gonzalez C[1,2], Morawska A[1], Haslam D[1,3]

[1] The University of Queensland, Brisbane, QLD, [2] University of Southern Queensland, Ipswich, QLD, [3] Queensland University of Technology, Brisbane, QLD

Introduction/Background:
Parents' early engagement with parenting programs remains a major issue due to low participation rates. Health belief theories, particularly Health Belief Model (HBM) and Theory of Planned Behaviour (TPB), have been used to understand parents' intention to participate in these programs, but limited evidence is available across

stages of early engagement, i.e., recruitment, enrolment, and first attendance. This study, currently in press, examined the relationship between these theories' constructs and parents' intention to participate and initial engagement with a parenting program.

Methods:
Participants were 699 parents of children aged 2-12-year-old. Participants provided self-report data on HBM constructs (i.e., perceived threat, benefits, costs, and self-efficacy), TPB constructs (i.e., attitudes, social norms, and perceived behavioural control), and intention to participate and early engagement. Logistic regressions evaluated the impact of HBM and TPB constructs, and their combination, on intention to participate and initial parent engagement.

Results:
All HBM constructs increased the odds of parents' intention to participate and enrolment. Regarding TPB, parents' attitudes and subjective norms, but not perceived behavioural control, were significant predictors of intention to participate and enrolment. When combined in one model, parents' perceived costs, self-efficacy, attitudes, and subjective norms predicted intention to participate; whereas perceived threat, costs, attitudes, and subjective norms increased odds of enrolling in the intervention. Regression models for recruitment were not conducted due to lack of variance and for first attendance were not significant.

Conclusion:
The findings demonstrate the relevance of using both HBM and TPB constructs when enhancing parent intention to participate and enrolment.

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 Pty Ltd on behalf of UQ, to publish and disseminate Triple P worldwide. The authors of this paper 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 is an employee at UQ. Carolina Gonzalez was a student at UQ during this study, and was an employee at UQ. Divna M. Haslam and Carolina Gonzalez hold an honorary position at UQ.

Paper 2

Understanding the health beliefs and early engagement of non-user parents with parenting programs

Gemma Truscott, University of Southern Queensland, QLD

Authors: Truscott G,[1], Gonzalez C[2,3]

[1] University of Southern Queensland, Toowoomba, QLD, [2] University of Southern Queensland, Ipswich, QLD, [3] University of Queensland, Brisbane, QLD

Introduction/Background:
Evidence-based parenting interventions can promote positive parenting through education guidance and support. However, parental engagement with parenting interventions is low, dropout rates are high, and program reach is poor, resulting in suboptimal public health benefits. Emerging research is applying theoretical-driven models to parental engagement in service-user populations with promising results; however, little is known about the application of these models in the early engagement of non-user parents. This study examines the relationship between Health Belief Model constructs (i.e., perceived threat, benefits, costs, and self-efficacy) and parents' initial engagement with parenting interventions among non-user parents.

Methods:
Participants were 692 parents of children aged between 2 and 12 years old who completed an Australia-wide cross-sectional survey. Measures included the Child Adjustment and Parenting Scale, the HBM Benefits and Costs Questionnaire, and questions on parental intention to participate, and early engagement (i.e., recruitment, enrolment, and first attendance). Logistic regressions were conducted to evaluate the predictive role of HBM constructs on intention to participate and initial engagement.

Results:
Preliminary findings indicated that 73.6% of the sample comprised non-user parents. In this sub-sample, both parents' intention to participate and likelihood of enrolling were positively associated with their threat perception relating to their child's adjustment, the benefits of the program outweighed the costs, and were negatively associated with their self-confidence in managing their child's behaviour.

Conclusion:
HBM constructs can be applied to developing population-wide engagement strategies aimed at increasing parents' initial engagement, thus improving the implementation of EBPIs as a preventive support for parents.

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 Pty Ltd on behalf of UQ, to publish and disseminate Triple P worldwide. The authors of this paper have no share or ownership of TPI. TPI had no involvement in the study design, collection, analysis or interpretation of data, or writing of this report. Carolina Gonzalez was a student at UQ during this study, and was an employee at UQ. Carolina Gonzalez holds an honorary position at UQ.

Paper 3

Parents of children with chronic illnesses and their intention to participate in parenting programs

Helen Shannon, University of Southern Queensland, QLD

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[1] University of Southern Queensland, Toowoomba, QLD, [2] University of Southern Queensland, Ipswich, QLD, [3] University of Queensland, Brisbane, QLD

Introduction/Background:
The Health Belief Model (HBM) has been used to investigate parental intention to participate in evidence-based parenting interventions. However, the literature does not represent parents of children with chronic illnesses. Parents of children with chronic illness face higher levels of parental stress than other parents, and their children are more likely to have emotional and behavioural issues. This study investigates the parents' perceived threat and self-efficacy and their intention to participate in parenting programs in a sample of parents of children with chronic illness.

Methods:
The study used cross-sectional data from the International Parenting Survey. Participants were a sub-sample of parents of children with chronic illness (*n* = 1,392) aged between 2 and 12 years. Measures included the Child Adjustment and Parent Efficacy Scale and a single-item question to measure parental intention to participate in future parenting programs. Using SPSS, data analysis explored the role of HBM constructs as predictors of intention to participate using logistic regression.

Results:
Preliminary findings indicated that parents who have children with chronic illness were more likely to intend to participate in a parenting program when they perceived that their children were experiencing behavioural issues and felt less confident in dealing with these concerns.

Conclusion:
Our findings showed that child behavioural adjustment and parental self-efficacy play a significant role in this group of parents' intention to participate in a future program. These findings may benefit the design and engagement strategies of parenting interventions targeting parents of children with chronic illnesses.

Disclosure of Interest Statement: ***See example below:***
The Parenting and Family Support Centre is partly funded by royalties stemming from published resources of the Triple P—Positive Parenting Program, which is developed and owned by The University of Queensland (UQ). Royalties are also distributed to the Faculty of Health and Behavioural Sciences at UQ and contributory authors of published Triple P resources. Triple P International (TPI) Pty Ltd is a

private company licensed by Uniquest Pty Ltd on behalf of UQ, to publish and disseminate Triple P worldwide. The authors of this paper have no share or ownership of TPI. TPI had no involvement in the study design, collection, analysis or interpretation of data, or writing of this report. Carolina Gonzalez was a student at UQ during this study, and was an employee at UQ. Carolina Gonzalez holds an honorary position at UQ.

Paper 4

Family school partnerships to implement evidence based parenting programs

John Toumbourou, Deakin University, VIC

Authors: Clancy E[1], Benstead M[1], Little K[1], Skvarc D[1], Westrupp E[1], Yap M[2], Havighurst S[3], Toumbourou JW[1], Varcoe J[1]
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[3] University of Melbourne, Victoria

Introduction/Background:
Evidence-based family and parenting interventions offer a potential strategy for enhancing child and adolescent mental health. Partnerships with schools are attractive as a strategy to implement universal and selective parent interventions to benefit large populations of children and adolescents. This paper describes a literature review to identify universal and selective parenting interventions that had been implemented in Australian schools, where evaluations have demonstrated benefits for child and adolescent mental health.

Methods:
Searching identified six literature reviews that met the inclusion criteria. The reference lists of included reviews were examined for relevant studies. A concurrent search of grey literature was also completed, examining national and international evidence-based program repositories.

Results:
The review identified nine family programs that have been implemented in Australian preschools, primary or secondary schools that achieved measurable reductions in child and or adolescent internalising and or depressive symptoms. Four of these programs also improved educational outcomes. The strategies used in these effective Australian programs were analysed to elaborate on the successful strategies and principles for family school partnerships.

Conclusion:
Although nine Australian family school partnership programs have been effective in reducing mental health symptoms in children and adolescents, they have reached only a minority of families in these settings. Further investigation is required to establish how to improve the reach and effectiveness of evidence-based family and parenting interventions implemented within family school partnership models.

Disclosure of Interest Statement:
This literature review was completed for Be You under a contract organised by the SAX Institute. The findings have been published at this link.

Paper 5

A randomised trial of a family school partnership program to improve child education and mental health outcomes

John Toumbourou, Deakin University, VIC

Authors: Toumbourou JW[1], Westrupp E[1], Yap M[2], Havighurst S[3], Little K[1], Benstead M[1], Clancy E[1], Moody LJ[4], Curtis A[1], Varcoe J[1], Doery E[1]

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Introduction/Background:
This paper describes the design of a randomised trial of primary schools to evaluate the effectiveness of a family school partnership intervention designed to improve student educational and mental health outcomes.

Methods:
Fourteen primary schools in Geelong were blocked by disadvantage and school sector (Government, Catholic), then half were randomised by a statistician to the intervention, with the remaining schools monitored as business-as-usual controls. Families with children in Grades 2 to 4 will be invited to complete surveys. The main parent-family intervention components are the Strengthening Family Connections (SFC) program, to be delivered by Meli, Geelong and the Parenting Resilient Kids (PaRK) online parenting intervention, implemented by Monash University. Parent committees will be randomly assigned to test their potential contribution to the school partnership outcomes.

Results:
The primary outcomes will be intervention effects on (1) parent reported academic achievement for Grade 3 to 5 students and (2) parent reported school engagement. Secondary outcomes will assess intervention effects on: (1) school-wide NAPLAN (National Assessment Program – Literacy and Numeracy tests); (2) school-wide AEDC (Australian Early Development Census) scores; (3) parent ratings of child internalising behaviour problems; (4) parent ratings of child adherence to nutrition guidelines; (5) parent ratings of child adherence to physical activity guidelines, and (6) rates of parent recruitment in a research survey.

Conclusion:
This study will establish whether family school partnership program can improve education and mental health outcomes for primary-school aged children, and how parent engagement can impact these outcomes.

Disclosure of Interest Statement:
This evaluation has been funded by a grant from the Ian Potter Foundation. Intellectual property is owned and managed by Meli, Geelong, for the Strengthening Family Connection program and by Associate Professor Yap, based at Monash University, for the PaRK online parenting program.

Discussion

John Toumbourou, Deakin University

Symposium 15: New directions in attention and emotional vulnerability

Symposium Description:

Selective attention to threatening or salient information has long been considered a key maintaining factor of anxiety and other psychological symptoms. In this symposium, we go beyond the traditional dot-probe attentional bias index to explore other attentional constructs (variability, flexibility, control) and measures (dual probe task) in relation to psychological symptoms. The first two presentations cover attentional bias variability, i.e. attentional fluctuation theorized to indicate attention dysregulation. The first presentation provides meta-analytic evidence that attentional bias variability is associated with increased PTSD symptoms. The second presentation describes a study finding that attentional bias variability, but not attentional bias, was associated with greater contamination fear during the COVID-19 pandemic. The third presentation assesses the role of attentional bias (using a dual-probe task) and attentional control in explaining the relationship between insomnia and depression symptoms. In this study, attentional bias rather than attentional control mediated the relationship between insomnia and depression. The final two presentations cover attentional flexibility, i.e. the ability to shift attention between different tasks or classes of information. In the fourth presentation, attentional flexibility for emotional information (but not neutral information) was found to be enhanced in anxiety. The final presentation provides a network-analysis of cognitive flexibility, mind-wandering, and their relationship with anxiety. Together, this research encourages a more nuanced approach to attention research. That is, anxiety-linked impacts of attentional regulation and flexibility need to be considered alongside the use of more robust attentional bias measures.

Chair: Jemma Todd, University of Sydney

Paper 1

Attentional bias variability and its relationship with psychological symptoms

Jemma Todd, University of Sydney, NSW

Authors: Todd, J.[1,2], Wilson, E.[1], Coutts-Bain, D.[1], & Clarke, P.J.F[3]

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Introduction/Background:
Selective attention to threat is considered a key maintaining factor of psychological symptoms. And yet, traditional dot-probe indices of biased attention do not take into consideration moment-to-moment fluctuation in attentional processes, which could oscillate between vigilance avoidance of salient information. Attentional bias variability (ABV) is a recently proposed alternative mechanism of psychopathology,

driven by attentional dysregulation. This presentation provides a meta-analytic review of attentional bias variability research.

Methods:
We systematically reviewed and meta-analysed the research concerning the relationship between ABV and health/psychological symptoms, as well as longitudinal and intervention research which may provide preliminary indication of a causal relationship.

Results:
Our search yielded 53 studies (N=5428) assessing the cross-sectional relationship between ABV and health/psychological outcomes, as well as 3 longitudinal studies and 12 interventions. Clinical and sub-clinical samples exhibited greater ABV than controls (g=0.462). Trauma samples showed significantly greater ABV than controls (g=0.782), whereas social anxiety samples did not (g=0.147). Preliminary longitudinal evidence suggests that ABV predicts later post-traumatic stress symptomatology in interaction with number of traumatic events. Interventions suggest promise for improving PTSD symptoms, but they did not consistently change ABV, and ABV change did not correspond to symptom change.

Conclusion:
These findings suggest a specific relationship between ABV and post-traumatic stress symptoms, with evidence equivocal for other psychological difficulties. Future research could assess mechanisms underlying ABV, and control for non-attentional processes to ensure the validity of ABV measures. Conclusions regarding the causal status of ABV will depend on future high-quality randomised controlled trials.

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

Paper 2

Contamination fear and attention bias variability in the early stages of the COVID-19 pandemic

Patrick Clarke, Curtin University, WA

Authors: Clarke, P.J.F.[1], Szeremeta, E.[1], Van Bockstaele, B.[2,3], Notebaert, L., Meeten, F.[4,5], & Todd, J.[2,6]

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6. School of Psychology, University of Sydney

Introduction/Background: The onset of the COVID-19 pandemic resulted in a dramatic increase in the salience and importance of information relating to both the risk of infection, and factors that could mitigate against such risk. This is likely to have contributed to elevated contamination fear concerns in the general population. Biased attention for contamination-related information has been proposed as a potential mechanism underlying contamination fear, though evidence regarding the presence of such biased attention has been inconsistent. A possible reason for this is that contamination fear may be characterised by variability in attention bias that has not yet been examined. The current study examined the potential association between attention bias variability for both contamination-related and mitigation-related stimuli, and contamination fear during the early stages of the COVID-19 pandemic.

Methods: A final sample of 315 participants completed online measures of attention bias and contamination fear.

Results: The measure of average attention bias for contamination-related stimuli and mitigation-related stimuli was not associated with contamination fear (r = 0.055 and r = 0.051, p > .10), though both attention bias variability measures did show a small but statistically significant relationship with contamination fear (r = 0.133, p < .05; r = 0.147, p < .01). These attention bias variability measures also accounted for significant additional variance in contamination fear above the average attention bias measure (and controlling for response time variability).

Conclusion: These findings provide initial evidence for the association between attention bias variability and contamination fear, underscoring a potential target for cognitive bias interventions for clinical contamination fear.

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

Paper 3

Attention control and attention bias as mechanisms explaining the association between insomnia and depression in young people

Isabel Clegg, University of Western Australia, WA

Authors: Clegg I[1], Richardson C[1], Notebaert L[1]

[1] School of Psychology, University of Western Australia, Crawley, 6009, Western Australia, Australia

Introduction/Background:
Depression and insomnia are increasingly regarded as important and related public health problems for young people. However, the mechanisms underlying this association are not well established. Attention bias has been conceptualized as a transdiagnostic process, meaning that patterns of biased attention may be consistent across disorders, yet there is an absence of research which considers whether poor

sleep may be related to a general negative attention bias (characteristic of depression). We propose negative attention bias is one mechanism underlying the association between symptoms of insomnia and depression, and that poor sleep increases vulnerability to experiencing attention biases through its impact on worsening attentional control.

Methods:
Undergraduate university students (17 – 24 years) completed self-report measures of insomnia (Insomnia Severity Index (ISI)) and depression (Patient Health Questionnaire (PHQ-9)) symptoms, an anti-saccade attentional control task, a dual-probe attention bias task, and a one-week sleep diary.

Results:
Preliminary analyses (N = 241) suggests negative attention bias significantly mediates the association between symptoms of insomnia (ISI, sleep onset latency, total sleep time, and sleep efficiency) and symptoms of depression (PHQ-9). Attentional control was not significantly associated with any variable of interest and thus did not serially mediate (with attentional bias) the relationship between insomnia and depression.

Conclusion: Negative attention bias appears to partially account for the association between poor sleep and depression in young people. These results may inform theoretical models explaining the high comorbidity between insomnia and depression in young people. This knowledge could be leveraged to improve treatments for insomnia and depression.

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

Paper 4

Hot and cold attentional flexibility in anxiety

Lies Notebaert, University of Western Australia, WA

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Introduction/Background:
Trait anxiety has been proposed to impair the ability to shift attention between different task sets. Empirical evidence for such an association between trait anxiety and attentional flexibility however is lacking. Moreover, studies in this area have typically not controlled for depression, which has previously been associated with reduced cognitive flexibility. Consequently, the aim of this study was to evaluate the association between trait anxiety and attentional flexibility, while controlling for depression.

Methods:
Undergraduate university students (N=176) completed self-report measures of anxiety and depression. Next, they completed a pictorial version of the number-letter task, which requires participants to repeat a task set or switch between two tasks sets depending on where stimuli are presented. In one condition, the pictorial stimuli were negative in valence while in the other condition the stimuli were neutral. The switch cost in each condition served as a measure of hot and cold attentional flexibility, respectively.

Results:
The switch cost in the negative condition was larger than the switch cost in the neutral condition. After controlling for depression, there was no significant association between the neutral switch cost and anxiety, however a smaller negative switch cost was associated with higher levels of anxiety.

Conclusion: These results suggest trait anxiety was associated with better 'hot' attentional flexibility. This is consistent with evidence of enhanced processes of threat in anxiety, but inconsistent with theories predicting impaired attentional control in anxiety.

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

Paper 5

Unravelling the dynamics of cognitive flexibility, trait anxiety and mind-wandering characteristics

Isabelle Kaiko, University of Sydney, NSW

Authors: Kaiko I[1,2], Todd J[1,2], Hunt C[1,2], Irish M[1,2.]
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Introduction/Background: High levels of anxiety in the general population are associated with discrete changes in cognition, including reduced cognitive flexibility, repetitive, negative thought profiles and worry. Empirical research bridging the domains of cognitive flexibility and how it affects anxiety symptomology is lacking. This study aimed to address this gap by exploring how anxiety, cognitive flexibility and mind-wandering interact.

Methods: Participants comprised university students ranging from 18-47 years old (N=347), with an average trait anxiety score of 47.51. Participants completed validated questionnaires online to assess anxiety (Spielberger Trait Anxiety Inventory), worry (Penn State Worry Questionnaire) cognitive flexibility (Cognitive Flexibility Inventory), and mind-wandering characteristics (Four Factor Imagination Scale). To identify and examine the influence of central variables, a regularized partial correlation network of cognitive flexibility, mind-wandering attributes and anxiety symptoms was estimated.

Results The network was deemed to have good stability (stability coefficient = 0.67). A Louvain community analysis revealed four main symptom clusters, namely, absence of impairments, worry/distress, negative self-esteem and inflexible cognitive processes. Key central nodes in the obtained network model and their implications are discussed.

Conclusion: This study provides a comprehensive investigation of cognitive flexibility and its association with symptoms of anxiety. Our findings highlight a potential role for cognitive flexibility as a therapeutic target.

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

Symposium 16: Internet-delivered CBT: from RCTS to the real world – mechanisms and implementation

Symposium Description:

It is now widely accepted that CBT can be effectively delivered over the internet, with large uptakes noted over the pandemic in particular. We are now moving into an era of research which attempts to answer more sophisticated questions about internet-delivered CBT (iCBT) such as what are the mechanisms of this treatment, who does it work best for, and how can we deliver it most effectively in real world settings? In this symposium, our speakers consider these questions across diagnoses of anxiety, depression, and insomnia. Mason will present research examining whether iCBT for anxiety or iCBT for insomnia is the optimal treatment for individuals with comorbid anxiety and insomnia as well as preliminary findings related to mediators of these treatments. Dobinson will present on perfectionism as a potential transdiagnostic predictor of treatment outcomes in iCBT for anxiety. Hamilton will present on the use of iCBT alongside traditional face-to-face treatments in a blended care model. And Mahoney will present on how iCBT may be applied to specialised populations with reference to iCBT delivered during the perinatal period.
The aim of this symposium is to explore how iCBT can be best applied in real world clinical settings and to investigate mechanisms of treatment so as to improve outcomes of CBT delivered in digital formats.

Chair: Michael Murphy, Conjoint Senior Lecturer, School of Clinical Medicine, UNSW Sydney Psychiatrist, NSW Health & Compass Psychiatry

Discussant: Michael Murphy, Conjoint Senior Lecturer, School of Clinical Medicine, UNSW Sydney Psychiatrist, NSW Health & Compass Psychiatry

Paper 1

What is the optimal treatment for co-occurring insomnia and anxiety? An RCT comparing internet CBT for insomnia to internet CBT for anxiety

Elizabeth Mason, Clinical Research Unit for Anxiety and Depression (CRUfAD), St Vincent's Hospital, NSW

Authors: Elizabeth C. Mason[1,2], Ashlee B. Grierson[1], Amanda Sie[1], Maria J. Sharrock[1], Ian Li[1], Aileen Z. Chen[1], Tang, S.[1], & Jill M. Newby [2,3]

[1] Clinical Research Unit for Anxiety and Depression, St Vincent's Hospital, Sydney, [2] School of Psychology, Faculty of Science, University of New South Wales, Sydney, [3] Black Dog Institute, New South Wales, Australia

Introduction/Background:
Insomnia and anxiety are highly prevalent and frequently co-occur. Considering limited therapeutic resources and time constraints, the study aimed to compare which treatment – internet CBT for insomnia or internet CBT for anxiety – leads to

the best outcomes in individuals with comorbid insomnia and anxiety. We also examined mediators of treatment response.

Methods:
120 participants with comorbid insomnia and clinical anxiety were randomised to receive internet-based cognitive behavioural therapy (iCBT) for insomnia or iCBT for anxiety. The primary outcome measures were the insomnia severity index and the generalised anxiety disorder-7 item scale. These were assessed before treatment, at mid-treatment, at post-treatment, and 3 months after treatment.

Results:
Large reductions in symptoms of insomnia, anxiety, depression and distress, were experienced by participants in both groups, as well as improvements in sleep efficiency and total sleep time. Improvements were maintained at follow-up. Critically, at the end of treatment, the insomnia treatment was more effective in reducing symptoms of insomnia than the anxiety treatment, and equally effective in reducing symptoms of anxiety. Treatment gains were maintained at 3-month follow-up, however, there were no differences between groups at that time point. Dysfunctional beliefs about sleep emerged as a key mediator of group differences in insomnia symptoms at post-treatment.

Conclusion:
These results suggest that in the common case of a patient presenting with comorbid insomnia and anxiety, treatment for insomnia may be the most efficient treatment strategy. Mechanisms of treatment will be discussed.

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

Paper 2

The relationship between perfectionism and treatment outcomes for generalised anxiety disorder

Katie Dobinson, Clinical Research Unit for Anxiety and Depression (CRUfAD), St Vincent's Hospital, NSW

Authors: Dobinson, K[1], Tang S[1], Shiner C[1], Mahoney A[1]

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Introduction/Background: Perfectionism, a transdiagnostic process across multiple mental health disorders, has been shown to moderate the effectiveness of Cognitive Behavioural Therapy (CBT) for depression. Whether perfectionism is also associated with CBT outcomes for anxiety disorders is unclear, despite the well-established link between perfectionism and symptoms of anxiety. This study sought to investigate the relationship between perfectionism, and treatment outcomes and adherence for

individuals seeking internet-based CBT (iCBT) for Generalised Anxiety Disorder (GAD).

Methods: Those enrolled in the THIS WAY UP GAD Program completed measures of perfectionism, generalised anxiety, depression and distress at baseline, mid-treatment and post-treatment. Treatment adherence was also assessed based on the number of online lessons completed. Linear regression analyses were used to examine the relationship between perfectionism, and treatment outcomes (generalised anxiety, depression and distress) and treatment adherence.

Results: Preliminary analyses suggest that participants experienced a significant reduction in generalised anxiety symptoms, depression symptoms, distress and perfectionism levels (including both striving and evaluative concerns) over the course of treatment (effect sizes ranging from .101-.539). Perfectionism levels at baseline were not predictive of treatment outcomes. The association between perfectionism and treatment adherence will also be discussed.

Conclusion: The findings suggest that iCBT for GAD is effective in reducing perfectionism, despite not directly targeting this process. Given that there was no significant relationship between baseline perfectionism and treatment outcomes, it may not be necessary to specifically target perfectionism when delivering iCBT for GAD.

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

Paper 3

Harnessing blended care to adapt to increasing service demands

Vanessa Hamilton, Think Mental Health, NSW

Authors:
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[1] Think Mental Health, ACT, [2] THIS WAY UP & the Clinical Research Unit for Anxiety and Depression, St Vincent's Hospital, Sydney.

Introduction/Background:
The Department of Health and Aging, via the Primary Health Networks, established eight pilot Adult Mental Health Centre's across the country, Canberra Head to Health is the ACT based facility. When developing the model of care and range of clinical services, we took account of the anticipated high demand for services and developed an innovative hybrid or 'blended' care program stream that offers an alternative approach to service delivery. The program combines individual counselling sessions with prescribed THIS WAY UP online mental health treatment programs.

Methods:
Individuals who present with mild to moderate mental health needs at intake are offered our Hybrid Therapy program. They are allocated to a clinician who provides all in person sessions and prescribes the appropriate THIS WAY UP program.

Consumers alternate between in person sessions and completion of online CBT modules. In person sessions focus on engagement with online content, including barriers to implementing strategies in daily life.

Results:
Both qualitative feedback and quantitative results indicate this is a valuable and effective program for delivering CBT interventions for a range of mild to moderate mental health presentations. Program evaluation is ongoing as this is a new service with limited data to date.

Conclusion:
This innovative program requires lower intensity clinical staff resourcing, a small number (four to six) of individual sessions, in addition to the digital intervention, but reaping substantial clinical gains, and high consumer satisfaction.

This Hybrid Therapy program is an example of adapting CBT interventions to provide system innovation utilising existing, accessible, affordable, evidence-based mental health treatment.

Disclosure of Interest Statement:
Ms Hamilton's business, Think Mental Health, is the lead agency delivering the program under evaluation, as part of the Department of Health and Aging funding for Adult Mental Health Centre's. Ms Court is employed by the organisation, This Way Up, who developed and delivers the iCBT program utilised by this program.

Paper 4

Adapting online CBT for women with perinatal anxiety and depression: evaluation in routine care

Alison Mahoney, Clinical Research Unit for Anxiety and Depression (CRUfAD), St Vincent's Hospital, NSW

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Introduction/Background: Perinatal depression and anxiety are associated with significant adverse effects for the mother and child. Online cognitive behavioural

therapy (iCBT) can provide scalable access to psychological interventions to improve perinatal depression and anxiety, however, the effectiveness of these interventions in routine care is unclear. This study investigated the uptake and treatment outcomes of women living in the Australian community who enrolled in a pregnancy or postnatal iCBT course for their symptoms of depression and anxiety.

Methods: 1,502 women commenced iCBT (529 pregnancy and 973 postnatal) and completed measures of anxiety and depression symptom severity, and psychological distress pre- and post-treatment.

Results: Around three quarters of the women undertaking the perinatal programs were recommended the program by a health professional and reported clinically significant distress or symptom severity before starting their course. 35% of women in the pregnancy course and 42% in the postnatal course completed all 3 lessons. Both iCBT courses were associated with medium pre- to post-treatment effect size reductions in generalised anxiety symptom severity (*g*s= 0.63 and 0.71), depression symptom severity (*g*s= 0.58 and 0.64), and psychological distress (*g*s= 0.52 and-0.60).

Conclusion: Brief iCBT for perinatal anxiety and depression was associated with significant symptom improvement. Current findings support the use of iCBT in perinatal populations and its integration within routine healthcare provision. The utility of blended and stepped-care models of care in routine clinical settings requires ongoing examination.

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

Discussion

Michael Murphy, UNSW, NSW Health, & Compass Psychiatry

Symposium 17: Effects of psychotherapy: clinician and client perspectives

Symposium Description:

Consideration of the effects of psychotherapy has typically focused on treatment adherence and outcomes. However, understanding a) the effects of therapy on psychologists, b) what psychosocial factors are associated with the uptake of psychotherapy by clients, and c) clients' perceived experiences of psychotherapy, provides a novel means of understanding the psychotherapeutic process from both the clinician and client perspectives. The aim of this symposium is to provide insight into the way in which psychologists and clients perceive and respond to therapy, with a specific emphasis on how this impacts treatment uptake, therapeutic engagement, and wellbeing. This symposium will first examine the demands experienced by psychologists when providing therapy and the implications that managing these demands can have on their individual wellbeing (Paper 1). The findings from a two-part study focusing on what psychosocial factors determine the uptake of psychotherapy by young adults and their perceived experiences (both positive and negative side-effects) of therapy will then be presented (Paper 2). Thereafter, a capstone paper which bridges psychologist and client perspectives, highlighting the dynamic relationship between a psychologist's emotional labour and their clients' responses to treatment over the entire course of therapy will be presented (Paper 3). The symposium will conclude with a brief panel discussion on the implications of the findings from these three studies in terms of how to strengthen the therapeutic alliance and engagement of clients in psychotherapy whilst ensuring clinicians maintain adaptive emotion labour strategies.

Chair: Anthony Joffe, Centre for Emotional Health, School of Psychological Sciences, Macquarie University, NSW

Paper 1

The association between emotional labour, affective symptoms, and burnout in Australian psychologists

Anthony Joffe, Centre for Emotional Health, School of Psychological Sciences, Macquarie University, NSW

Authors:
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Introduction/Background:
The provision of psychological therapy places several demands on psychologists, including the need to manage complex emotional processes. For example, psychologists may be required to engage in emotional labour (i.e., organizationally-

bound emotion regulation) to fulfil the emotional demands of their role. While the emotional labour strategies of surface acting (i.e., faking desired emotions/suppressing undesired emotions) and deep acting (i.e., conjuring up desired emotions) have demonstrated differential associations with wellbeing in the general population, there has been little consideration of emotional labour in psychological practice. The aim of this study was to examine the relationship between emotional labour and wellbeing (operationalized as affective symptoms and burnout) in psychologists, and to identify whether work or demographic variables moderated this relationship.

Methods:
113 Australian psychologists responded to an online survey containing measures of emotional labour, affective symptoms, and burnout. Information regarding demographic and workplace factors was also collected within this survey.

Results:
At a bivariate level, surface acting was associated with adverse wellbeing, while deep acting was not a significant predictor. Additionally, the expression of naturally felt emotions (i.e., no regulation) was associated with improved wellbeing. When partialling out the effects of the each of the other strategies, only surface acting retained its predictive qualities. The relationship between surface acting and burnout was moderated by the type of compensation psychologists received for their work.

Conclusion:
Reported rates of burnout were high within our sample, and our findings suggest that the masking of emotions by psychologists (i.e., surface acting) may adversely impact their wellbeing.

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

Paper 2

The uptake of psychotherapy and perceived positive and negative side-effects of psychotherapy by young adults

Maria Kangas, Centre for Emotional Health, School of Psychological Sciences, Macquarie University, NSW

Authors:
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Introduction/Background:
An estimated 21% of Australians (1 in 5) aged 16-85 years experienced a Mental Health (MH) disorder in the previous month in a 2021 national study. Females and young Australians (16-24 years) reported greater MH prevalence rates. Access to MH services via MH plans using the Medicare Benefits Scheme (MBS), has

exponentially increased in the past decade. Yet what factors contribute to the uptake of MH services (including via the MBS) has not been comprehensively investigated in young and middle-aged adults. The aim of part 1 of this study was to address this question. There is also a paucity of research that has comprehensively examined psychosocial factors associated with client's perception of the therapeutic experience, inclusive of both negative and positive effects of psychotherapy, and whether this impacts on client's perceived outcomes of therapy. The objective of part 2 of this study was to address this question.

Methods:
586 adults (75% females) completed an online national survey comprising 2-parts. The first part included questions regarding MH history and uptake of psychotherapy services. The second part included questions on the psychotherapy experiences.

Results:
72% of sample had been recommended or referred to MH services. 47% received at least one MH (MBS) plan, and 94% had activated the plan. A further 23% accessed services without using the MBS. Psychotherapy experiences were related to therapy success.

Conclusion:
More explicit focus in addressing therapeutic alliance factors is needed to enhance retention and success rates. Client psychotherapeutic experiences in future RCTs is also warranted.

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

Paper 3

The influence of emotional labour on therapeutic alliance and treatment satisfaction: a case series approach

Anthony Joffe, Centre for Emotional Health, School of Psychological Sciences, Macquarie University, NSW

Authors:
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Introduction/Background:
There is increasing evidence that the emotional labour strategies differ in their effects on the individual worker who is engaging in regulation. However, little is known about the impact of these strategies on the recipient (i.e., clients and customers). Given the requirement for emotional labour in psychological practice, and the importance of client rapport, understanding how these factors interact is of critical importance. The aim of this study was to examine the relationship between a

psychologist's emotional labour and client perceptions of therapeutic alliance and treatment satisfaction over the course of therapy.

Methods:
Using a case series methodology, this study examined a series of therapeutic relationships, each of which included a psychologist, a client (aged 6-16 years old, diagnosed with an anxiety disorder), and their caregiver(s). Clients received an evidence-based manualized treatment as part of routine care. The treatment lasted approximately 10 sessions; at each session, psychologists reported on their engagement in the various emotional labour strategies and their own perceptions of therapeutic alliance, while clients and their caregivers completed measures of therapeutic alliance and treatment satisfaction.

Results:
Data collection for this study is due to finish in July 2023 and the study will be written up prior to AACBT 2023. Given our case series approach, data will be reported descriptively, highlighting notable patterns both within and across dyads.

Conclusion:
Findings from the present study will provide preliminary evidence as to the impacts of emotional labour on clients in the context of psychological therapy.

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

Panel Discussion

Anthony D. Joffe; Maria Kangas; Lauren F. McLellan, Centre for Emotional Health, School of Psychological Sciences, Macquarie University, NSW

This panel discussion serves as an opportunity to summarise the findings outlined within the symposium by highlighting actionable strategies for use by therapists. Drawing on their clinical and research backgrounds, panellists will discuss how we can ensure clinicians maintain adaptive emotional labour strategies while strengthening the therapeutic alliance and engagement of clients in psychotherapy across the lifespan, inclusive of working with children, families, and adults. In the spirit of the conference's theme of 'adapting to change', and to welcome diversity in opinion, time within this panel discussion will be devoted to audience reflection and input. This panel discussion is suitable for clinicians at various stages of their careers and researchers from a broad range of backgrounds.

Symposium 18: Understanding and treating health anxiety

Symposium Description:

Health anxiety is a common, disabling, and often chronic condition that causes significant impairment, distress, and costs to individuals, their families and communities. Despite this, far less is known about how to diagnose, assess, and effectively treat health anxiety than other anxiety-related conditions. The gap in our understanding of health anxiety is in part due to problematic diagnostic criteria and stigmatizing labels that have been used in the past (the former DSM-IV Hypochondriasis), and the complex interplay between health anxiety, physical symptom experiences, and chronic health conditions. This symposium brings together four speakers who will present the latest scientific advances in our understanding of the nature and treatment of health anxiety. The first two speakers will present new knowledge about the onset, course, and diagnosis of health anxiety (the new DSM-5 Illness Anxiety Disorder), and the role of intrusive thoughts and imagery in people with health anxiety and chronic autoimmune diseases. The second two speakers will present recent research into accessible, novel internet and multidisciplinary screening and treatment approaches for health anxiety in the community and outpatient hospital clinics. This symposium will provide attendees with a better understanding of the nature, assessment, diagnosis and treatment of health anxiety, and the latest evidence in CBT-based treatment approaches for this condition.

Chair: Jill Newby, Black Dog Institute and UNSW Sydney

Paper 1

Improving the diagnosis and assessment of illness anxiety disorder

Katarina Kikas, UNSW Sydney, NSW

Authors: Kikas K[1,2], Werner-Seidler A[1], Newby J[1,2]
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Introduction/Background:
Health anxiety has a devastating, chronic and lasting effect on people worldwide (Fink et al., 2010). Illness Anxiety Disorder (IAD) has only recently been included as a mental health disorder in the DSM, replacing the ‘Hypochondriasis’ diagnosis. Although IAD is intended to address the limitations of Hypochondriasis, little empirical work has addressed its reliability, validity, and clinical utility. To address this gap, we sought determine whether the current diagnostic criteria for IAD are reliable, valid, and clinically useful.

Methods:
100 community participants (M age =42, 85% female, 50% experiencing chronic illness) who self-identified as experiencing persistent worries about health were recruited. Participants were administered the ADIS-5 diagnostic interview to assess IAD, its features, subtypes, comorbid and differential diagnoses. Participants completed an online survey, including self-report assessment measures of IAD severity, other mental health symptoms (e.g., GAD and depression), and health service use.

Results:
The average age of onset of IAD was 24 years (4-65 years range). Over half (53%) experienced chronic and episodic course. Most (83%) feared multiple illnesses. More than half (62%) reported fluctuating between seeking and avoiding care, whereas the IAD care seeking (29%) and care avoidant subtypes (5%) were less common. Additional results outlining symptoms, features and comorbidities with both psychological disorders and chronic health conditions will be presented.

Conclusion:
The findings from this research will help determine the optimal diagnostic criteria for IAD to improve the ability of clinicians to diagnose clients with IAD. This will help to inform better treatment approaches for people with IAD.

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

Paper 2

Intrusive thoughts and images in people with health anxiety & autoimmune diseases

Natalie Windsor, UNSW Sydney, NSW

Authors: Windsor N[1], Li, S[1,2], Joubert A[2], Upton, E[2], Newby J[1,2]

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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, especially in people with chronic autoimmune diseases.

Methods:
We compared individuals with autoimmune diseases who were experiencing with HA (N=41), with those without HA (N=62). The Imagery in Health Anxiety Interview Schedule (IHA-IS; Muse et al., 2010) was used 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/II's were more common in the HA group. Individuals with HA indicated their ITs/IIs were more intrusive, vivid, and distressing 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. When experiencing IT/IIs those with HA experienced higher negative emotional responses than those without HA.

Conclusion:
These findings highlight the cognitive, behavioural, and emotional impact IT/IIs have on individuals with comorbid HA and autoimmune disease 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: ***See example below:***
'The authors have no conflicts of interest to disclose'.

Paper 3

The uptake and outcomes of online cognitive behaviour therapy for health anxiety during COVID19

Alison Mahoney, St Vincent's Hospital Sydney, NSW

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Introduction/Background:
The psychological impacts of COVID-19 have been considerable with many individuals experiencing increased anxiety and worry about health. Internet-based cognitive behavioural therapy (iCBT) is efficacious, however, the utility and effectiveness of iCBT for health anxiety during the COVID-19 pandemic requires investigation.

Methods:
THIS WAY UP is an Australian digital mental health service which delivers iCBT interventions to the community. We compared the uptake and outcomes of THIS WAY UP's iCBT course for health anxiety before and during the early phases of the pandemic in Australia. We examined counts of course registrations and commencements, lesson and course completion rates, as well as changes in self-reported health anxiety (Short Health Anxiety Inventory), depression (Patient Health Questionnaire 9-item) and distress (Kessler-10) across treatment.

Results:
During the early months of pandemic in Australia, we observed significant increases in course registrations (N = 238 vs N = 1057); and course commencements (N = 126 vs. N = 778). Large, significant improvements in health anxiety severity (*g* = 0.89) and psychological distress (*g* = 0.91), and medium improvements in depression symptom severity (*g* = 0.55) were found.

Conclusion:
iCBT was associated with significant reductions in health anxiety severity during the COVID-19 pandemic, and represents a scalable intervention that can help address increased demands for mental health services in the community. Future research can examine avenues to optimize treatment engagement and response.

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

Paper 4

Screening and multidisciplinary management of health anxiety in medical clinics: a pilot trial

Michael Murphy, Black Dog Institute, NSW

Authors: Murphy M[1,2,3], Storer B[1], Kershaw K[1] & Newby JM[1,4]

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[4]School of Psychology, Faculty of Science, University of New South Wales, Sydney, NSW

Introduction/Background:
HA is common in medical settings, yet guidelines for management in medical clinics are limited. This trial aimed to examine feasibility, acceptability and outcomes of online screening and subsequent management of HA in this setting.

Methods:
Screening for HA (WI-6) and general anxiety (GAD-7) was conducted in four medical clinics. Those with WI-6 ≥18 (likely HA) were invited to partake in treatment; via a choice of multidisciplinary team (MDT) or internet cognitive-behavioural therapy (iCBT) course. Treatment participants completed mental health and wellbeing screening at 0, 6, 12 and 24-weeks. Additionally, MDT participants underwent diagnostic interviews.

Results:
422 completed screening (10.4% response), of which 160 (37.9%) scored WI-6 ≥18. 124 (77.5%) agreed to further contact, yet only 52 (41.9%) completed a second

consent to partake in treatment. Of those, 39 chose MDT with a confirmatory HA diagnosis in 24 (61%). 8 chose iCBT, with 50% completing the course.

Participants who sought treatment had significant symptom burden, notably comorbid general anxiety and depression; and had self report high levels of social and personality dysfunction. They also had an average 2.7 chronic medical illnesses.

Pre-post MDT results showed significant reduction on measures of HA, generalised anxiety, depression, and frequency of doctor visits.

Conclusion:
HA screening in hospital clinics is feasible and acceptable. Approximately half of those with clinical HA symptoms wish to engage in management, of which most prefer MDT over iCBT. Despite complex health and social needs, management showed benefits to patients, and likely to the hospital.

Disclosure of Interest Statement:
This project was supported by funding from Mindgardens Neuroscience Network.

Symposium 19: Moving from science to practice in youth mental health

Symposium Description:

Translational research is key to driving innovation and improvement in youth mental health care. The symposium objective is to demonstrate each phase of the translation trajectory, providing examples of how research moves from basic science, to applied experimental work, to clinical practice. Paper 1 starts with basic science, by using observational research to evaluate one mechanistic pathway through which a cognitive risk factor may predict poor mental health in adolescents. Next, Paper 2 moves into applied research, demonstrating how basic science understanding of a cognitive process can be harnessed to develop new intervention techniques. Paper 3 illustrates the clinical trial phase, and the translation of a novel intervention from a research setting into real-world delivery. Finally, Paper 4 demonstrates the ongoing, interactive relationship between research and clinical practice to continuously improve treatment efficacy within a live treatment service. This symposium aims to improve understanding of the different stages of translational research, provide guidance and encouragement for other scientist-practitioners seeking to integrate clinical work and research, and illustrate how translational research can drive innovation in youth mental health care.

Chair: Caitlin Hitchcock, University of Melbourne

Paper 1

Please, just talk to me: autobiographical memory specificity increases self-disclosure, and reduces self-harm and depression in adolescents

Caitlin Hitchcock, University of Melbourne, VIC

Authors: Doan U[1], Hong D,[1,] and Hitchcock C[1]

[1] Melbourne School of Psychological Sciences, University of Melbourne

Introduction/Background:
Depression and self-harm are two of the most prevalent and devastating mental health challenges experienced by adolescents. Sharing their experiences with a parental figure can be an important step in getting help, and ultimately, reducing symptoms. We anticipated that having more detailed personal, autobiographical memories of positive and negative events would make it easier to describe and share those experiences, and thereby increase self-disclosure.

Methods:
Using data from a UK-based population study, this pre-registered analysis hypothesised that greater ability to retrieve memories of personally experienced events would predict self-disclosure, and subsequently, reduced depression, self-harm, and suicidal ideation. We completed bootstrapped mediation models using

three waves of longitudinal data collected when adolescents were 13, 14 and 16 years old (*N* = 2668).

Results:
Significant indirect relationships were observed for depression and self-harm. Greater ability to retrieve event memories at age 13 led to higher self-disclosure at age 14, which predicted lower depressive symptoms and lower self-harm at age 16. We found no such relationship for suicide planning.

Conclusion:
Findings indicate that improving memory retrieval in early adolescence may help to promote self-disclosure, and indirectly, reduce poor mental health in later adolescence.

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

Paper 2

Improving affective control with app-based training: does it benefit adolescent mental health?

Susanne Schweizer, UNSW, NSW

Authors: Schweizer S[1,2], Leung JT[3], Trender W[4], Kievit R[5], Hampshire A[4], & Blakemore S-J[2]

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Introduction/Background:
Everyday affective fluctuations are more extreme and more frequent in adolescence compared to any other time in development. Successful regulation of these affective experiences is important for good mental health and has been proposed to depend on affective control. Affective control refers to individuals' ability to selectively engage and disengage from internal (e.g., thoughts, memories) and external (e.g., negative feedback) emotional information depending on their current goals. The present study examined whether improving affective control through a computerized affective control training app (AffeCT) would benefit adolescent mental health.

Methods:
242 adolescents (11-19 years) were assigned to complete two weeks of AffeCT or placebo training on an app.

Results:
Compared with the placebo group, the AffeCT group showed significantly greater improvements in affective control on the trained measure. AffeCT did not, relative to placebo, lead to better performance on untrained measures of affective control. Pre-

to post-training change in affective control covaried with pre- to post-training change in mental health problems in the AffeCT but not the placebo group.

Conclusion:
The implications of these findings for the potential of affective control training to confer short-term preventative benefits for adolescent affective functioning and mental health are discussed.

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

Paper 3

Overcoming the post-trial abyss: implementing a CBT-I digital intervention for adolescent insomnia in practice

Aliza Werner-Seidler, Black Dog Institute, NSW

Authors: Werner-Seidler A[1,2], Li S[1,2], Cope K[1], O'Dea B[1], Torok M[1], Newby J[1,2], & Christensen H[3]

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Introduction/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 approaches offer a scalable solution to overcome these barriers, and understanding the most effective strategies to disseminate and implement an evidence-based CBT-I program into practice is likely to benefit young people's mental health.

Methods:
Following a co-design process, the Sleep Ninja smartphone application was developed in collaboration with young people. A randomized controlled trial (N=264) found that app use led to a reduction in symptoms of insomnia, depression and anxiety. Dissemination into the community commenced in February 2023 using a direct-to-user marketing plan alongside a partnership model involving health professionals and school counsellors. A thorough overview of dissemination and implementation strategies will be provided.

Results:
There are currently more than 3,000 registered users of the Sleep Ninja app in Australia. Most users are from metropolitan areas with 36% from rural or remote areas. The most common ways users find the app is through word-of-mouth, at school or from a mental health professional. App completion levels are lower than

those found in the research trial. Quality assurance data (sleep and mental health symptoms) will also be presented.

Conclusion:
The dissemination and implementation of an adolescent digital intervention requires significant planning and a comprehensive implementation strategy. User data can be used to inform the refinement of the implementation approach.

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

Paper 4

Engagement and outcomes of co-developed psychological therapies for young people within an innovative digital platform – most

Shane Cross, Orygen Digital, VIC

Authors: Cross S[1,2], Mangelsdorf S[1,2], Raman A[1], Alvarez-Jimenez M[1,2]

[1] Orygen Digital, Melbourne, VIC, [2] Centre for Youth Mental Health, University of Melbourne, Melbourne, VIC

Introduction/Background:
MOST is an awarding-winning digital mental health platform for young people aged 12-25, intended for use in youth mental health services. It has CBT-based psychological therapy content that is supported and supplemented by clinicians, peer workers, career consultants, and a youth-specific social network. MOST has been iteratively refined by a multidisciplinary team in partnership with young people, services, and leading industry partners, with over 1000 consultations and co-design sessions.

Methods:
Young people referred from one of the 80+ services MOST is used in complete a brief online questionnaire and then choose the type of support or therapeutic content that best meets their needs. There are 6 distinct therapeutic ‘journeys’ that have been used by over 3000 young people. We will analyse the predictors of content engagement and outcome, as well as review qualitative feedback to inform the next series of content improvements.

Results:
Sixty-one percent (61%) of those onboarded have engaged with the therapeutic content, with anxiety and depression focused therapy content being most popular, followed by social skills, then social anxiety. Over 75% reported that the content was relevant and easy to find. More detailed analysis of the qualitative feedback, satisfaction, engagement, and clinical outcomes will be reported. Early findings have guided the development of new therapy content, including a youth-specific mechanism-informed transdiagnostic journey.

Conclusion:
The therapeutic content in MOST continues to evolve to meet the specific needs of young people in service contexts guided by the implementation data and the latest developments in the transdiagnostic and behavioural science literature.

Disclosure of Interest Statement:
MOST is funded by the Victorian, QLD, NSW and ACT State Governments, The Children's Hospital Foundation and the Telstra Foundation.

Symposium 20: Recent advances in examining emotion (dys)regulation on wellbeing

Symposium Description:

Emotion regulation is a critical component of mental health, and difficulties in emotion regulation are associated with a range of mental health problems. Research has shown that maladaptive emotion regulation strategies are associated with a range of mental health disorders. Therefore, identifying the most effective strategies for emotion regulation can help individuals to maintain better mental health and well-being.

The objective of this symposium is to highlight new research on the impact of emotion regulation on mental health outcomes, as well as exploring how emotion regulation can be promoted and enhanced in different populations. Paper 1 examines the associations between parental emotion regulation and child mental ill-health. Paper 2 examines if adaptive emotion regulation can buffer the association between perfectionism and negative affect in university students after receiving feedback. Paper 3 examines if a novel online intervention designed to improve adaptive emotion regulation can help university students manage their perfectionism. Paper 4 examines the association between emotion regulation strategies and mental health in pregnant women.

This symposium will be of interest to researchers, clinicians, and educators, highlighting research on the associations between emotion regulation and mental health outcomes and identifying strategies for promoting adaptive regulation in different populations. These findings can inform the development of evidence-based CBT interventions that target emotion regulation to improve mental health and well-being.

Chair: Melissa Norberg, Macquarie University, Sydney, NSW

Paper 1

The role of parental emotion regulation in children's mental ill-health

Junwen Chen, School of Medicine and Psychology, The Australian National University, NSW

Authors: Chen J[1], Sahib A[1], Sun T[2], & Calear AL[3]

[1] School of Medicine and Psychology; The Australian National University

[2] School of Psychological Sciences and Turner Institute for Brain and Mental Health; Monash University
[3] National Centre for Epidemiology and Population Health, The Australian National University

Introduction/Background: Parental psychopathology is a key contributor to children's mental ill-health. Mental ill-health is often accompanied by difficulties in regulating emotional distress. Research has revealed that parents' own maladaptive emotion regulation is associated with their mental ill-health. However, it is unclear whether maladaptive parental emotion regulation is associated with child mental ill-health. The current study investigated the relationships between parental emotion regulation and child's mental ill-health by specifically focusing on depression and social anxiety, given their high prevalence in both adults and children.

Methods: Three hundred parents recruited from the Australian community participated in an online questionnaire measuring parental mental ill-health (i.e., depression and social anxiety), emotion regulation, emotion regulation literacy, and their child's social anxiety and depression.

Results: A hierarchical regression found that parental emotion regulation scores contributed to a modest amount of the variance in the child's depression and social anxiety scores, after controlling for parental mental ill-health and parental emotion regulation literacy scores. In particular, the subscales of emotion-focused responses, problem-focused responses, and difficulty engaging in goal-directed behaviour were significantly associated with child depression and social anxiety, while the distress response subscale was significantly associated with child depression only.

Conclusion: Our findings not only highlight the importance of parental emotion regulation in children's mental health, but specify which responses and strategies are the most relevant to a child's social anxiety and depression. The current study can serve as the first step towards developing an emotion regulation training program for parents, to promote their children's mental health development.

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

Paper 2

Examining if perfectionism and emotion regulation skills can predict reactions to feedback in university students

Ronan King, Centre for Emotional Health, Macquarie University, NSW

Authors: King RD[1], Visvalingam S[1], Magson NR[1], Norberg MM[1]

[1] Centre for Emotional Health, Macquarie University, Sydney

Introduction/Background: Research suggests that perfectionism is linked to psychopathology and academic disruption. Additionally, findings from recent studies

indicate that both perfectionism and psychopathology are increasing in university students in Western countries. Proposed multidimensional models of perfectionism include pathways linking perfectionism with interpersonal hostility and interpersonal rejection, and recent research has aimed to test these pathways and investigate whether emotion regulation skills may buffer these suggested pathways.

Methods: Four-hundred undergraduate psychology students will complete a writing task and will be randomly allocated to receive negative, neutral, or positive feedback. Affective reactions and state rejection will be measured at baseline and after writing task feedback has been provided. Additionally, after receiving feedback, participants will complete measures of perfectionism, emotion regulation, self-efficacy, and loneliness.

Results: We expect that higher levels of emotion regulation skills will attenuate the strength of the relationship between perfectionism and affective reactions in response to instructor feedback, such that participants with high levels of perfectionism will report lower levels of affective reactions if they also report possessing high levels of emotion regulation skills.

Conclusion: If these hypotheses are supported, it may suggest that perfectionistic students should aim to boost their emotion regulation skills to better cope with academic challenges.

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

Paper 3

Reducing the consequences of perfectionism in university students: A pilot randomised controlled trial

Shanara Visvalingam, Centre for Emotional Health, Macquarie University, NSW

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Introduction/Background: Perfectionism is associated with various mental health disorders in university students. Studies have shown that perfectionism is increasing in university students which may partially explain the increased levels of psychological distress and disorder in this population. Guided by the Perfectionism Social Disconnection Model, this study examined the acceptability and efficacy of a novel online intervention to help university students manage their perfectionism by increasing their adaptive emotion regulation skills.

Methods: Seventy university students reporting high levels of perfectionism were randomized to either receive the intervention (Intentional Imperfection program) or an attentional control (Healthy Body and Mind program). The intervention condition included techniques to increase mindfulness, self-compassion, distress tolerance, and social support seeking. Participants completed self-report measures assessing

psychological distress, perfectionism, interpersonal functioning, emotion regulation skills, and academic resilience at baseline, one-month follow-up, and three-month follow-up.

Results: We expect that participants who engage with the intervention compared to the attentional control will experience greater improvements in psychological distress at one-month follow-up. We also hypothesise that participants who engage with the perfectionism intervention compared to the control condition will experience greater improvements in perfectionism, interpersonal functioning, emotion regulation skills, and academic resilience at one-month and three-month post-assessment.

Conclusion: If these hypotheses are supported, a novel online intervention may be a brief, acceptable, and efficacious tool to help university students manage their perfectionism and reduce their overall vulnerability to psychopathology.

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

Paper 4

The role of emotion regulation strategies in prenatal women's mental health

Claire Wilson, School of Medicine and Psychology, The Australian National University, NSW

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Introduction/Background: Stress during pregnancy puts women at an increased risk of developing mental ill-health. The Stress Process Model suggests that emotion regulation strategies are used by women to adjust to changes during pregnancy. The current study investigated adaptive (e.g., problem solving) and maladaptive emotion regulation strategies (e.g., rumination) in relation to pregnant women's mental health. Specifically, this study examined the use of maladaptive and adaptive strategies in response to stressful experiences during pregnancy and how these were related to anxiety, depression, and wellbeing in pregnant women.

Methods: One hundred and thirty-three pregnant women participated in an online questionnaire measuring stressful experiences, adaptive and maladaptive emotion regulation strategies, anxiety and depression, and wellbeing.

Results: Stressful experiences during pregnancy were positively associated with maladaptive emotion regulation strategies including rumination, reassurance seeking and psychological inflexibility. Furthermore, maladaptive emotion regulation strategies such as rumination and psychological inflexibility were positively associated with anxiety and depression, and negatively associated with wellbeing. In contrast, adaptive emotion regulation strategies such as mindfulness and problem solving were negatively associated with anxiety and depression, and positively

associated with wellbeing. Finally, exploratory mediation analysis found mediating effects of problem solving (adaptive strategy) and psychological inflexibility (maladaptive strategy) between pregnant women's stressful experiences and anxiety, depression, and wellbeing.

Conclusion: Emotion regulation strategies may play a crucial role in helping pregnant women improve and manage their mental wellbeing. Future intervention research should investigate the role of emotion regulation and assist pregnant women in developing adaptive emotion regulation strategies.

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

Symposium 21: Mechanisms and barriers in exposure therapy for anxiety-related disorders

Symposium Description:

Exposure therapy is the gold-standard treatment for anxiety-related disorders (including post-traumatic stress disorders), with robust clinical trial evidence of efficacy. Yet there remain significant challenges with exposure therapy: 1) evidence reveals that approximately 50% of patients display a partial or poor response to therapy, and 2) there is a major evidence-practice gap where relatively few clinicians report using exposure therapies for their patients with anxiety-related disorders. It is important we understand the mechanisms involved in exposure therapy to develop enhanced exposure therapy treatments, and to address the evidence-practice gap, we need to identify the barriers to using exposure therapy amongst clinicians. This symposium addresses these issues by presenting novel research examining the mechanisms of exposure therapy and clinician barriers to the use of exposure therapy. The initial two papers present new clinical and experimental research examining two potential mechanisms of exposure therapy (habituation of distress and threat prediction error). Paper 1 examines data from clinical trials in PTSD and posttraumatic grief to examine whether habituation of distress predicts symptom remission, and paper 2 examines the capacity of threat prediction error and surprise in predicting changes in social anxiety in an experimental analogue study. The subsequent talks examine clinician perceptions and perceived barriers to using exposure therapy in standard (paper 3) and intensive (paper 4) formats in international and Australian samples. This symposium aims to expand knowledge of recent research addressing the mechanisms and barrier to exposure therapy and provide recommendations for future research and treatment innovations for exposure therapy.

Chair: Kim Felmingham, School of Psychological Sciences, University of Melbourne

Paper 1

Habituation of distress during exposure and its relationship to treatment outcome in posttraumatic stress disorder and prolonged grief disorder

Suzanna Azevedo, School of Psychology, University of New South Wales, NSW

Authors: Azevedo S[1], Yadav S[1], Keyan D[1], Rawson N[1], Dawson K[1], Tockar J[1], Garber B[1], Hadzi-Pavlovic D[1], & Bryant R[1]

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Introduction/Background:
Reliving distressing memories is a core component of treatments for posttraumatic stress disorder (PTSD) and prolonged grief disorder (PGD). There is little understanding of how reliving these memories functions in the treatment of these disorders. The aims of this study were to compare the extent to which between-session habituation occurs between treatments of PTSD and PGD, and between-

session habituation predicts treatment response in PTSD and PGD. On the premise that prolonged exposure is predicated on the reduction of distress with repeated sessions, we predicted that there would be greater habituation between sessions in PTSD than in PGD, because reliving loss-related memories in treatment of PGD is not intended to achieve habituation of distress. We predicted habituation would be associated with symptom reduction in PTSD to a greater extent than it would be for PGD.

Methods:
Participants with either PTSD (n= 55) or PGD (n= 45) who underwent treatments that comprised at least four sessions of reliving memories of their traumatic experience or the loss of the deceased person were included in analysis.

Results:
PTSD participants displayed greater habituation of distress across sessions during reliving than PGD participants. Between-session reduction in distress during reliving was associated with symptom remission in PTSD, but this pattern was not observed in PGD.

Conclusion:
This pattern of findings indicates that although reliving appears to be a useful strategy for treating both PTSD and PGD, this strategy does not function comparably in the two conditions and may involve distinct mechanisms.

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

Paper 2

Threat prediction error and its relationship to anxiety and surprise during a speech performance exposure therapy analogue

Chris Winkler, School of Psychological Sciences, University of Melbourne, VIC

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Introduction/Background:
Current models of exposure therapy for anxiety disorders hold that threat prediction error during exposures drives corrective learning. More research is needed to determine whether this hypothesis is supported in applied settings. This study aimed to clarify how threat prediction error relates to anxiety and surprise during an exposure therapy analogue procedure.

Methods:
125 adult undergraduate psychology students with healthy (n = 99, 79%) to clinical (n = 26, 20%) levels of social anxiety completed 667 online speech performance

exposures over two testing sessions separated by a week. State anxiety, threat expectancy, threat outcome, and surprise were measured via self-report for each speech along with self-report measures of trait social anxiety.

Results:
Analysis is ongoing, but preliminary results from multilevel modelling indicates that threat prediction error at the within person level did not significantly predict anxiety at the next speech, contrary to theory. Preliminary results also suggest that surprise increases as the exposure outcome becomes more discrepant with expectation, but that this relationship is more complex than theory implies.

Conclusion:
Clinicians should use caution when using client reports of their threat expectancy and outcome to judge the likely impact of an exposure on future anxiety, since it may not be a reliable predictor. Further research is needed using physiological or neurological measures of prediction error, since it may not be amenable to self-report. Replication in diverse clinical samples and in treatment settings is also needed.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

Paper 3

Effective but unnecessary? Predicting clinician unwillingness to provide exposure therapy for PTSD and panic disorder

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University of Melbourne, VIC

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Introduction/Background:
Exposure therapy is a core component of effective CBT for anxiety disorders. Unfortunately, negative beliefs about this approach are common and robustly predict its underutilisation and suboptimal delivery. Although previous research has examined negative beliefs about exposure in general, little is known about practitioner concerns in the context of specific applications such as imaginal exposure for PTSD and interoceptive exposure for panic disorder.

Methods:
An online survey was distributed to a diverse sample of 212 therapists from the United States. The survey assessed negative beliefs about exposure in general and presented two case vignettes, one depicting a typical imaginal exposure session for PTSD and the other interoceptive exposure for panic disorder. Participants rated six different concerns about negative outcomes as well as their unwillingness to provide

the exposure task.

Results:
Concerns about negative outcomes in the vignettes were common. Negative beliefs about exposure in general significantly predicted unwillingness to deliver each exposure task. In both vignettes, the most significant predictor of unwillingness to deliver exposure therapy was the perception that the task was unnecessary to achieve an optimal outcome.

Conclusion:
Improving the dissemination of exposure therapy requires knowledge of barriers to its use and strategies to successfully address them. Findings from this study suggest a novel and important barrier: the perception that intensive exposure therapy is unnecessary to achieve an optimal outcome with anxious clients. Implications for future research and practitioner training will be discussed.

Disclosure of Interest Statement:

The author has no conflicts of interest to disclose.

Paper 4

Psychologist perceptions and use of extended duration exposure therapy for anxiety disorders

Bronwyn Graham, School of Psychology, University of New South Wales, NSW

Authors: Graham BM[1], Caton R[1]

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Introduction/Background:
Exposure therapy is the first-line treatment for anxiety disorders. Our recent meta-analysis revealed that exposure therapy delivered in a single, extended duration session produced equivalent reductions in phobic symptoms in approximately half the time of multi-session exposure (i.e., several shorter duration sessions). Although extended duration exposure is frequently used in research settings, the prevalence of its use in clinical settings has not been previously assessed. Moreover, no studies have assessed psychologist perceptions of extended duration exposure therapy, or whether there are qualitative differences in how extended duration versus multi-session exposure is delivered.

Methods:
We distributed a survey to registered Australian psychologists assessing their perceptions and use of extended duration exposure therapy, and whether this relates to their theoretical orientation and understanding of the mechanisms of exposure therapy (e.g., aligning with an inhibitory learning versus habituation model).

Results:
Data collection and analyses are ongoing, but preliminary results indicate that

extended duration exposure therapy is under-utilised in clinical settings. Commonly cited barriers include lack of access to Medicare rebates for extended duration sessions, and reservations regarding client tolerability of prolonged exposure.

Conclusion:
Extended duration exposure therapy provides a promising means of enhancing treatment efficiency for anxiety disorders but there are several barriers that contribute to its under-use in practice. These barriers could be addressed through changes to Medicare policy and better education for psychologists on the benefits and acceptability of extended duration exposure therapy.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

Symposium 22: Existential issues, death anxiety, and mental health outcomes

Symposium Description:

Existential issues, including death anxiety, are increasingly being recognised for their role in mental health. However, several key areas have yet to be explored in relation to existential concerns and attitudes to death. First, a study will be presented demonstrating that death anxiety plays a key role in predicting fear of progression in people with autoimmune disease. Second, data will be discussed indicating that all five existential concerns are elevated in people with borderline personality disorder, predict mental health outcomes in this group, and are difficult to resolve with standard treatment. Third, the results of a systematic review will be discussed, demonstrating the significant relationship between death anxiety and suicidality. Finally, a study will be presenting outlining a novel implicit measure of suicidality.

Chair: Rachel Menzies, The University of Sydney, NSW

Paper 1

The relationship between death anxiety and fear of progression in people with rheumatic and autoimmune disease

Bethany Richmond, The University of Sydney, NSW

Authors: Richmond B,[1] Sharpe L,[1] Menzies RE,[1] Shaw J[1]

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Introduction/Background:
Fear of disease progression (FoP) is common in rheumatic disease and previous research has shown that levels of FoP are higher in people with rheumatic disease than people living with cancer. In this study, we attempted to examine the role of death anxiety in FoP, based on previous findings that existential concerns are associated with FoP in people with RA.

Methods:
We recruited 198 people with at least one rheumatic or autoimmune disease and administered questionnaires assessing fear of disease progression, pain severity, pain distress and pain interference, death anxiety beliefs, affect and behaviour, and depression, anxiety and stress. We analysed data using a series of linear multiple regression equations.

Results:
On its own, death anxiety affect, beliefs and behaviour accounted for 15.2% of the variance in fear of disease progression, with both death anxiety affect and beliefs accounting for unique variance in FoP. We then constructed a regression equation controlling for age and gender, pain variables and depression, anxiety and stress, before entering death anxiety variables. The results demonstrated that pain-related

distress, but not pain severity or interference was a significant predictor of unique variance in FoP. When psychopathology was entered, stress and pain-related distress predicted unique variance in FoP. However, death anxiety still made a unique contribution to the variance in FoP, with death anxiety affect the strongest predictor along with pain-related distress.

Conclusion:
These results suggest that pain distress and death anxiety are uniquely associated with the experience of FoP in a group of people with mixed rheumatic and autoimmune diseases.

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

Paper 2

Existential concerns in borderline personality disorder: how relevant are they, and do they respond to treatment?

Rachel Menzies, The University of Sydney, NSW

Authors: Menzies R,[1] Sharpe L,[1] Favaloro B,[2] Kearney J[3]

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Introduction/Background:
Existential concerns (i.e., death anxiety, isolation, identity, meaninglessness, and guilt) have increasingly been linked to various mental health conditions. The current studies examined whether these are relevant to borderline personality disorder (BPD) and whether they are ameliorated through dialectical behaviour therapy (DBT).

Methods:
In Study 1, 175 people reporting a BPD diagnosis completed measures of existential concerns and BPD symptoms. In Study 2, these measures were completed by 23 outpatients undertaking a group DBT program.

Results:
Study 1 indicated that all five existential concerns were above community norms, and were significantly correlated with BPD symptom severity (i.e., depression, anxiety, stress, emotion regulation difficulties). In Study 2, only 42.9% (3/7) of DBT participants with BPD made a clinically reliable improvement in their overall existential concerns.

Conclusion:
These findings suggest that existential issues are pronounced in BPD, but show low responsiveness to DBT treatment. Further research should examine whether existentially-informed treatments may be more efficacious.

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

Paper 3

A systematic review of the relationship between death anxiety, capability for suicide, and suicidality

Melissa Sims, The University of Technology Sydney, NSW

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Introduction/Background:
Death anxiety has been proposed as a transdiagnostic construct suggested to account for the high rates of comorbidity between mental health conditions. These findings have led scholars to propose that treatments which directly target death anxiety are needed in the management of mental health disorders. However, as theoretical models of suicidology suggest that a fearlessness of death facilitates the transition to suicide attempt, the impacts of death anxiety treatments on the acquired capability for suicide are unclear.
The current systematic review examined the relationship between death anxiety, acquired capability and suicidality in adults, and the impact of death anxiety interventions on the acquired capability for suicide.

Methods:
MEDLINE, PsycINFO, PubMed, and Web of Science were searched using purpose-related keywords from the earliest to July 29th, 2022. A total of 376 participants were included across four studies which met inclusion.

Results:
Death anxiety was found to relate significantly and positively with rescue potential, and although weak, negatively with suicide intent, circumstances of attempt, and a wish to die. No relationship was found between death anxiety and lethality or risk of lethality. No studies examined the effects of death anxiety interventions on the capability for suicide and suicidality.

Conclusion:
It is imperative that future research implements a more rigorous methodology to establish the relationship between death anxiety and suicidality and establish the impacts of death anxiety interventions on the capability for suicide and suicidality.

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

Paper 4

A validation study of the use of vignettes as an implicit measure of suicidality

Melissa Sims, The University of Technology Sydney, NSW

Authors: Sims M[1], Menzies R.E[2], Menzies R.G[1], Newton-John, T[1]

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[2] School of Psychology, The University of Sydney, Sydney, Australia

Introduction/Background:
Throughout both research and clinical settings the measures used in the assessment of suicidality are explicit in nature i.e., the purpose of existing suicide measures is obvious to the respondent. The present study seeks to develop an implicit measure of suicidality in order to minimize respondents' ability for favourable responding (i.e. deny risk or seek to elevate risk). The present study will examine the relationships between a novel implicit measure of suicidality and established explicit measures in order to establish the validity of the new approach.

Methods:
A general sample of the community, and sample of participants who reported a diagnosis of depression, completed an online survey consisting of the Body Awareness Questionnaire, Anxiety Sensitivity Index, Beck's Hopelessness Scale, Dass-21 Depression and Anxiety scales, an explicit suicidality measure and implicit suicidality vignettes.

Results:
The validity and reliability of the implicit measure of suicidality will be discussed.

Conclusion:
The conclusions and clinical implications of this study will be discussed.

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

Panel Discussion: What happens when wellbeing and universal prevention programs are unleashed in secondary schools? What does the research tell us and what should we advise schools to consider?

Panel Description: In recent years, rising levels of mental health concerns have led school communities to engage with a wide array of service providers when offering wellbeing programs to their students. In this panel, we will explore the evidence for universal prevention and wellbeing programs. The panel will discuss the state of the evidence, optimal forms of delivery, optimal timing of delivery, topics considered to be beneficial, potential iatrogenic harm, the costs of evaluations and explore the skills required to understand, select, and deliver such initiatives within secondary schools.

Chair: Danielle Einstein, School of Psychological Sciences, Macquarie University.

Panel Members: Aliza Werner-Seidler[1]; Tracey Wade[2]; Louise Birrell[3]; Mark Dadds[3]

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[2] Flinders University Institute for Mental Health and Wellbeing
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Open Papers

Rebecca Anderson

Therapist-assisted versus fully self-directed iCBT for youth obsessive-compulsive symptoms

Authors:
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Introduction/Background:
OCD? Not Me! is an iCBT program for youth with obsessive-compulsive symptoms. Since launching as a fully automated program in 2013, the program has evolved to include a therapist-assisted (TA) version. We aimed to compare treatment effectiveness and module completion rates between participants engaged in the self-directed (SD) and TA versions.

Methods:
A non-randomised two groups, repeated-measures design examined changes in youth OCD symptom number and severity across the modules and module completion rates across SD and TA youth. Anonymous service data was extracted for 419 Australian youth aged 12-18-years-old (*n* = 285 self-directed; *n* = 134 therapist-assisted).

Results:
A generalised linear model revealed a significant reduction in OCD symptom number ($w\chi^2$ (8) = 112.91, *p* = <.001, (*d* = 1.27, 95% CI [.94 – 1.60]) and severity ($w\chi^2$ (8) = 285.38, *p* = <.001, (*d* = 1.86, 95% CI [1.56 – 2.16]) across program modules irrespective of treatment modality. While there was no significant difference in the reduction in OCD symptoms number between the modalities ($w\chi^2$ (1) = .14, *p* = .706, (*d* = 0.06, 95% CI [-30. – .42]), SD youth experienced greater reduction in OCD symptom severity in comparison to TA youth, ($w\chi^2$ (1) = 4.26, *p* = .039, (*d* = 0.12, 95% CI [-.24 – .49]). TA youth demonstrated greater module completion rates.

Conclusion:
These results provide evidence that both OCD? Not Me! program modalities effectively reduce OCD symptoms and severity, thus provide two alternate low-intensity intervention options in concordance with a stepped-care approach to mental health care delivery.

Disclosure of Interest Statement:
Dr Rebecca Anderson is the co-founder of OCD? Not Me! and has received grant income in the past for this program. The other authors have no conflicts of interest to disclose.

Rachel Baffsky

Positive impacts of a mental health prevention program in New South Wales schools

Authors: Baffsky R[1,2], Cullen P[2], Ivers R[2], Tye M[1]

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Introduction/Background:
Evidence-based programs are needed to address the growing emotional and behavioural problems of Australian children. The PAX Good Behavior Game is one such program found to be effective and efficacious in 31 trials across the US, Canada, and Europe. This study evaluated whether the PAX Good Behavior Game reduced emotional and behavioural symptoms among primary school students in New South Wales after 6 months of program implementation.

Methods:
The study used a hybrid effectiveness-implementation trial with mixed methodology. One hundred and thirty-one teachers from 25 schools rated the emotional and behavioural symptoms of 2,998 students using strengths and difficulties questionnaires at baseline and 6-month follow up. Forty-two staff completed interviews at 6-month follow up exploring the perceived program impacts on student wellbeing.

Results:
The emotional and behavioural symptoms of students improved significantly over 6 months. This improvement was more pronounced for students rated as being at ‘high-risk’ of mental health issues at baseline. Interview findings supported the program having positive impacts on student wellbeing, with reports of lower behavioural incidents, improved socio-emotional skills, and better interpersonal relationships.

Conclusion:
This is the first large-scale study to show the PAX Good Behavior Game is effective in the Australian context. Conference attendees who are school-based researchers/clinicians can use these findings to advocate for the use of the PAX Good Behavior Game in schools with high behavioural needs. This study also provides evidence-based knowledge to justify scaling-out the PAX Good Behavior Game across Australia to maximise its national impact.

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

Short biography of Presenter:
Rachel is a PhD Candidate and Research Assistant with expertise in applying implementation science to maximise the impact of evidence-based programs in schools serving vulnerable children and adolescents. She has five years of experience in quantitative and qualitative analysis and works at the Black Dog Institute and UNSW.

Phil Batterham

Comparing implementation pathways for internet-based CBT interventions

Authors:
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Introduction/Background:
Internet-based CBT (iCBT) interventions are highly scalable and can reduce symptoms of mental illness. However, there is a significant gap between the availability of iCBT programs and their use. Identifying appropriate delivery pathways is an important step towards improved implementation. This study compared three pathways for implementation of a transdiagnostic iCBT program: 1) social media advertising, 2) posters/tablets in general practice, and 3) posters/tablets in pharmacies.

Methods:
Participants completed a screener for psychological distress and were offered the 4-week *FitMindKit* program, a 12-module transdiagnostic iCBT intervention. Uptake was defined as the number of participants who enrolled in the online program. Costs were calculated based on staff time, equipment and advertising. Adherence was assessed as the number of modules of FitMindKit completed by the participants.

Results:
FitMindKit significantly reduced symptoms of depression ($F_{1,701.7}$=3.97; p=.047), panic ($F_{1,706.5}$=5.59; P=.02) and social anxiety ($F_{1,680.0}$=12.37; P<.001), relative to attention control. Most participants were reached through social media (n=991, 1/50 uptake rate), compared to general practice (n=16, 1/441 uptake), and pharmacies (n=7, 1/1,700 uptake). Dissemination costs per user were AU$6.95 for social media, AU$795 for GPs and AU$1,817 for pharmacies. No significant differences in adherence were observed. All pathways showed an under-representation of males and linguistic diversity.

Conclusion:
Online dissemination through social media marketing was the most efficient and cost-effective pathway for implementing an effective transdiagnostic iCBT program in the community. More research is needed to identify how best to engage men and those from culturally diverse backgrounds.

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

David Berle

Associations between moral injury and obsessive-compulsive symptoms

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Background: There is a great diversity in the characteristics of obsessions and compulsions reported by people with OCD, but morality-related themes are common. These can include sexually themed obsessions (e.g., relating to rape or incest); blasphemy-related obsessions; and harm-related obsessions (e.g., attacking harmless people or creatures). Obsessions in OCD typically relate to feared future events. However, obsessional doubts may also relate to one's past actions or reflect future expectancies shaped by previous life experiences. Moral injury refers to experiences of betrayal or transgression of one's deeply held moral beliefs and could conceivably shape a person's propensity to develop doubts and maladaptive coping strategies such as those seen in OCD. **Methods:** 312 adult participants (99 males, 212 females, mean age = 37yrs) completed the Moral Injury Events Scale - Civilian (MIES-C), Expressions of Moral Injury Scale - Civilian (EMIS-C) and Obsessive-Compulsive Inventory-Revised (OCI-R). **Results:** A series of separate linear regression analyses revealed that MIES-Transgression-Other, MIES-Transgression-Self and MIES-Betrayal were each medium size and significant independent predictors of both OCI-R Total scores and OCI-R Obsessions scores after controlling for sex, age, and current engagement in treatment. EMIS-Self and EMIS-Other were significant independent predictors of all OCI-R subscale and total scores except Neutralising. Other regressions revealed mixed patterns of results. **Conclusion:** A self-reported history of moral injury appears to be associated with a greater level of overall OCD symptoms as well as a propensity for obsessional symptoms. Prospective studies are needed to confirm the temporal sequence of these relationships.

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

Presenter biographical statement: David is a clinical psychologist, associate professor and clinical programs convenor at The Australian National University. His research interests include memory processes in PTSD, predictors of treatment response in PTSD, and Depression and Obsessive-Compulsive Disorder (OCD).

Bruce Campbell

Group cognitive therapy for bipolar disorder: positive outcomes in a complex public health outpatient setting

Authors:
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Introduction/Background:
Treating bipolar disorder with pharmacotherapy alone is often insufficient to adequately reduce patients' acute symptoms and prevent subsequent episodes. Using group cognitive behaviour therapy (GCBT) as an adjunct to medication may be an efficient way to improve treatment outcomes. However, whether GCBT is efficacious is controversial. Few clinical trials have tested the efficacy of GCBT and they have produced contradictory results. It is unclear whether the study findings generalise to 'real world' clinical practice. We sought to evaluate whether GCBT could reduce depressive symptoms, improve self-efficacy for managing bipolar disorder, and improve quality of life in among bipolar outpatients treated as part of the West Australian public health system.

Methods:
Bipolar patients (N=260) were treated with 10 or 12 weekly sessions of GCBT as an adjunct to medication. We assessed changes in depression, hypomania, quality of life and bipolar self-efficacy over the course of therapy.

Results:
Patients were complex with chronic, longstanding problems – 70% had been hospitalized, 48% had attempted suicide or self-harmed, and all had used psychotropic medications unsuccessfully, usually for many years. Despite their complexity and failure to respond adequately to prior treatment, GCBT was associated with a substantial reduction in depression, and improvements in quality of life and self-efficacy. Benefits of therapy were largest among patients with the most severe symptoms at pre-treatment.

Conclusion:
GCBT appears to be an effective adjunct to medication that may reduce acute depressive symptoms, improve self-efficacy and quality of life even among patients with complex presentations.

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

Sophie Champion

Caregiver personality characteristics to address when guiding excessive reassurance withdrawal in obsessive-compulsive disorder

Authors:
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Introduction/Background:
During cognitive-behavioural therapy for obsessive-compulsive disorder (OCD), excessively reassuring loved ones with OCD may prevent them from learning to tolerate uncertainty around feared exposure consequences. It remains unclear which characteristics make it more difficult for certain caregivers to deny reassurance during therapeutic exposures. This study examined whether empathy, consideration of future consequences (CFC) and experiential avoidance were associated with willingness to reassure a hypothetical child with OCD symptoms against therapeutic advice.

Methods:
University community participants (N = 112) completed questionnaires assessing empathy, CFC, experiential avoidance, psychopathology, and accommodation/reassurance beliefs. Participant decisions to reassure an anxious child against therapist advice were recorded during two interactive, simulated videos of OCD checking and contamination scenarios.

Results:
In the contamination scenario, multivariate regression analyses revealed the tendency to consider future consequences less and hold positive beliefs about accommodation each uniquely predicted reassurance provision. There was no association between experiential avoidance or empathy and reassurance willingness. Results were similar after re-analysis without multivariate outliers, except that elevated depression and anxiety symptoms increased willingness to reassure against therapeutic advice, and obsessive-compulsive symptoms and empathy decreased willingness to reassure against therapeutic advice. There were no significant associations between caregiver characteristics and reassurance in the checking scenario.

Conclusion:
Therapists may have more success encouraging caregivers to minimize reassurance provision for loved ones with OCD by explicitly addressing caregiver beliefs about accommodation and the future consequences of giving reassurance during caregiver sessions. Caregivers with their own mental health difficulties may find reassurance denial more challenging.

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

Marketa Ciharova

Effectiveness of cognitive behavioural therapy for depression and the METAPSY project: what we know from meta-research

Authors:
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Introduction/Background:
More than 400 randomized controlled trials (RCTs) including more than 50,000 patients have examined the effects of cognitive behaviour therapy (CBT) for depression in general, but also specific target groups, such as older adults or people with medical disorders. Systematic meta-analysis of these findings is necessary.

Methods:
Databases were searched for RCTs assessing effectiveness of CBT in comparison to control groups, other psychotherapies, pharmacotherapy and combined treatment. Data from these trials were meta-analysed in a series of conventional, network and individual patient data meta-analyses. Metapsy, a large open access meta-analytic project in which new trials are continuously added, was created. This tool can be used by the public to conduct their own meta-analysis on effectiveness including psychotherapies, studies or target groups of interest.

Results:
CBT had moderate to large effects compared to control conditions, and these effects were sustained at up to 1-year follow-up. There was no evidence of CBT being more effective than other types of psychotherapy or pharmacotherapy at the short term, however, its effects were larger than those of pharmacotherapy at follow-up. Combined treatment was more effective than pharmacotherapies at both short and long term, but it was not more effective than CBT at either time point. In addition, CBT is effective in most specific groups.

Conclusion:
Effectiveness of CBT in depression is documented across different formats, ages, target groups, and settings. We hope that the Metapsy tool will bolster collaboration in meta-research among research and promote understanding of meta-analytic findings among (professional) public.

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

David Cooper

Studying imagery rescripting online: learning from three experiments

Authors:
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Introduction/Background:
Emerging evidence suggests that imagery rescripting may be a helpful adjunctive technique in treating obsessive-compulsive disorder (OCD). An experimental paradigm would provide a foundation for future research into its mechanisms and possible variations. In this presentation, we report on three experiments that aimed to iteratively refined the measurements, intervention, and control tasks for such an experimental paradigm.

Methods/Results:
In Experiment 1, we compared an analogue of a rescripting task (targeting future episodic imagery) to a similar task with neutral stimuli (cutting a lemon) in a student sample. We found that the rescripting task did not reduce maladaptive beliefs, nor differ from the control task. In Experiment 2, the rescripting targeted memories, and the control task maintained a focus on the memory. We found the rescripting task was more effective at reducing fear of (possible) self than the control task, but comparable for other beliefs. In Experiment 3, we refined the way a target memory was selected and tested a control task that did not facilitate any change the imagery. We compared results between a student sample and online workers high in OCD traits and included follow-up measurement. Results will be presented at the conference.

Conclusion:
Taken together, audio-guided imagery exercises are emotionally engaging, which is a prerequisite for imagery rescripting. Further, short-term changes in self-beliefs can be elicited, but likely depend on the rescripting protocol. These experiments also illustrate the challenges in designing a control task that is both comparable and inert. Limitations and implications for future research will be discussed.

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

Melanie Dalton

The effectiveness of CBT-E following discontinued FBT in adolescents with eating disorders

Abstract:
Family Based Therapy (FBT) is a recommended first line treatment for children and adolescents with eating disorders, however research examining strategies for when FBT must be discontinued is scant. Cognitive Behaviour Therapy-Enhanced (CBT-E)

is a promising alternative for young people with eating disorders, although there is no data showing if it is effective following discontinued FBT. This study aimed to use a benchmarking strategy to compare treatment outcomes for CBT-E treatment between a group who had discontinued FBT and a group who had CBT-E as an initial treatment in a community outpatient setting. Outcomes pertaining to adolescents (N = 69) who commenced CBT-e (N=42 no previous FBT, N=27 previous FBT) were investigated. Forty-two participants completed treatment (61%), with intent-to-treat analysis showing significant improvements in eating disorder psychopathology, clinical impairment and weight increase. Effect sizes compared favourably to previous effectiveness studies. There was no significant differences between groups on improvements in eating disorder psychopathology or clinical impairment. There was a significant group x time interaction for BMI, with the no previous FBT group significantly increasing weight at the end of treatment, whereas the previous FBT treatment group showed no change. Reliable and clinically significant change data for the combined groups for those with both pre-and post data (n = 33) showed that 82% and 69% of participants exhibited clinically significant change on the EDE and CIA respectively. Results show that CBT-e after discontinued FBT is an effective treatment within community mental health clinics. Future research could investigate the factors that predict outcome between FBT and CBT-e.

Mark Donovan

A natural evolution in parenting intervention: mindfulness enhanced behavioural parenting

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Introduction/Background:
A broad sociodemographic of parents struggle with their children's difficult behaviours and need effective and engaging interventions. Behavioural parent training (BPT) is regarded as the "gold standard" intervention, however fifty percent of families do not engage or drop out of existing BPT programs. We developed an 8-session mindfulness enhanced BPT group program (MeBPT) to improve engagement, acquisition, integration and implementation of well-proven behavioural techniques (Confident Carers Cooperative Kids, CCCK). Here we present findings from mothers (n = 250) and fathers (n = 122) who had attended CCCK[1,2,3].

Methods:
Permission was gained to use archival data from parents (*N*=338) who had attended CCCK groups between 2009-2019 in a naturalistic university clinic setting in regional Australia. Ethical approval was also gained from parents attending CCCK at a community non-government organisation supporting families at-risk of entering the child-protection system (*n*=14). Repeated measures ANOVAs examined pre- to post-intervention changes in parent-reported child behaviour, parent wellbeing, parenting

approach, and mindful parenting. We were interested in differences between parents attending CCCK at the University versus Community settings, and outcomes for mothers versus fathers. Regression analyses explored predictors of outcome and mechanisms of change.

Results:
Parents reported significant pre- to post-intervention improvements across all measures, with large effect sizes (p<.001, η^2 = 0.11 - 0.55). Improvements in parent wellbeing, approach, mindfulness, and child behaviour were similarly large for families across child age, sex, problem-onset, medication status, parent age, sex, education level, employment status, one-parent status, concession status, and ethnicity. Attendance was high across all factors, and particularly for older parents. Families with more severe problems at baseline showed largest gains, including those from the Community setting. Fathers demonstrated similar improvements and attended the same number of sessions as mothers. Improved child behaviour was predicted by change in mindful parenting but not parenting approach. Parents who became more accepting and compassionate towards themselves showed larger improvements.

Conclusion:
Enhancing behavioural parenting with mindfulness (MeBPT) appears helpful in promoting engagement and outcomes, including for fathers and families presenting with more severe problems. Further research on MeBPT is needed to confirm these promising results, leading to broader dissemination.

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

Miri Forbes

Elemental psychopathology: distilling constituent symptoms and patterns of repetition in the diagnostic criteria of the DSM-5

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Introduction/Background:
The *DSM-5* features hundreds of diagnoses comprising a multitude of symptoms, and there is considerable repetition in the symptoms among diagnoses. This repetition undermines what we can learn from studying individual diagnostic constructs because it can obscure both disorder- and symptom-specific signals. However, these lost opportunities are currently veiled because symptom repetition in the *DSM-5* has not been quantified.

Methods:
This descriptive study mapped the repetition among the 1,419 symptoms described in 202 diagnoses of adult psychopathology in Section II of the *DSM-5*. There were over a million possible symptom comparisons to be conducted, for which we used both qualitative content coding and natural language processing.

Results:
In total, we identified 628 distinct symptoms: 397 symptoms (63.2%) were unique to a single diagnosis, whereas 231 symptoms (36.8%) repeated across multiple diagnoses a total of 1022 times (median 3 times per symptom; range 2-22). Some chapters had more repetition than others: For example, every symptom of every diagnosis in the *Bipolar and Related Disorders* chapter was repeated in other chapters, but there was no repetition for any symptoms of any diagnoses in the *Elimination Disorders*, *Gender Dysphoria*, or *Paraphilic Disorders*. The most frequently repeated symptoms included insomnia, difficulty concentrating, and irritability—listed in 22, 17, and 16 diagnoses, respectively. Notably, the top 15 most frequently repeating diagnostic criteria were dominated by symptoms of major depressive disorder.

Conclusion:
Overall, our findings lay the foundation for a better understanding of the extent and potential consequences of symptom overlap.

Elaine Fox

Cognitive flexibility and psychological wellbeing

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Introduction/Background:
There is evidence that the absence of negative information processing biases predicts wellbeing and resilience, while emotion regulation strategies such as cognitive reappraisal are often considered to be healthier than regulation strategies such as distraction. However, evidence is growing that flexibility in terms of when certain biases and/or regulation strategies are implemented is a key factor. Those who thrive are often those with the ability to adapt and respond in an agile way to rapid change.

Methods:
Data was collected from 500 adolescents in face-to-face sessions. A variety of behavioural measures of bias in attention, interpretation of ambiguity and memory were conducted as well as a behavioural measure of cognitive flexibility. We also presented a wide range of standardized questionnaires of psychosocial functioning.

Results:
Using a network approach, we found evidence that the nature of the connectedness among different cognitive biases might be one mechanism that underpins cognitive or psychological flexibility. Results showed that higher positive mental health was associated with a *lower* degree of network connectivity. In a separate study, we implemented a more direct measure of task switching (an index of cognitive flexibility) with affective and non-affective images. In a sample of 80 young adults, individual differences in affective flexibility predicted worry and anxiety up to two months later.

Conclusion:
Cognitive flexibility is associated with psychological wellbeing. While speculative, in combination with other evidence we conclude that there is no one-size-fits all in terms of emotion regulation strategy and that the capacity to adaptively utilize the optimal strategy for the context is the ultimate predictor of psychological wellbeing.

Disclosure of Interest Statement: *See example below:*
This work was supported by a European Research Council (ERC) Advanced Investigator award to Elaine Fox while she was at the University of Oxford.

Jessica Grisham

A brief mindfulness exercise prior to a stressful task did not reduce anxiety or improve performance in an undergraduate sample

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Introduction/Background:
Recent studies suggest that, in some contexts, brief mindfulness interventions may paradoxically increase anxiety. Across two experiments, we compared the impact of a brief mindfulness intervention prior to a stressful task (the Trier Social Stress Test; TSST) on self-reported anxiety, behaviour and post-event processing in a sample of university students.

Methods:
In Experiment 1, we randomised participants (*N* = 63) to participate in either a 10-minute mindfulness mediation or a distraction task prior to completing the TSST. Participants completed measures of state anxiety at baseline and post-task. In Experiment 2, participants (N=92) underwent either the mindfulness meditation, a distraction task or a no-instruction control condition and completed measures of pre- and post-anxiety, behaviour, and post-event processing 24 hours later.

Results:
In Experiment 1, participants in the mindfulness condition reported a significantly greater increase in anxiety from baseline to post-task compared to those in the control condition. In Experiment 2, participants in both the mindfulness and control conditions reported a significantly greater increase in anxiety compared to the distraction condition. In addition, participants in the mindfulness condition performed

worse than those in the distraction and control conditions. There were no group differences with respect to post-event processing.

Conclusion:
Without sufficient training, brief mindfulness exercises may be contraindicated when situational stress is high. We discuss results in the context of the Monitor and Acceptance Theory of Mindfulness and propose future experiments.

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

Karl James

Moral distress and adaptation: the role of identity processing style

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Speaker: Kari James

Introduction/Background:
Exposure to potentially traumatic events can challenge our moral values, leading to significant moral distress. This 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 maintaining moral distress. We hypothesise that the ways in which people process identity-relevant information are associated with severity of moral distress following a potentially morally injurious experience.

Methods:
Data were collected online. Following a screening procedure for exposure to a potentially morally injurious event, participants were invited to complete validated measures of moral distress, post-traumatic stress, depression, and anxiety. Within one week 167 adults meeting event criteria then completed the survey, which indexed the tendency to process identity challenges by avoiding dealing with identity conflicts (diffuse-avoidant), seeking out and reflecting on identity-relevant information (informational), or preserving existing self-views aligned with the norms and values of important reference groups (normative).

Results:

We found a significant relationship between identity processing style and moral distress. Path analysis tested hypotheses regarding the relationships between identity processing styles and moral distress, controlling for PTSD, depression, and

anxiety. The diffuse-avoidant processing style was positively associated with all types of psychopathology while the normative style was negatively associated with both moral distress and depression. The informational style was not associated with psychopathology.

Conclusion:
Understanding the role of identity processing style in moral distress offers a promising avenue for expanding current treatment approaches to moral injury clients. Limitations and future directions are discussed.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

Erin Kelly

Tailored approaches to substance misuse and mental ill-health in adolescents: adaptations of the preventure Program

Authors:
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Background:
Preventure is an innovative personality-targeted coping skills program grounded in CBT. Robust evidence supports the efficacy of Preventure in Australia and internationally for multiple substance use and mental health outcomes in adolescents. Preventure can be tailored to specific populations through a collaborative adaptation model. This presentation will describe three adaptations of Preventure in Australia: 1) an effectiveness trial of Preventure when delivered by school staff rather than research psychologists; 2) tailoring Preventure to increase engagement of adolescent males; 3) tailoring Preventure to increase reach to young people in regional and rural areas.

Methods:
Study 1 was a cluster-RCT of Preventure in 9 schools in Sydney (n=564 Year 8/9 students). Students (n=61) and school staff trained in Preventure (n=8) completed evaluation surveys post-program.
Study 2 and 3 include two stages: i) consultation with adolescents and relevant stakeholders to tailor the Preventure program design and delivery to the population (adolescent males/regional and rural youth); ii) evaluation of the Preventure adaptation for the target population (adolescent males/regional and rural youth).

Results:
Study 1 - Students gave positive feedback on Preventure, particularly regarding the supportive group feel, learning about themselves, and learning skills. School staff rated the program highly, and identified similar benefits as students, such as increased self-awareness, improved coping skills, and reduced mental health stigma among participants.
Study 2 and 3 will commence consultations in May 2023.

Conclusion:
Preventure has a strong evidence base for multiple issues in adolescents and can be adapted to suit the needs of specific populations.

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

Theresa Kidd

Treatments that work for autistic clients with mental health difficulties

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Introduction/Background:
Given that Autistic individuals have higher levels of anxiety and other co-occurring mental health difficulties than the general population, it is not surprising that they are in high need of appropriate mental health services. Currently there are few evidence-based treatments (EBTs) available and many psychologists who are well-trained in EBTs do not feel confident in providing treatment to Autistic individuals due to their lack of training in Autism (Ritschel, Guy & Maddox, 2022). With the identification, development, and implementation of modifications to standard Cognitive Behavioural Therapy (CBT) programs, CBT for Autistic individuals across the lifespan is emerging as a promising anxiety treatment. However, research investigating the efficacy of third wave cognitive behavioural therapies for this client group remains limited. This aim of this presentation is to review the current literature pertaining to effectiveness of third wave therapies for Autistic individuals and to assist psychologists in feeling more confident in treating Autistic clients.

Methods:
A review of recent literature with a particular focus on the effectiveness of third wave cognitive behavioural therapy treatments for mental health problems in Autistic individuals across the lifespan. Identification of treatment modifications which may assist Autistic clients to engage in, and benefit from treatment.

Results:
Treatment outcomes from studies investigating the effectiveness of Acceptance and Commitment Therapy (ACT), Dialectical Behaviour Therapy (DBT), Mindfulness and Compassion-focused therapy for Autistic individuals will be presented.

Conclusion:
Discussion concerning methodological limitations, suggested treatment modifications to assist psychologists in engaging Autistic clients, and future clinical and research directions will be provided.

Disclosure of Interest Statement:
The author has a private psychology practice and is the author of a book, “Helping your Autistic Teen to Manage their Anxiety.”

Sophie Li

TechTonic: Using digital technology for emotion regulation

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Introduction/Background:
Screentime is associated with youth depression, however, the direction of this relationship remains unclear. It is possible that heightened depression leads to increased use of screen-based technology to regulate negative emotions. *Digital emotion regulation* is a concept yet to be systematically investigated. This experimental study aimed to determine the influence of social media use, a form of screentime implicated in youth mental health, on mood, and to investigate the role of depressive symptoms in this relationship. It was hypothesised that social media use would have a mood repairing effect irrespective of level of depressive symptoms.

Methods:
Young people aged 16 to 24, recruited through the community, completed a negative mood induction or control task, followed by instructions to engage in either active (create a social media post) or passive, social media use (scrolling through feed). Negative mood and depressive symptoms were assessed at baseline using a 5-item mood analogue scale and a measure of depression symptoms (Patient Health Questionnaire-9), respectively. Negative mood was assessed again following mood induction and following social media use.

Results:
A total of 116 participants (mean age: 18.9, SD: 2.03, 75% Female) enrolled in the study, with recruitment to be finalised in May 2023. Outcomes will be presented at the conference.

Conclusion:
This experimental study provides important empirical evidence about the effects of social media use on mood. Applying an emotion regulation lens to digital technology use extends the field by establishing how some forms of screentime may be beneficial in supporting positive mental health.

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

Ratih Arruum Listiyandini,

A randomised waitlist-controlled trial of a culturally adapted internet-delivered mindfulness intervention for treating distress among university students in Indonesia

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Introduction/Background:
Internet-delivered mindfulness interventions are promising for treating psychological distress. However, there are very limited studies about their effectiveness in Low-and-Middle income countries (LMICs), such as Indonesia. This study aimed to evaluate the effectiveness of a culturally adapted Internet-based mindfulness intervention for treating distress among Indonesian students in a randomized controlled trial.

Methods:
A sample of university students in Indonesia reporting elevated distress (N= 156) were randomly assigned to treatment (N=77) or wait-list control group (N=79). The treatment group completed four weeks of online mindfulness lessons including formal mindfulness practices using audio guides. Trained counsellors provided regular support and guidance during the intervention. Assessments were completed at baseline, post-intervention (5 weeks from baseline), and follow-up (9 weeks after baseline). The primary outcome was the psychological distress as measured by total Depression, Anxiety, and Stress (DASS)-21 scores. Secondary outcomes included the DASS-21 subscales, Kessler-10, and Indonesian Wellbeing scale.

Results:
Forty participants in the treatment group (N=40, 51.9%) completed all the online modules. Preliminary analyses showed that participants in the treatment group had significant lower distress, depression, anxiety and stress compared to wait-list control group at post-treatment and follow-up (p=0.000).

Conclusion:
We found the initial support for the effectiveness of a guided culturally adapted mindfulness intervention for treating distress among university students in Indonesia. This study provides insights for the future development of mental health interventions in Indonesia and in other LMICs.

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

Peter Lovibond

Trends in associative learning and their relevance to CBT

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Background:
Early CBT interventions were inspired by basic laboratory research on conditioning in animals. Since then, both fields have undergone major transformations, raising the question: Is associative learning research still relevant to psychopathology and CBT?

Methods:
I will summarise what I see as the main trends in associative learning research and theory over the past 20 years, including the shift towards human research, the development of computational theories of learning, and the increasing overlap with cognitive psychology.

Results:
Current research in associative learning often involves human participants, online tasks and self-report measures. The results may be interpreted in terms of causal reasoning and published in cognitive journals. I will illustrate some of these developments with examples from my own research.

Conclusion:
Associative phenomena such as contingency learning, cue competition, extinction and generalisation are still relevant to CBT and provide a productive testbed for understanding clinically relevant constructs such as expectancy, faulty reasoning and belief revision.

Disclosure of interest statement:
The author has no conflicts of interest to disclose

Kate Maston

The future proofing study: evaluating school-based prevention at scale

Authors:

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Introduction/Background:
Psychological prevention programs for depression and anxiety are frequently delivered in school settings. However, the literature has been limited to mostly small-

scale trials and barriers to implementation at scale remain, including the requirement of clinical experts to deliver some programs and high associated costs. Delivering standardised, evidence-based programs via digital technologies direct to students may overcome some of these barriers.

Methods:
We developed the Future Proofing Study to investigate whether cognitive behaviour therapy (CBT) delivered by smartphone application can prevent depression at scale in school students. We conducted a cluster-randomised controlled trial and assessed depression (primary outcome), anxiety, distress, and suicidal ideation at baseline, post-intervention, 6- and 12-month follow-up. There were 6388 participants in the trial (M*age*=13.90) and schools (N=134) were randomised to the SPARX prevention program or school as usual. SPARX is a 7-session digital CBT program delivered in a gamified format, and in this trial was accessed by students on their own smartphones, with delivery support provided by teachers.

Results:
The sample was broadly representative of the Australian population. At baseline, 15.1% of the sample met the clinical threshold for depression, 18.6% for anxiety, 36.6% for psychological distress and 4.9% for suicidal ideation. An intent-to-treat analysis has been conducted on the trial data, and the outcomes will be presented in this talk.

Conclusion:
The implications of the findings will be discussed and contextualised in terms of the wider literature into the school-based psychological prevention programs. Australian New Zealand Clinical Trials Registry (ANZCTR) Trial Number: ACTRN12619000855123 (31/5/2019).

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

Amanda Maxwell

Integrated cognitive behavioural intervention for functional tics (ICBIT): an urge acceptance approach

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Introduction/Background:
The onset of Covid-19 pandemic saw a substantial rise in functional tic-like behaviours (FTLB). These symptoms are historically difficult to treat, with preliminary findings suggesting standard pharmacological treatments show no benefit and the utility of Comprehensive Behavioural intervention for Tics (CBiT) is yet to be reported. We present the clinical outcomes of 8 young people with FTLBs and propose an integrated Cognitive Behaviour intervention for Tics (I-CBiT) that combines traditional tic exposure and response prevention with third-wave cognitive behavioural acceptance models.

Methods:
Eight female clients aged 13-20years with FTLBs received I-CBiT. The intervention has three phases namely, Phase 1: Psychoeducation and goal setting; Phase 2: Exposure and response prevention with urge acceptance and sensory grounding; Phase 3: Cognitive behavioural intervention targeting the stress-arousal system.

Results:
Following I-CBiT there was a significant reduction in Yale Global Tic Severity Rating Scale **(**YGTSS) total tic severity scores from baseline, $t(7) = 5.90$, $p < .001$ [M_{pre} (SD) = 34.38 (10.72); M_{post} (SD) = 8.88 (5.87)] and a significant reduction in YGTSS impairment scores from baseline, $t(7) = 7.09$, $p < .001$ [M_{pre} (SD) = 31.25 (12.46); M_{post} (SD) = 0.00 (0.00)]. All cases demonstrated an improvement in daily living function and mood.

Conclusion:
This approach aims to promote acceptance of unwanted but uncontrollable interoceptive sensations such as tic urges, alongside associated thoughts and emotions. It is hypothesised that this learning is then generalised to other experiences that the individual finds aversive and distressing, including stress-arousal responses and other physical symptoms.

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

Peter McEvoy

The impacts of positive and negative evaluation on state anxiety and repetitive negative thinking in social evaluative situations: an experimental study

Authors:

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Introduction/Background:

The Bivalent Fear of Evaluation (BFOE) Model suggests that fears of negative (FNE) and positive (FPE) evaluation are cognitive vulnerability and maintenance factors for social anxiety, whereas traditional cognitive behavioural models emphasise FNE. Cross-sectional research indicates both FNE and FPE predict social anxiety symptoms, but there is limited experimental evidence comparing the impacts of positive and negative feedback (vs no feedback) on anxiety and repetitive negative thinking, which was the aim of this study.

Methods:

False positive or negative feedback (or no feedback) was provided following a speech task to high and low socially anxious individuals (N = 152, M_{age} = 22.13, 69% female). Measures were completed before the speech and after the false feedback, but prior to an anticipated discussion with the group about participants' feedback and performance.

Results:

There were main effects for group but not feedback condition, and there were no feedback type by group interactions, indicating that high socially anxious individuals experienced heightened social anxiety and repetitive negative thinking regardless of feedback type (or the absence of feedback). Exploratory analyses revealed that state FNE but not state FPE uniquely predicted both outcomes.

Conclusions:

High socially anxious individuals experience elevated state anxiety and repetitive negative thinking regardless of the type of feedback they receive, suggesting that social-evaluative attention rather than feedback type is sufficient to increase anxiety and repetitive negative thinking for high socially anxious individuals. FNE but not FPE uniquely predicted both outcomes, which is inconsistent with the BFOE Model.

Disclosure of interest statement:

Peter McEvoy receives royalties from The Guilford Press for *Imagery-enhanced CBT for Social Anxiety Disorder* (McEvoy, Saulsman, & Rapee, 2008). The authors have no other conflicts of interest to disclose.

Tomas Meaney

Concordance of a self-report measure of anhedonia with digital biomarkers of positive emotions

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Introduction/Background:
Anhedonia is a construct that has been shown to have transdiagnostic relevance to mental ill-health and the efficacy of CBT. However, research on anhedonia 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 self-reported consummatory and anticipatory anhedonia corresponded with the

presence or absence of facial, acoustic and linguistic biomarkers of positive emotional experience. Consummatory and anticipatory anhedonia was expected to be distinguished by diminished positive facial emotion expressivity, positive language use, head movement and acoustic intensity.

Methods:
100 participants were asked to complete the Temporal Experience of Emotion Scale (TEPS), and then describe two positive memories and two future events they were looking forward to while they were being audio and visually recorded over Microsoft Teams. Facial, acoustic and linguistic biomarkers were extracted from these videos. Self-reported experiences of positivity when describing the memories or future events were also recorded.

Results:
Participants with a lower self-reported capacity for consummatory and anticipatory pleasure demonstrated diminished facial, acoustic and linguistic biomarkers of positive emotion when describing positive memories and future events. Lower consummatory pleasure was associated with diminished facial expression of positivity, head movement and acoustic intensity. Lower anticipatory pleasure was associated with a diminished use of positive language in the speech of participants.

Conclusion:
Digital biomarker analysis software can be used as an alternate way to measure anhedonia.

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

Alice Norton

An exploratory investigation of schema modes in social anxiety disorder: empirical findings and case conceptualisation

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Introduction/Background:
Current 'gold standard' treatments for social anxiety disorder (SAD) are limited by the lack of emphasis on key aetiological factors in conceptualisation. Moreover, many individuals with SAD experience residual symptoms post-treatment. Hence, the novel application of the Schema Therapy Mode Model may provide a helpful framework for extending clinical understanding and treatment options for SAD. This exploratory study aimed to investigate the presence and pattern of schema modes among SAD individuals.

Methods:
Forty individuals with SAD completed questionnaire measures of symptomatology, social anxiety relevant cognitions, schema modes, childhood trauma, and parental style.

Results:
Key maladaptive schema modes identified in SAD were Vulnerable Child, Punitive Critic, Demanding Critic, Compliant Surrender, and Detached Self-soother.

Conclusion:
Outcomes provide the basis for a proposed schema mode case conceptualisation for SAD and are hoped to provide a rationale for testing the applicability of Schema Therapy as a novel treatment for SAD. Key limitations, a case study, and current research further exploring this model will be discussed.

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

Ella Oar

Examining discrepancies in attention to threat between anxious and non-anxious youth across the early adolescent years

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Introduction/Background:
Evidence for anxiety-related threat attentional biases in children and adolescents has been mixed. Developmental theories propose that differences in threat attentional biases between anxious and non-anxious children emerge during late childhood/pre-adolescence. This study examines attentional biases in a cohort of early adolescents across three years as they move into mid-adolescence to test whether threat attentional biases emerge in this critical developmental period.

Methods:
Cross-sectional analyses of attention bias paradigms using eye tracking during wave 2 (N = 452; M_{age} = 12.18, SD = 0.52), wave 3 (N = 416; M_{age} = 13.17, SD = 0.52), and wave 4 (N = 359; M_{age} = 14.77, SD = 0.47) were examined. Participants' gaze was recorded while they viewed face pairs for 5000ms depicting angry-neutral expressions (W2, W3 and W4).

Results:
Across all timepoints and eye tracking metrics (e.g., latency to first fixation, first fixation duration and dwell time), both diagnostic and dimensional anxiety-related differences did not emerge. Rather from pre to mid-adolescence, the same pattern was observed, whereby all youth maintained eye gaze on threat initially, followed by a broadening of attention towards neutral faces. Relatedly across W1, W2 and W4 all adolescents showed a faster initial attention allocation towards threat in comparison to neutral stimuli.

Conclusion:
Findings did not support developmental theories. Continued research in large age-homogenous samples is needed to determine if/when anxiety-related differences in attentional patterns emerge.

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.

Katrina Prior

From mindless to mindful: using an internet-delivered brain training program to reduce social anxiety and hazardous drinking among young people

Authors:
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Introduction/Background:
Up to 60% of young people who receive treatment for alcohol use relapse to heavy drinking, particularly those who drink to alleviate anxiety symptoms. Cognitive Bias Modification (CBM) interventions are effective adjunct treatments for anxiety and alcohol use disorders individually. However, it is unknown whether these programs are efficacious among people with co-occurring anxiety and alcohol use problems, and whether they can prevent progression into chronic, life-long disorders among younger samples. This presentation outlines the feasibility, acceptability, and preliminary efficacy of '*Re-Train Your Brain';* an internet-delivered CBM program for young adults with comorbid anxiety and hazardous alcohol use.

Methods:
Australian youth aged 18-30 (*n*=100) with anxiety and hazardous alcohol use were randomised to receive the 10-session *Re-Train Your Brain* intervention plus treatment as usual (TAU) over 5 weeks, or TAU only. Feasibility and acceptability

were assessed at 6-weeks post-baseline, and anxiety, alcohol use, and cognitive biases were assessed at baseline, 6-weeks and 12-weeks post-baseline.

Results:
The study was deemed feasible and acceptable, with high levels of adherence (M=5.5 sessions completed), system usability (M=84.0) and client satisfaction (*M*=24.8). *Re-Train Your Brain* plus TAU was associated with significantly greater reductions in interpretation biases and alcohol cravings at 6-weeks and comorbid interpretation biases and generalised social anxiety at 12-weeks, relative to TAU only. There were null effects on alcohol use and related biases.

Conclusion:
This world-first early intervention carries enormous potential to improve outcomes in a complex group that respond poorly to standard treatments. Findings be replicated in a larger RCT.

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

Melissa Ree

Insomnia disorder: awakening to the opportunities afforded by its treatment

Authors:

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The University of Western Australia

Background: Insomnia is the most common symptom in the DSM V. There is robust evidence that insomnia is a risk factor for onset, exacerbation, treatment trajectory, and relapse many mental health difficulties. CBT-Insomnia is effective and the recommended first line treatment for Insomnia. Although the science is clear that CBT-I is a transdiagnostic therapy that enhances outcomes in comorbid conditions, the routine use of CBT-I in mental health contexts is rare. Three sets of treatment outcome data for over 200 individuals across different treatment contexts is discussed.

Methods: Across three studies, a four session CBT-I program was delivered i) to 76 adult outpatients in a psychiatric setting, ii) to 77 older adults as part of a study on healthy ageing, and iii) to 50 patients with psychotic disorders.

Results: Statistically and clinically significant pre-post improvements in insomnia were found in each study. Improvements were also found for a broad range of variables including mood, anxiety, use of sleep medication, quality of life, and daytime function (results include preliminary data from a study still running).

Conclusion: These data support that CBT-Insomnia is effective across age groups, format of treatment (group vs. individual), population group and therapy setting. Striking is that improvements were seen not only in insomnia but in mood, anxiety, psychotic symptoms, hypnotic medication use, brain health, quality of life, and daytime function. Work is needed to educate healthcare workers about the benefits of treating poor sleep and to train the mental health workforce in delivery of CBT-Insomnia in order to optimise healthcare outcomes and wellbeing.

Disclosure of Interest

MJ Ree also works in private practice providing sleep disorder treatments.

Alyssia Simos

The frequency and characteristics of nightmares among people endorsing a moral injury

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Background:
Post-Traumatic Stress Disorder (PTSD) may arise following exposure to, witnessing or learning about a significantly stressful event, and is commonly characterised by reexperiencing; avoidance of traumatic reminders; and a perceived sense of threat. Although they are distinctly different, moral injury is a strong cognitive and emotional response that may occur following events that violate a person's moral or ethical code and can often manifest in a combination of PTSD characteristics. Nightmares are a reexperiencing symptom of PTSD which are intrusive, involuntary and have a significant impact on wellbeing, suggesting they have substantial clinical relevance. However, it is unknown whether morally injurious experiences impact reexperiencing symptoms.

Methods:
Adult participants (N=362) who endorsed at least one lifetime trauma completed online self-report questionnaires related to PTSD symptoms, moral injury and specific features of nightmares including frequency, vividness, and emotional intensity.

Results:
Those who endorsed higher scores on other-directed moral injury symptoms (perceived transgressions by others) experienced more frequent nightmares which were more vivid and emotionally intense. Higher scores on self-directed moral injury symptoms (perceived transgressions by self) were associated with more vivid nightmares, but not nightmare frequency or emotional intensity. Further, higher scores

on betrayal moral injury symptoms (perceived betrayal by others) were associated with more vivid and emotionally intense nightmares but not nightmare frequency.

Conclusions:
Our study was the first to examine the association between moral injurious experiences and specific nightmare characteristics. Morally injurious transgressions from others may be more existentially threatening than transgressions from oneself and may drive intrusions.

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

Lexine Stapinski

Strong & deadly futures: partnering with Aboriginal and Torres Strait Islander communities to adapt CBT to prevent drug and alcohol harm in youth

Authors: Stapinski L[1], Doyle M[2], Routledge K[1], Broome D[1], Tapia K[1], Newton N[1], Ward J[3], Champion K[1], Chapman C[1], & Teesson M[1].

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[3] Poche Centre for Indigenous Health, University of Queensland

Introduction/Background: Alcohol and other drug use are among the top causes of disease burden among youth. Harm related to alcohol and other drugs disproportionately affect Aboriginal and Torres Strait Islander youth (hereafter referred to respectfully as Aboriginal), for whom the ongoing impacts of colonization and disempowerment contribute to poorer emotional and social wellbeing. To reduce this inequity, it is critical that alcohol and drug prevention initiatives are designed to be culturally relevant for Aboriginal youth to empower them to reach their full potential. We describe the adaptation of an evidence-based alcohol and drug prevention program in partnership with schools and Aboriginal communities.

Method:
The culturally-inclusive Strong & Deadly Futures alcohol/drug prevention program was co-developed with Aboriginal and non-Aboriginal staff and students at 4 schools. The program promotes combines cognitive behavioural coping skills and highlights Aboriginal cultural strengths. Following a successful pilot trial, broader community consultation was conducted to inform program adaptation and a national trial.

Results: In partnership with local Aboriginal Community Controlled Health Organisations, consultations were undertaken with Aboriginal adults (n= 77) and youth (n=163) in 23 locations in NSW, QLD and WA. Community feedback informed further program adaptations and developmental of 3 regional variations. A cluster randomized controlled trial is underway in 22 schools. Insights arising from the consultations and program implementation will be discussed.

Conclusion: The Strong & Deadly Futures program addresses the critical need for alcohol and drug prevention programs that take an empowering, strengths-based approach and can be readily implemented in culturally and geographically diverse classrooms.

Disclosure of Interest Statement:
The authors are co-developers of the *Strong and Deadly Futures* program.

Lauren Stavropoulos

A brief imagery rescripting intervention is equivalent to imaginal exposure in improving response to worry images among high trait worry individuals

Authors:

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[2] Black Dog Institute, UNSW, Hospital Road, Randwick, Sydney, 2022, Australia

Background:

Generalised anxiety disorder is characterised by aversive mental images of feared outcomes. This study investigated whether a single session of imagery rescripting would produce greater reductions in anxious response, threat appraisals, and intrusive images regarding a feared event compared to imaginal exposure among individuals high in trait worry.

Methods:

We recruited undergraduate participants (N=90) who indicated high trait worry on the Penn State Worry Questionnaire. Participants attended a 45-minute video-call with a provisional psychologist in which they identified a mental image of a major worry, rated their anxiety, worry, and cognitive appraisals regarding this worry and qualities of the corresponding image, and were randomised to a 15-minute psychologist-guided imagery rescripting or imaginal exposure exercise. Imagery rescripting involved rewriting the worry image to achieve an image with a positive outcome. Participants recorded the exercise and were asked to listen to it daily for three days. Participants provided outcome ratings again after one week.

Results:

Linear mixed effect modelling revealed both conditions produced decreases in worry, anxiety, threat appraisals, and frequency and distress associated with worry images between baseline and one-week post-intervention. Results were comparable

between conditions. On average, participants completed 2.37 of 3 home tasks and dose did not moderate results.

Conclusion:

A novel, future-oriented imagery rescripting intervention using idiosyncratic worry images was as effective as an established imaginal exposure technique in improving participants' anxious response, threat appraisals, and intrusive imagery regarding their worries one week later. Future studies may investigate whether involving patient preference in choice of imagery technique improves outcomes.

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

Mirjana Subotic-Kerry

A randomised controlled trial of a new CBT smartphone app for adolescent depression

Authors:
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[2] Faculty of Medicine and Health, University of New South Wales, Sydney, NSW, Australia
[3] School of Psychology, Faculty of Science, University of New South Wales, Sydney, NSW, Australia
[4] Centre for Mental Health Research, Australian National University, Canberra, ACT Australia

Introduction/Background:
The Black Dog Institute has developed a new, self-directed CBT-based smartphone app for adolescents with depression. This trial aimed to determine the effectiveness of this approach for improving depressive symptoms among adolescents. This trial also aimed to determine the effects of guided support on outcomes. It was hypothesized that adolescents who received the mobile app (with and without support) would report greater reductions in depressive symptoms than those in the control.

Methods:
A three-arm parallel group RCT was conducted. Adolescents aged 12 to 17 with mild to moderately severe depressive symptoms who were not receiving any treatment and who had parental consent were randomized to receive the ClearlyMe app, the ClearlyMe app + SMS chat support, or SMS tips (control condition) for 6 weeks. Outcomes were assessed at baseline, 6-weeks post-test, and 4-months follow-up. The primary outcome was depressive symptoms at post-test measured by the PHQ-

9-A. Secondary outcomes were anxiety, psychological distress, emotional wellbeing, quality of life, rumination, emotion regulation and CBT skill acquisition. App engagement was also measured.

Results:
Recruitment ceased in March 2023. A total of 567 participants (mean age: 15.9, SD:1.3, 74% F) were enrolled. One third (37%) had a previous mental health diagnosis, 51% had received therapy in the past, and 17% had been on medication. Primary outcomes are due May 2023, and follow-up data are due July 2023. This data will be presented at the conference.

Conclusion:
This world-first clinical trial provides important empirical evidence on the effects of this approach for improving adolescent depression.

Disclosure of Interest Statement:
Authors BOD, SHL, MRA, and AWS were directly involved in the design and development of the intervention evaluated in this trial. The other authors have no conflicts to disclose.

Kate Tonta

Online metacognitive group therapy for repetitive negative thinking: adapting to change during COVID-19

Authors:

Tonta K[1, 2, 3], Mazza S[1], Kieran M[1], Erceg-Hurn D[3], Swan A[3], Sng A, McEvoy P[1, 2, 3]

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Introduction/Background:

Repetitive negative thinking (RNT) is a transdiagnostic process that maintains emotional disorders including generalised anxiety disorder and depression. Metacognitive theory suggests that positive and negative metacognitive beliefs drive and maintain RNT as a coping strategy, which leads to increased psychological distress. Metacognitive therapy (MCT) targets metacognitive beliefs to reduce symptomatology and underlying unhelpful cognitive processes. MCT has been found to reduce symptoms through changing metacognitive beliefs, with large effect sizes in group treatment programs. In response to public health restrictions during COVID-19 outbreaks, these groups were delivered online through a public health clinical psychology service in Western Australia. This study aimed to evaluate the feasibility of online MCT, along with changes in mechanisms and outcomes.

Methods:

Eligible participants (N=25) attended weekly two-hour session for six weeks and a one-month follow up session. Participants attended online via videoconferencing software and completed measures of repetitive thinking, anxiety, depression, and metacognitive beliefs.

Results:

Remote data collection was more challenging than for historical face-to-face MCT groups. Available data indicate that the intervention was associated with large reductions in symptoms of psychopathology and repetitive thinking, and these improvements were associated with changes in negative metacognitive beliefs.

Conclusions:

Online group MCT may be a feasible alternative to face-to-face MCT to increase treatment accessibility. Some of the challenges associated with the online format, such as non-completion of measures, and potential solutions will be discussed.

Disclosure of interest statement:

The authors have no conflicts of interest to disclose.

Mikaela Tracy

To diagnose or not to diagnose? Clinician perceptions of clinical utility and stigma in personality disorder diagnoses

Authors:

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[2]Center for Personality Disorder Research (CPDR) – Psychiatric Research Unit, Region Zealand, Denmark

Introduction/Background:
The Alternative Model of Personality Disorder (AMPD) and International Classification of Diseases – 11th Edition's (ICD-11) personality disorder nosologies reflect a shift from categorical to dimensional diagnosis. However, minimal research has investigated clinician perceptions and attitudes surrounding the diagnoses these models produce. The current study aimed to (1) investigate and directly compare the clinical utility of the Diagnostic and Statistical Manual of Mental Disorders – 5th Edition (DSM-5) with the dimensional AMPD and ICD-11 PD classification systems, from the perspective of clinicians, and (2) determine how these different diagnostic

systems, and their variations in portrayals of the same PD symptomology, may affect clinician-rated stigma.

Methods:
A sample of 89 Psychologists read four case vignettes, with each vignette exhibiting a different variation of personality difficulties and accompanying diagnostic information. Clinicians then answered a series of questions regarding clinical utility, their treatment recommendations, and stigma after each case vignette. A series of General Linear Models, post-hoc analyses and chi-squared tests were utilized.

Results:
The AMPD and ICD-11 were neither inferior nor superior to the DSM-5 in terms of clinician-perceived clinical utility and stigma attitudes. Diagnostic information more broadly, regardless of diagnostic system, was more clinically useful than a description-only, formulaic approach to conceptualizing personality difficulties. The absence of diagnostic information was associated with higher stigma amongst clinicians.

Conclusion:
Dimensional models of PD diagnosis such as the AMPD and ICD-11 are neither inferior nor superior in terms of clinician-perceived clinical utility and stigma attitudes, when directly compared to categorical approaches such as the DSM-5.

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

Jasmine Turner

A cluster randomised controlled trial of 'Growing with Gratitude' in South Australian primary schools

Authors:
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Introduction/Background:
With the increasing rates of depression and anxiety in childhood and adolescence, there is critical need for evidence-based prevention in primary school, as most work in this area is in high schools. Growing with Gratitude is a universal program for primary school children based on positive psychology principles. It focuses on five 'Habits of Happiness': An Attitude of Gratitude, Random Acts of Kindness, Positive Reflection, Well-being Warriors (mindfulness and physical activity) and Operation Home Service. The program has been running in South Australian schools but has yet to be formally evaluated.

Methods:
Participants were 531 students in Year 3, 4 or 5 in 2022 from nine schools. Fifteen classes were randomly allocated to the intervention (9-week program) and 14 to a waitlist control. The program was delivered by trained classroom teachers. Well-being, anxiety and depression, resilience, emotion regulation and gratitude were measured at baseline, mid-intervention, post-intervention, and at 6-month and 12-month follow ups. A constrained Longitudinal Data Analysis model was applied to each outcome score.

Results:
There were no statistically significant differences between the intervention and control group on each outcome variable at post-intervention compared to pre-intervention. Results of 6-month and 12-month follow-ups will be reported at the conference.

Conclusion:
These findings raise questions about the feasibility of positive psychology interventions in primary schools.

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

Tracey Wade

Harnessing the informative potential of adaptive trial design in eating disorders

Authors:

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Introduction/Background:

The overall incidence of eating disorders increased by 15·3% in 2020 and waiting time for treatment has increased around the globe, quadrupling since 2019/2020. This study describes the protocol for an adaptive trial design examining two different 10-session CBT for non-underweight eating disorders that has the potential to increase effectiveness and efficiency of service delivery. Adaptive trials, where the type or the dosage of the intervention offered to participants is adjusted over time in response to the individual's outcome, are considered more flexible, ethical, and efficient.

Methods:

After assessment, which included motivational exercises shown to be effective in reducing disordered eating, people were randomised to one of three 2-week wait-list

conditions, single session interventions (SSI). Two of these SSIs have been shown to decrease restriction in depressed adolescents (growth mindset, behavioural activation) and one (tackling non-suicidal self-injury) has not. People who decreased restriction by 50% at the end of the 2-week waitlist were allocated to an online guided 10-session CBT-ED. Those who show less response were allocated face-to-face 10-session CBT-T. This is informed by a very consistent and large body of research showing that early response is the strongest and most consistent predictor of good outcome.

Results:

The flow of participants between assessment and the start of therapy from the trial, which commenced in January 2023, will be described.

Conclusion:

There has been little use of adaptive trial designs in eating disorders and the results have the potential to inform choice of service delivery by busy treatment providers.

Disclosure of Interest Statement:

Tracey Wade and Glenn Waller co-authored, and receive royalties from, the book: Waller G, Turner H, Tatham M, Mountford VA, Wade TD. (2019). Brief Cognitive Behavioural Therapy for Non-Underweight Patients: CBT-T for Eating Disorders. Abingdon: Routledge, Taylor & Francis Group. This therapy is one of the two evaluated in the paper.

Tracey Wade

Co-designing guided parent-delivered Cognitive Behavioural Therapy for youth perfectionism with parents

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[4] enAble Institute, Faculty of Health Sciences, Curtin University, Perth, Western Australia
[5] Discipline of Psychology, School of Population Health, Curtin University, Perth, Western Australia

Introduction/Background:
Perfectionism involves setting oneself unreasonably high and rigid standards for achievement, striving for these standards unrelentingly, self-worth being unduly influenced by achievement of standards, and harsh self-criticism when standards are

not achieved. It is associated with depression, anxiety, disordered eating, and suicidality. Recent decades have seen increases in youth perfectionism, alongside increases in youth-perceived parental expectations and criticisms. Targeting perfectionism in youth could produce transdiagnostic benefits to mental health in adolescence. Empowering parents to deliver interventions may provide a cost-effective alternative to traditional treatment approaches. This study therefore aimed to co-design a guided parent-delivered cognitive behaviour therapy intervention for youth perfectionism with parents of children experiencing perfectionism.

Methods:
An evidence-based cognitive behaviour therapy intervention for perfectionism was adapted into six modules for delivery by parents to 7-to-12-year-old children under guidance of trainee psychologists. The intervention includes psychoeducation and within-module exercises for the parents, and homework exercises for the parents and children. Participants were parents of a child with perfectionism. They reviewed the intervention materials and provided semi-structured qualitative feedback (e.g., on format, content, and feasibility). Their feedback was qualitatively analysed and informed modifications to the intervention.

Results:
Participant feedback led to several changes being made to the intervention with the aim of increasing its feasibility and acceptability.

Conclusion:
The co-design process informed modifications to the intervention based on lived experience perspectives. It is hoped that by involving parents at this early stage of intervention development, feasibility and acceptability will be maximised in an upcoming pilot trial of the intervention.

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.

Funding for this project was provided by a grant from the Channel 7 Children's Research Foundation. The Channel 7 Children's Research Foundation had no role in the study design, data collection, analysis or interpretation of the data, writing the abstract, or the decision to submit the abstract for publication.

Rapid Poster Presentations

Session 01

Hayley Coronado

Trauma history is associated with greater sleep problems in college students who regularly use substances

Type: Rapid poster presenter & Rapid Poster 01

Session 02

Karishma Rajan Menon

Investigating imagery rescripting as a treatment for unipolar depression

Type: Rapid poster presenter & Rapid Poster 02

Session 03

Nil

Session 04

Nil

Session 05 & 08

Simon Byrne

What predicts psychologist confidence to conduct social anxiety exposure therapy

Type: Rapid poster presenter only

David Cooper

Who to see for OCD? Reducing barriers to effective care

Type: Rapid poster presenter & Rapid Poster 08

Session 06

Lexine Stapinski

Preventing anxiety and hazardous alcohol use among young adults during the COVID-19 pandemic: naturalistic trial of the self-guided Inroads early intervention

Type: Rapid poster presenter & Rapid Poster 06a

Anna Grager

Evaluating the family and friends support program: a pilot study

Type: Rapid poster presenter only

Session 07

Mahdi Mazidi

Two probes, infinite possibilities: a reliable and sensitive assessment of anxiety-linked attentional bias using the dual-probe paradigm

Type: Rapid poster presenter & Rapid Poster 07a

Hiroko Fujimoto

What aspects of the pandemic had the greatest impact on adolescent's mental health: duration of lockdown or subjective experience?
Type: Rapid poster presenter & Rapid Poster 07b

Tara Crandon

Cognitive, affective, and behavioural dimensions of climate anxiety in adolescents
Type: Rapid poster presenter only

Erin Kelly

Bi-directional associations between climate distress and psychological distress in young adults: implications of CBT
Type: Rapid poster presenter only

Session 08
Refer session 05

Session 09

Jonathan Singer

Adapting to change as legislature of medical aid in dying expands: public stigma and expectations of grief following medical aid in dying
Type: Rapid poster presenter & Rapid Poster 09a

Hinal Patel

A need for action: a systematic review of risk factors and causes of suicide mortality among medical students
Type: Rapid poster presenter & Rapid Poster 09b

Brydee Pickup

Understanding pain experiences among people with endometriosis
Type: Rapid poster presenter & Rapid Poster 09c

Thomas Woldhuis

"You're fine": understanding the impact of symptom invalidation on psychological distress in adults with symptoms of chronic physical health conditions
Type: Rapid poster presenter & Rapid Poster 09d

Session 10

Katrina Prior

Shedding light on a neglected issue: postpartum alcohol use and its predictors among new mother
Type: Rapid poster presenter only

Katherine Shircliff

The role of experiences of positive affect in contextualising problems with health and health behaviour in college students

Type: Rapid poster presenter & Rapid Poster 10b

Stephanie Lu

A longitudinal test of psychological mediators underlying the association between physical activity in daily life and prospective depression symptoms

Type: Rapid poster presenter & Rapid Poster 10c

Cele Richardson

Repetitive negative thinking mediates the relationship between inadequate sleep and symptoms of social anxiety, depression and eating disorders in adolescence: findings from a 5-year longitudinal study

Type: Rapid poster presenter & Rapid Poster 10d

Alex Reardon

Cognitive behavioural therapy-insomnia: lessons from boarding school students

Type: Rapid poster presenter & Rapid Poster 10e

Static Posters

Josephine Atwell

“The Ultimate Exposure”: a qualitative exploration of the impact of COVID-19 on adults in treatment for Obsessive-Compulsive Disorder with contamination fears
Poster 01

Donita Baird

QUITLINE counselling for QUITNIC: tobacco treatment following residential withdrawal treatment
Poster 02

David Berle

A network analysis investigation of the symptoms which "bridge" PTSD and complex PTSD
Poster 03

Laura Bird

Prevalence and correlates of subjective cognitive concerns in Australian university students during the COVID-19 pandemic
Poster 04

Leah Christiansen

Social motivation: gender and age differences in parent and educator reports among children with autism
Poster 05

Haley Coronado

Trauma history is associated with greater sleep problems in college students who regularly use substances
Poster 06

Isaac Dunn

Cognitive Behavioural Therapy for internalising symptoms in LGBTQ+ individuals: a meta-analysis
Poster 07

Carol Fadalla

Evaluating the interplay between feelings of power and pre-death grief in family members of persons with life limiting illnesses

Poster 08

Carol Fadalla

Grief expectations and perceptions of family members grieving a loss to incarceration

Poster 09

Atia Fatimah

Exploring the relationship between digital emotion regulation and mental health outcomes in young people

Poster 10

Tara Guckel

Barriers and enablers to online treatment engagement: a mixed-methods study in a population of young adults from the Inroads anxiety and alcohol online, self-guided, CBT program

Poster 11

Conor Hinds

Towards developing an evidence-based intervention for family members of people with hoarding disorder: an international Delphi consensus study

Poster 12

Tyler Livingston

Positive emotion expression explains the link between social power and health

Poster 13

Tyler Livingston

Responses to children's grief following the incarceration of a parent

Poster 14

Tyler Livingston

Stakeholders' perceptions of positive and negative psychological outcomes associated with sexual misconduct response strategies

Poster 15

Claire Maddox

Allegiance effects in cognitive processing therapy (CPT) for posttraumatic stress disorder (PTSD): a systematic review and meta-analysis

Poster 16

Mahdi Mazidi

Difficulties in emotion regulation mediate the relationship between maladaptive beliefs about emotions and affective disorder symptoms: evidence from four different samples

Poster 17

Karishma Rajan Menon

Effectiveness of schema therapy interventions in chronic psychological disorders: a systematic review

Poster 18

Tanika Sgherza

The dual-continua model in daily life: clinical diagnostic status as a moderator of the relationship between eudaimonic wellbeing and dysphoria states

Poster 19

Kentaro Shirotsuki

Modelling the relationship among social anxiety, work-related stress, and bullying in the workplace

Poster 20

Lexine Stapinski

Do school-based prevention programs impact co-occurring psychological distress and risky alcohol use across adolescence?

Poster 21

Lauren Stavropoulos

Protocol for a multiple baseline case series of imagery rescripting in generalised anxiety disorder

Poster 22

Miranda Tello

Neurocognitive disparities between foreign-and native-born rural Hispanic communities

Poster 23

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The Kidman Centre

The Kidman Centre, located within the University of Technology Sydney and based at the Prince of Wales hospital Randwick, is a dedicated research and treatment facility focused on the mental health of young individuals aged 5-25 years. Our core mission encompasses not only providing direct services to young people, but also extending support to the broader network that surrounds them, including parents, school staff, and health professionals

Conference supporter

Menzies Anxiety Centre

MENZIES ANXIETY CENTRE

The Menzies Anxiety Centre is Australia's first treatment and research facility dedicated to the psychological management of death anxiety and related conditions. Established to meet the growing demand for evidence-based death anxiety treatment, we offer a range of services including individual therapy, digital mental health tools, and specialised training for healthcare professionals.

We offer convenient access to both in-person appointments at our Sydney centre, and online appointments, ensuring treatment is available regardless of location. Our team of psychologists are actively involved in research on the causes and treatment of death anxiety, ensuring our treatment approaches are continuously informed and supported by the latest empirical research.

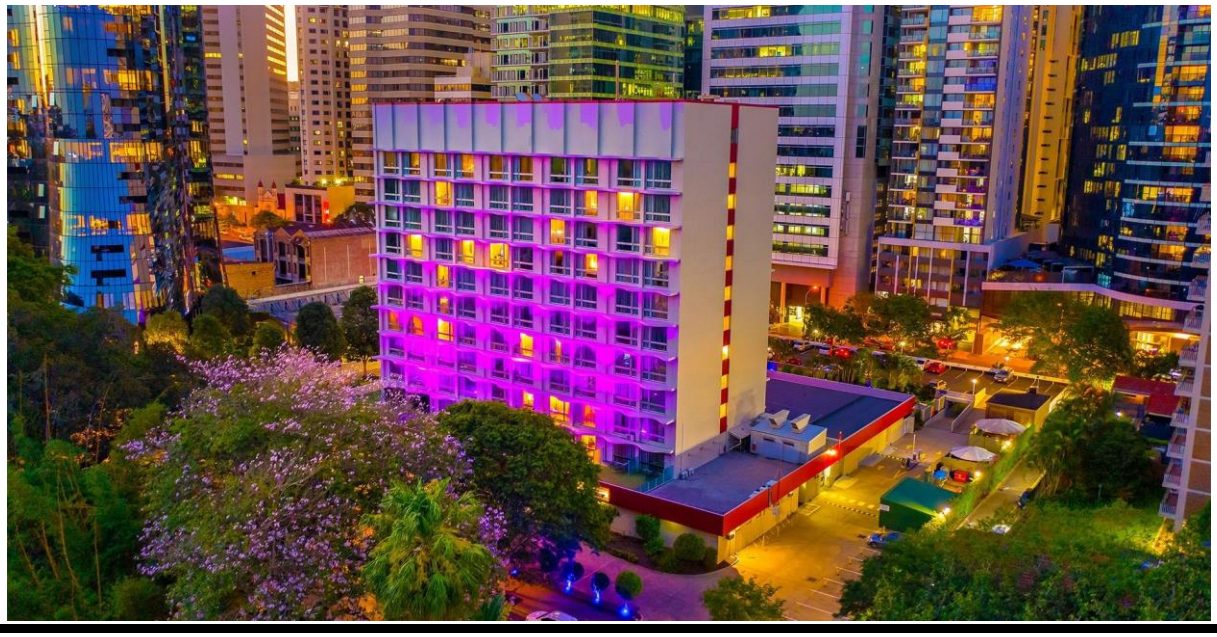
2024 AACBT National Conference (#AACBT24)

Theme: “Making meaning with CBT”

Scientific Program 17-18 October 2024

Workshops 19 October 2024

@ Royal on the Park, 152 Alice Street Brisbane, QLD 4000



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