



54th annual congress

EABCT 2024

Belgrade, Serbia, September 4-7, 2024

**New age of CBT -
Challenges and perspectives**

BOOK OF ABSTRACTS

EABCT 

ACBTS ASSOCIATION FOR
COGNITIVE AND
BEHAVIORAL
THERAPIES OF SERBIA



SERBIAN
ASSOCIATION OF
BEHAVIOURAL
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EABCT Organisation

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BOOK OF ABSTRACTS NEW AGE OF CBT – CHALLENGES AND PERSPECTIVES

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Welcome from the EABCT President



It is with great pleasure that I am welcoming you to the 54th Congress of the European Association of Behavioural and Cognitive Therapies (EABCT).

EABCT is an umbrella association made up of 55 CBT associations across the geographical continent of Europe and each year the congress is hosted by a different EABCT member association. This year we are in Belgrade in Serbia, last year we were in Antalya, Turkey and next year we will be in Glasgow, Scotland, UK.

The annual congress is therefore a great opportunity to cross linguistic and cultural boundaries, to learn about ground breaking research and practice from across Europe and internationally. I do hope that you will bear this breadth and novelty in mind as you navigate your way through the programme. Please do dip in and find out what is going on in other countries and in other specialities to your own.

We will hear from some well known people, but ALL contributions to the congress are important, from those starting out doing a poster or presenting their research for the first time, to EACH participant whose understanding is increased, who learn a new skill, or whose curiosity is sparked!

So please do ask questions, chat to people afterwards, and take what you learn back into your practice. There will be something for everybody - and the ultimate beneficiaries will be your clients, their families and the public.

Welcome to the 2024 EABCT congress!!

Katy Grazebrook
EABCT President

A Message from the EABCT 2024 Host

Dear Colleagues,

Welcome to the 2024 EABCT Congress! It is with great excitement and pride that we host this year's event, bringing together a diverse and vibrant community of professionals dedicated to advancing the fields of behavioral and cognitive therapies.

The theme of the congress reflects our commitment to exploring cutting-edge research, innovative practices, and the evolving challenges within our discipline. Over the next few days, we will delve into a rich program that offers a blend of keynote speeches, symposia, workshops, skill classes, panel debates, roundtables, early career sessions and poster presentations, all designed to inspire, inform, and connect. This conference is more than just an academic gathering—it is a unique opportunity to renew old friendships, forge new connections, and collaborate on ideas that will shape the future of our field. Whether you are a seasoned expert or a new entrant to the world of cognitive and behavioral therapies, we hope you find the program both enriching and stimulating.

We are deeply grateful to our keynote speakers, presenters, and workshop leaders who have generously shared their expertise and time. We also extend our heartfelt thanks to our sponsors, whose support has been instrumental in making this event possible. As you navigate through the sessions, we encourage you to engage fully, ask questions, and share your experiences. The strength of EABCT lies in the collective wisdom of its members, and it is this exchange of knowledge and ideas that drives our community forward.

We hope you enjoy your time at EABCT 2024 and leave with renewed energy, fresh perspectives, and a deeper commitment to our shared goals.

Thank you for being part of this exciting journey.

Warm regards,



Tatjana Vukosavljević Gvozden
President of the EABCT 2024 Organizing Committee
ACBTS President



Ivana Vračkić
Copresident of the EABCT 2024 Organizing Committee
SRABCT President

KEYNOTE SPEECH



KN1: Re thinking CBT formulation: Hoarding Disorder as an example of convergent processes in understanding and treating psychological problems

Paul Salkovskis

Oxford University, United Kingdom

Re-thinking CBT Formulation: Hoarding Disorder as an Example of Convergent Processes in Understanding and Treating Psychological Problems

In this lecture, participants will hear about re-evaluating cognitive-behavioral therapy formulations using hoarding disorder as a case study to explore convergent processes in understanding and treating psychological issues

KN2: How Rational Emotive Behavior Therapy is Integral in Addressing Our Current Global Challenges

Kristene Doyle

Executive Director Albert Ellis Institute, United States

In this session, I will discuss some of the global challenges and the emotional and behavioral toll it is taking on our clients' mental health. Some of those challenges include social media's impact; the aftermath of the global Covid-19 pandemic; polarizing political environments; national and international terrorism; and the opioid/substance use crises. Recommendations on how Rational Emotive Behavior Therapy (REBT), the original cognitive behavior therapy will be discussed.

KN3: What's compassion got to do with it? Addressing the issues of shame and self-criticism in therapy

Chris Irons

Balanced Minds, United Kingdom

In this keynote, I'll outline how and why shame and self-criticism are not only common issues in therapy, but how they can cause damage to the therapeutic process and outcome. We'll look at ways of understanding these common presenting issues, and consider how Compassion Focused Therapy can play a powerful role in addressing shame and self-criticism in and outside the therapeutic space.

KN4: Emotion regulation for all: helping adolescents in under-resourced settings

Marija Mitković-Vončina

Institute of Mental Health, Belgrade, Serbia; University of Belgrade, Faculty of Medicine, Serbia; Serbian Association of Behavioural and Cognitive Therapists (SRABCT)

Milica Pejovic-Milovancevic

Institute of Mental Health, Belgrade, Serbia; University of Belgrade, Faculty of Medicine, Serbia; Association for Cognitive and Behavioural Therapies of Serbia (ACBTS)

Adolescence (including the age of transitioning to adulthood) is a period of both opportunity and vulnerability when it comes to mental health and development. Data suggest that up to three quarters of all mental disorders onset by the age of 24, affecting both current functionality and the developmental pathway, with possible long-term adverse outcomes, but that there is the reduced ability of services to deliver appropriate interventions that are timely and evidence-based, especially in low and middle income countries where the allocation of resources for mental health in general is low. The most common internalizing and externalizing mental health difficulties in youth may vary in intensity, and have overlapping or comorbid presentations, resulting in the rise of transdiagnostic approaches for youth, with emotion dysregulation (EDR) recognized as one of the promising transdiagnostic targets. In recent years, there

has been a proliferation of various interventions targeting EDR in youth, with overall promising outcomes, but with highly variable study-by-study size effects, possibly due to heterogeneous methodologies, obstacles related to time demands and challenges for mental health professionals to go through complicated training. This may also be related to the challenge of evidence-based intervention effects decreasing when interventions move from research to the “real-world” practice context, especially in under-resourced settings. These obstacles may result in a considerable number of youth in need not accessing the appropriate help, indicating the necessity of individualized, less complex and more implementable interventions. The lecture aims to provide an overview of these challenges and present how the paradigm of targeting EDR of youth (from CBT perspective) could evolve on a national level, in a country where public sectors providing mental health support to youth have been under-resourced while the number of youth in need has been increasing. In Serbia, this paradigm shift has included research and prevention-intervention activities on several levels. The research activities focus on investigating the associations between parental emotion regulation strategies and aspects of parenting on a nationally representative sample of parents, the study of mental disorders among adolescents in general population across the country, and the study of predictors and outcomes of EDR in a clinical cohort with EDR followed through transitioning to adulthood. On prevention - intervention level, the nationwide models were introduced that include focus on regulating emotions - on supporting positive parenting and on providing essential psychosocial interventions to youth (through training of professionals in public key sectors); as well, a clinical division for adolescent EDR and tailoring interventions to be applicable in under-resourced settings has been established. The efforts have resulted in the key stakeholders signing the memorandum of collaboration when it comes to providing mental health support to youth, providing a first step to the future of helping all youth in need in this field.

Acknowledgments: The data presented include the work supported by 1) UNICEF Serbia in the framework of the: a) project “Supporting Adolescent Mental Health in Serbia: Strengthening Capacities of Mental Health Professionals” (No. REF: BGD/PGM/DK/SV/2022-614), conducted in collaboration of the Institute of Mental Health, Belgrade, Serbia, and Orygen, Australia, b) project “Support for professionals and parents in non-violent disciplining of children” conducted in collaboration with the Association for Child and Adolescent Psychiatry and Allied Professions of Serbia – DEAPS, c) project “Integrated response to violence towards women and girls in Serbia III”, conducted in collaboration with UN Women, UNFPA, UNDP, the Government of Serbia, supported by the Government of Sweden, and d) project Research on Child Disciplining at Home in Serbia (conducted by the Institute of Psychology, University of Belgrade, and the Institute of Mental Health); as well as by 2) DEAPS in the framework of the project “Emotion dysregulation of adolescents: the study of predictors and outcomes” (No. REF: DEAPS-NIR-2022/01), and 3) Project of Crisis Psychosocial Support to the Community (Institute of Mental Health, Belgrade and Faculty of Medicine, University of Belgrade), implemented by the Institute for Mental Health and based on the Conclusion of the Working Group for Support to the Mental Health and Safety of Youth, 08 Number 06-00-4564/2023-2 dated 05/24/2023, Government of the Republic of Serbia, supported by the Ministry of Education, Science and Technological Development of the Republic of Serbia.

Keywords

emotion dysregulation, adolescents, emerging adults, CBT intervention, under-resourced settings

KN5: Differential predictor, mechanisms, and sustainers of CBT vs antidepressants for treating Major Depression

Edward Craighead

Department of Psychology, Emory College of Arts and Sciences, United States

Differential Predictors, Mechanisms, and Sustainers of CBT vs Antidepressants for Treating Major Depression

In this lecture, participants will hear about the distinct predictors, mechanisms, and sustaining factors involved in the effectiveness of cognitive-behavioral therapy compared to antidepressants in treating major depression.

KN6: Applications of REBT in forensic Mental Health

Ag Ahmed

College of Medicine, University of Saskatchewan, Canada

The Therapeutic Justice Program (TJP) is an innovative approach that combines elements of the criminal justice system with therapeutic interventions to address the underlying issues contributing to criminal behavior. The TJP aims to provide individuals involved in the criminal justice system with opportunities for rehabilitation and personal growth. By incorporating therapeutic interventions, such as REBT, into the justice process, the TJP seeks to address the root causes of criminal behavior and promote positive change. Within the TJP, REBT can be applied in various ways. By targeting irrational beliefs and promoting adaptive thinking and behavior, REBT can contribute to the rehabilitation and reintegration of individuals involved in the criminal justice system. Further research and collaboration between mental health professionals and justice system personnel are needed to enhance the effectiveness and accessibility of REBT within the TJP.

Learning Objectives:

1. To provide an overview of the Therapeutic Justice Program (TJP) and its goals in addressing the underlying issues contributing to criminal behavior.
2. To explore the application of Rational Emotive Behavior Therapy (REBT) within the context of the TJP and its effectiveness in promoting positive change and rehabilitation.
3. To discuss the unique challenges and considerations when implementing REBT within the TJP and identify strategies for successful integration and adaptation of REBT techniques.

KN7: When climate-related disaster strikes: What should we do about PTSD?

James Bennett Levy

Southern Cross University, Lismore, New South Wales, Australia

This keynote, part research-based, part conceptual, part autobiographical, will reflect on the mental health impacts of past 7 years in northern New South Wales, Australia. These years have seen 3 major floods, 2 seasons of bushfires, and the 3 hottest years on record. I'll describe the rationale, and evolution of the key elements for a 4-year stepped care clinical trial to address climate-related PTSD. The trial features two kinds of low intensity intervention: arts-based and nature-based compassion-focused groups. For the high intensity intervention, we have elected to trial group-based MDMA-assisted therapy. Some of the initial challenges we face mounting this clinical trial in a small, highly networked, traumatised community will be described.

KN8: Beyond CBT in the Treatment of Depression: Integrating current models of risk and resilience

Keith Dobson

University of Calgary, Canada

There are now a range of evidence-based psychological therapies for depression, including several models based on cognitive-behavioral principles. Even so, the literature on risk and resilience factors for depression suggests that the field needs to move "beyond CBT", to a more integrated biopsychosocial and individualized approach. In this address, some of the factors not well incorporated into CBT models are discussed, and a broader model is suggested. This model uses CBT as its basis, but is able to integrate other evidence-based strategies into treatment for depression, to make interventions more contextualized and likely more efficient and effective.

KN9: Challenges and perspectives in prolonged exposure therapy for PTSD

Maria Bragesjö

Center for Psychiatry Research, Karolinska Institutet, Stockholm, Sweden

Challenges and Perspectives in Prolonged Exposure Therapy for PTSD

In this lecture, participants will hear about the various challenges and perspectives associated with the use of prolonged exposure therapy for treating post-traumatic stress disorder.

KN10: Should Culture be an Integral Part of Supervision?

Margo Ononaye

University of Southampton, United Kingdom

The aim of this keynote is to present the evidence exploring the importance culturally responsive supervisory practice. The focus will initially be on presenting research investigating whether therapists from racially and ethnically minoritized (REM) backgrounds are being supported in supervision. It will also consider the research looking at whether white psychological professionals are able to offer safe and supportive supervision to their supervisees from REM backgrounds. The talk will all consider whether you, as a clinician, can learn the skills to develop a cultural narrative in supervision. The overall aim is to support supervisors and supervisee to ensure that everyone benefits from culturally responsive supervision.

KN11: Shall we add compassion to schema therapy

Gregoris Simos

University of Macedonia, Greece

Shall We Add Compassion to Schema Therapy

In this lecture, participants will hear about the potential benefits of incorporating compassion-focused elements into schema therapy to enhance treatment outcomes.

KN12: Treating emotion dysregulation in autistic adults through dialectical behavior therapy (DBT) and compassion-focused therapy

Luisa Weiner

University of Strasbourg, France

Emotion dysregulation (ED) is highly prevalent in autistic adults. Importantly, in autism, ED is associated with increased rates of suicidal behavior, non-suicidal self-injury (NSSI) and poorer quality of life and overall functioning. Nevertheless, few studies have investigated ED and its treatment in autistic adults. In this talk, we will focus on how DBT and CFT may target ED in autistic adults. To do so, we will present the results from empirical studies led by our team and clinical vignettes to illustrate the main principles and adaptations of both interventions.

KN13: Common Factors And Shared Strategies: What Makes Cognitive Behavior Therapies Effective?

Raymond DiGiuseppe

St. John University, United States

Multiple types of Cognitive-Behavioral Therapies have appeared in the last 50 years. All have research data demonstrating their effectiveness. What accounts for the effectiveness of the various forms of CBT? This presentation will explore whether the Dodo bird effect applies to CBT and what common factors and active ingredients account for the effectiveness of all forms of CBT.

KN14: Building bridges between the old and the new: Innovative contributions in test anxiety conceptualization and intervention

Maria do Céu Salvador

University of Coimbra, Portugal

Test anxiety has been receiving attention since the 1950's, and it has been approached from different perspectives. However, despite its high prevalence and impact among adolescents and young adults, much remains to be understood. This keynote tries to build some bridges in this field, bringing us across to recent approaches, and discussing implications for assessment, conceptualization and intervention.

KN15: Infidelity and its Consequences: Is it possible to to re-build trust following affairs?

Mehmet Sungur

Istanbul Kent University, Turkey

Infidelity and Its Consequences: Is It Possible to Re-build Trust Following Affairs?

In this lecture, participants will hear about the complexities of infidelity and explore strategies for rebuilding trust and repairing relationships after affairs.

KN16: Cultural Adaptation of CBT for Psychosis: Working with diverse communities

Peter Phiri

University of Southampton, United Kingdom

Cultural Adaptation of CBT for Psychosis: Working with Diverse Communities

In this lecture, participants will hear about adapting cognitive-behavioral therapy for psychosis to effectively work with and address the needs of diverse cultural communities.

KN17: EMDR therapy and research: the state of the art

Isabel Fernandez

EMDR Italy, Italy

It is just over 35 years since Francine published her first studies on EMDR. Since then, clinicians and researchers have found EMDR to be effective beyond addressing simple PTSD experiences. The application of EMDR therapy include children who have experienced trauma, depression, early interventions, chronic pain and certain types of complex trauma populations such as war veterans. Most of the research on EMDR has been done in comparison with CBT.

As a result, Trauma-focused Cognitive-Behavioural Therapy (CBT) and Eye Movement Desensitization and Reprocessing (EMDR) have been declared the two first-line treatments of the psychological effects of traumas according to international guidelines.

During the presentation research on trauma-focused cognitive-behavioural therapy (TF-CBT) and/or eye movement desensitization and reprocessing (EMDR) will be described as well as its integration.

KN18: Integrative and Multimodal CBT as a platform of evidence based psychotherapy integration. Clinical and academic implications

Daniel David

International Institute for the Advanced Studies of Psychotherapy and Applied Mental Health, Department of Clinical Psychology and Psychotherapy, Babeş-Bolyai University, Romania

CBT is an umbrella paradigm, covering various approaches/schools of CBTs, following the classical “waves”: the behavioral first wave, the cognitive (restructuring) second wave (e.g., REBT, CT), and the cognitive acceptance (defusion) third wave. Integrative and Multimodal CBT will teach you how to efficiently combine them (and other psychotherapy treatments tributary to other paradigms) in personalised evidence-based psychological treatments, including the new technological developments, based on current developments in cognitive (neuro) science. Both research and clinical aspects will be covered.

KN19: You shouldn't feel that way - but you do: Coping with Difficult Emotions (online)

Robert Leahy

Weill Cornell Medical College, USA

We frequently hear invalidating comments about our difficult emotions, such as “You shouldn't feel jealous, resentful, envious, bored, or regretful”. But these are universal emotions that we all might feel and disowning this part of our self is unrealistic and self-defeating. The emotional schema model views all emotions as the result of the evolutionary process and that our cultural and socialization experiences make it difficult to integrate these experiences into our lives. Our beliefs about emotions affect our tolerance of the inevitable difficulties of a completely human existence. The relentless pursuit of happiness, existential and emotional perfectionism and beliefs in a “higher self” lead to attempts to suppress these feelings which leads to more anxiety and beliefs that we are not “normal”. Complex emotions such as jealousy, envy, and regret function as systemic “modes” which are integrated strategies for coping. For example, the regret mode imagines a “better world” (alternative), compares outcomes to an ideal that does not exist, ignores the limits of our knowledge in making decisions, rejects tradeoffs, and activates rumination and self-criticism to motivate us to try to pursue maximum benefits. In its extreme form, regret becomes guilt, but the absence of guilt leads to distrust and sociopathy. How do we help clients find the right balance? What is the right amount of regret, for the right reasons, expressed in the right way, to produce the best outcome within our human limits? How do existential and emotional perfectionism and biases in predicting emotions lead to our difficulty in using painful emotions to benefit us?

KN 20: Regulating Emotions

Stefan Hofmann

Philipps-Universität Marburg, Germany

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

KN21: Entropy of mind and negative Entropy: A cognitive and Complex Approach to Schizophrenia and its Therapy

Tullio Scrimali

University of Catania, Italy

Schizophrenia is the central problem in the sciences of the mind, not only for its etiological, psychopathological, and clinical aspects, but also because of its implications for therapy and rehabilitation. In this keynote address the author describes a series of new scientific and clinical perspectives for schizophrenia, influenced by some new cognitivist and constructivist approaches and informed by the logic of complexity and non-linear, dynamic systems. The author delineates a new complex theory of the brain and the mind, founded on the concept of the modular and gradient brain and the coalitional mind. Furthermore, Scrimali underlines how the new paradigm of connectomics allows a better understanding of schizophrenia (Scrimali, 2008).

Subsequently, the author presents a multi-factorial conceptualization of the etiological dynamic and an original, complex, and evolutionary perspective concerning the psychotic condition, which has been redefined, in this case, as Entropy of the Mind or Phrenentropy.

At this point the author illustrates an innovative, integrated protocol, denominated Negative Entropy, he developed for the treatment and rehabilitation of patients with schizophrenia. This protocol includes and integrates some new methods and devices coming from Applied Neuroscience, such as the MindLAB Set designed, developed, and experimented by Scrimali (Scrimali, 2012).

A new, original, and patented drug for curing schizophrenia, developed by Scrimali and named NegEnt, is also presented (Scrimali, 2020). Concluding his keynote, the Author presents some data coming from a more than twenty years lasting clinical research based on some controlled studies conducted with schizophrenic patients.

KN22: Is CBT only for White people?

Saiqa Naz

British Association for Behavioral and Cognitive Psychotherapies, United Kingdom

CBT has traditionally been conceptualised as being for White western populations. Dr Saiqa Naz will use research to dismantle this narrative and position CBT in a multicultural context.

KN23: Because you had a bad day: emotional eating in youth

Caroline Braet

Ghent University, Belgium

During adolescence, young people undergo significant developments that make them emotionally vulnerable, resulting in increased emotional reactivity to negative emotions. As we cannot and should not ask them to avoid emotional experiences, it seems especially important to pay attention to how young people deal with or regulate challenging emotions. While researching emotion regulation processes I discovered that emotional eating is highly prevalent (up to 44 % in community samples) and hinder weight control. Nevertheless, the causes and consequences are still understudied. My research started from the observation that when challenging emotions are not successfully managed, this is often associated with eating comfort food in the absence of hunger, also defined as emotional eating. I will discuss some pertinent questions and show how young people can learn to master emotional eating patterns.

KN24: A Process-Based Approach to CBT: Focusing on Person-Level Processes in Context (online)

Clarissa Ong

Department of Psychology, University of Toledo, USA

Cognitive behavioral therapy is one of the strongest evidence-based treatments available in the field of psychotherapy, with research supporting its efficacy for a range of conditions, including obsessive-compulsive disorder (Olatunji

et al., 2013) , generalized anxiety disorder (Cuijpers et al., 2014) , depression (Cuijpers, 2017) , and insomnia (Okajima et al., 2011) . At the same time, remission rates associated with CBT range from 48–56% (Springer et al., 2018) and some evidence indicates that the efficacy of CBT may be stagnating (Bhattacharya et al., 2022; Cristea et al., 2017) . Together, these findings suggest that CBT helps many but not all people struggling with psychological problems and that CBT has not gotten significantly more effective after decades of research and practice. Part of the problem paradoxically could be the standardized protocols and group-level randomized controlled trials that helped CBT become the gold- standard psychotherapy in the first place. These nomothetic methods generally fail to consider the individual in their specific context, which may be crucial when treating clients with unique problems and histories. Process-based CBT (PBT) is designed to address this gap, relying on evidence-based methods that have been found to be effective on average, while tailoring them to the idiographic needs of individual clients (Hofmann & Hayes, 2019) . Specifically, PBT is an approach to therapy or a model for thinking about therapy from an evolution science lens, focusing on dimensions of psychological functioning, levels of analysis, and principles of change (Hayes et al., 2020) . This presentation will describe the PBT model, explore how it can be integrated with cognitive behavioral therapies, and present examples of how it can be used with clients.

KN25: CBT of psychosis: the state of the art

Antonio Pinto

SITCC, APC,/SPC,CBT School, CEPICC, Department of Mental Health, Naples, Italy

Cognitive Behavioral Therapy (CBT) is considered an evidence-based treatment for people with a psychotic disorder. In fact, substantial evidence has been reported for the effectiveness of CBT for psychosis in reduction of persistent positive and negative symptoms, the overall symptomatology and the mental state, as well as in the early intervention and in delaying the transition to psychosis.

The evolution of the treatment from standard CBTp to the integration with third and fourth generation therapies, and its clinical implications, will be showed in this presentation

KN26: Cyberchondria: Hypochondria of the 21st century

Vladan Starčević

University of Sydney, Sydney, Australia

This presentation first addresses the frequency, precipitants, predictors and outcomes of online health information seeking (OHIS), which has generally had a positive and empowering effect. However, health anxiety in some individuals is exacerbated with OHIS, potentially leading to cyberchondria.

Cyberchondria is defined as an excessive and/or repetitive OHIS that persists despite its negative consequences and is associated with increased distress or health anxiety. Cyberchondria is a relatively distinct construct. It is driven by a combination of information insufficiency, intolerance of uncertainty, need for reassurance and imbalance between trust and scepticism and has important relationships with health anxiety, problematic Internet use and compulsivity. Although cyberchondria is closely related to health anxiety, it is not just a modern counterpart to hypochondriasis.

Cyberchondria is also significantly related to online health information management issues (e.g., difficulty coping with information overload) and maladaptive interactions with the Internet (e.g., unrealistic expectations of the Internet). The consequences and public health implications of cyberchondria include functional impairment, increased healthcare utilisation, discontent with healthcare received and various changes in interactions with physicians and patterns of seeking and receiving healthcare.

During the COVID-19 pandemic, a combination of COVID-19-related fears, infodemic, misinformation, uncertainty and shaken trust in authorities led to more prominent manifestations of cyberchondria. Thus, cyberchondria may be particularly relevant during public health crises such as pandemics. Prevention of cyberchondria entails changes in the way online health information is presented and addressing risk factors for cyberchondria, but the key strategy is improving online health information (e-health) literacy. The main goal in the management of cyberchondria is feeling confident and being in control whilst performing OHIS so that it does not lead to an escalation of health anxiety. Case formulation and modification of the existing behavioural and cognitive therapy techniques show promise in the treatment of cyberchondria.

KN27: Recent Developments and Future Directions in Cognitive Behavior Therapy (online)

Judith Beck

University of Pennsylvania, USA

While many clinicians, researchers, and educators are familiar with CBT theory, conceptualization, and treatment, they may be unaware of the refinements made over the previous decade. This presentation will focus on important changes, including the introduction of a strength-based conceptualization and a recovery orientation, integration of techniques from other evidence-based modalities, using the conceptualization to overcome therapeutic ruptures, and adapting treatment for each individual client, considering the client's age, gender, developmental level, education, socio-economic status, cultural background, history (including trauma), environmental contexts (such as racism), and other factors. CBT has been researched and modified for many different populations around the world and is now delivered by a wide range of professionals and non-professionals using a variety of novel delivery formats.

KN28: Cognitive Behavioural Writing Techniques for Posttraumatic Stress

Arnold Van Emmerick

University of Amsterdam, Netherlands

Therapeutic writing techniques are increasingly recognized as an evidence-based treatment for posttraumatic stress symptoms or posttraumatic stress disorder. This lecture briefly describes three therapeutic writing models and summarizes the main research findings on their efficacy. The procedures and positive outcome findings of a fourth model, Structured Writing Therapy, are described in more detail.

KN29: Neurodevelopmental disorders: the reality of challenges

Milica Pejović Milovančević

Institute of Mental Health, Belgrade, Serbia; University of Belgrade, Faculty of Medicine, Serbia; Association for Cognitive and Behavioural Therapies of Serbia (ACBTS)

Marija Mitković-Vončina

Institute of Mental Health, Belgrade, Serbia; University of Belgrade, Faculty of Medicine, Serbia; Serbian Association of Behavioural and Cognitive Therapists (SRABCT)

Neurodevelopmental disorders include behavioral and cognitive disorders that occur during the developmental period and that are marked by significant difficulties in acquiring and performing specific intellectual, motor, language, or social function. These disorders are multifactorial in origin, show gender differences, and have a chronic course with consequences that last a lifetime. Conceptualizing these disorders has gone through challenges and changes over the time, still causing controversy, with contemporary classifications now defining them as a separate group. The surprising rise in prevalence, the lifetime challenges for individuals and families, as well as the challenges for public systems to help (and especially in LMICs) have put the neurodevelopmental disorders, and especially autism spectrum disorders (ASD) and attention deficit hyperactivity disorders (ADHD) at the spot of special attention. This keynote lecture is aimed at giving overview of the most concerning challenges when it comes to care for individuals and families with ASD and ADHD, and to present the pathway of addressing these challenges in LMICs such as Serbia. The last 15 years have been crucial to reaching the significant progress milestones in this domain. The past decade of child health care reform on the primary level in Serbia was marked by national efforts aimed at elevating family-centered, strengths-based care, early stimulation and developmental monitoring, home visiting, and early childhood interventions for the most vulnerable families. The crucial role of the health sector was also recognized in the National Program for Early Childhood Development (ECD) adopted by the Serbian Government in March 2016. It recognizes the importance of the healthcare sector in promoting a child's development and supporting parents and wider environment in creating conditions for optimal child's development, but also stresses the importance of cross-sectoral coordination between relevant sectors (healthcare, social welfare, education, culture and information, finance) in providing support to families. For the most at-risk children with developmental risks, difficulties and disabilities such as neurodevelopmental disorders, family-oriented Early Childhood Intervention (ECI) services have been modeled in Serbia to bring together primary healthcare centers, preschools, and social welfare services. Parents and caregivers are seen as equal partners

in planning and delivering early childhood intervention. Two editions of comprehensive guidelines for the diagnosis and therapy of children and adults with ASD were created, numerous trainings of experts were carried out for the application of modern diagnostic procedures, new evidence-based therapeutic modalities were introduced and a professional distinction was made from those modalities that are not based on evidence. Changes were introduced in individual work with children, and specific attention was given to working with parents through programs such as caregiver skill training (CST), family oriented early intervention (PORI), etc. When it comes to ADHD, a new edition of guidelines for diagnosis and treatment has been issued, with significant progress in identifying and tackling ADHD in the adult population in recent years. Future plans will be presented, with focus on research and continuous professional development that include the mechanisms for horizontal exchange, helping the alignment of pre-service education with innovation in the in-service practice.

Key words: neurodevelopmental disorders, ASD, ADHD, CST, PORI

KN30: CBT and the seven secrets of mental health

Miro Jakovljević

University of Zagreb, Croatia

Mental disorders and suffering are generally caused by the lack of empathy and empathic gaps at all levels, from family and community to society and our volatile, uncertain, complex and ambiguous world. Empathization-based Cognitive, Emotional and Behavioral Therapy (EB-CEBT) is oriented to promote salutogenesis, wellness and positive mental health not only to decrease illness and stop pathogenesis. To eliminate mental illness, we should help our patients to overcome their rigid, biased, prejudiced, judgmental, destructive expectations, desires, hopes, intentions related to their ordinary ways of thinking about themselves and the world around them. EB-CEBT promotes empathic learning, creative praxis, love, happiness, power, freedom and purpose/meaning of life and is an essential component of the Creative, Person-centered Narrative Psychopharmacotherapy.

PRE-CONGRESS WORKSHOPS



WP1: The Assessment, Diagnosis and Treatment of Anger Problems

Raymond DiGiuseppe

St. John University, United States

In this pre-congress workshop participants will hear about effective strategies for assessing and diagnosing anger problems and how to apply targeted CBT techniques in order to solve them.

WP2: Working with Self criticism using Compassion Focused Therapy

Chris Irons

Balanced Minds, United Kingdom

In this pre-congress workshop participants will learn about using compassion-focused therapy to address and manage self-criticism effectively.

WP3: A practical guide to CBT for Obsessive compulsive disorder: a masterclass

Paul Salkovskis

Oxford University, United Kingdom

In this pre-congress workshop participants will hear about a comprehensive guide to implementing CBT for obsessive-compulsive disorder, with a focus on hands-on, advanced practices.

WP4: Acceptance and Compassion based interventions for Test Anxiety: New approaches for an old problem

Maria Do Céu Salvador

Coimbra University, Portugal

Despite the absence of diagnostic criteria, test anxiety (or exam anxiety) is a highly prevalent condition, affecting predominantly secondary and university students. It has deleterious effects on students' academic performance, mental health, and well-being. Students with high test anxiety frequently feel guilty for not studying as hard as they should, and ashamed and self-critical for what they consider poor performance. Furthermore, they are constantly anticipating catastrophic results, and they try to fight or escape anxiety in any way they can (e.g., positive thoughts, medication, or skipping exams).

In line with these clinical features, research finds test anxiety associated with high levels of shame and self-criticism, and with low levels of mindfulness and experiential acceptance.

Contextual therapies emphasizing these processes have been shown to be effective in anxiety disorders, and some steps in test anxiety are also being taken.

In this workshop, some clinical and research aspects of test anxiety will be presented and discussed. However, most of the work will have a clinical focus. This part will start with a brief overview of the theory behind compassion-based interventions and Acceptance and Commitment Therapy, after which we will focus on presenting, experiencing and practicing mindfulness, compassion, and acceptance-based strategies tailored to help students cope with test anxiety and lead a richer and more meaningful life.

WP5: Chipping Away at the Marble: Developing Supervision Skills in Culturally Responsive Supervision

Margo Ononaiye,

University of Southampton, United Kingdom

The aim of this keynote is to present the evidence exploring the importance culturally responsive supervisory practice. The focus will initially be on presenting research investigating whether therapists from racially and ethnically minoritized (REM) backgrounds are being supported in supervision. It will also consider the research looking at whether white psychological professionals are able to offer safe and supportive supervision to their supervisees from REM backgrounds. The talk will all consider whether you, as a clinician, can learn the skills to develop a cultural narrative in supervision. The overall aim is to support supervisors and supervisee to ensure that everyone benefits from culturally responsive supervision.

WP6: Entering the World of Psychedelic-assisted Therapy

James Bennett Levy

Southern Cross University, Australia

James Hawkins

United Kingdom

Since the publication of Michael Pollan's popular book "How to Change your Mind" (2018) and his subsequent Netflix series, there has been an explosion of interest in psychedelic-assisted therapy (PAT) – and an explosion of accompanying hype. Alongside the interest and hype, there has also been a rapidly growing body of research, which suggests that PAT may be helpful for many clients who have had extended struggles with depression, PTSD, drug and alcohol problems, and other disorders.

The world of PAT is currently a confusing landscape. It is hard to know where to start. This workshop is for therapists contemplating taking their first steps into the world of PAT. Our primary aim is to answer some of your key questions; and to provide pointers which may be helpful in your decision-making about whether or not to pursue the PAT path at this time.

We shall aim to address issues such as: How solid is the evidence for PAT at this point? How promising is PAT as a potentially paradigm-shifting therapy? What does PAT look like in practice? What are the protocols used in clinical trials? What are the various psychedelic substances currently being investigated? Which disorders are particularly good targets for PAT? For which medicines? What are the contraindications? Do the results justify the expense - and the amount of therapist time involved? How can we best train PAT therapists? How translatable are your current therapist skills (e.g. CBT skills) to this new environment? More than most workshops, there will be plenty of opportunities for questions and answers, for discussion and for role-play.

.Learning Objectives

That you are:

1. Better informed about important psychedelic-assisted therapy developments, both with emerging research and with developing licensing changes
2. Better able to respond to client questions about indications, safety and availability of these approaches.
3. Clearer about what is involved in practising psychedelic therapy
4. Clearer about your interests in this field and what further steps you might now want to take.

The Presenters

James Bennett-Levy and James Hawkins come from different continents and come at PAT from different angles. James Hawkins is a medical doctor/psychotherapist from Scotland. James founded the Psychedelic Health Professionals Network in 2019. He is an experienced PAT trainer and has been leading legal Netherlands-based psychedelic retreats, with a particular emphasis on therapist self-experience to enhance PAT training. James Bennett-Levy comes from Australia, the world's first country to enable the clinical use of psychedelics for specific conditions. He is a PAT researcher on several clinical trials, and was recently awarded an AUS\$3.8mill government grant to evaluate a stepped care approach to addressing disaster-related PTSD, with MDMA-assisted therapy as the 'high intensity' intervention.

Some Key References

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WP7: Cognitive Behavioural Systems Approach to Couple Problems

Mehmet Sungur

Istanbul Kent University, Turkey

In this pre-congress workshop participants will hear about a cognitive-behavioral systems approach to understanding and addressing challenges in couple dynamics.

WP8: Treatment and prevention of PTSD. A non-trauma self-efficacy-focused cognitive therapy approach

Agnieszka Popiel

SWPS University of Social Sciences and Humanities, Warsaw; Polish Association for Cognitive Behaviour Therapy, International representative., Poland

In the 21st century, war has never been so close to Central Europe as in the last two years. War increases at least twice the prevalence of PTSD in its victims. Any effort to treat and prevent PTSD with evidence-based methods is our obligation toward victims of trauma and to professionals who are at increased risk of job-related traumatization. Trauma-focused CBT is a group of widely recognized group of highly recommended treatments for PTSD. But how can professionals be prepared for job-related traumatization in the future? Is there any option for patients who refuse to focus on trauma memories during treatment? The workshop will be based on 15 years of studies and clinical experience that led to the elaboration of two process-based protocols: "Self-efficacy focused cognitive therapy for PTSD", and "Effective performance under stress" is a prevention program designed for first responders to prevent PTSD by enhancing coping self-efficacy in the face of the emotional consequences of traumatic stress. The theoretical assumptions of both protocols take account of the basic psychological processes maintaining emotional disorders, and in particular, coping-self efficacy as the core of the seven-factor PTSD model. While the purpose of the therapy is to reduce the distress associated with PTSD by influencing beliefs on self-efficacy, in prevention, a targeted influence of the development of these beliefs would result in resilience to trauma symptoms.

The workshop will consist of two parts

I. Review of evidence-based treatments for PTSD with a Prolonged Exposure (PE) treatment as an example of TF-CBT. What if TF-CBT doesn't work or people don't want it? A TRAKT protocol of a "Process-based self-efficacy-focused cognitive therapy for posttraumatic stress disorder" will be described step by step. Data on the efficacy of the TRAKT protocol in comparison with PE will be presented. Temperamental moderators of outcome will be discussed in the context of personalization of the treatment.

II. Can we prevent PTSD? In summary, the main assumptions of the "Effective performance under stress" program designed to prevent PTSD in firefighters and other professions will be described and the results of its effectiveness presented.

WP9: ACT and the Self: From Self Esteem to Self Acceptance

Richard Bennett

University of Birmingham, Colombia

Background

Experiencing persistent negative or critical thoughts about the self is one of the most common issues to face people in everyday life. It can affect our confidence, our relationships, and how we feel about ourselves in a range of situations. For some of us, this only occurs occasionally, whilst, for others, it can impact everything.

Consequently, self-critical thinking has the potential to impair our ability to lead a meaningful and fulfilling life.

Traditionally, approaches to managing pervasive self-criticism have attempted to boost self-esteem or build 'new' core beliefs. However, this has produced variable results, with many people finding that they cannot access more positive views about themselves in times of difficulty, which is when they need them most. Third-wave CBT approaches, notably Acceptance and Commitment Therapy (ACT), now focus on a model of self-acceptance, rather than self-esteem, helping people to build healthier relationships with their whole self, by changing the context that these thoughts arrive in, rather than seeking to change their content.

This workshop is based on Richard's book, 'The Mindfulness and Acceptance Workbook for Self-Esteem', and will present developments in contemporary theory and practice, drawing on Acceptance and Commitment Therapy (ACT) and Relational Frame Theory (RFT) to help you learn tools and techniques to develop skills in promoting self-acceptance and self-compassion in your clients.

This workshop is for Practising therapists working with adult clients who present with depression, low self-esteem, shame, or self-criticism. Learning objectives: Via attendance at this workshop, participants will learn:

1. An ACT & RFT informed contextual behavioural understanding of the self
2. How to use a range of perspective-taking interventions to help clients defuse from shame and self-criticism
3. How to develop 'container'; metaphors that hierarchically frame the relationship between the observing self and the content of self-critical thoughts
4. How to help clients identify values and develop valued action plans.

WP10: What did we learn from the pandemic? Using our enhanced understanding of uncertainty to address life disruption, real world threats, and unavoidable unknowns in people's lives

Mark Freestone

Newcastle University, United Kingdom

What did we learn from the pandemic? Using our enhanced understanding of uncertainty to address life disruption, real world threats, and unavoidable unknowns in people's lives.

Intolerance of uncertainty (IU) has been established as a transdiagnostic vulnerability factor to various anxiety disorders and other forms of emotional distress.

However, in recent years there is increasing evidence of IU as a trans-situational factor in both cross-sectional and prospective studies. It is therefore of interest in understanding responses to and intervention strategies for what may be understood as adjustment disorder. The workshop will briefly illustrate this with recent data on the prediction and treatment of adjustment disorders. It will focus particularly on targets and intervention strategies and their application in response to different situational stressors characterized by disruption, real world threat and uncertainties both real and perceived.

WP11: Brief Cognitive-Behavioral Group Therapy for Panic Disorder

Mehmet Hakan Türkçapar

University of Social Science, Psychology Department, Turkey

Kadir Özdel

University of Health Science, Etlik City Hospital, Psychiatry Clinic, Turkey

A panic attack can be defined from cognitive behavioral perspective as a sudden episode of cognitive, behavioral and emotional reactions that reach a peak within minutes triggered by harmless (usually bodily) internal sensations. Panic attacks are not specific for panic disorder in which the individual experiences unexpected panic attacks repeatedly and worries about future panic attacks together with behavioral changes in maladaptive ways (e.g., avoidance of exercise or of unfamiliar locations) (APA, 2013) .

From cognitive content specificity perspective (Woody, Taylor et al. 1998) , panic disorder is related to imminent danger cognitions which signify physical or mental catastrophe. Attentional bias toward danger signals, avoidance and safety seeking behaviors are other mechanisms that maintain this clinical issue (Clark 1999) . In another words panic disorder can be conceptualized as interoceptive sensations phobia with anticipatory anxiety.

Cognitive Behavioral Therapy (CBT) for panic disorder is excessively studied and confirmed as an effective treatment option. Moreover, group CBT for panic disorder offers many advantageous like saving time and money (Schwartz, Barkowski et al. 2017) even with shorter duration groups like 5-session group therapy (Yığman, Efe et al. 2021) .

In this workshop we begin with a short introduction about panic disorder and its clinical features. This introduction consists of current evidence for CBT group therapy for panic disorder. Then we discuss CBT models of panic disorder and the relative importance and valance of the components of the models. After putting a general theoretical base for the treatment, we kick off for the group therapy sessions step by step. We discuss pros and cons for the shorter and longer protocols.

We will cover theoretically and practically following intervention areas during the workshop:

Psychoeducation (about the disorder, health issues, autonomic nervous system); cognitive restructuring of catastrophic thoughts and beliefs; behavioral experiment perspective for interoceptive exposure; cognitive restructuring and behavioral experiment for agoraphobic beliefs; flexible attention management; termination and relapse prevention.

WP12: CBT for Psychosis

Antonio Pinto

SITCC, APC,/SPC,CBT School, CEPICC, Department of Mental Health, Naples, Italy

WP13: Intensive Outpatient Treatment for Substance use Disorders in Forensic/Correctional Populations

Ag Ahmed

College of Medicine, University of Saskatchewan, Canada

This workshop focuses on the development and implementation of a virtual intensive outpatient addiction treatment program based on Rational Emotive Behavior Therapy (REBT). The program aims to provide individuals struggling with addiction with a comprehensive and accessible treatment option that addresses the underlying beliefs and thoughts contributing to addictive behaviors. This workshop outlines the structure and components of the program, as well as its effectiveness in promoting recovery and long-term sobriety.

Learning Objectives:

1. Understand the core principles and techniques of REBT and their application in the treatment of addiction.
2. Explore the structure and components of a virtual intensive outpatient addiction treatment program.
3. Learn practical strategies and skills for challenging irrational beliefs, managing cravings, and preventing relapse.
4. Gain insights into the effectiveness of REBT-based virtual intensive outpatient addiction treatment programs through research studies and clinical outcomes.

WP14: Building an Effective Therapeutic Relationship in CBT

Keith Dobson

University of Calgary, Canada

An effective therapeutic relationship is the crucible in which CBT interventions are offered. A positive therapeutic relationship provides the opportunity for therapeutic progress, while a difficult relationship creates challenges to the treatment process, or even maintaining treatment at all. This workshop will review some of the principal aspects of a positive therapeutic relationship in CBT and will encourage participants to consider their current ways of interacting with clients. The workshop will emphasize strategies to build a positive therapeutic relationship, upon which therapeutic success can be built.

Learning objectives

1. Features of a positive therapeutic relationship in CBT
2. How the therapy alliance and relationship are typically measured in psychotherapy
3. Common challenges and obstacles to a positive therapy relationship
4. Strategies to address and overcome relationship challenges

WP15: #AppearanceAnxious- Investigating and treating Body image related disorders in a digital world

Rachel Rodgers

Northeastern University, Boston

Fanny Diete

University of Osnabrueck, Germany

Body image and appearance related disorders are severe and impairing mental health concerns. Although their presentation may vary, they share commonalities such as an excessive preoccupation with appearance, and emotional, cognitive, and behavioral reactivity to internal and external experiences that are appearance-related. Digital media, and in particular photo-based social media have been implicated in increasing risk for these disorders, and potentially their maintenance. In this workshop, we will focus on body Body Dysmorphic Disorder, and Body Dissatisfaction as overlapping but distinct forms of appearance concerns and outline the ways in which digital media contribute to elevating risk of these concerns, as well as how they may be introduced into the clinical setting with a view to modifying engagement with them. The workshop will be an interactive experience, and participants will come away with a deepened understanding of the relationships between social media engagement and appearance concerns as well as practical tools for working with these disorders.

IN-CONGRESS WORKSHOPS



IN01: “Is it them, is it me, or is it us?”: working with interpersonal process in CBT

Stirling Moorey

Independent CBT Practitioner, United Kingdom

Abstract

Unlike many psychotherapies, cognitive behaviour therapy does not view the therapeutic relationship as the primary vehicle for change. Establishing a therapeutic relationship grounded in warmth, genuineness and empathy are considered necessary but not sufficient conditions, while therapists seek to develop a relationship where “collaborative empiricism” allows patients to test their beliefs with the support of the therapist. The evidence for the place of Rogerian characteristics and the therapeutic alliance will be briefly reviewed and ways to enhance these considered. The structure and form of CBT minimises the sort of regressive transference encouraged in other therapies, but as therapists deal with increasingly complex clients negative therapeutic reactions are inevitable. The workshop will present a framework for making decisions on when and how to focus on the therapist-client relationship in supervision. It will show how we can translate “transference” and “countertransference” into more CBT friendly language by seeing it as the interaction between the beliefs and schemas of therapist and client. Therapists may bring their own beliefs into the session (e.g. “I must get all my patients better”). They may be overwhelmed by empathic overinvolvement (e.g. “If I was in the situation I would be depressed too”). Or their own beliefs may clash or collude with the client’s beliefs (e.g. a self sacrificing therapist may go above and beyond the call of duty for a dependent client). We will look at how supervisors can help therapists identify and disentangle their own contribution from the client’s in understanding therapeutic alliance ruptures and blocks to progress. There will be opportunities to formulate supervisees’ cases from this perspective and to engage in an experiential exercise to empathise with a difficult client.

Keywords

Interpersonal process; transference; countertransference; therapeutic relationship

IN02: Perspective-taking interventions for shame and self-criticism

Richard Bennett

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ACTivatingYourPractice.com, United Kingdom

Abstract

Perspective-taking is broadly defined as the ability to interpret and predict the cognitions, emotions and behaviours of oneself and others. It is a skill that has been considered central to cognitive flexibility and adaptive behaviour change in many domains, including maintaining individual wellbeing, healthy interpersonal relationships and strengthening social bonds (Kavanagh et al., 2019).

The ability to respond adaptively to one’s own cognitions and emotions is crucial to the development of the self, and this concept has been a feature of literature within CBT as far back as Skinner (1974). There is evidence of the efficacy of perspective-taking interventions for ameliorating deficits (e.g. with children with ASD; MacDonald et al., 2006) and in providing a rationale for psychotherapeutic interventions (e.g. relative benefits of different types of defusion exercises in ACT; Foody et al., 2013).

This workshop will look at how behaviour-analytic principles can inform CBT interventions for clients prone to shame and self-criticism. It will allow time to describe the relevant theoretical concepts and demonstrate clinical applications of perspective-taking techniques, including interpersonal, spatial, and temporal perspective-taking methods. Practical demonstrations will be complemented with small group experiential exercises to allow delegates to practice the skills and receive feedback from the facilitators.

Keywords

ACT, Acceptance and Commitment Therapy, perspective taking, shame, self-criticism, third wave CBT

IN03: Overcoming addiction: a core process approach

Frank Ryan

Imperial College, United Kingdom

Abstract

The workshop focuses on core motivational and cognitive processes that contribute to the development, maintenance and therapeutic remediation of addictive behaviour. The approach draws on recent findings stemming from the Research Domains Criteria (RDoC) framework. This core process model can account for the development of addiction with reference to two pathways, the Positive Valence System (PVS) and the Negative Valence System (NVS). The PVS is concerned with the pursuit of rewards and the hedonic states associated with the consummation of these rewards. In the present context, the focus is on the processing of rewards linked to substance use, gambling and gaming. Conversely, the NVS responds to threat, anxiety and loss. In the context of addiction, the NVS is specifically implicated when people attempt to “self-medicate” in the face of pervasive negative affect and in the subsequent dysphoria associated with drug withdrawal or gambling losses. Participants will be introduced to a “cognitive-motivational” approach that aims to translate these core processes into therapeutic competences. This provides a novel therapeutic focus predominantly on reward processing via the PVS in tandem with a more traditional emphasis on managing negative affect via the core component processes of the NVS. Examples of cognitive strategies that enable and sustain goal pursuit and the experience of novel, or latterly neglected, harm free rewards (i.e those not associated with addiction) are:

- (i) Episodic future thinking, the construction of vivid multi-sensory prospective memories of positively toned future outcomes and experiences.
- (ii) The “Now vs Later” technique which guides the person to acknowledge the immediate (“now”) rewarding or hedonic experience of choosing to use a substance or gamble in parallel with considering the delayed (“later”) consequences.
- (iii) The “If...then” anticipatory plan coaches the client to identify simple actions when encountering triggers for addictive behaviour e.g. “if I am offered a cigarette then I will say “no thanks, I’ve quit”.
- (iv) Identifying and addressing unhelpful thoughts about pleasurable experience e.g. “I don’t deserve this” or assumptions e.g. “If something good happens to me something bad will happen to me next” typically associated with the attainment or consumption of rewards.

More general learning objectives will include:

- Formulation focused on core processes enabling tailored intervention.
- Understanding that a focus on the anticipation, pursuit and experience of rewards is pivotal in the development of and recovery from addictive disorders.
- Conducting a motivational conversation in order to identify alternative, non-addictive, rewards.
- Appreciate that fostering clients’ emotional regulation strategies (including acceptance and mindfulness) is complementary a focus on reward processing and key to sustaining change in the context of addiction.

Keywords

Addiction, reward processing, Research Domains Criteria, RDoC

IN04: Suicide risk assessment & management in DBT practice

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BE Company Training (Serbia), Serbia

Abstract

- CBT is considered to be effective for managing suicide risk / preventing suicide [Tarrier et al., 2008; Labelle, Janelle, 2015].
- DBT is a CBT treatment that is specifically designed to help chronically suicidal people [Linehan M., 1993]. DBT is effective at reducing the amount of suicide attempts and at reducing the amount of time spent in crisis care units [Linehan M., 2006]. There are meta-analyses confirming DBT effectiveness [Panos et al., 2014].
- DBT implements a special protocol for suicide risk assessment & management – LRAMP (Linehan Risk Assessment & Management Protocol) [Linehan M., 1993].
- LRAMP is used to assess acute suicide risk and in it’s assesment part has similarities to Columbia Suicide Severity Rating Scale (CSSR-S) [Posner et al., 2011].

- For risk management LRAMP implements behavioral analysis, some specific DBT strategies, as well safety planning instrument. Safety Planning is an evidence based instrument designed to manage suicide risk [Stanley B. et al., 2018].

Key learning objectives:

- To differentiate chronic and acute suicidal risk, to know and recognize client populations with high chronic suicidal risk
- Learn and use basic validation strategies to handle conversation with a suicidal individual
- To use LRAMP for assessment of acute suicidal risk
- To implement Safety Planning for suicide risk management

The implications for everyday CBT practice:

- Suicide risk assessment & management instruments, such as LRAMP and Safety Planning, can be used in everyday CBT practice (not only within a specialized treatment such as DBT).
- Chronically highly suicidal clients still might be in need of more intensive / specialized care

The language of the workshop will be English, while the presentation and the printed material will be provided in Serbian, too. The practical part of the workshop can be done in the language by choice, so the participants can practice using the language they use in their psychotherapy setting. // Radionica će biti na engleskom jeziku, dok će prezentacija i štampani materijal biti obezbeđen i na srpskom jeziku. Praktični deo radionice će biti moguće raditi na jeziku po svom izboru, kako bi svi učesnici mogli da vežbaju koristeći jezik koji koriste u terapijskom setingu.

Keywords Suicide risk, assessment, DBT

IN05: Positive CBT: a new age of CBT

Fredrike Bannink

Owner, Netherlands

Abstract

In today's world with so many problems, a new age of CBT calls for a more positive perspective on traditional CBT. As the next frontier, Positive CBT offers a different approach not only for our clients, but also for ourselves, therapists, as an antidote against burnout and general negativity.

The implications for the everyday practice are that therapists, using the Positive CBT approach, are able to do more than just symptom reduction. They invite their clients to think differently, describe their preferred future, notice positive differences, and make progress. Conversations become more positive, hopeful and lighthearted, ensuring less burnout amongst therapists.

Research comparing Positive CBT with tradition, problem-focused, CBT in the treatment of depression shows that Positive CBT is superior to traditional CBT. And that both clients and therapists prefer Positive CBT over traditional CBT.

Keywords

Positive CBT, positive cognitive behavioral therapy, synthesis paradigm, hope

IN06: Super Skills for Life: Transdiagnostic CBT based program to prevent anxiety and depression in children and adolescents

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Abstract

Cognitive-behavioral therapy (CBT) has a strong evidence base for preventing anxiety and depression in adolescents, with up to 65% of adolescents showed significant improvement in anxiety- and depression-related outcomes to CBT. However, despite strong evidence that lifestyle factors (e.g., exercise, diet and sleep), benefit mental health, intervention programs that integrate healthy lifestyle habits within CBT-based interventions to address anxiety and depression are currently lacking.

This workshop will focus on "Super Skills for Life" program (SSL), a transdiagnostic CBT-based program for preventing anxiety and depression and for promoting healthy lifestyles. SSL focuses on: (1) teaching about healthy lifestyles; (2) building emotional resilience through stress management; (3) encouraging peer learning and building peer net-

works; and (4) promoting self-confidence and social skills.

By using a “train-the-trainer approach”, SSL training has built capacity and shaped the practice of 25,000 practitioners and has produced positive mental health outcomes in approximately one million young people in 21 countries.

Key Learning Objectives

At the conclusion of the workshop, participants should have a good knowledge of:

- The prevalence, comorbidity, course, and cultural manifestations of anxiety and depression in children and adolescents.
- The core components of the “Super Skills for Life” program.
- Skills in delivering the core components of the “Super Skills for Life”.
- Barriers and challenges in adapting evidence-based CBT-based intervention across cultures.

Training Modalities

Techniques used in the Super Skills for Life program will be described and illustrated through lecture, role play, and video clips.

Keywords

Transdiagnostic; Childhood Anxiety; Depression; Healthy lifestyles

IN08: How to effectively combine Motivational Interviewing with Cognitive Behaviour Therapy

Georgi Vasilev

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Kiril Bozgunov

Bulgarian Addictions Institute, Bulgaria

Dimitar Nedelchev

Bulgarian Association of Motivational Interviewing, Bulgaria

Abstract

There has been substantial evidence and practice during the last decades about the effective combination between Motivational Interviewing (MI) and Cognitive-behavioral Therapy (CBT) as the leading evidence-based contemporary psychotherapeutic approaches. The studies show that the combination results in increased therapeutic effectiveness compared to their independent use.

The current workshop is presenting the Bulgarian experience in combining MI and CBT during the last decade and features upgrades of the previous workshop on this topic presented at EABCT 2018 in Sofia, Bulgaria. The workshop consists of two parts. The first part includes an introduction to MI with a short description of the spirit, main techniques, therapists’ reaction to client language and the main tasks of MI that are introduced by means of didactic presentations and a set of interactive exercises. The second part consists of short theoretical introduction to the combination of MI and CBT and practical exercises that illustrate the ideas how MI and CBT could be combined – i.e. 1) the use of MI as a prelude to CBT aiming at building the therapeutic relationship and the client’s motivation for change; 2) Blending of MI and CBT during the whole duration of the treatment. The workshop will be a flexible mix of short theoretical presentations, group discussions and interactive exercises reflecting the theoretical development and the practical experience in the field during the last decade.

Keywords

Motivational Interviewing, Combination with CBT

IN09: The road to happiness: Facilitating positive emotions in clients

Tammie Ronen

Tel-Aviv University, Israel

Yair Dangoor

Tel-Aviv University, Israel

Abstract

The last decade has seen an increase in the rates of anxiety, fear, stress, and trauma. Concurrently, there is an increased understanding that humans can live better, improve their wellbeing, and flourish. Studies in the area of CBT and positive psychology have laid the groundwork for understanding the role of positive emotions in the ability to be satisfied with life and happy. Thus, we can see a growing interest in the role of emotions in general, and the ability to express positive emotions, in particular.

The workshop combines theory, practice, demonstrations and research outcomes.

There will be four parts:

First, there will be a short presentation on the basic components of positive psychology integrated with basic CBT: subjective wellbeing, positive affect, happiness, positivity ratio, satisfaction with life, strength and virtues and the way they help people flourish.

Second, there will be a presentation of the developmental nature of emotion through 5 basic steps: expressing emotion, identifying emotion, accepting emotion in self and others, understanding emotion and controlling emotion, all of which help people to enhance positive emotions.

Third, research studies on the role of positive emotions in mediating the link between crisis, stress, difficulties and flourishing will be presented.

Fourth, the workshop will focus on innovative ways to increase positive emotions among clients in CBT therapy using verbal individual and group therapy, as well as non-verbal approaches, such as art, sport and music.

Objective:

To learn the role of change processes, emotional development, emotion, flourishing, virtues and strength.

The participants will exercise ways to express, identify and increase positive emotions in themselves and their clients.

The workshop combines lectures, demonstrations, exercises, practice and training.

Keywords

Emotion, satisfaction with life, happiness, flourishing, change process, skills

IN10: Process-based Case Conceptualization: A collaborative and empiric approach

Céline Baeyens

Université de Grenoble Alpes, France

Martine Bouvard

Université de Savoie Mont-Blanc, France

Nathalie Fournet

Université de Savoie Mont-Blanc, France

Pierre Philippot

UCLouvain, Belgium

Abstract

Many psychological disorders are characterized by common processes that are responsible for their development and maintenance. In fact, a limited set of psychological processes explains most of the psychopathological phenomena observed in mood and anxiety disorders. These processes include, for example, experiential avoidance, rumination or intolerance of uncertainty. The transdiagnostic approach posits that treatments should specifically target the processes that maintain the disorder in a given individual. From this perspective, case conceptualization, aimed at identifying active etiopathogenic processes, is of particular importance. Furthermore, case conceptualization constitutes a privileged moment for building the therapeutic relationship and research suggests that unsuccessful interventions are often due to inappropriate target identification during case conceptualization.

The workshop will present a process-based case conceptualization methodology. In the spirit of collaborative empiricism, it is based on the co-construction of two models with the client. In the first stage, a holistic model is used to account for the entire situation presented by the client, and to select the psychological problem on which the inter-

vention will focus. Secondly, a process-based functional model identifies the specific psychological processes that are responsible for maintaining this problem, and which will therefore be the focus of the intervention. This latter model is an extension of the SORC model.

After a brief presentation of the theoretical foundations of process-based case conceptualization, we will present a concrete application through two case studies illustrated by role-playing. During this presentation, the different steps and procedures will be presented in a concrete way. Participants will then be invited to apply this conceptualization method to one of their own cases, in small groups supervised by one of the instructors. They will also be invited to role-play certain steps in these small groups.

Keywords

Case conceptualization

IN11: Managing couple's problems with Rational Emotive Behavior Therapy (REBT)

Maria Celeste Airaldi

International Association for Rational Emotive Behavior Therapy, Paraguay

Abstract

REBT is the first cognitive-behavioral therapy, developed by Albert Ellis in 1955. When applied to couple and relationship's problems, it focuses on a variety of cognitive, behavioral, and emotive clinical resources to help clients overcome their emotional problems and dissatisfaction related to relationships. One of its key features is the emphasis REBT puts on identifying and disputing the irrational beliefs the clients hold about how the partner (and the relationship itself) should be, to be able to develop unconditional acceptance and frustration tolerance as a way to promote wellbeing. In this workshop, participants will learn how REBT conceptualizes relationship's problems and what are the most frequent irrational beliefs that perpetuate them. Cognitive, behavioral, and emotive clinical resources to address couple's problems will be presented and a brief live session will be demonstrated.

Keywords

REBT, couple's therapy, relationships, irrational beliefs

IN12: CBT for Chronic Pain – evidence based approaches to support self-management of persistent pain

Helen Macdonald

BABCP, United Kingdom

Abstract

- Very short scientific background
- Persistent pain affects up to 30% of the global population, having a significant impact on the individual. People with pain and other long term health conditions have poorer outcomes in mental and physical health as well as having high healthcare costs. CBT-based interventions are effective in improving depression, anxiety, overall functioning despite ongoing pain and improved quality of life.
- Key learning objectives
- In this workshop, participants will
 - enhance their application of a bio-psycho-social approach to understanding persistent pain
 - practice skills in assessment of the impact of pain and using detailed case conceptualisation
 - enhance their use of a flexible and creative approach to applying evidence-based interventions which promote self-management of long term pain

Keywords

CBT for Chronic and Persistent Pain Long term conditions self-management

IN13: Reinventing the Therapeutic Relationship in Schema Therapy Supervision by Using Group Schema mode Role-play Technique

Zsolt Unoka

Semmelweis University – Medicine and Health Sciences, Hungary

Abstract

We aim to introduce a supervision technique that targets problematic interaction sequences in the therapeutic relationship. The aim of the workshop is to help supervisees gain a better understanding of the complex interaction patterns between their and their patients' schema modes by the group dramatizing and acting out the modes. Participants acting out the interaction sequences of the therapist and the patient's child, critical parent, and coping modes will share reflections that will contribute to the supervisee's comprehension of the processes that characterize the regulation of the therapeutic relationship. They will also gain new insights by actively participating in the schema mode role-play technique.

We start with a short theoretical summary of the schema mode theory. As often limited reparenting is impaired by the therapist having received unhelpful messages from professional/institutional „figures“ we have extended the mode theory and included the critical supervisor role (as part of the critical parent mode). We will also focus on the healthy adult therapist mode and give examples of the typical schema mode interaction sequences between patient and therapist. After the PowerPoint presentation, we will present our schemamode-drama supervision model by doing a role-play demonstration with the group's participation. The aim of the role-play is to help supervisees with the following:

Mode awareness: identifying different modes and sequences of their own and their patient's mode flips and the interaction between these modes.

Mode managements: The aim of this part is to will help the supervisee understand their patient's core needs and reach the patient's child modes. It will also be beneficial in rearranging the therapist's maladaptive coping modes and strengthen the healthy adult therapist mode, replace internalized punitive messages with Good parent /supervisor, etc., and empathize with their own child modes and core needs.

Behavior pattern breaking: Finally, the group will create and act out a new patient-therapist mode interaction sequence where the Healthy adult therapist behaves more adaptively than in the original situation.

This method will allow participants to gain a new insight into the interaction of the moment-to-moment mode-flips in the therapeutic relationship. The dramatization of the interaction process helps participants restructure the rapidly changing therapeutic relationship if needed and to understand needs, coping, internalized parental/professional/institutional others that may block effective therapeutic work. The advantage of the group format is that group members have a chance to contribute by sharing what they experienced when in a mode role. In addition, the group setting also allows participants to gain more schema mode awareness, self-reflection, and practice schema mode management. Based on the previous feedback, we can say that the group schema mode drama supervision helps the therapist develop a very accurate representation of patient-therapist schema mode interaction. It also makes it possible for therapists to be simultaneously aware of their own and their patient's needs, child modes, coping, and critical modes. Following the Deliberate Practice model our aim is to identify interpersonal skill deficits and develop and practice new skills for self-reflections, and mutual emotion regulation skills in the therapeutic relationship.

Keywords

Group-supervision, schema-modes, dramatic role-play, therapeutic interaction patterns

IN14: A practical introduction to providing psychological therapies to ethnically and religiously diverse communities

Andrew Beck

Bradford Teaching Hospitals NHS Trust, United Kingdom

Abstract

This workshop is designed to introduce therapists working in mental health services to the broad ideas that underpin adapting therapies largely developed for majority populations to increase their effectiveness and accessibility for minoritised communities. The workshop is based on the key principles of the IAPT BAME Positive Practice Guide (2019) which has been used to reduce the access and outcomes gap for minority communities in England. Most ethnic minority patients had much worse outcomes than white majority patients in therapy but this gap has closed for most communities and is closing for others.

This engaging workshops start with first principles of why adaptation of therapies is important and then uses case examples to steer participants through the key skills necessary to make those adaptations. The workshop includes consideration of the way that culture shapes people's understanding of mental health difficulties and so informs the way they seek help, looks at the role of spirituality and faith in mental health treatments, outlines the impact that experiences of racism and other forms of discrimination can have on mental health and provides therapists with the skills to respond to this effectively. The workshop includes an overview of the importance of maintaining cultural humility in the way that we offer and think about treatments.

The key learning outcomes are:

- Understanding the needs of the communities served
- Asking about and understanding the ethnic and religious background of service users
- Understanding the role of family systems in someone's life
- Understanding how therapists can work with cultural and spiritual beliefs about the causes of emotional distress
- Recognising the impact of discrimination and racism on mental health

Keywords

marginalisation adaptation equality diversity racism

IN15: Neuroscience-Based Cognitive Therapy for Schizophrenic Patients

Tullio Scrimali

University of Catania, Italy

The workshop is focused in demonstrating and discussing the important topic concerning how some recent developments of Neuroscience can be applied to better the clinical intervention when carrying out a Cognitive Therapy with patients affected by schizophrenia, according to the protocol developed by the Author (Scrimali, 2008). A method, coming from Neuroscience Laboratories, that can be easily applied to the clinic setting of Cognitive Therapy, will be illustrated, and explained. This is Quantitative Electrodermal Activity and Biofeedback (Scrimali, 2012).

Such parameter, today, can be monitored, in the clinical setting, thanks to some new hardware and software which are inexpensive and that can be easily used, after a short training, by any CBT Therapist. Quantitative Monitoring of Electrodermal Activity is a new method that Tullio Scrimali developed and experimented for many years. This method is the simplest to be put into practice in CBT and it is also the less expensive. A new tool, called MindLAB Set, developed by Tullio Scrimali, will be carefully explained.

It can be used, both when assessing the patient, and during the treatment. It allows any CBT Therapist and Psychiatrist, to make in place some interesting new methods of self-regulation such as biofeedback and Biofeedback Based Mindfulness.

MindLAB Set is also very useful for monitoring the arousal and the warning signs of relapse and for preventing any further psychotic crisis.

Furthermore, MindLAB Set allows any Therapist to apply the Family Strange Situation Procedure, an original method, developed by Scrimali, for assessing Expressed Emotion in the family of schizophrenic patients.

Some MindLAB Set will be at disposal of the audience for practicing during the workshop that includes some practical trials, both in the field of assessment and in that of self-regulation.

IN16: Prolonged Exposure Therapy for PTSD

Maria Bragesjö

Center for Psychiatry Research, Karolinska Institutet, Stockholm, Sweden

Join us for a one-day interactive workshop on Prolonged Exposure Therapy (PE) for PTSD. This workshop is designed for mental health professionals who want to improve their skills in the application of PE. At the same time, you will learn about the challenges and new perspectives on the mechanisms of change and their clinical implications when conducting Prolonged Exposure. The workshop will be a dynamic learning experience through lecturing, discussions, recorded therapy sessions, and participant role-play with feedback.

Key components of the workshop:

- Understanding the theory of emotional processing
- Understand the mechanisms of change in PE
- Understand how more intensive treatment approaches can reduce dropout rates in PE
- Be able to adapt PE to individual client responses

IN17: Externalisation and behavioural experiments as therapy for OCD in children and adolescents

Miodrag Stanković

Medical Faculty University of Nis, Serbia, Serbia

Abstract

This workshop focuses on use of externalisation and behavioural experiments in the treatment of Obsessive-Compulsive Disorder (OCD) in children and adolescents. Externalisation is a narrative therapy technique that helps young clients distance themselves from their OCD symptoms, empowering them to combat “the OCD” rather than feeling defined by it. This workshop will teach practitioners how to effectively employ externalisation to enhance motivation in young clients. Through role-playing and case studies, participants will learn to help children and adolescents articulate their experiences and develop a new perspective on their relationship with OCD. Behavioural experiments, a cornerstone of CBT, will be tailored specifically for young clients in this workshop. These experiments are designed to test and challenge the beliefs and fears underlying OCD symptoms. Attendees will learn to create developmentally appropriate experiments that engage young clients in active problem-solving and evidence gathering. The workshop will cover strategies for designing, implementing, and evaluating these experiments, ensuring they are both effective and engaging for children and adolescents.

Interactive sessions will include demonstrations and hands-on practice, to foster a collaborative learning environment. Participants will gain practical skills and confidence in using these techniques to help young clients achieve significant symptom relief and improved functioning.

This workshop is for psychologists, (child and adolescent) psychiatrist, social workers, and other mental health professionals working with children and adolescents. It aims to provide participants with innovative tools to enhance their therapeutic practice and improve the lives of young clients with OCD.

Keywords

Externalisation, Behavioural Experiment, OCD, Children and Adolescents

IN18: After the Heartbreak: Understanding and Treatment of Infidelity in CB Couples Therapy

Josko Jurman

Croatian Association for Behavioral and Cognitive Therapy, Croatia

Nada Anić

Croatian Association for Behavioral and Cognitive Therapies, Croatia

Abstract

Infidelity is one of the most common reasons for attending couples therapy. This workshop will demonstrate the assessment procedure and treatment plan for addressing infidelity.

Individuals who discover infidelity often feel emotionally overwhelmed by a highly unpleasant and disturbing mixture of emotions. Emotional distress is usually strongly influenced by cognitions related to infidelity, including expectations, attitudes, and rules about what should be done and what reactions must occur.

CBT targets these cognitions and their impact on emotions and behavior to help clients cope with infidelity. During the workshop, participants will be encouraged to explore their own beliefs about infidelity because, as we know, our own beliefs can influence therapeutic process.

The workshop is divided into three parts:

1. CB Model for Understanding Infidelity: Exploring cognitive-behavioral frameworks for understanding the dynamics of infidelity.
2. Treatment Plans: Developing and implementing effective treatment plans to address infidelity in couples therapy.
3. Rebuilding Confidence: Strategies for moving forward and rebuilding trust and confidence in the relationship.

Learning Objectives:

1. Understanding the Cognitive-Behavioral Model for Infidelity:
 - Participants will gain insight into the cognitive-behavioral model's application in understanding the complexities of infidelity within relationships.
2. Mastering Assessment Procedures:

- Attendees will learn effective assessment techniques to identify underlying beliefs, attitudes, and behavioral patterns contributing to infidelity.
3. Developing Tailored Treatment Plans:
 - Through case studies and interactive exercises, participants will learn how to develop personalized treatment plans that address the unique needs and challenges of couples affected by infidelity.
 4. Enhancing Communication and Coping Skills:
 - Participants will acquire practical strategies for improving communication, managing emotions, and coping with triggers related to infidelity.
 5. Fostering Trust and Rebuilding Intimacy:
 - Attendees will explore evidence-based techniques for rebuilding trust, fostering intimacy, and strengthening the foundation of the relationship post-infidelity.

Implications for everyday clinical practice of CBT:

1. Improved Clinical Competence:
 - By mastering CBT techniques specific to infidelity, therapists can enhance their clinical competence in addressing one of the most common challenges faced by couples in therapy.
2. Enhanced Client Outcomes:
 - Implementing the strategies learned in this workshop can lead to improved client outcomes, including reduced distress, increased relationship satisfaction, and better communication skills.
3. Continued Professional Development:
 - This workshop provides a foundation for ongoing professional development, encouraging therapists to stay updated on the latest techniques in the field of couples therapy and infidelity treatment.

Keywords

infidelity, beliefs, couples, cognitions

PANEL DEBATE



PD1: When Should We Reflect on the Past versus Think about the Future in CBT?

Hila Sorka

The Hebrew University of Jerusalem, Israel

Iris Engelhard

Utrecht University, Netherlands

Stefan Hofmann

Philipps University Marburg, Germany

Jonathan D. Huppert

The Hebrew University of Jerusalem, Israel

Paul Salkovskis

Oxford University, United Kingdom

Abstract

This panel debate aims to enrich the understanding of how temporal focus in CBT can be optimized for treating different psychological disorders, offering nuanced insights into the strategic clinical decisions that enhance therapeutic outcomes. Participants of the discussion include international experts in CBT who have different emphases and perspectives on this issue. They include: Iris Engelhard, Stefan Hofmann, Jonathan Huppert, and Paul Salkovskis.

Prevailing cognitive models of anxiety and related disorders predominantly prioritize anticipatory mechanisms, where clinical emphasis is placed on patients' expectations and fears concerning present and future events. This forward-looking approach forms the cornerstone of traditional CBT techniques, which aim to modify dysfunctional thinking and behavior through strategies to modify future-oriented predictions. However, the treatment of PTSD necessitates a distinct therapeutic focus, centrally via the processing of past traumatic events. However, more recently, there has been a blurring of the past-future boundaries: novel interventions for anxiety and related disorders have started to integrate processing of past events (particularly, but not only, for non-responders) and future expectations are addressed in the treatment of PTSD. This integration has sparked potential advancements in therapeutic practices, particularly by adopting techniques including imagery rescripting and imaginal exposure. These methods, originally developed for PTSD, are now being effectively applied to a broader spectrum of psychological issues, directing attention to traumatic or distressing memories to alter their emotional impact and cognitive interpretations.

This expansion raises a critical clinical decision-making point concerning the temporal focus in therapeutic interventions: when is it appropriate to concentrate on past events versus future-oriented concerns? Addressing this question, our debate convenes international experts in CBT, who will explore the implications of choosing between these temporal orientations. The discussion will center around the clinical choice points of when to use past-focused techniques such as imagery rescripting or imaginal exposure along with or instead of traditional present and future-focused CBT approaches. The discussion will include questions such as "What factors influence this choice?" and "Does the nature of the disorder matter?"

Keywords

CBT; Temporal focus; Imagery; Flashforwards; Trauma; Anxiety

PD2: Issues regarding the training and delivery of evidence based CBT interventions to refugees - experiences from EABCT member associations

Katy Grazebrook

EABCT President

Anca Dobrea

Babes-Bolyai University, Romania

Monica Bartucz

Dept of Clinical Psychology and Psychotherapy, Babes-Bolyai University, Romania, Romania

Valentyna Parobii

Ukrainian Institute of CBT; Psychotherapiepraktijk Keuze: Trauma Therapy and Training Choice; Ukrainian Association of CBT, international representative., Ukraine

Agnieszka Popiel

SWPS University of Social Sciences and Humanities, Warsaw; Polish Association for Cognitive Behaviour Therapy, International representative., Poland

Diana Ridic

Counselling Centre Domino, Bosnia & Herzegovina; Bosnia & Herzegovina Cognitive Behaviour Therapy Association, international representative.

Kerry Young

Woodfield Trauma Service, London, UK, United Kingdom

Ketevan Abdushelishvili

Caucasus School of Humanities and Social Sciences, Caucasus University, Tbilisi; Faculty of Psychology and Educational Science, Dept of Psychology, Tbilisi State University; Tbilisi Family Mental Health Center, Tbilisi, Georgia

Abstract

Issues regarding the training and delivery of evidence based CBT interventions to refugees - experiences from EABCT member associations in response to the war in Ukraine.

The humanitarian crises of displaced people caused by wars and natural disasters in Europe have a ripple effect across neighbouring countries and beyond. EABCT is in a prime position to see and hear about the mental health impact of such events. The EABCT working group on Humanitarian Crises Response Resources would like to share the experiences of members of the group in setting up evidence based training and interventions aimed at supporting refugees following the humanitarian crisis in Ukraine.

The experiences range from delivering 'CBT for Trauma' training in Romania; Identifying the psychosocial needs and delivering support for Ukrainian refugees in Georgia, Poland, Romania and Slovenia; obstacles to delivery such as regulation and funding; adaptation of CBT and the needs of supervisors in Bosnia; issues of access, therapist skills and confidence - learning from the UK.

Keywords

Refugees, Trauma, access

PD3: Metacognitive perspectives on psychiatric disorders

Gül Teksin

Sisli Hamidiye Etfal Research and Training Hospital, Turkey

Gulsen Teksin

Tekirdağ Namık Kemal University, Department of Psychiatry, Turkey

Özge Şahmelikoğlu Onur

3rd Psychiatry Clinic, Bakirkoy Research & Training Hospital for Psychiatry, Neurology and Neurosurgery, Turkey

Abstract

Psychiatric disorders have long been studied through various lenses, yet the metacognitive perspective offers unique insights into their understanding and treatment. This panel aims to explore the role of metacognition in three specific psychiatric conditions: Bipolar Disorder, Obsessive-Compulsive Disorder (OCD), and Vaginismus. By examining these disorders through the metacognitive framework, we can better understand how individuals process and regulate their thoughts and beliefs, which in turn affects the emotional and behavioral responses.

Metacognitive Perspectives on Bipolar Disorder: Bipolar disorder is characterized by extreme mood swings between mania and depression. From a metacognitive standpoint, individuals with Bipolar Disorder may struggle with dysfunctional beliefs about their cognitive processes. For example, during manic episodes, they may overestimate their cognitive abilities and engage in risky behaviors. In contrast, during depressive episodes, they may have pervasive negative thoughts about their self-worth and future. This segment will explore how metacognitive therapy (MCT) can help patients recognize and alter these dysfunctional beliefs, promoting more stable mood regulation.

Metacognitive Perspectives on Obsessive-Compulsive Disorder (OCD): OCD is marked by intrusive thoughts and compulsive behaviors. The metacognitive model posits that individuals with OCD have maladaptive beliefs about the significance and control of their thoughts. They often believe that having a thought is as bad as acting on it, leading to heightened anxiety and compulsions aimed at neutralizing these thoughts. This section will discuss how MCT targets these metacognitive beliefs, helping individuals to understand that thought.

Metacognitive Perspectives on Vaginismus: Vaginismus, a condition characterized by involuntary contraction of the vaginal muscles during attempted intercourse, is often rooted in psychological factors. From a metacognitive perspective, women with vaginismus may have negative beliefs about their bodily sensations and sexual experiences. They might anticipate pain and failure, which exacerbates anxiety and the physical response. This part of the panel will examine how MCT can help patients challenge and change these metacognitive beliefs, reducing anxiety and improving sexual function.

By focusing on these three conditions, the panel will highlight the broad applicability of the metacognitive approach in understanding and treating psychiatric disorders. It will also provide practical insights into how metacognitive ther-

apy can be implemented to address specific cognitive and emotional patterns associated with each disorder. Through this exploration, we aim to demonstrate that metacognitive perspectives deepen our comprehension of psychiatric conditions and offer effective therapeutic strategies to enhance patient outcomes.

Keywords

Metacognitive Therapy, Bipolar Disorder, Obsessive-Compulsive Disorder, Vaginismus, Psychiatric Disorders, Cognitive Beliefs

PD5: Trauma-Informed Education in European Universities: Enhancing Teaching Practices through the Trauma Studies EuniWell Project

Abdel. H. Boudoukha

Nantes University, France

Anna Menyhért

University of Florence, Italy

Zsolt Unoka

Semmelweis University – Medicine and Health Sciences, Hungary

Svitlana Paschenko

National Taras Shevchenko University of Kyiv, Ukraine

Evelyn Levay

Semmelweis University – Medicine and Health Sciences, Hungary

Liliia Sirokha

Taras Shevchenko National University of Kyiv, Ukraine

Lilla Gerlinger

Semmelweis University – Medicine and Health Sciences, Hungary

Beatrice Tottosy

Università degli Studi di Firenze (University of Florence), Italy

Abstract

Exposure to trauma is a common experience throughout one's lifetime, as consistently demonstrated by epidemiological studies worldwide (Benjet et al., 2016; Kessler et al., 2017). This exposure is linked to a wide range of symptoms and disorders, including PTSD, depression, anxiety, interpersonal difficulties, sexual problems, and sleep disturbances. Additionally, trauma has a cultural dimension, where collective experiences of trauma can profoundly impact group identity and consciousness. Preventing the development of such symptoms and conditions is advocated by major health organizations, including the WHO and EABCT.

In light of this, Trauma-Informed Education offers a promising approach. This panel debate aims to explore how trauma studies are taught in four European universities (Italy, France, Hungary, and Ukraine). With funding from EUniWell (European University for Well-Being), we conducted a survey involving over 800 students, investigating their current knowledge of psychological and cultural trauma and their interest in specific trauma-related topics.

Keywords

Trauma, teaching, education, students

PD6: EABCT panel: From understanding to wise change. European perspectives on diversity in CBT

Katy Grazebrook

EABCT President

Irina Lazarova

Bulgarian Association for Cognitive-Behavioral Psychotherapy, Bulgaria

Diana Ridic

Psychological Counselling Centre, Domino and Bosnia and Herzegovina Association for Cognitive Behaviour Therapy (BHACBT)

Adela Salceanu

Romanian Association for Behavioural and Cognitive Therapy (RABCT - Bucurest), Romania

Maria Evangelopoulou

Greek Association for Behavioural Modification and Research (GBA), Greece

Peter Phiri

University of Southampton, United Kingdom

Andrew Beck

Bradford Teaching Hospitals NHS Trust, United Kingdom

Abstract**Chair Katy Grazebrook, President of the EABCT**

Each country within Europe has unique challenges in terms of understanding and meeting the mental health needs of the diverse communities within that country. EABCT member organisations are beginning to work across national borders to share good practice and develop better ways of working to ensure equality, diversity and inclusion are at the heart of training, accreditation and the provision of therapy. This session will provide an opportunity to look at initiatives where sexuality, ethnicity, migration status, religion and gender are considered by member organisations.

Irina Lazarova and Diana Ridjic

How CBT students from Bosnia and Bulgaria perceive iconic women in Cognitive Behavioural Therapy

Adela Salceanu and Maria Evangelopoulou

Steps towards a more inclusive perspective within our CBT Associations – the Romanian and Greek example

Peter Phiri

The role of an Equality, Diversity and Inclusion lead on a conference organising committee

Andrew Beck

Audits can be a lot more interesting than you think! How the National Health Service and the British Association of Cognitive and Behavioural Psychotherapies have used audits to become more inclusive organisations and improve patient outcomes

Keywords

diversity, CBT associations

PD7: Razumevanje mentalnog zdravlja u digitalnoj eri: uloga KBT za milenijalce

Ivana Vračkić

SRABCT, Serbia

Miodrag Stanković

Medical Faculty University of Nis, Serbia, Serbia

Branislava Krasić

SRABCT, Serbia

Ana Milenković

SRABCT, Serbia

Maja Todorović

SRABCT, Serbia

Abstract

As millennials navigate the complexities of the digital age, their mental health faces unique challenges which indicate innovative approaches for support and intervention. This panel debate explores the intersection of millennial mental health with cognitive behavioral therapy (CBT), shedding light on how this evidence-based approach can empower individuals in the digital landscape. The panel starts with the landscape of millennial mental health, highlighting the impact of social media comparison, information overload, and work-life balance struggles. The idea is to illustrate how CBT principles resonate with these challenges, offering practical tools for managing stress, challenging distorted thinking patterns, and enhancing resilience. The panel follows discussion on harnessing technology for mental wellness which explores the huge number of digital platforms, from mobile apps to virtual reality interventions. The discussion will lean on how CBT is integrated into these innovations while addressing concerns about their efficacy and ethical issues. Taking into the consideration cultural and societal factors influencing millennial mental health, the panelist will emphasize the importance of addressing stigma, promoting inclusivity, and adapting CBT to diverse cultural contexts. Within evolving role of CBT personalized mental health services, the panel will discuss the landscape shaped by teletherapy and AI-driven interventions. Although many find online mental health platforms are very useful because they are convenient, ensure privacy, are cost-effective, have a variety of modalities, there are also potential risks to it such as the lack of personal connections, limited effectiveness, risk of misdiagnosis or problems in treatment. By synthesizing different perspectives, this panel debate offers insights into the multifaceted nature of millennials' mental health and the pivotal role of CBT in fostering resilience, empowerment, and selfcare in the digital era. This approach recognizes the complexity of mental health challenges faced by millennials and the importance of evidence-based interventions in addressing them effectively.

Keywords

millennials, mental health, cognitive behavioral therapy, digital age

ROUND TABLE



RT1: Addiction and Mindfulness

Ezgi Uzun

Medicana Ataköy Hastanesi, Turkey

Ece Ilgin

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Alexander Kancsev

Faculty of Health Sciences at the University, Debrecen, Hungary

Nikola Petrović

Department of Psychology, Faculty of Philosophy, Belgrade, Serbia

Abstract

Despite addiction in general proved to be harmful and life limiting, addiction continues to be growing problem. there are adverse effects linked to substance use, including issues with mental health, increased level of unemployment and difficulties finding a job, etc.

Studies conducted in this field has shown that the use of mindfulness techniques could be effective when it comes to addiction treatment (e.g., Byrne et al., 2019; Cavicchioli et al., 2018). Rosenthal and colleagues' 2021 study that evaluated various meta-analyses concluded that the use of mindfulness-based interventions in addiction treatment is promising, however, more studies should be conducted for further clinical findings.

The authors will talk about their cases and what issues arise from using mindfulness with people with addictions. The authors will also talk about the ways in which future research should be widened in order to better understand the mechanisms through which mindfulness exerts its effects. Additionally, expanding research in this area could help identify which specific mindfulness techniques are most effective for different types of addiction. This deeper understanding can lead to more targeted and efficient treatment programs, ultimately contributing to more sustainable recovery outcomes for individuals struggling with addiction.

Keywords

addictions, mindfulness, case studies

RT2: Accompany woman in the transition to motherhood

Menekse Sila Yazar

Altinbas University Faculty of Medicine, Department of Psychiatry, Turkey

Kumru Şenyaşar Meterelliyoğlu

Bakırköy Prof. Dr. Mazhar Osman Ruh Sağlığı Ve Sinir Hastalıkları Eğitim Araştırma Hastanesi, Turkey

Özlem Baş Uluyol

Şehit Prof Dr İlhan Varank Sancaktepe Eğitim ve Araştırma Hastanesi, Turkey

Abstract

Being mother from the perspective of the woman:

The transition from "femininity" to "motherhood" signifies the major role transformation in a woman's life. Although childbirth is a universal and natural experience, motherhood is a completely new and multidimensional experience for a woman which cause many expectations and burdens for the woman mentally and emotionally . However, commonly it is assumed that the woman is naturally equipped and ready for the motherhood, the expectations and approaches based on this assumption can cause a psychological burden. Therefore, there is a need for a perspective that places women's needs and challenges in the center, not the role of motherhood.

CBT based Guideline Recommendation for Transition to motherhood:Psychoeducation about cognitive process

-Challenges of transition to motherhood as a psychological experience

-Myths about motherhood

-Introducing Beliefs and Dysfunctional attitudes

-Beliefs and Dysfunctional attitudes towards motherhood

CBT based Guideline Recommendation for Transition to motherhood: Psychoeducation about management strategies

-Determining of emotional distress situations related with motherhood

-Training of Emotional Regulation skills

-Improving of coping strategies : Time management; Activation of the support sources and mechanisms; Recognition of the own needs

-Addressing the red flags of psychopathologies

CBT-Based Guideline Recommendation for Transition to Motherhood:

Psychoeducation About Management Strategies

Dr. Kumru Şenyaşar Meterellioz*

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Pregnancy and the postnatal period have significant effects on women's physical and mental health. It is an inherently stressful life event involving a new role transition and significant physical changes. It is also a developmental and dynamic period of growth. The rapid changes in the family structure over the last century and the idealization of motherhood are unique challenges and difficulties for women. People's reactions to the same situations are closely related to their coping attitudes, emotion regulation techniques and learned behavior skills.

Psychoeducation is recommended to recognize the signs of psychopathologies early in this period, to make this process more comfortable and to increase mother-baby adjustment. CBT-based psychoeducation and mindfulness exercises have been shown to reduce stress levels and increase psychological well-being. This session suggests some strategies on how proven

CBT techniques can be adapted to the woman's transition to motherhood.

1) Determining of Emotional Distress Situations Related with Motherhood
Maladaptive cognitions about motherhood, dysfunctional attitudes towards motherhood and the expectations that these engender.

a) Biological factors; including sleep deprivation, hormonal fluctuations, postnatal recovery, and changing body image

b) Social factors; such as a lack of social support, a critical environment, financial difficulties, and career-related concerns

2) Training of Emotional Regulation Skills

a) Mind-body exercises

3) Improving of Coping Strategies

a) Strengthening problem focused coping strategies

b) Identification of emotionally focused coping strategies

c) Time management

4) Activation of the Support Sources and Mechanisms

a) Recognition of the own needs

b) Parenting skills training

c) Enhancing social supports; supports group settings, parenting partner involvement

5) Addressing the Red Flags of Psychopathologies

a) Mood symptoms (e.g., hopelessness, helplessness, depressive mood, severe and persistent anxiety)

b) Thought content (e.g., ruminations, obsessive thoughts)

c) Impulse control difficulties and behavioral problems (e.g., suicide, infanticide, maltreatment, etc.)

Keywords

motherhood, CBT, guideline, psychoeducation, cognitive beliefs

TRANSITION TO MOTHERHOOD OF THE WOMAN AS A MENTAL RESTRUCTURING EXPERIENCE AND ITS NEEDS

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The transition from "femininity" to "motherhood" signifies the major role transformation and a mental restructuring process in a woman's life. Although childbirth is a natural experience, motherhood is a completely new and multidimensional experience for a woman which cause many expectations and burdens for the woman mentally and emotionally. However, commonly it is assumed that the woman is naturally ready for the motherhood, the expectations and approaches based on this assumption can cause a psychological burden.

There is a need for a perspective that places women's needs and challenges in the center, not the role of motherhood. This psychological burden and distress starting with the experience of motherhood may lead to an impact on a woman's mental well-being, quality of life, and loss of functionality in her self-realization process. Moreover, it may play a role in the development of postpartum psychopathologies like depression and anxiety disorders. Mother's bonding process with the baby may also be affected negatively. While women are happy to be a mother, she also experience an internal growth and force to change by realizing that her individual autonomy may be lost and also her own life is no longer regulated by her own. In this process that involves conflicts and difficulties, there is a mental change

that pushes the woman to redefine and restructure herself and her interpersonal relationships, her life-goals and her entire life areas on the basis of the motherhood role. This experience also forces the woman to a transformation process characterized by mental restructuring in many dimensions.

There is a need a model which should offer a perspective include an approach that guides woman to internalize motherhood -which she is in the process of becoming involved with- as an element of her identity as an individual and focuses on ensuring her self-sufficiency and self-efficacy. Especially in today's modern societies, where women are expected to manage many role delegations along with motherhood. During transition from femininity to motherhood process, psychological intervention and psychotherapeutic support and guidance should be considered as an important resource to ensure women they are not alone and be supported in this challenging and unique experience.

Considering the strong evidences that CBT interventions are one of the most effective tools for the treatment of psychopathologies in the perinatal period, the theoretical and methodological tools of CBT can offer a fruitful and feasible opportunity to understand, represent and support women in their transition to motherhood experience.

CBT-Based Guideline Recommendation for Transition to Motherhood:

Psychoeducation About Management Strategies Dr. Kumru Şenyaşar Meterelliyoğlu* * Department of Psychiatry, Bakırköy Prof. Dr. Mazhar Osman Research and Training Hospital for Psychiatry, Neurology and Neurosurgery Pregnancy and the postnatal period have significant effects on women's physical and mental health. It is an inherently stressful life event involving a new role transition and significant physical changes. It is also a developmental and dynamic period of growth. The rapid changes in the family structure over the last century and the idealization of motherhood are unique challenges and difficulties for women. People's reactions to the same situations are closely related to their coping attitudes, emotion regulation techniques and learned behavior skills.

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CBT Based Guideline Recommendation for Transition to Motherhood: Psychoeducation About Cognitive Process

Dr. Özlem Baş Uluyol

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Women experience many physiological changes during the perinatal period that affect their physical and mental health. These changes can cause high levels of stress and anxiety for many expectant mothers. This can have negative consequences for the mother and the baby.

Studies have shown that cognitive behavioral therapy is beneficial for the psychological difficulties experienced by women in the perinatal period. Providing psychoeducation about the woman's transition to motherhood, myths

about this period, and cognition and dysfunctional attitudes towards motherhood is the first step of the therapy process and can be useful in reducing stress.

-Challenges of transition to motherhood as a psychological experience The transition from “womanhood” to “motherhood” represents a significant role transformation in a woman’s life. It is a process that must be understood from a psychosocial perspective, and there is a spiritual transformation process that pushes women to redefine themselves, their mental structures, their relationships, their goals and all areas of their lives.

“Expectations from Motherhood and Self”

“Role Conflicts”

-Myths about motherhood

“Motherhood is a natural talent bestowed upon women.”

“A woman who has not become a mother is not considered self-actualized.”

“When a woman becomes a mother, she must put motherhood before everything else she does in life.”

-Introducing Beliefs and Dysfunctional attitudes

The basis of cognitive theory is that the emotions that disturb a person are not directly caused by the events experienced, but by the interpretation of these events by the person. According to cognitive theory, current problems are related to the dysfunctional thoughts and attitudes of the person.

-Beliefs and Dysfunctional attitudes towards motherhood

From a cognitive model perspective, beliefs and attitudes towards motherhood are a risk source specific to mental illnesses in the perinatal period. Rubin and his colleagues stated that women evaluate events differently during pregnancy than during other periods and defined cognitions related to motherhood for the first time. Cognitive themes specific to pregnancy & motherhood; The role of motherhood, The female body during and after pregnancy, Expectations regarding the behavior of the unborn baby. Cognitive themes specific to pregnancy and motherhood are related to the adaptation process to motherhood.

RT3: The diversity of Case Conceptualization across Europe: Learning from each other to progress further

Pierre Philippot

UCLouvain, Belgium

Céline Baeyens

Université de Grenoble Alpes, France

Tobias Krieger

Universität Bern, Switzerland

Helen Macdonald

BABCP, United Kingdom

Nikola Petrović,

University of Belgrade, Faculty of Philosophy, Serbia

Maria Do Céu Salvador

Coimbra University, Portugal

Abstract

Case conceptualization is an essential and critical first step in psychological treatment: Research suggests that unsuccessful interventions are often due to inappropriate target identification during case conceptualization. Also, many practitioners consider that case conceptualization constitutes a privileged moment for building the therapeutic relationship. Across Europe, one can observe a large variability in training and practice regarding case conceptualization, ranging from the mere attribution of a DSM diagnosis to elaborate modeling.

The aim of this round table is threefold: (a) to present different traditions of case conceptualization across Europe, (b) to discuss the strength and limitations of each tradition as well as their links with research and the evolution of evidence-based therapies, and (c) to open perspectives for cross-fertilization and guidelines. Five speakers, from different geographical origins, will contribute to this round table: Céline Baeyens (France), Tobias Krieger (“Central” Europe), Helen Macdonald (UK), Nikola Petrovic (Eastern Europe), and Ceu Salvador (Southern Europe).

Keywords

Case conceptualization

RT4: Treating Generalized Anxiety Disorder: Different Evidence-Based Therapeutic Approaches

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Hakan Öğütlü

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Abstract

Generalized Anxiety Disorder (GAD) presents significant challenges in clinical practice, demanding versatile therapeutic approaches. This clinical roundtable aims to explore and contrast three distinct therapeutic models—Cognitive Behavioral Therapy (CBT), Schema Therapy (ST), and Metacognitive Therapy (MCT)—in their application to a case of GAD. The session will commence with a detailed presentation of a patient diagnosed with GAD, including symptomatology, psychosocial background, and treatment history. Following this, three experts will each advocate for a different therapeutic approach. The first expert will discuss the principles and efficacy of CBT in managing anxiety, emphasizing its structured, short-term, and problem-focused techniques. The second expert will explore Schema Therapy, highlighting its focus on identifying and restructuring deep-seated patterns and beliefs that perpetuate anxiety. The third panelist will present Metacognitive Therapy, detailing its unique approach to controlling worry and modifying metacognitive beliefs that contribute to sustained anxiety states. This roundtable will not only dissect the theoretical underpinnings and practical applications of each method but also engage in a critical discussion on their comparative benefits, potential synergies, and case-specific recommendations. The session aims to provide a comprehensive understanding of how these therapies can be effectively tailored to meet individual patient needs in GAD treatment, fostering a deeper clinical insight and encouraging evidence-based practice.

Keywords

Generalized Anxiety Disorder (GAD), Cognitive Behavioral Therapy (CBT), Schema Therapy (ST), Metacognitive Therapy (MCT), anxiety

RT5: New processes in cognitive behavioural therapies: the “dark down arrow” in personal development, cultural distinctions and case formulation

Giovanni Maria Ruggiero

Sigmund Freud University, Italy

Murat Artiran

Rumeli University, Istanbul, Turkey

Raymond DiGiuseppe

St. John University, United States

Abstract

The panel discusses three possible directions of the management of the psychotherapeutic process in Cognitive behavioral therapy (CBT). The first direction explores an application of the down arrow to personal development in therapists that should explore the beliefs and coping strategies related to the therapist's dysfunctional reactions in potentially worst scenario sessions, i.e. uncooperative, dismissive and aggressive reactions of the therapist. In order to obtain this type of self-knowledge, a methodological variant of performing the down arrow, called the “dark” down arrow, is described, the aim of which is to assess the therapist's potentially worst dismissive or aggressive self-beliefs and coping strategies towards the other people. The second direction explores how embracing and honoring distinctions can greatly enrich the alliance and enhance the overall effectiveness of CBT therapists should remain conscious of their biases and remain receptive to learning about their clients beliefs and cultural values. Psychotherapists must excel in listening, empathy and nonverbal cues to forge a connection with their clients. Moreover they should be able to adjust their communication approach to cater to the needs of clients, from varying backgrounds. Additionally psychotherapists need to recognize how cultural diversity could influence both the presentation and treatment of health concerns. The third direction explores Case formulation as a key aspect of REBT which involves the therapist and client working together to understand the client's presenting problems and identify the underlying irrational beliefs that are causing these problems. Through this collaborative process, the therapist can help the client develop a more rational framework for understanding their experiences. The process of case formulation holds significant

importance in the objectives of therapy, and it encompasses two key components: elegant and inelegant solutions. Formulating solutions is equally crucial as analyzing problems, and it is highly beneficial to have a solution-focused case formulation.

Keywords

Personal Development; Cultural issues; Case formulation

RT6: EMDR and Crisis Support Following Mass Shootings in Serbia

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EMDR Italy, Italy

Vesna Bogdanović

EMDR Serbia, Serbia

Jelena Zulevć

EMDR Serbia, Serbia

Abstract

In response to unprecedented mass shootings in Serbia in 2023, including a shooting at a primary school in Belgrade, the capital city, as well as subsequent shootings in two small villages, Dubona and Malo Orašje, this abstract presents a comprehensive overview of the challenges and innovations encountered in integrating Eye Movement Desensitization and Reprocessing (EMDR) into crisis support interventions. These efforts aimed to address trauma-related symptoms and promote recovery in affected individuals and communities.

The implementation of EMDR within crisis settings posed several significant challenges. Firstly, EMDR was relatively unknown outside professional circles in Serbia, necessitating efforts to educate stakeholders and gain acceptance for this modality in crisis response protocols. Secondly, delivering crisis support in rural environments presented logistical and resource-related hurdles, requiring innovative adaptations to effectively reach and assist impacted populations. Additionally, ensuring confidentiality and adherence to protocols amidst widespread media sensationalism and general distrust was crucial for maintaining trust and integrity in crisis interventions.

Lessons learned from these challenges informed the development of a responsive crisis team model tailored to future traumatic events. This model emphasized the importance of agile and feedback-informed response mechanisms, trauma-sensitive practices, and adapting evidence-based protocols and practices to specific cultural contexts to effectively address the unique dynamics of crisis situations, particularly in rural settings.

The case study presented in this abstract highlights specific strategies and interventions used to integrate EMDR into crisis support initiatives. It underscores the importance of community engagement, ethical considerations, and ongoing evaluation of effectiveness in crisis interventions.

The insights gained from this experience are valuable for mental health professionals, policymakers, and stakeholders engaged in trauma-informed care and crisis intervention efforts, not only in Serbia but also in similar contexts globally. This session contributes to the growing body of knowledge on crisis intervention strategies and underscores the significance of adapting evidence-based modalities to address the complex needs of communities affected by mass shootings and other traumatic events.

In conclusion, this discussion emphasizes the importance of integrating innovative therapeutic approaches such as EMDR into crisis support frameworks, highlighting the potential for positive outcomes in promoting resilience and recovery in the aftermath of mass shootings in rural Serbia.

Keywords

EMDR, Crisis support, Mass shootings, Trauma-sensitive practice, Culturally sensitive practice

RT7: Pitfalls in therapeutic alliance in cognitive behavior therapy

Neda Ali Beigi

University of Social Welfare and Rehabilitation Sciences, Islamic Republic of Iran

Saeedeh Zenoozian

zanjan university of medical sciences, Islamic Republic of Iran

Keith Dobson

University of Calgary, Canada

Kristene Doyle

Executive Director Albert Ellis Institute, United States

Abstract

The therapeutic alliance is one of the important factors to predict treatment process and outcome in a variety of therapy models. However, the definition of the therapeutic alliance and the appropriate methods to create an alliance has encountered some controversy in cognitive behavior therapy (CBT). Cognitive behavior therapy, traditionally seen as manual-based therapy, allows for less opportunity to develop a therapeutic relationship, while new perspectives indicate alliance and adherence playing crucial roles in CBT.

The view of clients and the therapist towards the therapeutic process also significantly influences treatment outcome. Clients sometimes exhibit behaviors that therapists find unappealing. In some cases, clients behave inappropriately and create discomfort for the therapist. At times, clients may simply resist ideas from the therapist or choose inaction even while they wish to remain in treatment. Resistance is used in the CBT literature to refer to client behaviors that signal a lack of collaboration between patient and therapist. Resistance has different dimensions (Leahy, 2003) including the patient's high need for validation, an inability to change and insistence on maintaining the current situation, emotional ambivalence, or being extremely ethical and following the rules. The CBT framework conceptualizes resistance as an interpersonal process, and a type of pathology in the therapeutic relationship. Wolf and Goldfried (2014) found that 37% of therapists endorsed resistance as a roadblock to progress in CBT.

Transference and countertransference are concepts from psychoanalysis that provide useful insights into the inner world of the client and therapist. Role-playing, guided discovery and imagery are common approaches to evaluate the processes in CBT. Whether resistance in patients or countertransference in the therapist, both are traps facing the therapeutic alliance with inevitable challenges. In the cognitive model, the client's resistance and the therapist's countertransference are conceptualized based on beliefs and schemas. Client's faulty beliefs and schemas lead to behaviors that indicate their resistance to treatment and may threaten treatment outcomes. On the other hand, the therapist maladaptive schemas may also affect the therapeutic alliance and treatment progress. Therapists' reaction to clients are likely similar to the reactions of people in their real life. Therapists can use their reaction as a window into the client's social world. In this symposium we discuss how to deal with roadblocks that typically arise on the therapeutic alliance.

Keywords

therapeutic alliance, Pitfall, resistance

RT9: Introducing DBT (Everything You Wanted to Know About DBT but Were Afraid to Ask)

Karolina Vörös

Schema Therapy Center Belgrade, Serbia

Abstract

This symposium aims to introduce the professional community in our region to Dialectical Behavior Therapy (DBT), a therapeutic approach that is still relatively new in Serbia, officially established through the Center for Dialectical Behavior Therapy in 2020. The foundation of this group of psychotherapists from various modalities began in Subotica. A few months before the start and continuing through the COVID-19 pandemic, the first group from Belgrade was formed, followed by Novi Sad and Subotica. Together, they formed the first team for formal DBT education at the Behavioral Tech Institute (formerly known as Linehan Institute). Today, there are three DBT teams comprising 16 therapists from Serbia. This year, we are establishing a collaboration with a team from Russia, now located in Serbia, led by a Behavioral Tech, LLC trainer. In this introductory DBT symposium, representatives from Serbia and Russia will provide comprehensive information about the therapeutic model. They will present the basics of the theoretical approach to emotional dysregulation, the significance and benefits of the team approach that is a hallmark of DBT, and the struc-

ROUND TABLE

ture and conditions of accredited education within the Behavioral Tech Institute. Additionally, they will discuss the application process for therapists interested in joining new training cohorts and forming DBT teams. We also aim to motivate psychotherapists from other therapeutic modalities by presenting the implications and possibilities of integrating DBT with RE/CBT, schema therapy, and EMDR, which are well-established therapeutic modalities in our region. The symposium will feature the following presenters: Karolina Vörös (overview of the history of DBT in Serbia), Dr. Dmitrii Puškarev (fundamentals of DBT treatment), Milja Krivokuća (education conditions), Ksenija Kolkova (DBT consultation team), and Jelena Zulević (integration of DBT with other therapeutic modalities and methods).

Chair: Nikola Petrović, University of Belgrade, Faculty of Philosophy, Serbia

Convenor: Karolina Vörös

Keywords

DBT

SKILL CLASS



SC1: Free Styling REBT: Making Powerful Disputation Gently

Zohra Master

Inner Planet, India

Abstract

In response to common feedback from clients undergoing Rational Emotive Behavior Therapy (REBT), this workshop aims to address the challenge of bridging the gap between intellectual understanding and practical application. While clients may grasp REBT concepts theoretically, they often struggle to integrate them into their daily lives or experience them on an emotional level. This discrepancy arises from the tendency to rigidly adhere to the traditional A-B-C format, which can limit the therapeutic process to an academic exercise.

To facilitate more impactful therapeutic outcomes, this workshop will empower REBT therapists to elevate their assessment and disputation techniques. By transcending the conventional A-B-C structure, therapists will learn to navigate dynamically between cognitive restructuring components, fostering a deeper and more experiential change in clients. The workshop will cover the following key components:

1. Therapy Congruence: Aligning client expectations with therapeutic experiences to enhance congruence and efficacy.
2. Comprehensive Emotion Assessment: Utilizing a diverse emotional vocabulary to assess clients' emotional states thoroughly, especially in cases where clients struggle to articulate their emotions.
3. In-depth Irrational Belief Assessment: Engaging clients in exploring their emotions and past experiences to gain a nuanced understanding of their irrational beliefs. This comprehensive assessment lays the foundation for effective disputation, enabling clients to develop critical thinking skills and challenge their distortions.
4. Personalized Disputation Style: Empowering therapists to cultivate an authentic and personalized approach to disputing irrational beliefs

Keywords

Disputation techniques, building personal therapeutic style, Emotions, Irrational Beliefs, Self of therapist

SC2: The power of progress feedback. Using standardized measures to enhance Outcomes

Kim De Jong

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Hidde Kuiper

GGZcentraal, Netherlands

Abstract

In CBT, it is common to check in with your client at the start of each session on how they are doing and what their symptoms currently are. Some therapists use standardized measures. The latter is referred to as progress feedback and has been shown to enhance treatment outcomes and reduce dropout (De Jong et al., 2021). That is, provided that the information is actively used by the therapist to support clinical decision-making. However, it is fairly common for therapists to not actively use the feedback; for example, in one study 50% of the therapists did nothing with the collected information, despite it being delivered to them automatically via e-mail (De Jong et al., 2012).

One reason why therapists do not use progress feedback actively in treatment is that they are often not trained in how to discuss feedback with patients, especially when a patient is not progressing well. In this skills class we will discuss how to introduce progress feedback to patients, how to discuss and recognize progress and lack of progress and adapt treatment when necessary. We will also discuss using progress feedback on multiple patients in supervision to learn from your own data.

During the skills class participants will actively practice with role plays. If they are already using standardized measures, they are invited to bring anonymized examples of progress charts.

Keywords

routine outcome monitoring; measurement-based care; feedback

SC3: Learn key elements in the SIBS intervention for siblings and parents of children with chronic disorders

Krister Fjermestad

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Abstract

The scientific background for this skills class rests on multiple reviews demonstrating that siblings of children with chronic disorders are at increased risk of mental health problems due to extra care burdens. Health care providers are becoming more aware of siblings' health needs, and countries and legislators are increasingly incorporating children who care for children (i.e., siblings) into their definitions of "young carers". The mental health risk for siblings indicate they may need tailored interventions, but few evidence-based interventions tailored for siblings exist.

The key learning objectives of the current skills class is for participants to learn key skills from one of the most researched interventions tailored for siblings and parents of children with chronic disorders. This is the SIBS intervention, a five-session manual-based group intervention developed in Norway and implemented and evaluated in Norway, Denmark, and Cambodia, with ongoing and/or planned trials in Australia, the Netherlands, USA, and the United Kingdom.

The SIBS intervention is built on cognitive behavioral therapy (CBT) principles and rests on a decade of developmental research. The intervention comprises three parallel sibling-parent group sessions with multiple families and two joint sessions where each sibling-parent dyad meets separate from other families. The aim of the SIBS intervention is to enhance parent-child communication, and thereby prevent sibling mental health problems. As such, the manual focuses on specific techniques that parents are meant to practice for more open and warm communication with their children. The skills class focuses on these techniques.

The key skills to be learnt in this class is specific techniques for how to work with parents to enhance parent-child communication. This is done via example videos of real parent-child conversation, animated information videos, and role-plays with parents involving feedback. The class will provide insights into key elements of the SIBS intervention and how these could be implemented. Video examples from live groups will be shared and key tasks will be presented and role-played. The participants will get hands-on training in how to work on enhancing parent-child communication, with feedback.

The implications for everyday CBT practice include for audience members to become familiar with key elements in the intervention manual, watch and reflect on example videos and discuss intervention strategies targeting siblings. The aim is for participants to learn and get inspired about how to best support siblings as young carers. Given that enhancing family communication is generally associated with mental health and family relations, the skills class is also relevant beyond the field of chronic disorders as a supplement to family-based CBT.

The skills class leader is Krister W. Fjermestad. He is a Clinical Psychologist and Professor at the Department of Psychology, University of Oslo and Frambu resource centre for rare disorders, Norway. He is one of the main authors of the SIBS intervention and has more than a decade of clinical and research experience working with families of children with chronic disorders.

Keywords

families; children; chronic disorders; siblings; interventions; communication

SC4: Problems in integrating mindfulness into standard CBT protocols and how to overcome them

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Laura Mirić

"PUNA SVJESNOST"; "Mindfulness centar KBT opcija", Croatia

Abstract

Note: this skills class is held in the Croatian-Serbian language

Scientific background - CBT therapists have been increasingly integrating mindfulness-based interventions (MBI), most often only meditation practice, into the traditional CBT protocol, but there is little research on the effect of this. Some randomized controlled trials (RCT) have investigated the effects of adding only a very brief mindfulness meditation at the beginning of each session in CBT protocols for anxiety and depression (even without the home practice essential to both CBT and MBIs) and found no advantage of adding a brief meditation versus TAU (Mander et al., 2018; Pruessner et al., 2024). The authors argue that the procedure of the studies reflects the way that practitioners usually

integrate mindfulness into individual therapy routines. However, Mindfulness Based Cognitive Therapy (MBCT) and other evidence-based manualized group MBIs have been shown to be effective in numerous RCTs. When scientists investigate the effects of mindfulness interventions incorporated into CBT and also when CBT therapists integrate mindfulness into traditional CBT, it would be reasonable to transfer more of the core interventions of these group programs into individual CBT rather than just meditation. These core interventions include: formal and informal mindfulness practices (meditations, mindful everyday activities), experiential exercises, inquiry following each practice and exercise, home practice and its review at the next session. Also, according to the framework and ethical standards for an MBI training program, the therapist working with mindfulness should have at least 2 years of experience of daily mindfulness practice (Segal et al., 2013). Among other problems, using only meditation in a therapy session, without inquiry technique following it and without other interventions, can lead to increased attention, but increased attention without attention quality training may even worsen symptoms.

Key learning objectives of this skills class:

- Participants will understand the mechanisms of change underlying some core mindfulness interventions in order to fit them meaningfully and flexibly into a traditional CBT protocol;
- Participants will understand why it is important that CBT therapists have their own regular mindfulness practice in order to effectively teach these skills to their clients and how the practice can support therapists' wellbeing and efficacy even when they do not use MBIs with the clients;
- Participants will learn how to apply some core elements of the Inquiry technique (somewhat analogous to Socratic questioning), which should follow every mindfulness practice and exercise.

Keywords

mindfulness, CBT protocols, MBCT, mindfulness-based interventions

SC5: Treatment of sexual orientation OCD

Dmitrii Komarov

Educational association 'Behavioral Company', Russian Federation

Abstract

Rationale

Sexual Orientation Obsessive-Compulsive Disorder (SO-OCD) is a condition which is characterized by significantly disturbing intrusive doubts about one's possible homosexuality in the absence of actual homosexual desire. Occurrence of those intrusions is associated with typical cognitive biases for OCD such as Moral and Likelihood Thought-Action Fusion (TAF), intolerance of uncertainty, overestimation of threat and excessive need for thought control¹. These biases reinforce massive fear and shame often escalating to suicidal ideation². Striving to cope with both intrusive thoughts and emotional distress, patients steep into endless neutralizing behaviors such as scanning bodily sensations for arousal, compulsive masturbation and meticulous analysis of their past and present sexual experience.

Up to 1/3 of patients with obsessive-compulsive disorder report having sexual obsessions during their lives³. At the same time 39% of psychologists misdiagnose OCD in general and 77% could not recognize sexual orientation obsessions⁴. Instead such symptoms get erroneously interpreted as a 'sexual identity crisis' that in turn consolidates patients' catastrophic misinterpretation of their intrusive doubts. However well-established CBT techniques show promising results when tailored for the specific nuances of these sexually-charged obsessions.

Learning objectives

This skills training class is aimed to help practitioners obtain proficiency in the following aspects: 1) recognition of sexual obsessions and their differentiation from ego-syntonic sexual fantasies; 2) revealing typical explicit and implicit (overt and covert) compulsions; 3) correcting fear-provoking cognitive beliefs; 4) planning relevant exposures and response prevention; 5) maintaining a firm therapeutic stance against rigorous reassurance seeking.

Description

The first step for the therapists is to elicit and normalize intrusions, educating the patients about the basic mechanisms of psychosexual development: that sexual orientation is a constant trait and cannot be altered neither by external influence nor by inward thoughts⁵, although homosexual intrusions is a widespread phenomenon⁶. Next, the clinicians should be willing to validate patients' reactions to thoughts of fear and shame to enhance the therapeutic working alliance and to further normalize patients' emotional struggles. To be able to do so, therapists will be taught to identify clients' thought evaluations – that is, according to Salkovskis' and Clark's models^{7,8}, underlying personal meanings attributed to sexual intrusions. Those evaluations – oftentimes equal to Core Beliefs (usually in the domains of unlovability and worthlessness) – are the targets for further cognitive restructuring. Clinicians should deploy their CBT repertoire fully and encourage patients to participate in behavioral experiments to disprove their thought-action fusion bias, manifested in the fear of losing control and acting out their dreadful mental images. The above-mentioned techniques must be complemented by Exposure and Response Prevention – the essential ingredient of effective treatment. For SO-OCD, that consists of instructing the clients to cease their compulsive searching for signs of

arousal (both mentally and behaviorally) and to expose oneself to lasting uncertainty with regards to their sexuality. Additionally, the participants of the skills class will be trained to handle patients' reassurance seeking: alliance-disrupting and recovery-undermining behavior, which invariably goes along with this condition based on pathological doubt.

Keywords

Obsessive-compulsive disorder, sexual obsessions

SC6: Treating tics and Tourette Syndrome with evidence based interventions and adaptations needed for the 'real world'

Tara Murphy

Great Ormond Street Hospital, United Kingdom

Jolande Van De Griendt

Griendt, TicXperts, Netherlands

Cara Verdellen

PsyQ Nijmegen, Netherlands

Abstract

Gilles de la Tourette syndrome (TS) and chronic tic disorders (CTD) are complex neuropsychiatric disorders primarily characterized by tics but often accompanied by additional symptoms. In this skills class workshop, diagnostics and treatment options for TS and tic disorders are discussed with pragmatic adaptations for commonly co-occurring conditions. Tic disorders are often treated with medication, while behaviour therapy can be a good, or even better alternative. Behaviour therapy can consist of either habit reversal treatment (HRT) or exposure and response prevention (ERP). HRT consists of an awareness training, followed by a competing response training to prevent or inhibit the tic. ERP consists of prolonged exposure to premonitory sensations during response prevention of the tics. Both treatments have been proven effectively in the treatment of tic disorders, leading to an average of about 30% tic reduction. Behaviour therapy has recently been recommended in the European Guidelines as a first line intervention for tic disorders across the lifespan.

Implications for everyday clinical practice of CBT

Despite strong evidence for behavioural treatment for tics and Tourette, and the availability of treatment manuals, many patients do not receive a first line evidence based intervention for tics. Currently, few therapists are trained in delivering these interventions. This skills class aims to increase the awareness in practitioners about behaviour therapy for tics.

Key learning objectives

- Learn the diagnostics, differential diagnoses and commonly co-occurring conditions of Tourette Syndrome and other tic disorders
- Knowing the available evidence for behaviour therapy for tic disorders
- Step-by-step demonstration of both habit reversal training and exposure & response prevention, illustrated with videomaterial.

Keywords

Tics; Tourette; Exposure & Response Prevention; Habit Reversal

SC7: The use of deliberate practice in cognitive behavioral therapy supervision and training

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Abstract

There are several factors that lead to expert-level performance in psychotherapy. Theoretical knowledge and clinical experience for example, are likely to be fundamental to psychotherapy expertise. Yet despite their importance, declarative knowledge and clinical experience do not necessarily lead to expert-level performance. Considering this, attempts have been made to pinpoint what distinguishes the most effective therapists.

One aspect of expertise with a growing consensus regarding its importance for expertise, is the behavioral rehearsal

of CBT skills. Role plays and skill trainings have been a part of CBT training for many years, but there is still no robust learning framework that fully incorporates findings from the science of expertise.

A form of learning termed Deliberate Practice (DP) has shown promise. Deliberate Practice is a research-supported learning framework for skill acquisition and refinement, with the number of hours committed to DP predicting expertise across numerous fields of expertise. Deliberate practice incorporates three core principles that we shall implement in this workshop:

1. Identify a skill deficit
2. Define a small learning goal
3. Implement a rehearsal and feedback loop

The goal of this workshop is to give you a taste of Deliberate Practice learning for CBT skills, together with the knowledge needed to start incorporating deliberate practice into supervision and training.

Teaching Methods: In this workshop the components of deliberate practice for CBT will be taught through brief instruction, live demonstration, video and a lot of practice (role-plays in small groups and work with video-prompts).

Learning objectives:

1. Identify a personal skill deficit
2. Define a small, personalized learning goal
3. Implement personalized behavioral rehearsal
4. Give actionable feedback

Note: This is a noisy, active and fun workshop. Bring your good vibes and openness to learning, and you won't regret it!

Keywords

Deliberate Practice, Supervision, CBT skills, rehearsal

SC8: Breaking Free from Mind Loops: A Contextual Behavioral Approach to Repetitive Negative Thinking

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Abstract

Repetitive thinking is defined as the process of prolonged, attentive, and recurrent contemplation of oneself or the world (Segerstrom et al., 2003). It is specified that repetitive thinking can be adaptive or maladaptive, leading to either destructive or constructive outcomes in a person's life. Repetitive thinking can take various forms, such as mind wandering, rumination, worry, planning, daydreaming, counterfactual thinking, and reflection, serving different functions in different contexts.

Maladaptive forms of repetitive thinking, known as Repetitive Negative Thinking (RNT), encompass worry and rumination and are linked to various psychopathologies such as depression, anxiety, insomnia, eating disorders, and psychotic disorders (Ehring & Watkins, 2008; Harvey et al., 2004). Therefore, RNT is defined as a 'transdiagnostic' process that underlies various psychological disorders (Ehring & Watkins, 2008; Harvey et al., 2004; Drost et al., 2014).

Analyzing transdiagnostic processes like RNT supports the development of brief and effective interventions (Ruiz et al., 2020). By understanding the underlying mechanisms of these processes, we can create interventions that address multiple psychological symptoms simultaneously. This approach can potentially enhance the efficiency and cost-effectiveness of care.

In this workshop, we will examine RNT based on the philosophical and theoretical frameworks of functional contextualism and contextual behavioral therapy. Accordingly, RNT is considered an implicit behavior, and understanding a behavior involves not only recognizing what the behavior is but also the context in which it occurs—its 'antecedents' and 'consequences,' which are of central importance. Only in this way will it be possible to influence or change a behavior. Thus, when we work on RNT during therapy, this framework provides us with the ability to offer brief and effective intervention opportunities.

Key Learning Objectives:

- Describe the different forms of repetitive negative thinking from a functional contextual perspective.
- View repetitive negative thinking as a behavior and to develop skills for conducting Functional Behavior Analysis on these behaviors to understand their antecedents, consequences, and functions.
- Learn strategies and techniques for working with RNT during therapy sessions, using the functional contextualism and contextual behavioral therapy frameworks.

Keywords

repetitive negative thinking, contextual behavioural science, rumination, worry, self criticism

SC9: Rumination in Obsessive-compulsive disorder: Catching the sneakiest of compulsions

Jean-Philippe Gagné

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Abstract

Targeted Audience:

This class targets clinicians who assess/treat obsessive-compulsive disorder (OCD) using cognitive-behavioural therapy (CBT) or exposure, who wish to refine their case formulations and interventions.

Background:

Rumination is a mental process during which one repetitively analyzes their concerns without taking concrete or helpful action (Watkins, 2008). Rumination has been shown to be transdiagnostic (Ehring & Watkins, 2008) and to be involved in the maintenance and worsening of symptoms across various mental disorders (Watkins & Roberts, 2020), including OCD (Wahl et al., 2021). In the context of OCD, rumination has historically been conceptualized as part of the obsessional domain, mainly because of overlapping characteristics, such as being repetitive and difficult to control (Salkovskis & Westbrook, 1989). However, rumination is now better understood as one of the many covert compulsions reinforcing the overimportance given to normal yet unwanted intrusive thoughts, particularly repugnant obsessions (Raines et al., 2017). It is therefore critical for clinicians to frame rumination as a mental habit or behaviour (Watkins & Nolen-Hoeksema, 2014), wherein an individual with OCD attempts to identify the causes, meaning, and consequences of their intrusive thoughts (Wahl et al., 2021). This time-consuming and unproductive process leads to more intrusive doubts but also to worsened mood, making individuals with OCD at high risk for comorbid depression (Wahl et al., 2021). This class will teach evidence-based strategies from CBT for OCD and related disorders, as well as principles of behavioural activation, to equip clinicians with tools to target rumination in OCD.

Learning Objectives:

By the end of the class, attendees will be able to:

1. Understand the concept of rumination as a compulsion and its role in the maintenance of OCD (particularly repugnant obsessions) and other symptoms (e.g., depressed mood)
2. Integrate rumination in cognitive-behavioural formulations of OCD as a way to further refine their conceptualization of their patients' difficulties
3. Assess rumination in patients with OCD to better understand its manifestation and monitor its frequency and intensity throughout CBT
4. Use CBT strategies (e.g., psychoeducation, behavioural experiments, exposure and response prevention, habit reversal, grounding, behavioural activation) to target rumination in OCD and help symptom reduction
5. Recognize rumination in a session and encourage its discontinuation

Teaching Methods:

A mixed-method approach to teaching will be used. First, attendees will be provided with theoretical and practical information. Second, experiential activities will be emphasized, consisting mainly in practicing the skills within small groups of attendees based on a case vignette.

Keywords

obsessive-compulsive disorder, rumination, exposure and response prevention, habit reversal, behavioural activation

SC10: Disputing irrational beliefs by working with Critic Modes in personality disorders

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Roxana Nicolau

Romanian Association of Behavioural and Cognitive Therapy (ARTCC), Romania

Abstract

Join us for a dynamic skills class that delves into the scientific exploration of working with critical parts in therapeutic interventions designed to reshape clients' mindsets. This class draws upon established psychological theories and empirical research to provide participants with a deep understanding of the mechanisms behind critical self-talk and its profound impact on clients' cognitive, emotional, and behavioral well-being.

Participants will explore how maladaptive schemas, cognitive distortions, and learned behaviors perpetuate self-criticism, while learning how to apply schema therapy techniques to identify and address critical parts within the client's

internal system. Practical interventions such as limited reparenting, imagery rescripting, and chair work will be explored to challenge and transform critical schemas.

Moreover, participants will gain insights into evidence-based emotion regulation strategies essential for helping clients manage distress associated with critical self-talk. Skills such as mindfulness, emotion labeling, and distress tolerance will be taught to foster self-compassion and resilience in clients.

Through interactive exercises and real-world examples, participants will have the opportunity to apply theoretical concepts and therapeutic techniques to diverse scenarios. The workshop will offer practical guidance on navigating therapeutic challenges and customizing interventions to meet the fundamental emotional needs of clients.

By the end of this skills class, participants will emerge equipped with a comprehensive understanding of the scientific principles underpinning the restructuring of critical parts, along with practical skills to effectively intervene with clients struggling with self-criticism. Join us to enhance your therapeutic toolkit and make a positive impact in your clients' lives.

Key learning objectives:

1. Understanding the Concept of Critical Parts or Modes: Participants will gain a thorough understanding of critical parts within the context of schema therapy and cognitive-behavioral therapy (CBT), including their origins, functions, and impact on clients' well-being.
2. Integration of Schema Therapy and CBT: Participants will learn how to integrate principles and techniques from schema therapy and CBT to effectively identify and work with critical parts in therapy sessions. This includes exploring how cognitive distortions and maladaptive schemas contribute to the development and maintenance of critical inner voices.
3. Assessment and Formulation Skills: Participants will develop skills in conducting comprehensive assessments and case formulations to identify the presence of critical parts in clients. They will learn how to conceptualize the interplay between core beliefs, early maladaptive schemas, and critical inner voices in shaping clients' cognitive and emotional experiences.
4. Intervention strategies: Participants will learn to apply different intervention strategies to combat, dispute, reduce or negotiate and make friends with critical parts. They will learn how to identify the need for a certain type of intervention and how to adapt their strategy to the type of Critical part they are addressing.

Keywords

personality disorders, schema therapy, critic modes, irrational beliefs

SC11: DBT informed therapy: using DBT outside of comprehensive treatment program

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Abstract

The goal of the seminar is to present how cognitive-behavioral therapists can use DBT principles and strategies in their work with patients. Research unequivocally supports the effectiveness of holistic DBT therapy that includes 4 modes of therapy: individual therapy, group skills training, telephone coaching and a consultation team. This is an effective therapy, but it requires a team, training and resources that may not be available to many therapists. Many therapists and patients are eager to use DBT techniques, but doing so inconsistently may find them disappointing and unhelpful. At the same time, we know that using the transactional model to conceptualise and plan therapy, adhering to DBT assumptions and principles in the therapeutic process, consistently and appropriately applying behavioural strategies in a dialectical manner, can enhance the effectiveness of therapy itself and strengthen the therapeutic relationship. This is called a "DBT-informed treatment". The class will present how the basic DBT paradigms (acceptance, change and dialectics) and strategies can enhance the practice of a cognitive-behavioural therapist, as well as be the basis for developing a comprehensive DBT treatment program.

Keywords

DBT-informed treatment; DBT skills training; transactional model; suicidal risk management; emotional dysregulation; case formulation

SC12: Big Picture Appraisal Mindfulness based cognitive therapy

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Abstract

Mindfulness based cognitive therapy (MBCT) is a third wave CBT practice that immerses the client in dealing with thoughts and other mental object-like content by promoting an intentional response instead of an automated reaction. MBCT proved itself useful in reducing meta-cognitive load associated with episodic emotional disorders. Big picture appraisal (BPA) is a rather new way of inducing in emotionally disturbed clients a state of broad de-centering from their distress. BPA procedures imply the learning of broad perspective taking, both temporally and personally. The skill-class I intend to conduct will center on the reformulation of the classical 8 week training program in order to include BPA instructions - advanced MBCT practitioners will have the opportunity to explore experientially the modified sitting meditations, while therapists less familiar to MBCT will have the opportunity to have a glimpse on the MBCT practice.

Keywords

MBCT, Big Picture Appraisal

SC13: Breaking Boundaries: A Skill Class for Overcoming Social Anxiety Disorder

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Branislava Krasić

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Abstract

Title

Breaking Boundaries: A Skill Class for Overcoming Social Anxiety Disorder

Scientific Background

Social anxiety disorder is a prevalent mental health condition characterized by an intense fear of social situations and being judged or embarrassed in front of others. Cognitive Behavioral Therapy (CBT) has been established as an effective treatment for social anxiety disorder. The behavioral experiment technique is a crucial tool in CBT for treating social anxiety. It's an evidence-based approach that allows individuals to actively test their anxious beliefs and assumptions in real-life situations. Behavioral experiments are a way to break out of the vicious cycle of anxiety and avoidance and test our social fears. By engaging in controlled experiments, participants gradually confront their fears and learn that their anticipated negative outcomes are often exaggerated or unlikely to occur.

Key Learning Objectives

By the end of the class, participants will be able to help clients to:

1. Understand the importance of applying behavioral experiment techniques in the CBT treatment of Social Anxiety Disorder.
2. Effectively applying key behavioral experiments in therapeutic practice for the treatment of social anxiety.
3. Enhancing the design and implementation of individualized behavioral experiments in therapeutic practice and how can therapist adapt their methods for different patients.

The idea is with this skill class to foster a sense of community and mutual support among participants providing a safe space for sharing experiences and learning from one another's successes and challenges.

Keywords

social anxiety disorder, anxiety, cbt, cognitive behavioral therapy

SC14: Mindfulness Techniques in Acceptance and Commitment Therapy (ACT)

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Abstract

Acceptance and Commitment Therapy (ACT) combines acceptance and mindfulness strategies with commitment and behavior-change techniques to increase psychological flexibility.

Mindfulness in ACT is defined as The defused, accepting, open contact with the present moment and the private events it contains, as a conscious human being experientially distinct from the content being noticed.

This workshop aims to introduce participants to the fundamentals of mindfulness-based techniques in ACT, providing practical tools to manage stress and enhance overall mental health. Participants will engage in a series of interactive sessions that include:

- An introduction to mindfulness and its benefits
- Guided mindfulness meditation practices used in ACT
- Techniques for integrating mindfulness into daily life
- Exercises to enhance present-moment awareness
- Strategies for managing negative thoughts and emotions

By the end of the workshop, participants will:

- Understand the core principles of mindfulness
- Develop practical skills working with clients to reduce stress and anxiety
- Learn methods to improve focus, emotional and behavioral regulation
- Gain tools for incorporating mindfulness into their everyday routines

No prior experience with mindfulness or ACT is necessary. The workshop will be conducted over half a day.

Keywords

Mindfulness, ACT, Anxiety

SC15: Spiritual Psychology: How to engage clients with religious beliefs (online)

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Abstract

Often, therapy has supported clients as individuals without a holistic context, however this skills class aims to widen the appreciation of adaptations that could be made to engage persons within a psycho-spiritual framework. Various research has found that therapies can conflict with other belief systems on numerous elements from aetiology through to treatment and prognosis (Naeem et al, 2019). An individual's cultural/religious values can impact on the nature of their core beliefs, assumptions and automatic thoughts (Tam et al, 2007) and therefore their mental health. Taking a rigid approach to the initial guidance to CBT without any adaptation often may result in poor outcomes, and so new research posits adaptations to CBT to ensure relevancy and accessibility for cultural minorities and religious groups (Phiri, et al, 2023) is vital. Indeed, the importance of paying attention to spirituality is a key element in ensuring positive health outcomes (Katerndahl, 2008). This session will explore to how to assess, conceptualize and treat the followers of some of the major religions. Considerations will be made around Christianity, Islam, Hinduism, Buddhism, Sikhism and others, drawing on salient themes and techniques which may help alleviate mental distress in a more meaningful way.

Keywords

spiritual issues, competence, CBT

SC16: Enhancing Therapeutic Communication: The Impact of Language on Perception and Treatment Efficacy

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Abstract

Effective communication in therapy is not solely about what is said, but also about how it is said. This workshop explores the influence of language on the perception of pathology and treatment efficacy through case studies. Participants are challenged to delve into the nuances of language selection and phrasing during the therapeutic process, examining which words and phrases are more likely to induce change in clients' perceptions and behaviors, while also considering their impact on the therapist's experience. Drawing from existing research and literature, we will explore the current understanding of language in therapy. Through interactive exercises, attendees will practice alternative word choices and expressions, and learn strategies for managing disruptions in the therapeutic relationship. Additionally, we will discuss appropriate responses and word choices for early treatment improvements (Sudden Gains) and crisis situations. In this workshop the different phases in therapy will be addressed by proposing corresponding appropriate language. Especially the end phase (how to end a not so successful therapy) will be addressed.

Keywords

Effect of therapeutic language

SC17: Deep CBT for anxiety disorders and beyond: assessing and treating core threats

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Abstract

Core threats represent the fundamental underlying anxieties individuals face in relation to their anxiety when they refrain from avoiding or engaging in safety behaviors. Typically accessed through the downward arrow technique, where one repeatedly asks "and then what would happen?" until reaching the ultimate concern, core threats can manifest in various forms. For instance, patients with OCD often engage in checking rituals. However, the underlying motivation can be due to many fears, including fear of harming oneself or others, losing precious objects, losing control, or facing social ostracization. Despite their significance and clinical utility, core threats have received limited attention in research.

Addressing core threats in clinical practice necessitates accurate assessment of underlying anxieties, which can prove challenging. To assist in this process, we developed a structured interview to aid both research and clinical practice. Moreover, we posit that prioritizing core threats during CBT for anxiety enhances therapeutic efficacy.

Participants will develop the following skills:

1. Systematically assessing core threats using a structured approach.
2. Overcoming obstacles in identifying core threats.
3. Integrating core threats into in-vivo exposures and behavioral experiments.
4. Designing imaginal exposure techniques to target core threats.

Keywords

Core threats, Deep CBT, anxiety disorders, assessment, treatment

SC18: Using ACT to define healthy boundaries

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Abstract

Overview

Do you use ACT with people who find it hard to set healthy boundaries with others? Do you struggle with the same yourself? Does fusion with blame and other thoughts lead to getting overwhelmed by unwanted emotions like guilt, shame, or anger? Would you like to get better at helping yourself and others set more workable boundaries with a greater sense of generosity and compassion?

Inspired by Brene Brown's concept of 'Living BIG', this workshop, suitable for practitioners with an interest in third wave CBTs, will focus on integrating key practical and philosophical principles into their work. It will incorporate some didactic teaching and experiential exercises, inviting participants to consider a contextual behavioural approach to the boundary issues that arise in the therapy room. Delegates will also have the opportunity to ask questions and/or discuss their own cases.

Learning Objectives

Through attendance at this workshop delegates will be able to:

- Integrate some key principles of moral philosophy within a contextual behavioural approach to boundary setting
- Assess the utility of applying the aforementioned principles in their own lives, or in the lives of the people to whom they offer services
- Undertake a compassion-focussed interventions to help themselves or others to defuse from blame and other unhelpful stories

Keywords

ACT, Acceptance and Commitment Therapy, moral philosophy, boundaries, relationships, third wave CBT

SC19: Innovative and creative techniques in Group Schema Therapy for Children and Adolescents

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Abstract

This Skill Class starts from the design of the first protocol of Group Schema Therapy for children and adolescents. It starts from the latest theories and studies and provides methods and strategies with which to build a flexible and developmentally appropriate group program. The main focus is the development of the "Wise and Competent Mode", which is the primary resource for children's and adolescents' emotional, cognitive and social skills and competencies. As the stages of the protocol are presented, those types of interventions and activities that have yielded outstanding results over the years of practice will be highlighted. The methods presented will be those specific to the ST group protocol, with a focus on combining experiential techniques with creativity, playfulness and novelty. The innovative elements of this skill class are: the design of the first protocol in group schema therapy for children that it is in the validation process and unique therapeutical stories and mode cards, specially designed for this protocol.

Key learning objectives

1. ST-CA Group protocol description and the underlying studies used for it. Short description of the ongoing study which is aimed to validate this protocol
2. Pinpointing the ST-CA objectives in group protocols with a constant focus on the Wise and the Competent Mode in each stage of the protocol: creating a warm, protective environment, developing basic emotional skills: awareness, expression, regulation.
3. Exploring and describing the main areas of competence reflected in the Wise and the Competent Mode and developing them through various group techniques
4. Showcasing the innovative and creative techniques to increase the Wise and the Competent Modes, unique therapeutical stories and mode cards, specially designed for this protocol.
5. The element of novelty and creativity lies in the integration of 12 cards with the skills and competencies children need to develop and strengthen the Wise and Competent Mode. These skills are embodied in characters whose ingenious names allow us to maintain gender neutrality. They were created respecting all the criteria behind the concepts: The Caring, The Explorer, The Strategic, The Self Guarding, The Wise, The Creative,

SKILL CLASS

The Self Reflective, The Self Driven, The Self Regulator, The Social Connector, The Self Worth Booster, The Self Creator. These cards/characters are new, specially designed for this protocol and they are accompanied by unique therapeutic stories, created to enhance the power of The Wise and Competent Mode.

Keywords

Schema Therapy for children and adolescents, Group schema therapy for children and adolescents, Training Skills and abilities, Unique mode cards and therapeutic stories

SC20: Trauma Informed Supervision: From perspectives to practices

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Abstract

Psychotherapists and counsellors work with diverse clients, including individuals and groups from disadvantaged and marginalised communities, many of whom have experiences of trauma. Bearing witness to trauma narratives and responding therapeutically to trauma has deep impact on therapists and can make them susceptible to professional self-doubt, vicarious trauma and burnout. Over the years there is a recognition for the need for trauma informed supervision globally. This skill class will focus on how supervisory practice can be trauma-informed. The values and principles of trauma informed supervision will be highlighted, linkages to supervisory relationship will be drawn along with delineating specific strategies and practices that can be incorporated in supervision when adopting a trauma informed approach. Considerations with respect to the social identities of the supervisor and supervisee in trauma informed supervision will be highlighted. Incorporating a trauma informed approach in supervision to promote supervisee well-being and create trauma-informed systems will also be discussed. This skill lab is for both supervisors in practice and supervisors in the making.

Key learning objectives:

- Understand how trauma-informed principles can inform supervision
- Learn skills in identifying and responding to trauma triggers within supervision
- Develop a trauma informed approach in supervision to promote supervisee well-being and create trauma-informed systems

Keywords

Trauma, trauma-informed, supervision

SC21: Crowd-sourcing acceptance: reducing shame in PTSD treatment through targeted surveys

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Abstract

Background:

Bridging the gap between behaviour change, and shifts in the emotions and core beliefs that maintain complex PTSD can be difficult and time-consuming. This is particularly challenging when the individual with PTSD believes that thoughts that fuel shame, self-hatred, and avoidance are shared by the broader social context (López-Castro, Saraiya et al. 2019, Seah, Dwyer and Berle 2023).

Surveys are a powerful tool in cognitive behavioural therapy for testing beliefs, normalising symptoms and experiences, and generating compassionate perspectives (Murray, Kerr et al. 2022). This session focusses on the application of principles of the prolonged exposure protocol for dialectical behaviour therapy (DBT-PE: Harned, 2022) to working with individuals with complex PTSD. Case material and examples are used to demonstrate the use of surveys to assist people to engage in new behaviour that amplifies reciprocal learning for both themselves, and their communities.

Key learning objectives:

Identify the impact of shame on the development, maintenance, and exacerbation of PTSD symptoms.

Describe the principles associated with the use of surveys to test beliefs related to others' attitudes towards traumatic experiences, including cultural and ethical considerations.

Review case material and work on practical applications of this material for addressing shame in clinical practice.

Implications:

Designing surveys with precision to target beliefs that maintain shame and drive avoidance can assist with recovery from disorders where the threat is related to others' evaluations of the individual. This can be tremendously liberating for the individual.

Keywords

PTSD, Dialectical, Shame

SC22: CBT for vaginismus

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Abstract

Vaginismus is classified within sexual pain disorders and one of the most common female sexual disorders. Cognitive behavioral Therapy for Sexual Disorders (CBT-SD) incorporates cognitive, behavioral, emotional, physiological, and interpersonal factors. CBT-SD techniques include in vivo systematic desensitization; keeping a diary of thoughts, feelings, and behaviors; psychosexual skill exercises; reality testing of cognitions; sexual rehearsal; visualization; relaxation training; positive psychology techniques; and meaning making. CBT for vaginismus emphasizes the couple as an intimate sexual team who collaborate through effective communication, conflict resolution, and practice of psychosexual skills to create a positive sexual atmosphere within which a woman can learn about her body, develop sexual self-esteem, and fully enjoy her sexuality. Key objectives of the skill class is to teach participants how to conduct sessions with clients with this issue and how to use the before mentioned interventions.

Key learning objectives

Common psychological factors in vaginismus

Psycho-education for vaginismus

Cognitive restructuring for vaginismus

Relaxation and pelvic muscle training

Sensate focus/pleasuring exercises

Dilator therapy for vaginismus

Keywords

vaginismus, interventions, women

SC23: Structured Team Feedback in Family Therapy for Addicted People

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Abstract

The main aim of this skill class is to share clinical experience and to enable the participants to experience how it feels like – a role-play of family members and to try to communicate their ideas in a structured team feedback. The key objectives are improvement of the participant's ability of both empathy and the ability to formulate assertive useful feedback to activate functional ways of communication and dealing with problems. I would like to share and discuss its usefulness not only with addicted people.

We consider addiction a part of a dysfunctional family communicational and behavioral patterns. To provide treatment to addicted patients for us means also to work with the relatives, who often suffer too. The relatives of addicted patients to some extent take part in the process of abuse of alcohol or other addictive substances and on the other hand have partly influence in supporting the patient's sobriety.

The therapeutic team helps to explore the relationships and roles in the family. Safe and empathic conditions may help to share often rough experiences. It is not easy to help the addicted patients and their relatives to confront themselves with unfunctional cycles which lead to low performance of the family members. The acceptance and positive regard helps family to get in touch mentally and emotionally with their weaknesses and enhance more functional communication paths, which will enable a way of life where alcohol, drugs or other processual addiction are not necessary.

Safe and non-judging approach is a result of a everyday practise of the therapist's inner beliefs and the assertive feedback to families may be the result.

Keywords

addiction, family therapy, empathetic and positive feedback

SC24: "When One Door Closes, Another Opens": Utilizing CBT and ACT in Children and Adolescents with Anger and Aggression Regulation Difficulties

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Beit Berl Academic College, Israel

Abstract

Background:

This skill class introduces therapeutic techniques from two evidence-based approaches for aiding children and adolescents in managing anger and aggression: Cognitive-Behavioral Therapy (CBT) and Acceptance and Commitment Therapy (ACT). These methods are research-backed and address the emotional and behavioral facets of anger, defined as an adverse emotional reaction to perceived provocations or boundary violations. While anger can motivate action against threats and aid in communicating during conflicts, issues arise when it becomes excessive and uncontrolled, leads to aggression, and results in distress or dysfunction.

Children and teens struggling with anger and aggression may face social rejection and developmental challenges, often due to heightened arousal, environmental influences, and deficient problem-solving skills. CBT techniques aim to improve emotional regulation, problem-solving, and social skills. At the same time, ACT focuses on overcoming experiential avoidance and cognitive fusion, promoting psychological flexibility through acceptance, self-compassion, cognitive diffusion, value clarification, and committed action.

Participants in this skill class will gain a comprehensive understanding of how CBT and ACT-based interventions can be adapted with developmental insight and utilized to regulate anger and aggression among children and adolescents. They will also actively engage with each model's techniques and learn to apply them effectively.

Learning Objectives:

By the end of the class, participants will be able to:

1. Recognize the specific emotional and behavioral expressions of anger and aggression in children and adolescents. This objective focuses on discerning how anger manifests and affects young individuals' lives, distinguishing between normal emotional responses and those that lead to disruptive behaviors.
2. Develop a comprehensive understanding of how to conceptualize difficulties related to anger and aggression control within the frameworks of CBT and ACT, acknowledging the importance of environmental influences, cognitive processes, and emotional regulation.
3. Design tailored intervention plans for children and adolescents using CBT and ACT models to address anger dysregulation. This includes creating developmentally appropriate strategies.
4. Implement effective techniques across CBT modules and the central processes of ACT to enhance psychological flexibility and better manage anger and aggression. Effective and age-appropriate implementation of therapeutic techniques improves the outcomes of anger and aggression treatment.

Keywords

Anger management, Child and adolescent Aggression, Emotional Dysregulation, Therapeutic Techniques, CBT for Children and Adolescents, ACT for Children and Adolescents

SC25: Keys for integrating REBT with Logotherapy in Clinical Practice

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Abstract

Logotherapy is an empirically supported meaning-centered approach to psychotherapy, which is highly compatible with REBT. Based on research, the concept of meaning has empirical validation and presents positive correlation with well-being, and negative correlation with anxiety and depression. Logotherapy-enhanced REBT has the potential to offer more efficient and effective treatment plans for clients. The goal of this Skills Class is to teach participants how to integrate both approaches throughout the therapeutic process.

Learning objectives:

- Understand the key concepts and techniques of Logotherapy
- Describe how to integrate them within the REBT framework during the therapeutic process, throughout practical examples and real case studies related to depression, despair, anxiety disorders etc.
- Discover the benefits of Logotherapy-enhanced REBT at clinical level
-

Keywords

REBT, Logotherapy, Integration, Meaning, Therapeutic Process

SC26: Socializing the patient into CBT using Socratic Questioning and a step by step analysis and synthesis technique

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Lefteris Konstantinidis

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Abstract

Socializing and educating the client on the cognitive model and also the nature of his problem is a very important step of treatment. For some clients, it may actually be the first time they have a good chance to understand their problems and see them through a very different and meaningful perspective. At the same time, the therapist installs hope and, consequently, enhances a given patient's necessary motivation and wilful collaboration for treatment.

Quite often, during this socialization phase of therapy, cognitive therapists briefly describe the cognitive model and recommend relevant bibliotherapy. Is this enough?

Although there are plenty of different cognitive techniques for different major or minor interventions, there is a relevant paucity in techniques corresponding to the early socialization phase in CBT. Motivational techniques are also rarely used in this early phase of treatment.

In order to achieve such a) a successful socialization into CBT, b) a patient's motivation for therapy, and c) recruitment of their best possible collaboration, we developed CL.I.M.A.TE. (Collaborative Interviewing in Mathematical Analogy Technique).

CL.I.M.A.TE is a step by step analysis and synthesis procedure where a mathematical analogy is used as a vehicle for this purpose. Socratic questioning predominates, while a deductive process leaves ample room for the aspect of collaborative empiricism. CL.I.M.A.TE uses a set of specific steps, is highly structured, it takes approximately 15 minutes and it has been applied to a sample of more than 800 patients.

Objective of this mini-workshop is to help participants adopt this technique as a part of their everyday clinical practice. Appropriate revisions are also presented for difficult patients.

Since CL.I.M.A.TE does not also help patients, but it also gives the therapist some clues on the patient's attitudes towards their problems and therapy, preliminary results are also presented on the CL.I.M.A.TE's predictive value for subsequent non-compliance and early drop-outs from treatment

Keywords

Socratic questioning, Socialization into CBT

SC27: Cognitive Behavioral Therapy for Avoidant/Restrictive Food Intake Disorder

Hakan Öğütlü

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Abstract

Background

Avoidant/Restrictive Food Intake Disorder (ARFID) is a heterogeneous psychiatric disorder where individuals avoid certain foods or food categories, leading to a diet that is limited in variety and/or overall intake. One of the most common reasons for avoidance and restriction in ARFID is an increased sensitivity to the sensory properties of food (e.g., taste, texture, appearance, smell). Individuals with ARFID may also avoid or restrict foods due to fears of choking, vomiting, or gastrointestinal pain. Often, these individuals have experienced food-related trauma and subsequently avoid certain foods to protect against another negative experience. A lack of interest in foods or eating is also common among individuals with ARFID, which can maintain a limited diet. Individuals with a lack of interest describe eating as a chore, which manifests as low appetite.

Psychological therapies are prominent in the treatment of ARFID. Cognitive Behavioral Therapy for ARFID (CBT-AR) includes three optional modules that the therapist can apply depending on the patient's primary maintenance mechanism. The therapy can be administered in an individual or family-supported format depending on the patient's age and the severity of the eating disorder, typically spanning 20 - 30 sessions. This workshop focuses on Cognitive Behavioral Therapy for ARFID (CBT-AR), an evidence-based approach addressing the complex psychopathology of ARFID to facilitate effective treatment strategies.

Duration: 3 Hours

Key Learning Objectives:

1. Understand the diagnostic criteria and psychopathological aspects of ARFID.
2. Learn the foundational concepts and techniques of CBT-AR, including formulation and psychoeducation.
3. Apply practical skills for managing
 - Fear of Negative Outcomes
 - Sensory Sensitivity
 - Lack of Interest in Eating or Food
4. Examine case studies to consolidate learning and enhance clinical application skills.

Keywords

ARFID (Avoidant/Restrictive Food Intake Disorder), Cognitive Behavioral Therapy, Eating Disorders, Psychoeducation, Sensory Sensitivity

SC28: Embracing Self- Compassion:Transforming Self-Criticism in Therapy

Isabelle Leboeuf

University of lille, France

Abstract

Presenter: Dr. Isabelle Leboeuf - AFTCC

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Introduction: The workshop will explore the evolution of the understanding of self-criticism in Cognitive Behavioral Therapy (CBT), from the early contributions of Aaron Beck to the pioneering work of Paul Gilbert in Compassion Focused Therapy (CFT). Participants will be able to explore different techniques to enhance their understanding and therapeutic approach to self-criticism.

The workshop will trace the historical development of the concept of self-criticism within CBT, from Aaron Beck's cognitive model to the groundbreaking insights of Paul Gilbert regarding the role of compassion in emotional healing. Attendees will gain an understanding of the detrimental effects of self-criticism on mental health and well-being, including its association with depression, anxiety, and low self-esteem. The negative impact of self-criticism on therapeutic alliance and social relationships will also be explored.

Paul Gilbert's conceptualization of the compassionate mind and its role in counteracting self-criticism, fostering self-compassion, and promoting emotional resilience will be explained.

Participants will learn practical strategies to help clients understand and reframe self-criticism, including functional analysis of self-criticism and compassionate imagery.

Case examples and role-playing exercises will demonstrate how therapists can integrate CFT techniques into their clinical practice to address self-criticism effectively.

Conclusion: The workshop will provide a comprehensive exploration of self-criticism within the context of CBT, highlighting the transformative potential of CFT in helping clients develop greater self-compassion and resilience in the face of self-criticism.

Keywords

Compassion Focused Therapy; Self-criticism; Self-compassion

SC29: The third wave of CBT and beyond: Process based therapy based on ACT, Logotherapy and Stoic philosophy

Daniel Hamiel

University, Israel

Abstract

The workshop will teach a protocol that focuses on processes beyond diagnoses and is not only a therapy but also a basis for prevention, for education and the development of a meaning-oriented way of life. The approach is based on ACT and combines Frankl's logotherapy, elements from Stoic philosophy, Jewish philosophy and mind-body work. The intervention promotes attention and regulation tools, to deal with the brain's tendency to retreat to the comfort zone where there is no room for unpleasant feelings and to focus on narcissistic self-affirmation. It directs to go beyond the self while validating oneself through "belonging" and "responsibility" to others. The intervention redirects the brain's automatic default, to create freedom and meaning in reactions to reality. This is done in the spirit of developing virtues and taking responsibility. A central element of the intervention is the use of mind/body work for the purpose of connecting to the emotions and containing them. The intervention is suitable for every person and every problem, but does not claim to solve any problem completely. It intended to be short-term therapy and helping the person to continue it independently.

Participants will learn

1. The processes they work on in education, psychotherapy and prevention, in the spirit of Stoic philosophy
2. On the centrality of taking responsibility for others in mental health and resilience, in the spirit of Viktor Frankl's logotherapy.
3. A new approach and techniques for psychophysiological regulation.
4. How to use the practical Stoic philosophy to impart practical tools in education, psychotherapy and prevention
5. How to develop safe attachment with the help of assertive listening technique.

Keywords

Stoic philosophy, Reasonability in Logotherapy, Third way CBT, Practical philosophy and Psychology

SC30: Beyond verbal therapy: Applying skills for using metaphors, imagery, drawings and sculpturing to facilitate the change process

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Tel-Aviv University, Israel

Yair Dangoor

Tel-Aviv University, Israel

Abstract

Verbal therapy is the mainstream approach to therapeutic intervention. However, traditional verbal therapy alone is frequently insufficient to help clients overcome their difficulties. This holds true for clients whose verbal expressiveness is not an area of strength; for those who suffer from emotional problems that will not be changed by merely "talking;" for those who resist therapy; for clients who are ashamed or afraid of expressing difficult events and feelings directly into words; and for many others. Metaphors, imagery and drawings offer a crucial therapeutic solution for such clients, particularly when relating to emotional issues at the crux of many issues, which require clients to experience, feel, share, and cope with their feelings. The skills class will present the participants with important non-verbal techniques they can impart. They will learn how to use these techniques through role play and practice.

Learning Objectives:

To gain skills to enable the use of imagery, mindfulness, drawings, and sculpting to facilitate therapeutic outcomes.

Keywords

Imagery, metaphors, relaxation, skills, non verbal therapy

SC 31: Obsession or Compulsion? Recent Developments in Treating Mental Compulsions in OCD

Asher Straus

college of management, Israel

Hezi Be'er

Geha Mental Health Center, Israel

Abstract

Obsessive-Compulsive Disorder (OCD) is characterized by persistent intrusive thoughts (obsessions) and repetitive behaviors or mental acts (compulsions) aimed at reducing distress. While overt compulsive behaviors are observable, mental compulsions pose a unique challenge as they occur internally through covert thoughts and mental rituals unseen by the therapist. Moreover, distinguishing between obsessions and mental compulsions, both existing in the patient's internal mental realm, can at times be confusing for client and therapist alike. However, effectively identifying and addressing these covert mental compulsions is crucial for comprehensive OCD treatment and achieving a lasting recovery.

This advanced clinical skills class will provide an in-depth examination of cutting-edge developments in the theory and practice of identifying and treating mental compulsions within behavioral and cognitive approaches to OCD treatment. Beginning with clarifying key conceptual distinctions between obsessions, compulsions, overt behaviors, and mental acts, we will explore how mental compulsions experientially differ from obsessive thoughts and the pivotal role they play in perpetuating and intensifying the OCD cycle.

A core focus will be on enhancing clinicians' ability to aid clients in refraining from compulsive mental activity. Common challenges and pitfalls when applying exposure and response prevention (ERP) to the internal mental world will be discussed, with practical guidance on how to overcome these hurdles. A special exploration will be devoted to the controllable part of thought process, outlining the challenging art of mixing acceptance and modification (e.g. response prevention) techniques when addressing such process. Additionally, we will emphasize the important role of the therapist in cultivating an environmental context during sessions that enhances the client's ability to refrain from mental compulsions and increases willingness to let go of mental rituals. Suggestions for incorporating these techniques into client's between-session practice at home will also be covered.

Participants can expect to leave this skills class equipped with an enhanced conceptual grasp of mental compulsions, methods to identify them, and an arsenal of novel and advanced therapeutic strategies rooted in ERP to decisively aid clients to overcome mental compulsive patterns. Ultimately, the goal is to provide clinicians with the necessary skills to comprehensively address mental compulsions - a frequently overlooked yet critical component in enhancing treatment outcomes for OCD.

Keywords

Obsessive-Compulsive Disorder; Mental Compulsions; Response Prevention

SC32: Do you know how to have fun with your anger

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Schema Therapy Center Belgrade, Serbia

Ksenija Roganović

Schema Therapy Center Belgrade, Serbia

Abstract

Anger as an emotion can be perceived differently depending on the modality of the psychotherapist. In schema therapy anger is considered a healthy emotional response, still it is a common challenge how to work with it during a psychotherapy session. In the clinical practice supporting assertive healthy behavior can be difficult when the client has an overwhelming emotional response.

Schema therapy uses the concept of “angry child mode” as an innate, universal state triggered when our emotional needs are frustrated by the environment. However, while growing up, many of our clients learned that it’s not desirable to express it, so they suppress it, or express it in an excessive and hurtful way.

In our workshop, we will focus on the original, physical-emotional form of anger and to support it through playful group schema therapy activities and DBT skills.

We want to offer the learning how to support clients to feel, experience and ventilate their anger in a fun, completely healthy and safe way.

Keywords

anger, emotional expression, schema therapy

SC33: Integrating Behavior Therapy and Zen Practices in Dialectical Behavior Therapy

Ursula Witteween

Dialexis Advies, Netherlands

Abstract

This workshop explores the profound fusion of Behavior Therapy and Zen practices in Dialectical Behavior Therapy (DBT). DBT, an evidence-based treatment developed by Marsha Linehan, is designed for clients struggling with suicidal behavior, self-harm, and emotional dysregulation. It combines cognitive-behavioral techniques with Zen principles to promote emotional regulation, distress tolerance, mindfulness, and interpersonal effectiveness. Zen, rooted in Buddhist philosophy, emphasizes mindfulness, meditation, radical acceptance, and the cultivation of present-moment awareness.

The integration of Zen principles with Cognitive Behavior Therapy in DBT is inherently synergistic. Zen meditation serves as a type of exposure therapy, enabling individuals to observe their impulses, thoughts, and emotions without judgment. This practice reduces both impulsive actions and avoidance behaviors that perpetuate suffering. The core tenet of radical acceptance, pivotal in both DBT and Zen, emphasizes that acknowledging reality as it is represents a significant form of change. This acceptance empowers clients to halt the exacerbation of their challenges, abandon resistance, and actively engage with their life experiences, ultimately facilitating a transition from mere survival to genuine living. Furthermore, the Zen belief that evading suffering only intensifies it resonates with DBT’s objective of guiding clients to confront and endure distress effectively.

Participants in this workshop will engage in experiential exercises and dialogues to explore how these concepts can be applied in clinical practice. Attendees will gain practical tools for integrating more Zen mindfulness and radical acceptance into DBT interventions, enhancing their therapeutic repertoire. This workshop is ideal for CBT and DBT therapists who wish to deepen their practice and support their clients’ journeys towards a life worth living.

Keywords

fusion, DBT, life worth living

SC34: Accepting the Horror in Full Detail: The Acceptance and Commitment Therapy with Trauma Victims

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Abstract

Acceptance and Commitment Therapy (ACT) is one of the therapeutic approaches that emerged from the behavioral and cognitive traditions. As part of the so-called third wave of behavioral treatments, it uses acceptance, mindfulness, committed action, and processes of behavioral change to promote an increase the person’s psychological flexibility and motivate her toward a behavioral change that is more consistent with their own valued life perspectives (Hayes, Wilson, & Strosahl, 1999). Also, ACT has recently been demonstrated as one of the preferred treatments of choice in working with traumatized people (Harris, 2021). As in other psychological treatments in dealing with traumatic memories, the main focus of ACT in this specific context is retraumatization - bringing the person into a state of willingness to re-face the traumatic memories in full detail, allowing oneself to re-experience the highly unpleasant emotional response, as well as the accompanying cognitions and urges. Only with the abreaction of this emotional content, the person is faces the opportunity to integrate the traumatic memories. By allowing the possibilities of experiencing the

traumatic memories in a different way, the person becomes opened to the behavioral possibilities that would potentially lead him to a valuable and meaningful, happy and fulfilled future.

The main goals of this workshop will be:

Introduction to the basic concepts and the ACT model

Introduction to the basic elements of trauma theory with special reference to the neurophysiology of trauma

The basic ACT protocol in working with individual traumas

Specific ACT techniques in working with intense emotional responses during the trauma reexperiencing.

The ACT approach in working with trauma compared to other approaches of cognitive and other therapeutic traditions.

Limitations of the ACT approach in working with trauma

The specifics of ACT applied to war veterans and war victims in the territory of the former Yugoslavia

Our many years of experience in working with war veterans, victims of wars in the territory of the former Yugoslavia and their family members provided us with the opportunity to discreetly adapt the standard ACT protocols to the culturally specific setting of the post-conflict area of the Western Balkans. Through numerous examples and illustrations from the practice, we will try to provide participants with specific knowledge that they could apply in their daily practice when working with this specific population, especially in the situation where they face the limited effectiveness of traditional therapeutic approaches.

Keywords

Acceptance and Commitment Therapy, PTSD, War trauma, Retraumatization

SC35: RE&KBT i Egzistencijalizam

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Abstract

Radionica se bavi mogućnostima RE i KBT-a da pomogne suočavanje sa nepromenljivim egzistencijalnim činjenicama života i olakša njihovo prihvatanje. RE i KBT ima mogućnost da ode korak dalje u odnosu na klasičnu egzistencijalističku terapiju Irvina Yaloma, i značajno poboljša prihvatanje „neprihvatljivih“ činjenica života. Bazični egzistencijalni konflikt po Irvinu Yalomu je u konfrontaciji između čoveka-pojedinca i egzistencijalnih datosti kao što su: smrt, sloboda i odgovornost, egzistencijalna izolacija i besmislenost življenja. Po egzistencijalistima svi moramo umreti; svi smo slobodni ali i odgovorni za sopstvene izbore; nema univerzalnog smisla niti uzvišene grandiozne tvorevine univerzuma; nema pouzdanog vodiča za donošenje životnih odluka, nema ničeg da se oslonimo kada donosimo odluke; mi smo sami u univerzumu i moramo da otkrijemo ili pridamo smisao životu. Iz RE i KBT perspektive pojedinac je prestravljen susretom sa nepromenljivim egzistencijalnim činjenicama života, zato što pojedinac veruje u iracionalna uverenja da bi svet trebao biti drugačiji; da je užasno i nepodnošljivo živeti u ovakvom svetu. Naši apsolutistički zahtevi prema realitetu ukazuju na naš neurotičan i egocentričan odnos prema stvarnosti. RE i KBT ima potencijal da pomogne ljudima da radikalno rekonstruišu svoja duboka životna uverenja i tako načine dubinsku filozofsku promenu u sebi.

RE i KBT ima mogućnost da pomogne ljudima da prihvate ono što vide kao neprihvatljivo, da prestanu da se užasavaju oko toga, da donesu neke odluke u životu i promene svoja ponašanja. Na taj način RE i KBT može da pomogne ljudima da prevaziđu neurotičnost i egocentričnost svoje egzistencije u svetu.

Keywords

existential therapy, givens of existence, ultimate concerns, REBT, life philosophies, egocentric relationship toward reality, meaning

SC36: Of Skies, seas and mirrors: Discovering the Self of the Therapist through Reflective Practice

Chetna Duggal

Tata Institute of Social Sciences, India

Poornima Bhola

National Institute of Mental Health and Neurosciences, India

Rathna Isaac

Parivathan Counselling Training and Research Center, Bangalore, India

Abstract

As we work with our clients in the therapy room, we embark on a parallel journey of self-discovery that shapes our personal and professional growth and development. Engaging in reflective practice, furthers the therapeutic process and our connection with clients, and allows us to effectively integrate our theoretical orientation with our personal beliefs and values.

This half-day workshop is an immersion into using reflective practice for 'self-of-the-therapist' work and is recommended for trainees with some experience in psychotherapy practice/counselling, psychotherapists in practice, teachers/supervisors engaged in psychotherapy/counselling training using CBT and other models of therapy practice.

- Key learning objectives

1. Learn about reflect practice and how it can facilitate therapist personal and professional development
2. Use reflection as a tool to explore the 'self-of-the-therapist' and how it enters the therapy room and connects to theoretical orientation
3. Engage in reflective and experiential exercises to understand the therapist 'self-in-relation'
4. Discuss therapist positionality and reflect on the 'self-in-context'.

Keywords

reflective practice, self-of-the-therapist

SC37: An integrated CBT treatment for psychosis: Strategies to optimize the treatment and mistakes to avoid

Antonio Pinto

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Abstract

The therapy of psychosis, has undergone several changes in recent years.

From an initial work on skills, to the strengthening of problem-solving skills and information processing until a new way of managing the symptoms.

Third-generation therapies and the identification of metacognitive deficits also enabled us to enhance and improve the standard CBT approach to the treatment of this disease.

However, in clinical practice, the presence of therapeutic errors that often represent one of the causes of failure of therapies and drop-out by patients, is still rather frequent.

There are several elements that can influence the negative course of therapy, such as:

The presence of prejudices and old theories about the nature of the pathology could be considered one of the central errors in the treatment of schizophrenia. It should be difficult, In fact to overcome the pessimism about the outcome of this disease if we consider it only a chronic disease characterized by a progressive deterioration of the brain structures.

The presence of other elements can still contribute to create misunderstanding and confusion in approaching this disease as, for instance:

the greater or lesser timeliness of the intervention, the appropriate use of pharmacological therapies, the assumptions on which to base the therapeutic alliance, the greater or smaller sharing of the objectives to be achieved, the target of therapeutic intervention, the possibility or not to include patients in structured and integrated protocols, the choice of the individual or group setting, etc.

Some old strategies have also proved to be a failure to treat these patients, such as trying to change at all costs patients opinions about the content and the nature of their (delusional) ideas; it is also increasingly revealed that an error does not take into account, before starting a personalized therapeutic program, of the presence of neurocognitive and metacognitive deficits, the presence of which can have a decisive influence on the course of therapy and the outcome of the disease itself.

- Key learning objectives

To show participants the strategies and techniques to overcome issues mentioned above, to improve the therapeutic alliance and to make the therapeutic path easier for both the patient and the therapist, to improve the efficacy of the techniques, and to personalize the case formulation.

Implication for everyday clinical practice of CBT

Providing the participants with the elements to apply in their daily clinical practice strategies evidence based and not to commit the usual methodological errors that too often cause dropouts or poor therapeutic efficacy.

Keywords

psychosis, treatment, pitfalls

SC38: What really matters in (my) life? Exploring values in Acceptance and Commitment Therapy (ACT)

Dario Lipovac

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Abstract

Exploring values is an integral part and one of the core processes of behavioural change in Acceptance and Commitment Therapy (ACT). Values-based living gives people sense of meaning and purpose in making mindful choices in their life, deep sense of vitality and motivation. When clients are participating in therapy process, they naturally want to move away ("symptom reduction") from the pain they experience (anxiety, depression, shame, guilt, anger, stress and many more). The clinical research in ACT over the last decades is demonstrating that expanding behavioural repertoire, increasing psychological flexibility (through exposure, defusion and mindfulness) and overcoming difficult experiences is more efficient when values are integral part of the therapy process.

At the end of this skills class participants will be able to:

- Understand the basics of the ACT model (six core ACT processes)
- Understand and describe role of values in ACT (aversive vs. appetitive stimulus/behaviour conditioning)
- Understand and describe role of values-based committed action (behaviours toward values)
- Identify core values domains in their personal experience and in their clients experience
- Outline how they can integrate values and committed actions in their own work with clients, including key obstacles to values-based living
- Apply values questionnaire and experiential exercise for identifying values in their clinical work

This skills class would combine didactic large group presentation, large group mindfulness exercise, role plays in pairs and discussion. Participants would be introduced to the ACT model (including six core ACT processes) and to the role of values in ACT (including a values questionnaire). Participants will then fill in values questionnaire using their personal experience in order to understand how to apply it with clients. Facilitator will then lead the large group mindfulness exercise to get experiential contact with the concept of values in ACT, after which participants would do a role play in pairs to practice identifying values. The skills class would end with discussion in a large group and key take-aways. Participants would get the links to relevant literature to explore the topic further after this skills class session. Participants with at least basic knowledge and understanding of ACT would benefit from this skills class the most. However, participants with no previous knowledge of ACT would still benefit to get an overview and role of values in ACT.

Keywords

ACT, values, committed action, meaning, behaviour change

SC39: The art of assertiveness: helping anger of self and other

Lidija Ristić Milojević

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Abstract

Unmanaged anger is recognized as a common and exhausting psychological problem among various psychiatric populations as well as healthy individuals, and the treatment of anger and aggression has become the subject of interest in various settings. There are challenges in self-management in situations where individuals face their own anger, as well as the anger of others.

Assertiveness is a skill we use to express our thoughts, feelings and beliefs in a clear, direct and appropriate way, respecting the rights of others. Assertiveness contributes to better self-esteem and better communication in emotional and professional relationships in healthy individuals, with evidence-based therapeutic effect in some psychiatric conditions, such as anxiety disorders (particularly social phobia), substance abuse, depression, etc.

The aim of this skills class is to present how shaping the client's personal assertiveness "art" can specifically address the anger of self and the anger of others, focusing on both the skill to distinct assertive from aggressive/passive behavior, and the implementation of assertive techniques. The approach focuses on cognitive restructuring and feedback during role-play.

Training modalities

The training modalities will include didactic curriculum, case presentations, and working in small groups.

Learning objectives:

By the end of the class, participants will be able to:

1. Help their clients recognize the anger of self (type 1 situation) and others (type 2 situation)
2. Help their clients identify and restructure cognitive distortions in both types of situations
3. Help their clients change behavior through role play in both types of situations

Keywords

anger management, assertiveness, communication

SC40: Developing Compassionate Mind - A Compassionate Mind Training

Petra Malešević

Compassionate Mind Foundation, Croatia

Abstract

Very short scientific background

Compassion Focused Therapy (CFT) have been developed to address transdiagnostic difficulties connected to high levels of shame and self-criticism. While practising CBT, prof. Paul Gilbert noticed that although clients could sometimes generate helpful thoughts to counteract negative, self-accusatory, and attacking ones these were not helpful and lacked genuine caring emotional textures (Gilbert, 2020). Helping people to generate a compassionate inner voice or texture to their coping thoughts proved more difficult than anticipated, which opened up a whole journey into what is the underlying basis of feeling of affiliation and compassion (Gilbert 2014). CFT is used today for a wide range of mental difficulties, as it tries to develop a psychophysiological base for feelings of safeness as a counterbalance to life setbacks and distress.

Compassionate Mind Training (CMT) is a combination of psychoeducation, physiological and psychological practices, which help to develop physiological and psychological characteristics of a resilient personality, including attention training, mindfulness, soothing rhythm breathing, and imagery. CMT practices ultimately aim to cultivate a compassionate self-identity (known as the compassionate self), linked to qualities of wisdom, strength and caring motivation, which is then used to manage daily struggles and common difficulties (Irons, C. and Heriot-Maitland, C., 2021).

8-week group CMT showed significant increases in compassion, self-reassurance, social rank, positive emotions, and well-being, alongside reductions in self-criticism, attachment anxiety, and distress (Irons, C. and Heriot-Maitland, C., 2021). Even short forms of CMT have proven to be effective. McEwan and Gilbert (2016) found that after 5 min of daily practice of CMT over a 2-week period, participants reported significant reductions in self-criticism, depression, anxiety, and stress, and increases in self-compassion and self-reassurance.

Key learning objectives

- The Compassionate Mind model – the competencies of CM
- Neuroscientific lessons in CFT – ventral vagus, „tricky brain“, three emotional systems model
- Activate the ventral branch of vagal nerve and understand its connection to the Compassionate Mind
- How our mind falls into a vicious circle of unpleasant emotions
- How the combination of evolutionary psychology, attachment theory, social psychology, mindfulness and biology connect to a profound wisdom of CFT
- Evolutionary roots of shame and self-criticism
- How to stop being self-critical and solve problems constructively by using your basic biology and „New Brain“ functions
- Why compassion is not soft but assertive and courageous

All this in a dynamic combination of interesting mini lessons and a lot of practical work.

Implications for everyday clinical practice of CBT

The elements of CFT can be implemented in the CBT treatment in the form of psychoeducation („Tricky Brain“, „Common humanity“, etc.), various practices for more optimal ventral vagal response, chair-work for the better understanding of emotional complexity, partial compassionate formulation for better understanding of defensive behaviours and emotional shame memories, especially for the cases of high self-criticism and shame and insecure attachment styles.

Keywords

compassion, compassionate mind training, attachment, compassion focused therapy, third wave

CLINICAL/RESEARCH SYMPOSIUM



SY1: Narrative Exposure Therapy: Navigating Challenges and Exploring Perspectives/Societal Reach

Chair: Inga Schalinski

Universität der Bundeswehr Munich, Germany

Vittoria Ardino

University of Urbino and Italian Society of Traumatic Stress Studies, Italy

Inga Schalinski

Universität der Bundeswehr München, Germany

Katy Robjant

Nongovernment organization vivo international e.V., 78430 Konstanz, Germany, United Kingdom

Anselm Crombach

Universität des Saarlandes, Germany

Abstract

Narrative Exposure Therapy (NET) is an effective and internationally recommended trauma-focused treatment for posttraumatic stress disorder (PTSD). Grounded in Testimony Therapy, NET has shown effectiveness in treating PTSD. During psychotherapy, individuals are empowered to articulate their personal traumatic experiences, enabling them to construct a coherent and contextualized narrative of their past, explicitly recognizing cumulative exposure to traumatic events, childhood maltreatment, and further adversities. By finding words for the unspoken memories of the past and reconstructing these narratives within a safe therapeutic environment, individuals can gradually process and integrate their traumatic memories into their life story, fostering healing, dignity, and meaning-making, while also incorporating individual resources. The first two presentations will address adaptations and challenges in underserved cases from clinical practice

Vittoria Ardino will present a case illustrating a framework for designing, delivering, and evaluating a NET-based early intervention protocol (NASTI) in combination with subsequent NET sessions for a woman, who has survived complex and extreme multiple traumatic events. The woman underwent three NASTI sessions and ten NET sessions. Data showed that NASTI enabled the woman to develop more effective coping strategies and improve emotion regulation. Partial remission of PTSD symptoms occurred after the NET treatment.

Inga Schalinski will focus on an underserved group of individuals with psychotic disorders and PTSD. Despite the common reports of traumatic events throughout their lives and exhibiting increased comorbidity with PTSD, they have been overlooked in research efforts. The presentation will discuss the findings of a study involving N = 10 individuals with psychotic disorders and PTSD who received NET. Evaluation of primary of secondary outcomes were done using a pre-post study design (registered in clinical trials: NCT03730831).

Further contributions of this symposium will focus on exploring societal reach through an integrated model of evidence-based individual trauma treatment (NET) and trauma-informed community-based intervention (NETfacts), aiming to improve mental health within communities and reduce ongoing violence. Environments characterized by cumulative traumatic experiences and childhood maltreatment, along with recurring cycles of violence, are associated with profound repercussions on human capital, underscoring the need for broader awareness and intervention efforts. Collective avoidance plays a significant role in how societies respond to trauma involving collective denial or avoidance of acknowledging and addressing traumatic events or their consequences at a societal level.

Katy Robjant will introduce the NETfacts health system applied in the Democratic Republic of Congo, a country affected by armed conflicts for decades. First findings of randomized control trials will be presented on individual and societal level.

Anselm Crombach will present findings of NETfacts health system in a longitudinal cohort design involving N = 1680 individuals, we aim to assess how NETfacts is perceived by community members and if trauma-related symptoms are reduced.

This symposium will highlight adaptations to apply NET in underserved individuals with cumulative trauma exposure and trauma-related disorders, as well as presenting findings from the NETfacts health system that may be critical to regain human capital and establish peaceful, healthy environments.

Keywords

Narrative Exposure Therapy; PTSD; cumulative trauma exposure

Integrated Narrative Stabilization (NASTI) and Narrative Exposure Therapy: from early intervention to clinical treatment

Vittoria Ardino

University of Urbino and Italian Society of Traumatic Stress Studies (IT), Italy

Abstract:

Background. Traumatization is a dynamic process over a continuum of increasing difficulty in managing autobiographical memories; in fact, how survivors of trauma manage their autobiographical memories is associated with posttraumatic stress responses potentially leading to a disjunction of the hot and cold memory and to an overall decontextualization of memory. Narrative Exposure Therapy is an evidence-based treatment useful in relieving complex post-traumatic symptoms with a focus on a narrative of a coherent full autobiography resulting from the re-contextualization of traumatic memories. NET-based early interventions could play an important role in preventing the decontextualization of the traumatic memory from happening and to develop a narrative of the potential traumatic events as early as possible.

Clinical scenario. The case illustrates a framework for thinking about the design, delivery and evaluation of a NET-based early intervention protocol (NASTI) in combination with subsequent NET with a woman living in a refuge for women victims of violence and who survived complex and extreme multiple traumatic events. The woman underwent three NASTI sessions and ten NET sessions. Data showed that NASTI enabled the woman to develop more effective coping strategies and to improve emotion regulation alongside PTSD symptoms partial remission happened after NET treatment.

Conclusion. The case highlighted the importance of seeing traumatization along a continuum and of strengthening early intervention protocols in coherence with evidence-based trauma treatments.

Key words

multiple traumatic experiences; complex PTSD; emotion regulation; Narrative Exposure Therapy

Narrative Exposure Therapy for Psychosis with Comorbid PTSD: A Case Series Exploring Efficacy in Clinical Practice

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Abstract:

Introduction/Background: Individuals with schizophrenia spectrum disorders frequently report an exposome characterized by childhood maltreatment as well as traumatic experiences throughout their lives, and they show an increased comorbidity with post-traumatic stress disorder (PTSD). Trauma-focused treatments are effective for PTSD symptoms; however, individuals with severe psychiatric disorders have been insufficiently considered in previous studies. One form of trauma-focused therapy is Narrative Exposure Therapy (NET), which specifically takes the broad exposome into account. The present case series examines trauma-related symptoms before and after treatment with NET, as well as 6 months post-treatment, in individuals with schizophrenia spectrum disorders and comorbid PTSD.

Methods: The study was registered in clinical trials (NCT03730831). N=10 individuals with schizophrenia spectrum disorders and comorbid PTSD were treated using NET. The primary outcomes were the diagnosis (according to DSM-5), the severity of PTSD symptoms (PCL-5), and dissociation (Shut-D). Secondary outcomes included depression severity (BDI-II; HAM-D), psychotic symptoms (PANSS), suicidal tendencies (M.I.N.I. Suicidal Scale), global functioning (WHODAS 2.0) and cognitive performance measured using a standardized test battery (MATRICS Consensus Cognitive Battery, MCCB).

Results: PTSD symptoms were significantly reduced between the pre-treatment and post-treatment (Hedges' $g=2.15$), as well as at the 6-month follow-up (Hedges' $g=0.75$). N=2 individuals still met the DSM-5 diagnostic criteria for PTSD at the post-treatment time point, and n=3 at the 6-month follow-up. Dissociative symptoms decreased as well (Baseline to post-treatment: Hedges' $g=.65$; Baseline to 6-month follow-up: Hedges' $g=.70$). Additionally, significant effects were observed in cognitive performance, psychotic symptoms, and depression severity.

Discussion/Conclusion: The results indicate that NET is a promising and feasible treatment option for comorbid PTSD

in individuals with schizophrenia spectrum disorders. The exposome and PTSD should be systematically examined in individuals with schizophrenia spectrum disorders, and trauma-focused therapy should be offered. Further large-scale, randomized, and controlled studies are necessary to confirm these results.

Keywords: Psychosis; Severe mental illness; PTSD comorbidity; Narrative Exposure Therapy

Healing traumatised communities: Its not what you think you know

Dr Katy Robjant

vivo International

When a community goes through an experience collectively, an overall 'shared narrative' exists, that explains what happened: "the time our community was attacked". The reality, is that every individual had a different experience, one person experienced rape, one person was abducted into an armed group, one person witnessed their loved one being shot.

The individual narratives of what happened to each person is not shared because of trauma related psychopathology. PTSD includes avoidance as a core symptom. Working with the individuals at an individual level, can heal trauma, but the collective may remain unable to respond. We propose, the 'NETfacts Health System' whereby individuals who have been victims of, or perpetrators of trauma are effectively treated (using NET, FORNET or KIDNET) and individuals showing sub-clinical symptoms can process single events. Shared narratives (anonymised and de-personalised) are shared in a group setting, in order to ensure the community can contain a shared memory of all of the parts of the experience, reducing stigma and social exclusion and increasing caregiving to those most affected.

Keywords

Trauma, conflict, PTSD, community psychology, narrative

The importance of addressing traumatic stress on the community level

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Abstract:

Background: With decades of armed conflict, the Democratic Republic of Congo (DRC) is an example of the detrimental impact of violent conflicts on mental health, social attitudes, and cultural norms within communities. Initial research suggests that the NETfacts health system, an integrated model of evidence based individual trauma treatment (Narrative Exposure Therapy) and a trauma informed community-based intervention (NETfacts), is effective in reducing trauma-related symptoms and stigmatization of survivors and former perpetrators.

Objective: We aim at understanding how individual and collective traumatization affects social capital, i.e., social interactions, social support in case of need, trust and solidarity, and collective action and cooperation, and how NETfacts might affect this social cohesion.

Methods: In a cohort design, we conducted semi-structured interviews with one person from every household in four villages in the eastern DRC. In total we assessed 1597 adults longitudinally. We assessed posttraumatic stress symptoms, social capital and violence committed within the community. After the initial assessment the communities benefitted from the NETfacts intervention and were invited to participate in 9-months-follow-up assessments. During the follow-up assessments, we additionally conducted focus groups to understand how NETfacts is perceived by the communities.

Results: Preliminary results suggest that PTSD symptom severity reduced improved for those receiving individual treatment ($d_{rm} = -0.88$), and for those who participated only in the community interventions ($d_{rm} = -0.63$). Trust and solidarity and collective action improved significantly in those who listened to prototypical narrations of survivors.

Furthermore, qualitative data will be presented regarding the perception of NETfacts in the communities. Conclusion: Addressing traumatic stress within a stepped-care model for individuals and on the community, level might improve social cohesion within war-affected communities.

Keywords

Collective traumatization; Social cohesion; Stepped-care model; NETfacts health system

SY2: Exploring Interpersonal Processes in Social Anxiety and Depression

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Carmen van den Bulck

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Abstract

This symposium explores the significant role of interpersonal processes in both the maintenance and treatment of social anxiety and depression. It acknowledges the pivotal role of social interactions in psychological health and examines how these mental health conditions are influenced by, and in turn affect, interpersonal relationships.

The first presentation examines the relationship between social anxiety and empathy, highlighting a paradox due to the heightened interpersonal distress experienced by socially anxious individuals. This research indicates that socially anxious individuals with a colder demeanor experience less stress and have better emotional recognition. However, their tendency to appear cold and distant may make them less likable. Conversely, warmer socially anxious individuals show greater concern for others but suffer from increased stress, leading to difficulties in recognizing emotions. These findings suggest that the degree of interpersonal engagement significantly impacts the experiences of socially anxious individuals.

The second presentation focuses on therapeutic interventions, specifically the effectiveness of group therapies that incorporate interpersonal processes. This part of the symposium introduces comparative studies on group cognitive behavioral therapy (CBT) with a focus on social exposure, psychodrama that targets the enactment of interpersonal situations, and a hybrid approach integrating both methods. These studies explore mechanisms of change such as increased spontaneity, diminished negative social expectations, and reduced avoidance of social situations. Interestingly, results suggest that these mediators of change are not as specific to the type of therapy as previously thought, offering insights into the broad benefits of focusing on interpersonal dynamics in group therapy settings.

The final presentation uses network modeling to explore loneliness as a potential consequence of both social anxiety and symptoms of depression, while considering various interpersonal difficulties such as emotional coldness and inhibition. The study finds that social anxiety is closely linked to inhibition and a lack of self-assurance. In addition, social anxiety is associated with being less securely attached, which leads to social loneliness characterized by dissatisfaction with both the quantity and quality of social contacts. In contrast, symptoms of depression correlate more with emotional loneliness, which reflects a pervasive feeling of missing out.

Together, these studies emphasize the crucial role of interpersonal interactions in the causes, treatment, and effects of social anxiety and depression. They point to the importance of addressing interpersonal factors in both understanding these mental health issues and in creating effective interventions.

Keywords

Interpersonal processes, social anxiety, depression, integrative therapies, cognitive behavioral therapy, psychodrama

SY3: Promoting Durable Remission from Depression: Towards Clinical Implementation of Preventative Cognitive Training

Chair: Kristof Hoorelbeke, Ghent University, Belgium

Kristof Hoorelbeke

Ghent University, Belgium

Patricia Mecha

Universidad Complutense de Madrid, Spain

Eivind Haga Ronold

University of Bergen, Norway

Yannick Vander Zwalmen

Ghent University, Belgium

David Demeester

Ghent University, Belgium

Ernst H.W. Koster

Ghent University, Belgium

Abstract

Maintaining stable remission remains an important challenge in the treatment of depression. In this context, evidence suggests that cognitive deficits show limited response to existing treatments, placing one at increased risk for recurrence of depression. Over the last decade, tailored experimental interventions have been developed to target these processes (i.e., 4th wave CBT interventions), including remediation of executive functions and working memory deficits through cognitive training. The current symposium offers an overview of the state-of-the-art in the field of preventative cognitive training for depression, while providing direct implications for clinical case conceptualization and implementation of preventative cognitive training in clinical practice.

For this purpose, the first presenter, Patricia Mecha (Complutense University of Madrid, Spain) will present the findings of a recent study that aimed to map the relation between cognitive processes and stress resilience. This includes a focus on cognitive processes relevant to depression such as affective attentional flexibility and its relation with mental health outcomes while accounting for the occurrence of stressors, providing avenues for novel interventions targeting depression vulnerability.

Next, Dr. Eivind Haga Ronold (University of Bergen, Norway) will present the results of a recent study investigating long-term alterations in cognitive functions following preventative cognitive training for remitted depressed (RMD) individuals. Over a two-year follow-up period, clinically meaningful effects were observed for different cognitive processes, including executive functioning, working memory, and processing speed which were repeatedly assessed using a comprehensive neuropsychological test battery. These findings highlight the potential of preventative cognitive training to obtain durable changes in cognitive vulnerability factors for depression.

Following up on this, Yannick Vander Zwalmen (Ghent University, Belgium) will provide an overview of recent evidence for emotional transfer effects following preventative cognitive training for depression, focusing on rumination and residual depressive symptomatology in particular. This will include the results of a recent large-scale clinical trial focused on determining the optimal training dosage to be used when applying preventative cognitive training in clinical practice (i.e., dose-response study; RMD individuals).

The fourth presenter, David Demeester (Ghent University, Belgium) will present findings of single-case series focusing on the temporal unfolding of emotional transfer effects following preventative cognitive training for RMD individuals. For this purpose, RMD individuals completed preventative cognitive training while being intensively monitored using a comprehensive set of self-report measures and wearables. This includes a focus on (sequence of) effects on specific residual complaints, transdiagnostic vulnerability mechanisms and resilience to daily life stressors.

Finally, the symposium will conclude with a brief discussion moderated by Prof. dr. Ernst Koster (Ghent University, Belgium), a CBT therapist who is an expert in cognitive vulnerability for depression and related interventions. Taken together, this symposium focuses on an important challenge in CBT treatment of depression, namely, reaching and maintaining stable remission. For this purpose, we propose a novel add-on preventative cognitive intervention, and discuss challenges for its clinical implementation.

Keywords

cognitive training; depression; prevention; remission; cognitive control

The role of attentional affective flexibility in resilience outcomes: Insights from an eye-tracking study**Patricia Mecha, Oscar Martin-Garcia, Alvaro Sanchez-Lopez**

Department of Personality, Evaluation and Clinical Psychology, Complutense University of Madrid, Spain

Abstract:

The capacity for cognitive flexibility, a central component of executive functions (EFs), has been shown to be a key factor associated with the promotion of resilient responses. However, the experimental study of cognitive flexibility has generally relied on tasks with non-affective stimuli, whose indices are based on response time. Further, most studies analyzing resilience, have depended on measures focused on self-reported resilience trait. New approaches propose the need to increase ecological validity through affective stimuli, as well as outcome-based measures of resilience (i.e., the maintenance of good levels of mental health and well-being, despite the experience of stressful situations). Therefore, the aim of this study was to analyze the relationship between affective-attentional flexibility (through eye-tracker technology and affective stimuli) and resilience (measured as an outcome).

A total of 152 participants completed scales of mental health (i.e., DASS-21), well-being (WEMWBS); perceived stress (i.e., PSS) and daily-life stressors checklist (LES), as well as an experimental cognitive-affective flexibility task in which participants were asked to attend to relevant positive or negative information, depending on changes in specific goals.

Results showed that greater performance in the flexibility task was associated with outcome resilience. First, a pattern of inflexibility towards negative information (i.e., longer switching time toward negative stimuli) was associated with maintaining higher resilience understood as having good levels of mental health despite the experience of stress. Second, a pattern of general affective flexibility (i.e., greater ability to switching between both affective conditions) was associated with the maintenance of well-being despite the experience of stress. Finally, in general, a pattern of attentional preference towards positive information was found to be related with better resilience outcomes.

This study highlights the central role of high cognitive processes such as affective attentional flexibility in resilient coping with stress. It also suggests a new avenue for the development of new cognitive trainings aimed at promoting this flexibility and, consequently, improving resilience to stress.

Keywords

attentional affective flexibility; resilience; eye-tracking

How long does the cognitive improvements from working memory (WM) training last? A two-year longitudinal follow-up of reliable changes in processing speed, WM and executive functions in remitted major depressive disorder.**Eivind Haga Ronold** (presenter), **Rune Raudeberg** & **Åsa Hammar**

University of Bergen, Norway

Objectives:

Interventions targeting cognition (e.g. computerized WM training; CWMT) in people with depression have recently been shown to improve cognitive functions and symptoms. However, little is known about long term effects. The presence of practice effects on the tests used for assessing cognitive function precludes interpretation of improvements. Methods controlling for practice has been developed for assessing reliable change indices (RCI) in repeated neuropsychological testing. An investigation of RCI could improve the understanding of the long-term impact of CWMT.

Participants and methods:

Twenty participants remitted (<12 MADRS) from major depressive disorder (MDD) completed five weeks of CWMT. The task consisted of various spatial and symbol span tasks with incremental difficulty and were performed one hour for five days a week. There was weekly telephone contact with a trained coach before, during and after training. Participants completed a comprehensive neuropsychological test battery pre, post (n = 20), one-year (n = 13) and two years following CWMT (n = 10), including executive functioning (EF), WM, and processing speed (PS).

Results:

Participants showed lasting improvements on most cognitive tests. Following CWMT, and at 1- and 2-year follow up, participants showed RCI at rates of 25%, 45% and 50% in EF; 20%, 18.18% and 20% in WM; and 30%, 36% and 30% showed RCI in PS, respectively.

Conclusions:

Participants showed improvement in measures EF, PS and WM with most RCI for EF, which could suggest far transfer effects compared to WM. Smaller rates of RCI in PS indicated that faster PS likely cannot explain improvement. The rel-

atively low rate of RCI could suggest that screening for cognitive deficits is feasible when conducting CWMT studies. RCI was apparent two years after CWMT which could indicate long term benefits of one period of intensive CWMT.

Keywords: computerized working memory training; cognitive transfer; depression

The more, the merrier? Examining a dose-response relationship of a neurocognitive training for relapse prevention of depression.

Yannick Vander Zwalm (presenter), **David Demeester**, **Kristof Hoorelbeke**, **Nick Verhaeghe**, **Chris Baeken**, **Ernst Koster**

Ghent University, Belgium

Objective:

Meta-analyses have indicated that Cognitive Control Training (CCT) can be used to increase cognitive functioning and prevent relapse of depression. However, it is currently unclear how many training sessions are required in order to obtain both immediate and long-term effects. A large scale RCT was conducted to examine the dose-response relationship of CCT for depressive symptomatology.

Participants and methods:

Remitted depressed individuals ($n = 216$) were recruited and were randomized across 6 groups: five intervention groups, receiving either 1, 5, 10, 15 or 20 training sessions, and one waiting list control group. Cognitive performance tasks and self-report questionnaires were used to examine cognitive and affective transfer. Outcomes were assessed at baseline, after completing training, and at 3 and 6 month follow-up. Analyses were performed using mixed effects models.

Results:

Preliminary analyses point to decreased depressive symptomatology with a minimum of 10 training sessions, immediately after training. After correcting for multiplicity, coefficient estimates remained negative at follow-up for groups with higher doses, but did no longer reach significance. Interestingly, (mal)adaptive emotion regulation strategies did not show a clear improvement. Examination of training progress indicated continued improvements beyond typical previously reported dosages. As expected, task-specific transfer was higher in the groups with higher dosages. However, all groups improved on an untrained cognitive task and no group differences occurred. The absence of cognitive near transfer effects points to insufficient understanding in working mechanisms of CCT.

Conclusions:

CCT is a useful intervention for relapse prevention of depression with a minimum dose of 10 training sessions. However, individual differences highlight the need for future research into training moderators. Furthermore, more mechanistic studies are required to gain better understanding of how CCT improves cognitive and affective functioning.

Keywords:

cognitive control training; depression; prevention; dosage

Cognitive Control Training for Depression Relapse Prevention: Single-case research

David Demeester (presenter), **Yannick Vander Zwalm**, **Kristof Hoorelbeke**, **Chris Baeken**, **Ernst Koster**

Ghent University, Belgium

Objectives:

Cognitive control training (CCT) holds promise as an intervention for preventing depression relapse. However, previous studies have not yet focused on the temporal unfolding of CCT effects. To address this, we conducted two longitudinal single case studies to examine within-subject changes over time.

Participants and methods:

A single case study extended the previously discussed CCT dose-response RCT, examining the effects of an unusual high amount of training sessions ($n = 55$) over the course of one year. The second study employs an experience sampling methodology with a multiple baseline across participants design ($n = 6$), to investigate the effectiveness of CCT. The second study specifically focuses on individuals exhibiting subclinical depressive symptoms, particularly those who also experience cognitive complaints associated with depression. A daily smartphone-based questionnaire is used to assess depressive symptomatology and stressors. Preliminary results will be discussed.

Results:

In the first study, results show a decrease in depressive symptoms following CCT, but with too few data points to make statements about unfolding effects. Emotion regulation strategies and indicators of rumination did not show clear evidence of CCT effects. Interestingly, training progression continued after typical amounts of dosages, indicating further increase in cognitive functioning may be possible. Qualitative assessments indicate the need for clear feedback mechanisms during and following training.

Conclusions:

The two studies provide a more comprehensive understanding of the participants' depressive symptomatology and the temporal unfolding of effects of CCT.

Keywords:

cognitive control training; depression; prevention; single-case

SY4: Inhibitory learning during exposure: From lab to clinic

Chair: Lotte Stemerding

University of Amsterdam & Rianne de Kleine, Leiden University

Convenor/organizer: Lotte Stemerding

University of Amsterdam, Netherlands

Lotte Stemerding

University of Amsterdam, Netherlands

Rianne de Kleine

Leiden University, Netherlands

Anne Willems

KU Leuven, Belgium

Marika Kooistra

Leiden University, Netherlands

Abstract

Exposure therapy is a powerful intervention to mitigate the unwanted and irrational fear responses that characterise a variety of anxiety disorders. One important working mechanism of exposure therapy is extinction learning. Fear extinction is an active learning processes during which a patient is confronted with a feared situation or stimulus (e.g., giving a presentation) and learns that the feared outcome (e.g., fainting) does not actually occur. In recent years, the inhibitory retrieval model (Craske et al., 2008, 2014, 2022) has outlined the conditions under which this type of learning, called inhibitory learning, is believed to most effectively take place, resulting in better treatment outcomes. Grounded in experimental work and learning theory, the model has identified potential key components of a successful exposure session, such as within-session distress variability and maximising (violations of) outcome expectancies. These insights have been highly influential in shaping clinical practise and the design of exposure sessions. However, important questions about their precise application remain unanswered: What expectations should be violated during exposure? How can we best measure and manipulate expectancy violations? What characteristics of an exposure session improve inhibitory learning and directly relate to better treatment outcomes? In this symposium, we delve deeper into the conditions that could strengthen inhibitory learning during fear extinction and exposure. We combine insights from lab to clinic with the goal to better understand how exposure treatments can be most optimally designed. First, dr. Anne Willems (KU Leuven) will present the results of an fMRI experiment that investigates how expectancy violations, resulting from threat omissions, are processed in the brain using a newly developed experimental paradigm. In this study, she links neural threat omission processing to the pleasurable emotional experience of relief. Then, dr. Lotte Stemerding (University of Amsterdam) will present the results of two experimental fear-conditioning studies in which expectancy violations were manipulated during extinction learning, aiming to understand whether increasing the magnitude and awareness of expectancy violations results in improved long-term extinction learning. Next, Marika Kooistra (Leiden University) will present data from a clinical study in PTSD patients. She investigated whether an exposure intervention that specifically focussed on violating expectations outperformed an intervention in which expectancy violations were not actively attended to. Last, dr. Rianne de Kleine (Leiden University) will present work on the relationship between distress variance and exposure effectiveness, investigating whether within-session and average distress variance can predict next session PTSD symptom decline, as well as overall treatment outcomes. We will conclude the session with a discussion about the presented work and possible clinical implications, during which we aim to illustrate how our findings can help to guide clinicians in the effective application of exposure for fear-based disorders.

Keywords

Exposure therapy, anxiety disorders, extinction learning, inhibitory learning, PTSD

Omissions of threat trigger subjective relief and prediction error-like fMRI responses in the human reward and salience systems

Anne Willems, Lukas Van Oudenhove, Bram Vervliet

KU Leuven, Belgium

Abstract

We experience a pleasurable relief when an imminent threat is unexpectedly averted. These violations of threat expectancy have been said to be crucial for the learning of safety during exposure therapy. Yet, how exactly omissions of threat are processed by the human brain, and how this gives rise to the pleasurable feeling of relief remains unclear. To answer these questions, 31 healthy volunteers performed the previously validated Expectancy Violation Assessment (EVA) task within an MRI scanner. On each trial, participants were presented with probability and intensity instructions of an upcoming electrical stimulation to the wrist, time-locked by a countdown clock. Most trials, however, did not contain the electrical stimulation and therefore constituted a violation of threat expectancies. We measured ratings of relief-pleasantness, omission-induced fMRI responses and changes in skin conductivity during all omitted stimulations. Based on the contemporary fear extinction literature, we predicted that unexpected omissions of the stimulation would elicit reward prediction error-like activations in the Nucleus Accumbens (NAC), Ventral Tegmental Area/Substantia Nigra (VTA/SN), ventromedial Prefrontal Cortex (vmPFC) and Ventral Putamen (VP); meaning that the signal would increase as a function of instructed probability and intensity; but that completely predicted outcomes (0% and 100% trials) would elicit equivalent fMRI activation. Additionally, we predicted that these activations would be related to subjective relief.

We found that unexpected omissions of threat elicited greater fMRI activations than fully expected omissions in the VTA/SN and VP. However, none of the regions univocally satisfied the prediction error requirements. Still, we found that VTA/SN activity increased with increasing intensity and at trend-level probability ($p=.055$) of the expected-but-omitted stimulation; and that the activity of both VTA/SN and VP was positively related to subjective relief-pleasantness on a trial-by-trial level.

Together, our findings provide additional support for an overlap in the neural processing of absent threat and rewards in humans.

Keywords

prediction error; expectancy violation; fMRI; relief; reward

Manipulating expectancy violations to strengthen the efficacy of human fear extinction

Lotte Stemerding, Vanessa van Ast, Merel Kindt, University of Amsterdam, Netherlands

Recent theoretical and clinical articles have emphasized a role for expectancy violations in improving the effectiveness of exposure therapy. Expectancy violations are critical to extinction learning and strengthening these violations has been suggested to improve the formation and retention of extinction memories, which should result in lasting symptom reductions after treatment. However, more detailed mechanistic insights in this process are needed to better inform clinical interventions. In two separate fear-conditioning experiments, we investigated whether stronger expectancy violations (Exp1) or fostering awareness of expectancy violations (Exp2) during extinction could reduce the subsequent return of fear. We measured fear potentiated startle (FPS) and skin conductance responses (SCR) as physiological indices of fear, and US expectancy ratings to assess our manipulations. While we successfully created stronger expectancy violations in Exp1, we found no evidence that these stronger violations reduced the return of fear at test. Interestingly, fostering awareness of violations (Exp2) reduced differential SCRs, but not FPS responses. These findings provide novel insights into the effect of US expectancies on fear extinction in the lab, but they also illustrate the complexity of capturing clinically relevant processes of change with fear-conditioning studies.

Keywords

Fear extinction, Expectancy violations, Inhibitory learning

Expectancy violations in exposure treatment for PTSD

Marike Kooistra, Leiden University, Netherlands

It has been proposed that maximizing expectancy violation enhances the efficacy of exposure therapy. The clinical utility of expectancy violation remains unclear and it has not yet been studied in PTSD. During this talk, we will present findings from our study investigating whether an explicit focus on expectancy violation during exposure leads to greater symptom reduction in the first session. Adult treatment-seeking patients with PTSD ($N = 60$) received one 90-minute exposure session and were randomly allocated to either a expectancy violation condition or a control condition in which no attention to expectancies was paid. Assessments took place directly before the exposure session

and one week later. Outcomes were change in subjective and physiological fear responses during a personalized script-driven imagery task, and PTSD symptoms. Our analyses showed no significant differences in symptom reduction between the two conditions. However, both groups experienced a general decrease in fear responses and PTSD symptoms over time. Notably, those in the expectancy violation condition exhibited a greater reduction in threat appraisal, which appeared to mediate symptom reduction. Our findings will be discussed and interpreted within the framework of inhibitory learning theory. Clinical implications—e.g., does expectancy violation enhance treatment?—will be explored, along with insights into designing exposure sessions and directions for future work.

Keywords

Exposure treatment, PTSD, Expectancy violations, inhibitory learning

Vary it up? The relationship between distress variability and symptom decline during exposure therapy for PTSD

Rianne A. de Kleine, Marike J. Kooistra, Chris M. Hoeboer, Danielle A.C. Oprel, Maartje Schoorl, Willem van der Does, Agnes van Minnen, Leiden University, Netherlands

Background: The Inhibitory Learning Theory (ILT) suggests that variability in distress levels during therapy sessions may facilitate extinction learning, potentially improving the effectiveness of exposure therapy. In this talk, we will present findings of a study (Kooistra et al., 2024) set-up to examine whether variability in distress during sessions predicts a decrease in PTSD symptoms by the next session in patients undergoing prolonged exposure (PE) therapy. **Methods:** Eighty-six PTSD patients participated in 14 to 16 sessions of PE therapy. We used dynamic panel models to analyze the temporal (i.e., within-person) relationship between in-session distress variability and subsequent PTSD symptom reduction. Additionally, we examined the averaged (i.e., between-person) relationship between distress variability and PTSD symptom improvement.

Results: Temporal analysis indicated that variability in distress during sessions did not predict subsequent improvements in PTSD symptoms. However, averaged analysis revealed that greater distress variability was associated with symptom improvement.

Conclusions: Distress variability can fluctuate even in the absence of distress reduction. Our findings indicate that in-session distress variability does not necessarily lead to symptom reduction during PE therapy. However, when averaged across participants, higher distress variability was associated with better treatment outcomes, suggesting that individuals with more variable distress patterns across sessions may respond more positively to treatment. The operationalization of distress variability (by us and in earlier work) differed from its theoretical conceptualization and distress reduction and variability are difficult to disentangle. Further research is needed to understand the impact of distress variability during exposure therapy and to inform clinical practice.

Key words

Exposure treatment, PTSD, Distress variability, Inhibitory learning

SY5: Romantic obsessions, unrealistic beliefs, and insightless cognitions**Gregoris Simos**

University of Macedonia, Greece

Abstract

Romantic relationships can be a significant source of emotional distress when accompanied by obsessive thoughts and unrealistic beliefs. Cognitive insight into these problems is crucial for effective clinical interventions. This symposium presents findings from a comprehensive study examining the interplay of romantic obsessions, unrealistic relationship beliefs, and cognitive insight. This research aims to elucidate patterns that could enhance therapeutic approaches for individuals experiencing relationship-centered psychological difficulties. Our symposium is based on preliminary findings of an ongoing research. Study participants were assessed using a battery of established psychometric tools. For the assessment of romantic obsessions, we employed the Relationship Obsessive Compulsive Inventory (ROCI), which provides a broad measure of relationship-centered obsessive-compulsive symptoms; the Partner-Related Obsessive-Compulsive Symptoms Inventory (PROCSI), which offers a more detailed look at how these symptoms manifest specifically in the context of specific qualities of a partner; the Obsessive Beliefs Questionnaire (OBQ21), aimed at identifying underlying cognitive styles associated with obsessive-compulsive behavior; and the Obsessive Compulsive Inventory-Revised (OCI-R), which assesses obsessive-compulsive symptoms across various domains. To evaluate the presence and extent of unrealistic and distorted relationship beliefs, we used the Relation-

ship Belief Inventory (RBI); cognitive insight was assessed through the Brown Assessment of Beliefs Scale (BABS), an instrument for assessing delusionality in a few psychiatric disorders, and the Beck Insight Scale (BIS), which measures cognitive processes involved in patients' re-evaluation of their anomalous experiences and of their specific misinterpretations. Due to the multiplicity of measures and their corresponding subscales (127 "clinical" variables), as well as the numerous correlational relationships, we opted to examine and interpret our data in three parts of unique and conceptually related combination of measures and variables. Our preliminary analyses revealed complex interrelations among romantic obsessions, unrealistic beliefs, and cognitive insight; there were several statistically significant, although mainly low, correlations among variables. High scores on the ROCI and PROCSI correlated significantly with stronger endorsement of dysfunctional beliefs on the RBI, suggesting a robust link between obsessive symptoms and unrealistic/irrational beliefs about romantic relationships, beliefs that are unanimously related to relationship dissatisfaction and maladjustment. Higher scores on the OBQ and OCI-R were associated with lower cognitive insight scores on the BABS and BIS, indicating that more pervasive obsessive beliefs and related appraisals correlate with poorer insight into these beliefs' unrealistic nature. Obsessing about the romantic relationship per se (ROCI) was related to a good enough insight (BIS), while obsessing about the partner's specific qualities (PROCSI) related to less insight (BIS) and more "overvalued" characteristics (BABS). In total, our findings suggest that romantic obsessions and unrealistic beliefs in relationships are strongly interconnected and negatively impact individuals' emotional well-being. The inverse relationship between the severity of obsessive-compulsive symptoms and cognitive insight emphasizes the importance of insight-oriented therapeutic interventions. These interventions could focus on enhancing self-awareness regarding the nature and impact of one's thoughts and beliefs, thereby potentially mitigating the severity of obsessive-compulsive symptoms and the adherence to unrealistic relationship beliefs. Presenters: Nota Zerva, Aggeliki Louloumari, and Grigoris Gkiouzelis

Keywords

relationship, obsessive-compulsive, beliefs, insight

SY6: Interventions for youth internalizing problems across settings – lessons for the future

Chair: Krister W Fjermestad, University of Oslo, Norway

Krister Fjermestad

University of Oslo, Norway

Pål Teigland Lystrup

University of Bergen, Norway

Jo Magne Ingul

Norwegian University of Science and Technology, Norway

Toril Skumsnes

Innlandet Hospital Trust, Norway

Annika Sannes

Akershus University Hospital, Norway

Kristin Martinsen

University of Oslo, Norway

Einar Heiervang

Innlandet Hospital Trust, Norway

Abstract

This multi-disciplinary symposium comprises five presentations on interventions for youth internalizing disorders across three settings (schools, clinics, online) with data on effects and implementation. The overarching aim is to present the state-of-the-art on what works for whom in which format and service tier, and to discuss how this knowledge can be used to optimize and individualize interventions. The background is the need to prevent the increase in youth internalizing problems, by outreach within the resources of school and health services. The symposium covers prevention and treatment for anxiety and depression based on quantitative, qualitative, and meta-analytic data. Presentation 1 covers a school-based indicated-preventive group-CBT intervention for anxiety and depression. This is the Long term outcomes from school-based indicated prevention for anxiety in adolescents study (LIST-LTFU) with 302 youths (mean age 14 years). Results using latent growth curve models showed reduced internalizing symptoms and increased health-related quality of life that were maintained at 1-year follow-up. Presentation 2 is focused on Back-

2School (B2S), a transdiagnostic modular CBT-based intervention for youth with school attendance problems. The B2S intervention starts with assessment of each individual case resulting in a case formulation and an intervention. We present user experiences based on qualitative interviews with 16 participating families (children aged 6-16 years) and teachers. Presentation 3 moves to the clinic and examines social anxiety disorder and behavioral inhibition as predictors of 4-year post outcomes among 179 youth aged 8-15 years with anxiety disorders in a randomized controlled trial of individual versus group CBT. The results showed both differential and overlapping contribution of behavioral inhibition and social anxiety for long-term outcomes. Presentation 4 covers meta-analytic findings on the barriers and facilitators to the implementation of internet-delivered therapist-guided interventions in child and adolescent mental health services. Results from an AI-assisted systematic review identified facilitators and barriers related to the local organizational implementation infrastructure, leadership, staff turnover, staff engagement, therapists' attitudes, and program flexibility. Presentation 5 covers the factorial trial ECHO study (N = 633, mean age 11 years) developing new strategies and leverage digital innovations to enhance the access, acceptability, and utilization of such interventions are presented. The effects of three delivery conditions of a CBT program for youth anxiety and depression prevention are presented: blended delivery versus face-to-face, limited versus extended parent involvement, and with versus without therapist feedback elements. The five presentations will be followed by an overarching discussion led by Professor Einar Heiervang, who has decades of experience with running effectiveness and efficacy trials for youth internalizing disorders. Heiervang will highlight how the presented efforts can be optimized for improving the care provided to anxious and depressed children. The questions to be discussed include: How can we know when to intervene early, in what setting, with what dosage, to prevent the need for resource-demanding clinic treatment? What are the benefits and obstacles to delivering interventions online, and what stakeholders should be involved at what time? The discussion will end with a set key learning points for clinicians and researchers on how to enhance intervention efforts.

Keywords

children; adolescents; interventions; school-based interventions; anxiety; depression; e-therapy

Health-related quality of life after a school-based indicated-preventive intervention for anxiety in adolescents

Pål Teigland Lystrup, University of Bergen, Norway

Abstract: Health-related quality of life (HRQOL) adds important information on the quality and usefulness of interventions. It has previously not been examined in school-based indicated prevention for anxiety in youth. We sought to determine whether a randomized controlled trial of a cognitive behavioral therapy (CBT) intervention for anxious youth (N = 302; mean age 14) increased HRQOL. Additionally, we examined whether changes and pre-treatment levels in anxiety and depression symptoms predicted changes and end levels of HRQOL. This was done using latent growth curve modeling. Results showed that the intervention increased levels of HRQOL and that the levels of HRQOL were sustained at 1-year follow-up, independent of the timing of change. Pre-treatment levels and changes in symptoms of anxiety and depression were predictive of the changes and end levels in HRQOL. The results indicate an additional beneficial effect of the school-based indicated-preventive intervention beyond reduction in symptoms of anxiety and depression, warranting broader implementation in schools and making it a potential first-line of intervention for youth with anxiety

Keywords

Anxiety, youth, school-based intervention quality of life

Back2School in a Norwegian setting. Feasibility and preliminary results

Jo Magne Ingul, Norwegian University of Science and Technology, Norway

Abstract: Introduction: School attendance is important to promote inclusion and opportunities for development for all youth, both socially and academically. Prolonged or frequent absence is a serious risk factor for school dropout, future unemployment and economic deprivation, poor mental health, loneliness, and social isolation. Back2School (B2S) is a transdiagnostic modular intervention based on CBT for youth showing school attendance problems. Originally developed and tested both in a feasibility study and RCT in Denmark, the intervention has now been adapted for Norwegian conditions and tested in a pilot study. Method: 8 B2S teams were formed and trained in the intervention. N= 14 youth were recruited by the teams, assessed and the intervention was delivered weekly over 11 weeks. The B2S intervention starts with assessment of child, family and school issues related to each individual cases. Based on this, a case formulation and plan of intervention is formed and implemented. Results: Results will be presented describing adaptations done in Norway, and results from qualitative interviews with participating parents and teachers, and characteristics of the youth and their development during the intervention.

Discussion: Results will be presented and discussed focusing on the feasibility of the intervention in a Norwegian setting, including potential changes that need to be implemented before a large-scale RCT is launched.

Key words

children, anxiety, school refusal

Predicting Outcomes of Youth Cognitive Behavioral Therapy: Investigating Behavioral Inhibition and Social Anxiety Disorder as predictors

Toril Skumsnes, Innlandet Hospital Trust, Norway

Abstract: Introduction: Behavioral inhibition predisposes an individual toward anxiety disorders, particularly to social anxiety disorder, and is a suggested predictor of treatment outcomes among anxious children. Social anxiety disorder and behavioral inhibition share common features and are related both theoretically and empirically. This study investigated whether behavioral inhibition and social anxiety disorder are unique or merely overlapping predictors of treatment outcome among youth with anxiety disorders. Method: Parent reports on the behavioral inhibition questionnaire and a diagnosis of social anxiety disorder were used to predict treatment outcomes in terms of symptoms levels, diagnostic recovery, and clinical severity in a 4-year perspective among 179 youth aged 8-15 with anxiety disorders in a randomized controlled trial of individual versus group cognitive behavioral therapy. Results: In the symposium the results will be presented and discussed focusing on differential and overlapping contribution of behavioral inhibition and social anxiety as predictors of outcomes in relation to outcomes measures and assessment points. Conclusion: CBT adaptations for youth anxiety disorders might be indicated.

Key words

Children, temperament, anxiety, CBT

Barriers and facilitators to the implementation of internet-delivered therapist-guided psychotherapy (e-therapy) in child and adolescent mental health services

Annika Sannes, Akershus University Hospital, Norway

Abstract: The increasing number of young people being referred to mental health services today highlights the urgent need for effective modes of delivering evidence-based treatment that can reach more young people and utilize limited clinical resources more efficiently. Internet-delivered therapist-guided psychotherapy (e-therapy) has shown promising results in terms of efficacy, fidelity, acceptability and cost-effectiveness. What are the barriers and facilitators to the implementation of internet-delivered therapist-guided psychotherapy (e-therapy) in child and adolescent mental health services (CAMHS)? Results from a AI-assisted systematic review and Bayesian meta-analysis will answer this question by identifying and synthesizing existing research on what barriers and facilitators influence effective implementation e-therapy in CAMHS. The systematic review includes quantitative, qualitative and mixed method empirical studies. The findings are tabulated and categorized using the Consolidated Framework for Implementation Research (CFIR) (Damschroder, Widerquist & Lowery, 2022).

Key words

Children, Anxiety, E-therapy, Meta-analysis

Optimizing and Innovating: Enhancing Access and Acceptability of Evidence-Based Interventions for of Anxious and Depressed Children

Kristin Martinsen, University of Oslo, Norway

Abstract: Introduction: The pervasive impact of elevated internalizing symptoms, such as anxiety and depression, on children's daily functioning is well-documented, serving as a precursor to more serious disorders. Despite the recognition that early intervention is critical, challenges persist in early detection and treatment of such symptoms, partially because they may not be readily apparent to the adults in a child's environment. Consequently, children often do not receive timely assistance. While schools have become a pivotal environment for the identification and support of at-risk children, the actual application of effective interventions is surprisingly limited. Addressing these gaps, this presentation will discuss innovative strategies and digital advancements to improve access, acceptability, and usage of interventions to enhance care for anxious and depressed children. This presentation aims to discuss the strategies employed and the results obtained from the ECHO factorial study to identify effective methods for broadening intervention reach. Methods: The ECHO factorial trial included 633 children with a mean age of eleven. The study's primary objective was to examine the impact of different delivery conditions for interventions designed to address elevated internalizing symptoms. The three delivery conditions assessed in the study included: blended delivery com-

pared to a traditional faceto-face approach, varying levels of parental involvement (limited versus extended), and the presence or absence of therapist feedback. Results: The findings of the ECHO factorial study provide valuable data on the effectiveness of each delivery condition. The presentation will delve into specific outcomes related to each intervention approach, discussing how the results may impact the implementation of the intervention in the services. Conclusion: The ECHO factorial study offers valuable insights into optimal intervention delivery methods for ameliorating internalizing symptoms in children. These results have implications for the design and implementation of future preventive efforts and interventions in school-based settings. Discussion: This part of the presentation will explore the broader implications of the study's findings, considering factors such as the relevance of parental involvement and the potential advantages of blended delivery and therapist feedback for interventions delivered in schools. The discussion will consider these results in the context of enhancing access to and utilization of effective interventions for children with elevated internalizing symptoms. Learning Objectives: Participants will gain insights into the effectiveness of various intervention delivery methods, the role of parental involvement, and the value of therapist feedback in the early detection and management of internalizing symptoms in children. The presentation aims to foster a deeper understanding of how best to utilize school-based services for preventive efforts and intervention to mitigate the risks associated with internalizing symptoms in children.

Key words

Anxiety, Depression, Children

SY7: Empowering Relationships: Strategies for Engaging Significant Others in Psychotherapy

Convenor & Chair: Johanna Boettcher

Presenter:**1) Anders Hammarberg**

Karolinska Institute, Stockholm, Sweden

2) Hannelore Tandt

University Hospital Gent, Belgium

3) Brígida Caiado

University of Coimbra, Portugal

4) Johanna Boettcher

Psychologische Hochschule Berlin, Germany

"They [the patients] come into treatment, they come here after often years and years of difficulty. But, you know, we have the same number of years of difficulty as they do, but we don't have the help." Spouse of an alcohol-dependent person (DeCevita et al., 2000, p.141).

Mental disorders are associated with high personal costs and suffering. They also pose a serious burden to the social network of the afflicted person. Partners, parents, and children deal with often chronic conditions, they take over tasks and responsibilities, put their own needs second, and get emotionally entangled in the symptomatic expressions of the mental disorder. This is associated with a decrease in well-being and a heightened risk for mental health problems. Mental disorders evolve in a social context; they are maintained, alleviated, and reinforced by the people around the patient. While social support in general is a protective factor and in many studies a predictor of better outcomes, studies have also identified several social risk factors. Enabling behaviors, expressions of criticism and negative emotions, overprotection, and supporting avoidance are among the identified behaviors associated with the maintenance or exacerbation of mental health problems.

Recognizing the potential and need of significant others, many cognitive-behavioral approaches have been developed to address significant others in psychotherapy. Most work has been conducted in the field of addiction and within child and adolescent populations.

However, other patient and relative groups have been addressed, including depressive, obsessive-compulsive, and stress-related disorders. Studies showed that involving significant others can lead to better outcomes for the patients, better relationship quality, and improved well-being for the significant others. Approaches differ substantially, ranging from providing psychoeducation to the significant other in a single session to comprehensive multimodal programs targeting relationship processes as well as the significant other's mental health.

The current symposium aims at providing an overview of different approaches to involving significant others in psychotherapy. It will give insights into programs' aims, target groups, efficacy, and practical application. It will also shed light on different outcomes and discuss and evaluate mechanisms of change. In the first presentation, Anders Ham-

marberg will report on involving significant others in the treatment of substance use disorders. He will find answers to the questions of how involving significant others can improve intervention uptake, can lead to drug use reductions, and improved quality of life for the significant other. The second presentation will move to a different patient group and a different setting. Hannelore Tandt will report on the multi-family group therapy that her team evaluates for patients with obsessive-compulsive disorder. She will present qualitative data on patients' and relatives' subjective experiences and perceived mechanisms of change. The third presentation will also focus on mechanisms of change, choosing a quantitative design, and addressing children with emotional disorders and their parents. Brígida Caiado will report on how a transdiagnostic program improves emotional parenting behaviors such as parental overprotection. The last presentation also reports on a transdiagnostic approach.

Johanna Boettcher will show first data on the uptake and impact of a module on involving significant others in a blended care intervention for patients in outpatient psychotherapy.

Taken together, the symposium aims to demonstrate the breadth of approaches to including significant others in therapy while highlighting commonalities between them and identifying key learnings for implementation and research.

Keywords

significant others, relatives, couples

Involving significant others in the treatment of substance use disorders

Anders Hammarberg

Karolinska Institutet, Karolinska Institute, Stockholm, Sweden

Abstract

Significant others (SOs) of individuals with substance use disorders (SUD), including alcohol use disorders (AUD), face increased risks of both psychological and somatic ill-health. These risks stem from factors such as financial issues, excessive worry, stigma, and being blamed by others for causing the substance use. Despite these challenges, support programs for SOs are rarely integrated into the regular healthcare system or specialized addiction treatment. Therefore, there is a need for support programs for SOs that simultaneously increase the willingness of the affected family member (AFM) to enter treatment.

In a series of randomized controlled trials and studies using qualitative research methodology, we have investigated the efficacy of support programs for SOs of AFMs suffering from SUD. We have employed novel approaches, including digital interventions and group-format programs. Additionally, we have included various categories of SOs, such as parents of young adults with SUD and partners of individuals with AUD.

In most of our studies, we have utilized enhanced versions of the Community Reinforcement Approach and Family Training (CRAFT). CRAFT is a manualized support program based on the principles of cognitive behavioral therapy (CBT) and motivational interviewing (MI). SOs participating in CRAFT practice strategies to change their behavior with three main goals: (1) to improve their own quality of life; (2) to decrease substance use in their AFM; and (3) to promote help-seeking behavior in their AFM.

Our study results indicate that providing structured support to SOs can benefit both the SOs and the AFM. Overall, our studies have shown increased rates of treatment seeking among AFMs, decreased use of alcohol and other substances, and improvements in the psychological health of SOs. In these respects, CRAFT delivered in various formats has proven superior to wait-list control conditions. However, compared to active comparators, CRAFT has not demonstrated superiority. Our qualitative studies have been informative in explaining these results. Factors such as family cohesion, the development of communication skills, easy access to treatment, and therapist involvement were expressed as helpful by SOs.

Keywords

Significant others; Affected family members; Support programs; Community Reinforcement Approach and Family Training (CRAFT); Cognitive Behavioral Therapy; Substance Use Disorders; Alcohol Use Disorders

Hannelore Tandt

(University Hospital Ghent)

A multi-family therapy (MFT) for adult obsessive-compulsive outpatients and their family members targeting family accommodation: treatment protocol and therapeutic processes.

Hannelore Tandt, Lemke Leyman, Chris Baeken, Christine Purdon and Gilbert Lemmens Dept. of Psychiatry, Ghent University Hospital and Dept. of Head and Skin- Psychiatry, Ghent University Family accommodation is an important maintaining factor in OCD symptoms as it interferes with exposure and response prevention (ERP).

As a result, a multi-family group intervention targeting FA has been developed. It consists of 12 weekly sessions with a duration of 90 minutes. All sessions are structured in a similar way: a go-round, psychoeducation section about OCD, ERP and FA, an ERP exercise, a group discussion and a homework task. Sixteen patients and 15 family members have been interviewed after their MFT participation. Preliminary qualitative analysis revealed beneficial effects of the MFT on OCD symptoms of the patients and FA of the family members.

Furthermore, both patients and family members reported increased insight and knowledge about OCD and FA by the psychoeducation and new coping strategies in dealing with OCD and FA by the ERP exercises. Additionally, patients and family members noted the value of learning from each other's stories and experiences.

MFT is a beneficial option in the treatment of OCD patients and their family members.

Effects of the Unified Protocol for Children (UP-C) in reducing Emotional Parenting Behaviours: Results of a randomized controlled trial

Presenting author:

Brígida Caiado,

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Abstract

The Unified Protocol for Children (UP-C) is a transdiagnostic cognitive-behavioral 15-session group intervention designed for children with emotional disorders (i.e., anxiety and/or mood disorders) and their parents. UP-C aims to reduce child symptomatology by targeting childhood and parenting transdiagnostic mechanisms, including *emotional parenting behaviors* such as parental overprotection, criticism, inconsistency, modeling of intense emotions, and avoidance.

Through a randomized controlled study (RCT), we aim to assess UP-C's efficacy in reducing the four targeted *emotional parenting behaviors* compared to an active control group without parental involvement (a psychoeducational intervention; "The ABCs of Emotions").

A total of 153 parents (88.2% mothers) of children aged 6-13 years with emotional disorders were randomly assigned to either the UP-C group (n = 77) or the control group (n = 76). Self-report questionnaires assessing the four targeted *emotional parenting behaviors* were completed at pre-treatment, mid-treatment, post-treatment, and a 3-month follow-up.

Linear Mixed Models (LMM) were employed to analyze interaction effects between time and group, with child illness severity and parental psychopathology as fixed effects.

Results of the present study support the UP-C's efficacy in reducing emotional parenting behaviors, particularly parental overprotection. This study highlights the importance of addressing emotional parenting behaviors in child-directed interventions for emotional disorders and supports UP-C's efficacy in this domain.

Key-words

Unified Protocol for Children, Emotional Parenting Behaviors, Overprotection, Parenting, Emotional Disorders

Presentation 4 Significant others of patients in routine outpatient therapy

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Background: Mental disorders pose a major challenge not only to patients but also to their significant others (SOs). Data on significant others of patients in routine care is very scarce. In this secondary analysis of a randomized controlled trial we examine significant others of patients undergoing routine outpatient psychotherapy.

Method: N=62 significant others filled in questionnaires at the beginning of therapy, evaluating their mental health and the perceived burden by the patients' mental disorder. After six months, we analysed whether SOs' health improved and the burden decreased. A subset of significant others received access to a website with information and exercises for SOs and the patients. SOs were asked for their feedback on this website.

Results & discussion: Data analysis is still ongoing. Preliminary results will be presented, compared to previous studies, and discussed in relation to their clinical implications.

Keywords

significant others, outpatient therapy, burden

SY8: New developments in the understanding and management of OCD

Gideon Anholt

Ben-Gurion University of the Negev, Israel

Reuven Dar

Tel-Aviv University, Israel

Assaf Soref

Tel-Aviv University, Israel

Noam Sarna

Tel Aviv University, Israel

Yuval Geiger

Department of Psychology, Ben-Gurion University of the Negev, Beer-Sheva, Israel

Abstract

The proposed symposium consists of presentations of selected research on OCD from the labs of two expert OCD researchers: Prof. Reuven Dar from Tel-Aviv University and Prof. Gideon E. Anholt from Ben-Gurion University. These researchers are also Co-Editors-in-Chief of the Journal of Behavior Therapy and Experimental Psychiatry. From Prof. Dar's Lab, two researchers will present their work: (1) Noam Sarna, a Ph.D. student that will present a novel meta-memory experiment that dissociates between general metamemory deficiencies and a specific difficulty to rely on the completeness of one's own memory ("I would have remembered this word if it had been presented before"). The experiment uses computational models of metacognition, grounded in Signal Detection Theory to allow for the measurement of the alignment between memory confidence and accuracy independent of biases, and (2) Dr. Assaf Soref will present experimental research concerning the overshadowing effect (i.e., putting complex visual stimuli into words exerts an adverse effect on memory accuracy for these stimuli). 183 participants with high vs. low obsessive-compulsive (OC) symptoms were randomized into a verbalization task vs. a control condition. Results demonstrate the occurrence of the overshadowing effect in low OC participants (replicating earlier results with similar tasks). However, high OC participants did not exhibit this effect. These results seem to reflect an effort of OC individuals to maintain a high sense of control through excessive reliance on controlled processes, and a reluctance to shift into processes that are run by themselves (i.e., automatic). These results have important implications for the understanding and treatment of OCD. From Prof. Anholt, two researchers will present: (1) Yuval Geiger, a Ph.D. student will present results of a naturalistic 6-year follow up OCD study using a large patient sample from the Netherlands OCD association (NOCDA) study. Results suggest that most patients do not remit despite receiving evidence-based treatment. Furthermore, results demonstrate that using multiple follow-up measurement for the course of OCD reduces OCD recovery estimates, probably resulting in more realistic measures of OCD course in comparison with studies using a singly follow-up measurement. These results have important implications for the long-term management of OCD, and (2) a second presenter from Prof. Anholt's lab will present another NOCDA-related study investigating the rates and correlates of loneliness in OCD. Loneliness has been extensively studied in other psychopathologies and has shown to increase risk for mental and physical disorders and mortality, above and beyond depressive symptoms. Results demonstrate the high prevalence of loneliness in OCD patients. Furthermore, loneliness was found to be associated both with

depressive as well as OCD symptoms. Though increased loneliness is more strongly related to depressive rather than OCD symptoms, the high prevalence of loneliness in OCD suggests that this phenomenon should be assessed and addressed in the treatment of OCD patients.

Keywords

obsessive-compulsive disorder, experimental psychopathology

Elucidating Meta-Memory in OCD

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Abstract

Early models of OCD suggested that recurring doubts, such as “Did I lock the door?” might be related to a core-memory issue. However, subsequent models have challenged this idea, indicating that while memory problems exist, they are overshadowed by under-confidence, shifting the focus towards metacognitive failure rather than a pure memory deficit. Although numerous clinical studies have documented the under-confidence observed in OCD, it is not sufficient to deduce that OCD is associated with a core metacognitive problem. This is because under-confidence is a subjective measure, prone to biases, such as a personal tendency to report low confidence. More recent computational models of metacognition, grounded in Signal Detection Theory, allow to measure the alignment between confidence and accuracy independent of such biases. To our knowledge, these models have not yet been employed to investigate meta-memory in OCD. To harness these advanced computational models while maintaining clinical relevance in memory tasks, we have developed a meta-memory experiment that achieves both objectives. By contrasting confidence in the presence and absence of memories, we dissociate between general metamemory deficiencies and a specific difficulty to rely on the completeness of one’s own memory (“I would have remembered this word if it had been presented before”), more closely mirroring the clinical manifestations of doubt (“How can I know I haven’t run someone over without noticing?”). In this talk, I will argue for the integration of newly developed metacognitive computational models into OCD meta-memory research and will present initial results from a meta-memory task.

Cognitive Control in Action: Obsessive-Compulsive Tendencies Shape Information Processing and Recognition Accuracy

Assaf Soref; Bella Dubinchik; Reuven Dar

School of Psychological Sciences, Tel Aviv University, Israel

Introduction: Putting complex visual stimuli into words was found to have an adverse, overshadowing effect, on memory accuracy for these stimuli (Schooler & Engstler-Schooler, 1990). This effect is considered to be the result of a processing shift between the way information was encoded and the way it was retrieved. As recognition typically involves automatic processing, encoding information using explicit processing such as verbalization interferes with memory performance. The present study was motivated by recent evidence that people with OCD tend to prefer controlled and focused processing in acquiring and retrieving information (e.g., Soref et al., 2018). This evidence leads to the prediction that for obsessive-compulsive (OC) individuals, both coding and retrieval of stimulus information would involve controlled processing, so that verbalizing would not constitute a processing shift for these individuals. The goal of the study was to examine the hypothesis that verbalization will be less disruptive in individuals with high OC tendencies in comparison to individuals with low OC tendencies, as it matches their spontaneous style of information processing.

Method: 183 participants participated in the study which was presented via an Israeli internet panel. Following the procedure described by Schooler and Engstler-Schooler (1990), participants viewed a short video of a bank robbery and were instructed to pay close attention to it, and then participated in a 20-min unrelated Sudoku task. They were then randomly assigned to one of two experimental conditions – a verbalization condition, in which participants were asked to write a detailed description of the robber; and a control condition, in which they listed states and state capitals. Subsequently, all participants viewed a lineup image depicting eight people and asked to select the one who was in the bank robbery video. Finally, participants completed a measure of obsessive-compulsive symptoms.

Results: As predicted, verbalization impaired recognition accuracy in participants with low OC tendencies, indicating an overshadowing effect, but did not affect the performance of high OC participants.

Discussion: Current findings add to growing body of research from various cognitive tasks, suggesting a distinct processing style in OC individuals. This processing style may reflect an effort of OC individual to maintain high sense of

control through excessive reliance on controlled processes, and a reluctance to shift into processes that run by themselves (i.e., automatic).

Conclusions: OC individuals tend to rely on controlled strategies in processing stimuli that are typically processed using automatic, non-verbal strategies. Taken as a whole, these findings may have important implications for understanding and treating OC symptoms.

References

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Long-term remission rates and trajectory predictors in obsessive-compulsive disorder: Findings from a six-year naturalistic longitudinal cohort study

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Introduction: This naturalistic study, utilizing data from the Netherlands Obsessive-Compulsive Disorder Association (NOCDA) cohort, investigated the long-term remission rates and predictors of different trajectories of obsessive-compulsive disorder (OCD) within a clinical population.

Methods: A sample of 213 participants was classified into three illness trajectories: "Chronic," "Episodic," and "Remitted-OCD." Long-term remission rates were calculated based on three follow-up measurements over a 6-year period. A multinomial logistic regression model, incorporating five selected predictors with high explanatory power and one covariate, was employed to analyze OCD trajectory outcomes.

Results: The long-term full remission rates, calculated from all the measurements combined (14%), were significantly lower than what was observed in earlier studies and when compared to assessments at each individual follow-up (30%). Moreover, high baseline symptom severity and early age of onset were identified as significant risk factors for a chronic course of OCD, while male sex and younger age predicted a more favorable trajectory. Notably, the likelihood of an episodic course remained high even without identified risk factors

Discussion: Results suggest that long-term remission rates may be lower than previously reported. Consequently, employing multiple assessment points in longitudinal studies is necessary for valid estimation of long-term full remission rates. The results emphasize the importance of personalized clinical care and ongoing monitoring and maintenance for most OCD cases.

Loneliness in OCD and its determinants

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Abstract

Obsessive-compulsive disorder (OCD) is a psychiatric condition characterized by intrusive thoughts and repetitive behaviors, affecting approximately 1.3 % of the population. Loneliness has serious consequences for future health outcomes. Although it has been extensively studied in depression, its prevalence in obsessive-compulsive disorder (OCD) has hardly been investigated. The current study sought to examine the association between loneliness and OCD, through an exploratory investigation of their demographic and clinical correlates. This cross-sectional study utilized data from the Netherlands Obsessive-Compulsive Disorder Association (NOCDA) study, designed to investigate

determinants, course, and consequences of OCD in a large clinical sample. In this data base, a cohort of 363 OCD adult patients underwent assessment for loneliness severity, OCD symptomatology, comorbid conditions, and demographic variables. Findings reveal a high prevalence of loneliness among OCD patients, with nearly three-quarters (73.6 %) experiencing elevated levels. Loneliness was associated with greater depression severity and specific demographic factors such as gender, age, and education level. However, the relationship between OCD severity and loneliness was explained by depression severity. Clinical and theoretical implications are discussed as well as limitations and directions for future research.

Long-term remission rates and trajectory predictors in obsessive-compulsive disorder: Findings from a six-year naturalistic longitudinal cohort study

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Introduction: Obsessive-compulsive disorder (OCD) is a psychiatric condition characterized by intrusive thoughts and repetitive behaviors, affecting approximately 1.3 % of the population. Loneliness has serious consequences for future health outcomes. Although it has been extensively studied in depression, its prevalence in obsessive-compulsive disorder (OCD) has hardly been investigated.

Methods: The current study sought to examine the association between loneliness and OCD, through an exploratory investigation of their demographic and clinical correlates. This cross-sectional study utilized data from the Netherlands Obsessive-Compulsive Disorder Association (NOCDA) study, designed to investigate determinants, course, and consequences of OCD in a large clinical sample.

Results: In this data base, a cohort of 363 OCD adult patients underwent assessment for loneliness severity, OCD symptomatology, comorbid conditions, and demographic variables. Findings reveal a high prevalence of loneliness among OCD patients, with nearly three-quarters (73.6 %) experiencing elevated levels. Loneliness was associated with greater depression severity and specific demographic factors such as gender, age, and education level. However, the relationship between OCD severity and loneliness was explained by depression severity.

Discussion: Clinical and theoretical implications will be discussed and limitations and directions for future research will be discussed.

SY9: Innovations in Imagery-Based Interventions in Cognitive Behavioral Therapy

Elad Zlotnick

The Hebrew University of Jerusalem, Israel

Hila Sorka

The Hebrew University of Jerusalem, Israel

Iris Engelhard

Utrecht University, Netherlands

Simon Blackwell

Clinical Psychology and Experimental Psychopathology, Georg-Elias-Mueller-Institute of Psychology, University of Göttingen, Germany

Snir Barzilay

The Hebrew University of Jerusalem, Israel

Jonathan D. Huppert

The Hebrew University of Jerusalem, Israel

Abstract

Imagery-based interventions represent a burgeoning field in cognitive behavioral therapy, with diverse applications and innovative approaches emerging rapidly. The importance of understanding the applications and underlying mechanisms of these interventions is central to their effective integration into clinical practice. This symposium will

present four cutting-edge studies that illustrate the breadth and depth of this field, focusing on the clinical implications and therapeutic outcomes of different imagery-based interventions.

1. Hila Sorka: Transdiagnostic Online Imagery Rescripting

Hila Sorka will discuss a novel self-guided online imagery rescripting intervention, which has been applied transdiagnostically with two types of intervening agents: the current self vs. a supportive other. Results from a one-year follow-up demonstrate sustained improvements in pathological anxiety (OASIS), daily function (WSAS), self-schema (BCSS), and specific symptoms. Notably, the follow-up results indicate a significant advantage for interventions using the 'self' as the intervening agent over those using a 'supportive other.' This presentation will delve into the potential mechanisms that may contribute to these differential effects and their implications for clinical practice.

2. Simon Blackwell: Cognitive Training and Imagery

Simon Blackwell will present a comparative study on a computerized cognitive training intervention designed to influence mood and cognitive biases. Participants listened to audio scripts that progressed from ambiguous to positive conclusions, with the goal of training them to automatically envision positive outcomes in ambiguous real-life scenarios. This intervention was compared to a control task that involved mental arithmetic, targeting the same population of depressed individuals. Blackwell's presentation will focus on the comparative efficacy of these interventions and their potential as tools for managing depression.

3. Iris Engelhard: Dealing with Anticipatory Anxiety Through Imagery-Based Interventions

Iris Engelhard will discuss her experimental research on the effects of imagery-based interventions on anticipatory anxiety, employing two distinct subject groups: musicians with performance anxiety and students participating in the Social Trier Test. Her study explores how imagery techniques can be used to manage and mitigate the anticipatory anxiety that these groups experience in high-stress scenarios. Engelhard's presentation will provide insights into the mechanisms by which imagery interventions can alter anxiety responses and enhance coping strategies in diverse settings.

4. Elad Zlotnick: Self-Administered Written Exposure Therapy

Elad Zlotnick will introduce a self-administered written exposure therapy aimed at addressing transdiagnostic anxiety disorders. His study evaluates the efficacy of this intervention and explores the therapeutic differences that emerge when focusing on future versus past aspects of anxiety. Zlotnick's findings contribute to a deeper understanding of how temporal focus in exposure therapy can influence therapeutic outcomes and provide valuable insights into optimizing treatment strategies for anxiety.

This symposium promises to advance our knowledge of imagery-based interventions, demonstrating their utility in a wide range of clinical contexts and paving the way for further innovations in the field of cognitive behavioral therapy. Attendees will gain a comprehensive overview of the latest research developments and their practical applications in improving mental health outcomes.

Keywords

Imagery, ICBT, online

SY10: How to make help based on CBT for anxious children and young people easily available

Chair: Thomas Bjerregaard Bertelsen, PhD, Norway

Convenor/organizer: Åshild Tellefsen Håland, Professor, Norway

Åshild Tellefsen Håland

university in agder, Norway

Lene Holmen Berg

Kristiansand kommune, Norway

Thomas Bjerregaard Bertelsen

Sørlandet sykehus, Norway

Abstract

Despite the overwhelming evidence for the effectiveness of cognitive behavioral therapy (CBT) in treating youths with anxiety it still remains difficult to access for youth. The level of proficiency in CBT among teachers and health workers is underwhelming. A significant issue is the inappropriate accommodation of anxiety by teachers, whereby they assist students in avoiding rather than encouraging them to confront things that they find fearful.

The primary objective of this symposium is to exchange experiences on disseminating knowledge about CBT to enable teachers, parents, and healthcare professionals to offer optimal assistance and support to anxious youths. This

symposium will focus on the collaborative efforts of parents, schools, and public health nurses in assisting anxious youths outside specialized clinics. We will discuss our utilization of an online intervention for anxiety (<https://e-RISK.no>) and a group-based low-threshold intervention (Mini-RISK) to enhance the accessibility of cognitive behavioral therapy (CBT) for a wide range of individuals.

How to implement a low-threshold intervention in all schools in a municipality.

Lene Holmen Berg, Kristiansand kommune, Norway

The primary goal of this presentation is to discuss the experiences of implementing a low-threshold intervention named Mini-RISK for anxious youths in all 45 schools within a municipality. The intervention we have developed is named Mini-RISK and involves a high degree of parental and school involvement. Mini-RISK takes place within the school setting and is led by a school teacher and a public health nurse. This lecture will also focus on how the proficiency in leading the Mini-RISK group has also enhanced the competence in CBT in general among school teachers.

Strategies for effectively managing anxious students in schools

Thomas Bjerregaard Bertelsen, Sørlandet sykehus, Norway

We have conducted a pioneering study examining the degree and nature of accommodations that teachers provide to students with anxiety, such as those who are reluctant to engage in activities like public speaking or physical education. The findings indicate that teachers primarily assist students in avoiding tasks that they are afraid of, rather than aiding them in gradually mastering such skills. The findings of this study will be presented. We will also share experiences of system-level changes that could reduce inappropriate school accommodations.

How to disseminate knowledge about CBT to youths, teachers and mental health workers through an online intervention.

Åshild Tellefsen Håland, University in Agder, Norway

e-RISK (2023), is a free online intervention developed by the Department for Child and Adolescent Mental Health at Sørlandet Hospital in Norway to help anxious youths. E-RISK has modules for adolescents aged 12 to 18 and modules tailored for parents and teachers. E-RISK has gained significant popularity in Norway, attracting around 70,000 unique users since May 2023. e-RISK has multiple applications, including self-help, assisted self-help, competence enhancement for teachers and parents, and as part of therapy in group or individual settings. In the presentation we will discuss and share our experiences regarding the diverse applications of e-RISK.

Keywords

cbt anxiety schoolaccommodation dissemination online treatment low-threshold groups

SY11: Cognitive processes and predictors of treatment efficacy for social anxiety

Rivkah Ginat-Frolich

The Hebrew University of Jerusalem, Israel

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Ulrich Stangier

Institut für Psychologie der Goethe-Universität Frankfurt, Germany

Jan Schittenhelm

Institut für Psychologie der Goethe-Universität Frankfurt, Germany

Cem Yilmaz

Institut für Psychologie der Goethe-Universität Frankfurt, Germany

Wolf-Gero Lange

Radboud University Nijmegen, The Netherlands, Netherlands

Zohar Klein

Bar Ilan University, Ramat Gan, Israel

Eva Gilboa-Schechtman

Bar Ilan University, Ramat Gan, Israel

Abstract

Social Anxiety Disorder (SAD) negatively impacts individuals' social functioning and quality of life. Although several first-line cognitive behavioral therapies (CBT) are effective in reducing social anxiety (SA), on average only approx-

imately one in two individuals with SAD experience clinically significant change. It is therefore essential to better understand the role of maintaining processes in SA as well as the mechanisms of change involved in interventions so as to improve treatment outcomes. To this end this symposium presents findings from a group of basic and applied studies. The first two studies examine three important maintaining processes in SA: information processing biases, negative self-referential processes, and approach/avoidance behaviors. Zohar Klein, Reut Zabag, Einat Levy-Gigi, and Eva Gilboa-Shechtman will present a study examining learning and updating in processing social feedback using an online self-referential learning paradigm in a sample of 653 adults. SA symptoms are predicted to be associated with enhanced learning of negative feedback, and both SA and depression severity are hypothesized to exhibit aberrant positive updating (i.e., worse learning of positive feedback) following an initial negative feedback phase. Thereafter, Wolfe-Gero Lange will present a study examining approach/avoidance behaviors using a VR social interaction paradigm. Approach speed and interpersonal distance, eye gaze, and HR variability are assessed, with participants higher in SA predicted to exhibit less approach behaviors and more avoidance behaviors than participants with lower levels of SA. Next, a series of treatment studies will be presented. Rivkah Ginat-Frolich, Sascha B. Duken, Elske Salemnik and Jonathan Huppert will present a study assessing dynamic changes in interpretation bias as predictors of SA symptom change during treatment. Individuals suffering from social anxiety disorder (SAD) received 20 sessions of cognitive behavioral therapy (CBT). Changes in three measures of interpretation bias (online, strategic, and self-appraisal/off-line), each administered at multiple time points during treatment, will be examined as predictors of SA symptom change. Jan Schittenhelm and Ulrich Stangier will then present an RCT study with 160 patients with SAD examining smartphone-based self-help as compared to a therapist-assisted app. Follow-up assessments will be included. Ulrich Stangier, Jan Schittenhelm, and Cem Yilmaz will then present findings from a randomized-controlled trial, where cognitive therapy including behavioral experiments was compared to cognitive therapy focusing on self-esteem in 68 patients with SAD. Although no significant differences were observed in primary outcome measures, results indicate that using behavioral experiments increases the efficacy of cognitive therapy. Thereafter, using data from the same RCT, Cem Yilmaz and Ulrich Stangier will discuss mediators and moderators of treatment outcomes. Weekly assessment of symptoms, differential predictors of outcomes in behavioral experiments vs. cognitive restructuring, and learning styles will be examined. These analyses will contribute to further understanding mechanisms of change in the treatment of SAD and potentially relevant criteria to the tailoring of treatment to patient characteristics. Together, the presented studies can guide future research attempting to further elucidate the underpinnings of maintaining processes and mechanisms of change in SA.

Keywords

social anxiety disorder; maintaining processes; mechanisms of change; basic research; applied research

SY12: Novel developments in the field of internet-based interventions

Convenor: Noëmi Seewer, University of Bern; Fabrikstrasse 8, 3012 Bern, Switzerland, noemi.seewer@unibe.ch

Chair and Discussant: Thomas Berger, University of Bern

Noëmi Seewer

University of Bern

Victoria Aminoff

University of Linköping

Laura Bielinski

University of Bern

Rodrigo Lopes

University of Bern

Abstract

The efficacy and effectiveness of internet-based interventions for people with mental health disorders have been demonstrated in numerous studies. This symposium will highlight new and innovative developments in this rapidly advancing field. It will demonstrate how low-threshold internet-based interventions can alleviate psychological distress under challenging conditions, and foster our understanding of how internet-based interventions can be optimised by investigating mechanisms of change. It will elucidate how such interventions can be applied to transdiagnostic phenomena and shed light on the chances and challenges in specific, understudied treatment populations and settings.

In the first talk, Victoria Aminoff will present the CoronaCope project, which investigated whether internet-based cognitive behavioural therapy is effective in reducing psychological symptoms related to the coronavirus pandemic.

In the second talk, Rodrigo Lopes will show the potential mediating role of five proposed mechanisms of change (namely, increased understanding of SAD, reduction in dysfunctional social beliefs, reduction of self-focused attention, reduction of avoidance of social situations, and reduction of reliance on safety behaviours) in alleviating social anxiety disorder (SAD) symptoms following participation in an internet-based cognitive behavioural program for SAD. Internet-based interventions are not limited to a disorder-specific approach; they have also been developed and studied for transdiagnostic phenomena. In this context, Noëmi Seewer will elaborate in the third talk on whether an internet-based self-help program for loneliness—with and without human support—can lead to a long-term reduction in feelings of loneliness.

Finally, Laura Bielinski will present qualitative and quantitative results from a randomised controlled pilot trial investigating an internet-based emotion regulation intervention as an add-on to acute psychiatric inpatient treatment. The symposium will conclude with a discussion chaired by Gerhard Andersson.

Overall, the symposium will improve our understanding of developments in the area of internet-based interventions, providing a deep-dive into four different areas of application. The goal of the symposium is to foster a discussion on both chances and challenges in these different areas and how they might advance our general understanding of the field of internet-based interventions for people with mental health problems.

Keywords

internet-based, intervention, rct, emotion regulation, psychological distress, social anxiety, loneliness

CoronaCope: Internet-based cognitive behavioral therapy during the COVID-19 pandemic

Victoria Aminoff, Malin Sellén, Elise Sörliden, Mikael Ludvigsson, Matilda Berg, Gerhard Andersson, Johanna Bobeck, Sofia Bobeck

Linköping University, Sweden

Abstract

Introduction: Psychological symptoms have been observed to increase during the COVID-19 pandemic in both infected and non-infected individuals. Considering this, and acknowledging that the COVID-19 pandemic will not be the last, it is crucial to explore ways to address the psychological impact. The CoronaCope project aimed to assess the effects of individually tailored internet-based cognitive behavioral therapy (ICBT) on COVID-19-related psychological symptoms.

Aim: After a pilot RCT, showing that ICBT had effects compared to a wait-list control condition, a full RCT was conducted. 76 participants were recruited and randomized to either a treatment or control group. The treatment group received eight individually tailored modules over eight weeks, with weekly guidance from a therapist. A qualitative study was also conducted, interviewing participants from the pilot study about their experiences with the ICBT.

Results: Controlling for pre-treatment measurements, post-treatment differences favored the treatment group in terms of depression symptoms, insomnia, and anger. These improvements persisted at one-year follow-up. No significant differences were observed in quality of life, anxiety, post-traumatic stress symptoms, or stress. Thematic analysis of interviews revealed four main themes, for instance, "Treatment effects equal work".

Conclusion: The ICBT appears promising in effectively addressing some psychological symptoms related to the COVID-19 pandemic. These results, observed during the pandemic, suggest that ICBT can help alleviate symptoms in such crises.

Keywords

Internet-based cognitive behavioral therapy, COVID-19, Individually tailored, Psychological treatment

Mechanisms mediating efficacy of treatment components of social anxiety disorder: a factorial mediation analysis on knowledge of SAD, dysfunctional social cognitions, self-focused attention, avoidance of social situations, and use of safety behaviors

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¹Universität Bern, Switzerland

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Abstract

BACKGROUND: Although evidence-based psychological treatments for Social Anxiety Disorder (SAD) exist, there is room for improvement and a lack of understanding about how they work. The goal of this presentation is to examine the mediational role of five hypothesized mechanisms of change (i.e., knowledge of SAD gain, decrease of dysfunctional social cognitions, decrease of self-focused attention, decrease of avoidance of social situations, and decrease in the use of safety behaviors) in reducing symptoms of SAD after undergoing an internet-based CBT program.

METHODS: In this factorial trial, 464 participants diagnosed with SAD received a self-guided internet-based program called Shyne for 8 weeks with minimal guidance. The program is composed of four typical CBT components for

treating SAD (psychoeducation, cognitive restructuring, attention training, and exposure). These components were combined in sixteen conditions, allowing us to compare the effects of each component (n=232) against its absence (n=232). Mediation path analysis using bootstrapping to estimate indirect effects and their confidence intervals were used.

RESULTS: All hypothesized mechanisms, except self-focused attention, were significantly associated with SAD reduction. Specifically, knowledge gain mediated the effects of psychoeducation, and a decrease in safety behaviors mediated the effects of exposure. Contrary to expectations, cognitive restructuring was not mediated by dysfunctional social cognitions, attention training was not mediated by self-focused attention, and exposure was not mediated by avoidance of social situations. Exploratory analyses indicated that cognitive restructuring, attention training, and exposure modestly increased knowledge of SAD, exposure reduced SAD by decreasing social cognitions, and psychoeducation reduced SAD by decreasing avoidance.

DISCUSSION: These findings suggest that while certain CBT components directly target specific mechanisms, other components may exert broader, overlapping effects on various psychological processes. More research to understand the specific pathways of the CBT components is needed for optimizing this intervention.

Keywords

social anxiety disorder, cognitive behavioral therapy, internet-based CBT, factorial design, mediation analysis

Short- and long-term effects of an internet-based cognitive behavioural self-help intervention for loneliness – Results of a randomised controlled trial

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² Linköping University, Sweden

Abstract

Background: Chronic loneliness is prevalent in the general population and clinical practice. It is associated with poor physical and mental health. Nonetheless, there remains a dearth of high-quality studies offering evidence on effective interventions for targeting loneliness. From a theoretical and empirical perspective, interventions targeting maladaptive social cognitions are among the most effective interventions for loneliness. Due to the stigma associated with loneliness, low-threshold interventions like internet-based cognitive behavioural interventions (ICBT) present a promising avenue for delivering effective interventions. Recent studies on guided ICBT for loneliness yielded promising results, though the precise impact of human contact through guidance on loneliness reduction remains unclear. Moreover, the long-term effects of ICBT on loneliness have only been investigated in a few studies. Furthermore, whether the longer-term effects differ between people who received human guidance during the program and those who did not is still being determined.

Aims: The primary objective of this study is to evaluate the efficacy of an internet-based cognitive behavioural intervention administered with human guidance or automated messages. The study further aims to investigate the long-term effects on loneliness in both intervention groups.

Methods: In total, 243 adults with increased loneliness scores from the general population in German-speaking countries were randomly assigned to either a 10-week ICBT (SOLUS-D) with human guidance or automated messages or to a waitlist control group. Outcome measures were assessed at baseline and 10 weeks (post-treatment). Participants in both intervention groups further completed assessments at 12 months after randomisation. The 9-item UCLA Loneliness Scale was the primary outcome. Among others, depressive symptoms, social anxiety, and social network size were assessed as secondary outcomes. Continuous outcome measures were analysed using mixed effects models.

Results: The results on the intervention's efficacy (at the end of treatment) and long-term effects 12 months after randomisation will be presented.

Conclusion and Implications: The results of the current study will expand knowledge about effective interventions for loneliness. Furthermore, they will provide valuable insights into the long-term effects of an internet-based cognitive behavioural intervention for loneliness with human guidance or automated messages.

Keywords

Loneliness, efficacy, long-term effects, guidance, automated message, RCT, ICBT

Experiences with an internet-based emotion regulation intervention in acute psychiatric inpatient care

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¹ University of Bern, Switzerland

² Geneva University Hospitals, Switzerland

Abstract

Background: Trials investigating internet-based interventions in acute psychiatric inpatient settings are rare. When such innovative treatments are explored, it's crucial to capture the experiences of those involved. The insights from acute inpatient ward healthcare workers and from the patients involved in the intervention are invaluable for assessing the feasibility of the treatment. **Aim:** This presentations aims to delineate findings pertaining to healthcare worker and patient experiences with an internet-based emotion regulation intervention added to acute inpatient psychiatric treatment. **Methods:** A randomized controlled pilot trial recruited 60 adult patients from an acute psychiatric inpatient setting, randomly assigning them to either treatment as usual (TAU) or TAU plus access to an internet-based emotion regulation intervention. Outcomes were measured at baseline, four weeks, eight weeks, and post-discharge. The primary outcome was symptom severity, evaluated using the Brief Symptom Inventory. Secondary outcomes included emotion regulation parameters and various feasibility factors such as satisfaction with the internet-based intervention and the system usability of the internet-based intervention. Semi-structured interviews were also conducted with 20 healthcare workers from the participating wards. For more details, the study protocol for the trial can be consulted (Bielinski, Wälchli, et al., 2023). **Results:** The qualitative data from interviews with healthcare workers and quantitative data on patient satisfaction, usage, and usability of the internet-based intervention will be presented. **Conclusion:** This presentation will enhance understanding of healthcare worker and patient experiences with an internet-based intervention in acute psychiatric inpatient care. The potential opportunities and challenges for future implementation of internet-based interventions in this treatment setting will be discussed.

Keywords

blended treatment; emotion regulation; internet-based intervention; acute psychiatric treatment

Schema Therapy and Imagery Rescripting: Applicability Across Formats and Disorders

Chairs: **Simon Blackwell**, Clinical Psychology and Experimental Psychopathology, **Georg-Elias-Mueller** - Institute of Psychology, University of Göttingen, Germany

Convenor/organizer: **Sophie Rameckers**, Department of Clinical Psychology, University of Amsterdam, the Netherlands

Sophie Rameckers, University of Amsterdam, Department of Clinical Psychology, Amsterdam, The Netherlands, Netherlands

Astrid Baljé, University of Leiden, Netherlands

Christofer Taylor, Department of Psychology, Faculty of Science, The University of Sheffield and Community Mental Health Team, Pennine Care NHS Foundation Trust, United Kingdom

Simon Blackwell, Clinical Psychology and Experimental Psychopathology, Georg-Elias-Mueller-Institute of Psychology, University of Göttingen, Germany

Abstract

This symposium aims to discuss the effectiveness of Schema Therapy (ST) across different formats for various disorders, while also discussing the applicability of Imagery Rescripting (ImRs) in the treatment of psychosis. ST is an evidence-based treatment for personality disorders and complex mental health problems. However, the effectiveness of ST for other mental health diagnoses and comorbidities needs to be further studied.

ST can be offered in different formats, namely group, individual and combined formats. While it is thought that a group format may be more effective (e.g., increased cost-effectiveness), it leaves less room for individual attention. A recent trial by Arntz et al. (2022) on borderline personality disorder (BPD) concluded that a combined individual and group ST format was more effective than group ST. This raises the question which factors can elucidate the differential effectiveness of different ST formats.

One ST technique that is also offered as a stand-alone treatment is ImRs. ImRs is a promising intervention for disorders related to aversive memories, such as posttraumatic stress disorder. However, more studies are needed to examine its effectiveness and applicability for other disorders, including psychosis.

The first presentation (Baljé) will discuss the effectiveness of group ST compared to group cognitive behavioral treatment (GCBT) for patients with social anxiety disorder (SAD) and comorbid avoidant personality disorder (AVPD). Although SAD is often comorbid with AVPD, (clinical) consensus regarding the preferred treatment remains elusive. The focus of ST on childhood origins and on acquiring more adaptive coping styles might make ST particularly effective for patients who suffer from both diagnoses. This presentation will give insight into whether group ST is a more effective treatment compared to GCBT.

The second presentation (Rameckers) will discuss the moderating effect of exposure to childhood trauma (CT) and dissociation on the effectiveness of combined individual and group ST compared to predominantly group ST and treatment-as-usual for BPD. BPD has strong links with CT and dissociation. When patients are exposed to severe CT and experience dissociation, individual sessions offer trauma processing and more opportunities to effectively deal

with dissociation. The findings of this study will give insight into whether these two factors explain why ST with a larger individual component may be more effective than a predominantly group format.

The third presentation (Taylor) will discuss two studies in which the acceptability of a six-session online imagery therapy for psychosis (iMAPS) was examined using a clinical cases series design. Moreover, the iMAPS treatment of the second study was also focused on attachment style. The findings from these studies give insight into the acceptability of adapting the ImRs protocol to the treatment of psychosis and delivering the iMAPS intervention online. This will be discussed in terms of changes in intrusions, core schemas, and psychotic symptoms.

Presenters: 1) Astrid Baljé, PsyQ and University of Leiden (NL); 2) Sophie Rameckers, PhD (convenor/chair), University of Amsterdam (NL); 3) Chris Taylor, PhD, University of Sheffield and Community Mental Health Team, Pennine Care NHS Foundation Trust (GB). Discussant: Simon Blackwell, PhD, University of Göttingen (DE).

Keywords

Schema therapy, imagery rescripting, borderline personality disorder, psychosis, avoidant personality disorder

Group schema therapy versus group cognitive behavioral therapy for patients with social anxiety disorder and comorbid avoidant personality disorder: Results of an RCT in clinical practice

Astrid Baljé, Department of Anxiety Disorders, PsyQ / Institute of Psychology, University of Leiden, Netherlands

Abstract

Social anxiety disorder (SAD) and avoidant personality disorder (AVPD) are often comorbid. For patients with SAD, the most common psychological treatment is cognitive behavioral therapy (CBT). For patients with comorbid SAD and AVPD, there is no consensus in clinical practice about which treatment is indicated, and guidelines are scarce. Schema Therapy (ST) evolved as one of the major current treatments for patients with personality disorders and chronic mental health problems. Personality disorders, including AVPD, are characterized by negative and sometimes traumatizing childhood experiences resulting in maladaptive coping strategies that still influence patients' daily life. The focus of ST on childhood origins and on acquiring more adaptive coping styles might make this therapy particularly effective for patients who suffer from comorbid SAD and AVPD.

In the current study, we adjusted the ST mode model group treatment for borderline personality disorder, developed by Farrell and Shaw, to a 30-session semi-open group schema therapy (GST) for patients with comorbid SAD and AVPD. We compared this treatment to a semi-open group CBT (GCBT), based on Heimberg's GCBT protocol for patients with SAD, which was extended to 30 sessions.

We conducted the first randomized controlled trial comparing GST and GCBT in an outpatient population (n=154) with both SAD and AVPD. Both interventions were compared on SAD symptoms (Liebowitz Social Anxiety Scale) and manifestations of AVPD (Avoidant Personality Disorder Severity Index). Intention-to-treat analysis showed no significant differences between treatments at 3 months post-treatment and one-year follow-up regarding SAD symptoms and manifestations of AVPD. Both modalities led to significant and substantial improvements. Significantly more patients completed GST. GST and GCBT are valuable treatments for SAD with comorbid AVPD. The higher treatment retention in GST indicates that GST is more acceptable than GCBT.

Reference:

Baljé, A. E., Greeven, A., Deen, M., van Giezen, A. E., Arntz, A., & Spinhoven, P. (2024). Group schema therapy versus group cognitive behavioral therapy for patients with social anxiety disorder and comorbid avoidant personality disorder: A randomized controlled trial. *Journal of Anxiety Disorders*, 104, 102860. <https://doi.org/10.1016/j.janxdis.2024.102860>

Keywords

Social anxiety disorder, Avoidant personality disorder, Randomized controlled trial, Schema therapy, Cognitive behavioral therapy, Personality disorder

Are Childhood Trauma and Dissociation Differentially Related to Treatment Outcomes? An Examination of Different Schema Therapy Formats

Sophie Rameckers, Arnoud Arntz, Arnold Van Emmerik

University of Amsterdam, Department of Clinical Psychology, Amsterdam, The Netherlands, Netherlands

Abstract

One promising and effective treatment for borderline personality disorder (BPD) is Schema therapy (ST). ST can be offered in different formats, such as predominantly group (PGST), combined individual and group (IGST), or individual formats. PGST is thought to be more time and cost-efficient, and effective, in part due to processes in the group, social support from peers, and more efficient treatment planning. However, a smaller individual component leaves less room for the processing childhood traumas (CT) and effectively addressing dissociation during treatment. Given the strong links between CT, dissociation and BPD, patients who have been exposed to higher levels of CT and experience

more dissociation may benefit more from a ST format with a stronger individual component.

To examine this question, we studied whether CT and baseline dissociation moderated treatment outcomes (i.e., BPD symptom severity and treatment retention) of IGST, PGST, and optimal treatment as usual (TAU). We also explored the same question for individual CT types (i.e., sexual, physical, and emotional abuse, and emotional and physical neglect) and the subjective distress related to CT. Moreover, we also examined the relationships between dissociation, CT and BPD severity at baseline. We hypothesized that a higher and more severe exposure to CT and dissociation would be related to relatively higher changes in BPD symptom severity over time and treatment retention for IGST compared to PGST and TAU. The present study is a secondary analysis of a multicenter randomized controlled trial comparing different ST formats for BPD (Arntz et al., 2022; Wetzelaer et al., 2014). Participants received two years of IGST (n = 123), PGST (n = 125), or TAU (n = 246). The Borderline Personality Disorder Severity Index-IV was used to assess treatment effectiveness, and we assessed treatment retention per quarter. We analyzed the data with linear regressions, gamma regressions and survival analyses, similar to the analyses of the main study.

Surprisingly, exposure to CT was not related to BPD severity at baseline, whereas baseline dissociation was positively related BPD severity, indicating that patients who experienced more dissociation also experienced more severe BPD symptoms. During the symposium, the moderating effects of CT and dissociation on BPD symptom severity improvement and treatment retention per quarter will be discussed. One limitation of this study is that the heterogeneity of the TAU group was high (i.e., different types of treatments), which complicates the interpretation of the comparisons to this treatment category. In addition, while we studied IGST, future should also compare IGST to individual ST. Lastly, this study can have important clinical implications, as the findings may be useful in explaining the superiority of IGST over predominantly group formats and TAU in case of high exposure to CT and dissociation.

Keywords

Schema Therapy formats, Borderline personality disorder, childhood trauma, dissociation

New developments in iMAgery focused therapy for PSychosis (iMAPS)**Christopher D. J. Taylor, ClinPsyD, PhD**

Department of Psychology, Faculty of Science, The University of Sheffield and Research and Innovation, Pennine Care NHS Foundation Trust

This presentation will outline recent work on imagery focused therapies for psychosis from two new studies. In iMAPS Telehealth, a clinical case series of five patients with psychosis were offered six sessions of an imagery focused therapy for psychosis (iMAPS) online via video calls to test the acceptability of delivering the intervention online. All five patients attended all six sessions with improvements on intrusive images, core schema and psychotic symptoms (Cairns, Kelly & Taylor, 2023). In a second case series, the iMAPS approach was adapted to include a focus on attachment style in the formulation and use of a “felt security” technique in addition to wider iMAPS therapy protocol. Eight patients attended six offered sessions, with improvements in images, schemas and psychotic symptoms (Airey, Berry & Taylor, 2023). The results will be discussed in relation to the wider literature.

Keywords

psychosis, imagery, schema, CBT, schizophrenia

(if needed)) Airey, N. D., Berry, K., & Taylor, C. D. J. (2023). Attachment-focused iMAgery therapy for PSychosis (A-iMAPS): A case series targeting psychosis-related trauma. *British Journal of Clinical Psychology*, 62(3), 621-641. <https://doi.org/https://doi.org/10.1111/bjc.12433> Cairns, A. J. J., Kelly, J., & Taylor, C. D. J. (2023). Assessing the delivering of iMAgery-focused therapy for PSychosis (iMAPS) via telehealth. *Psychology and Psychotherapy: Theory, Research and Practice*, 96(3), 678-696. <https://doi.org/https://doi.org/10.1111/papt.12463>

SY14: Threat learning: How basic science can inform clinical practice

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Jonathan D. Huppert

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Tomer Shechner

The University of Haifa, Haifa, Israel, Israel

Gil Shner

The University of Haifa, Haifa, Israel, Israel

Iris Engelhard

Utrecht University, Netherlands

Abstract

Threat conditioning paradigms provide a way to assess mechanisms related to fear and anxiety. Examining these mechanisms across development provides important insight into how fear is learned and maintained. One such mechanism, fear (over)generalization, whereby fear generalizes from threat to safety stimuli, is a defining feature of anxiety disorders. Consequently, better understanding both fear generalization and additional mechanisms involved in threat learning can lead to the refinement of clinical treatment. In this symposium, recent research using threat conditioning paradigms will be presented. The first two presentations will examine threat learning through a developmental lens. In the first presentation, Gil Shner, Rany Abend, Nadav Barak, Ido Shitrit, and Tomer Shechner will present a study examining threat acquisition and extinction in a community sample of 65 adults and 63 adolescents using electroencephalogram (EEG). Developmental differences that emerged in both late positive potential (LPP) and theta activity, particularly during threat extinction, will be presented. In the second presentation, Tomer Shechner, Yael Skversky-Blocq, Yoni Fishman, and Oded Cohen will present a series of three studies that used a novel observational threat learning paradigm in a sample of children, adolescents, and adults. Developmental differences in threat learning stages, differences between observational and direct threat extinction, and the clinical relevance of these differences will be discussed. The last two presentations will examine different aspects of fear generalization: one from a mechanistic perspective and one as a predictor for symptom change. In the third presentation, Iris Engelhard will present a study on the effect of intrusive memories on fear generalization. In a sample of healthy adults, triggering involuntary memories in the presence of a safe stimulus following threat conditioning led to increased distress and threat expectancy towards the safe stimulus. Clinical implications, such as targeting involuntary memory of threat in anxiety disorders possibly enhancing the effects of exposure-based treatment, will be outlined. Finally, in the fourth presentation Rivkah Ginat-Frolich, Baraa Kabha, Noa Broder, Snir Barzilay, Elad Zlotnick, and Jonathan Huppert will present a study that looked at threat learning in sample of adults with high anxiety sensitivity. Individuals who exhibit low fear generalization are predicted to exhibit a greater decrease in anxiety sensitivity, as compared to participants with greater fear generalization, following a one session intervention. The symposium concludes with a discussion of the importance of examining threat learning across developmental studies and the clinical relevance of using threat conditioning paradigms. Suggestions for future directions will be presented.

Keywords:

threat learning; anxiety disorders; fear generalization; developmental differences

SY15: Unraveling the Mechanisms of Change in Transdiagnostic Cognitive-Behavioral Therapy: Insights from the Unified Protocol

Convenor & Chair: Johanna Boettcher, Psychologische Hochschule Berlin

Presenter:

Bogdan Tulbure

West University of Timisoara, Romania

Brigida Caiado

University of Coimbra

Johanna Boettcher

Psychologische Hochschule Berlin, Germany

Transdiagnostic cognitive-behavioral treatments address the problem of “rampant comorbidity and pervasive heterogeneity” (Dalglish et al., 2020, p. 186) of mental disorders. Meta-analyses have demonstrated the efficacy of various transdiagnostic approaches. But what makes these treatments work? Studying processes of change in transdiagnostic treatments offers the opportunity to inform our knowledge of treatments across the borders of specific disorders. It thus contributes to our understanding of which elements of cognitive-behavior therapy are crucial for most individuals and which are of specific value to only a subset of individuals. However, examining processes of change is challenging. Quantitative approaches struggle with sample sizes, timing, and the entanglement of symptoms and processes. Qualitative results, on the other hand, are often hard to integrate into the quantitative evidence. These difficulties are exacerbated by the lack of consistency of studied processes. The various (transdiagnostic) approaches all differ in the assumed, targeted mechanisms which makes the interpretation of results across studies nearly impossible. Focusing on a single, transdiagnostic approach and studying mechanisms of change from different angles seems like a promising approach to deepen our understanding of the key processes of symptom improvement. In the current symposium, we therefore combine three studies of mechanisms of change for the same treatment program, the Unified Protocol (UP). The UP is a transdiagnostic approach that has demonstrated efficacy in the treatment of emotional disorders in adults, adolescents, and children. More importantly for this context, the UP clearly outlined the assumed mechanisms of symptom improvement, including cognitive flexibility, mindfulness, and emotion avoidance. The current symposium will examine these mechanisms in different settings and populations, applying quantitative and qualitative measures. In the first presentation, Bogdan Tulbure (West University of Timisoara) will focus on experiential avoidance in a study on an Internet-based version of the UP. He will depict fine-grained weekly changes in mechanism and symptoms and answer the question if reductions in experiential avoidance drive symptomatic change. In the second talk, Brigida Caiado (University of Coimbra) will broaden the focus and report on a study where all assumed mechanisms of the UP were assessed. She will describe changes in distress intolerance, experiential avoidance, and cognitive errors in children with emotional disorders, receiving the UP. In the third presentation, Johanna Boettcher (Psychologische Hochschule Berlin) will shift the focus to qualitative methods and will report on Client Change Interviews conducted with participants of an Internet-based version of the UP. She will outline how patients’ experiences of change processes match and extend the UP’s hypothesized processes. Throughout the symposium, we will critically discuss the value of this line of research and its potential to enhance our knowledge of psychotherapeutic processes and our understanding of mental disorders.

Keywords

Transdiagnostic, Unified Protocol, mechanisms, processes of change

The impact of the Unified Protocol for Children (UP-C) on Transdiagnostic Mechanisms

AUTHORS

Symposium title

U Unraveling the Mechanisms of Change in Transdiagnostic Cognitive-Behavioral Therapy:

Insights from the Unified Protocol

Presentation title:

Exploring the role of experiential avoidance as a change mechanism in a transdiagnostic treatment for anxiety and depression

Bogdan Tudor Tulbure, Ph.D.

Ștefan Marian, Ph.D.

Department of Psychology, West University of Timisoara, Romania

Lately transdiagnostic treatments addressing a broad spectrum of mood and anxiety disorders started to accumulate efficacy evidence, but fewer efforts have been directed toward understanding the underlying mechanisms that lead to symptom reduction. To cover that gap, we decided to examine whether experiential avoidance represents a potential change mechanism candidate for the transdiagnostic intervention program proposed by Barlow et al. (2011). A shorter version (i.e., nine session) of the Unified Protocol was delivered online in Romania as part of a larger Randomized Control Trial (RCT). During the program (i.e., weeks 1, 3, 5, 7, 9) participants were invited to report their anxiety and depression symptoms, and their level of distress aversion (i.e., part of the experiential avoidance concept). Participants were also assessed before the intervention, immediately after it, and six months later (Follow Up - FU). A multilevel approach to test the mediation effect of distress aversion on the effect of intervention on anxiety, depression, and negative affect was used. The mediation effects were tested by first fitting two sets of multilevel models

for each outcome. The first set of models included Group, Time and their interaction as fixed effects, and a random intercept for participant. In the second set of models, we also included the mediator as a fixed effect predictor and a random slope for the mediator. Mixed effect models were computed using the lme4 package version 1.1-35.4 (Bates et al., 2015) in R version 4.4.1 (R Core Team, 2024). Results of the mixed effects models indicated a significant time by group interaction for all outcome variables and the mediator, except ODSIS. This indicated that decrease in these variables across time was significantly higher in the treatment group as compared to the control. The second set of models indicated that distress aversion was a significant predictor for all outcome variables. Results of the mediation analyses indicated a partial mediation effect of distress aversion on the effect of time on all outcome variables in the Treatment group. Particularly, distress aversion mediated 23% of the effect of the intervention on anxiety, 26% of the effect on depression, and 32% of the effect on negative affect. Given the importance assigned to mechanisms of action in treatment outcome research, the obtained results will be interpreted in light of the existing data, contributing to the growing evidence regarding the possible role of distress aversion as a transdiagnostic change mechanisms.

Brígida Caiado

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Abstract:

The Unified Protocol for Children (UP-C), a 15-session cognitive-behavioral group intervention for children with emotional disorders and their parents, aims to reduce the children's anxiety and/or depression by addressing shared underlying mechanisms. This study aims to assess UP-C's efficacy in reducing transdiagnostic mechanisms such as negative affect, distress intolerance, cognitive errors, behavioral avoidance and experiential avoidance, compared to an active control group (a psychoeducational intervention) through a randomized controlled trial. A total of 153 Portuguese children (6-13 years; 58.8% girls), diagnosed with at least one emotional disorder (82.4% with an anxiety disorder; 9.8% with an anxiety related disorder; 7.8% with depression), were randomly assigned to either the experimental group (n = 77) or control group (n = 76). Self-report questionnaires were administered at baseline, mid-treatment, post-treatment, and a 3-month follow-up to evaluate the targeted mechanisms. Mixed models were used for data analysis.

Key words

Unified Protocol for Children, Transdiagnostic Mechanisms, Emotional Disorders

Symposium: Unraveling the Mechanisms of Change in Transdiagnostic Cognitive-Behavioral Therapy: Insights from the Unified Protocol

Presentation 3 of the symposium

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Title: What do patients make of the UP? Exploring mechanisms of change in qualitative interviews

Background: Qualitative investigations that openly explore changes and facilitators of changes from the patient's perspective might offer valuable insights on important impacts of the Unified Protocol and their change mechanisms. Objective: Our aim for this study was to extend findings from qualitative process research to the Internet-based setting and shed light on possible differences between treatment responders and non-responders. In exploring the patients' perspective on the intervention, we were interested to understand (1) which changes responders and non-responders experienced, and (2) which aspects of the intervention they found helpful or hindering in facilitating those changes.

Method: We interviewed 21 patients that showed response or non-response to treatment using the Change Interview Schedule following a 10-week Internet-based intervention based on the Unified Protocol. Interviews were analyzed using qualitative content analysis.

Results: Both responders and non-responders reported positive changes. Most frequently they reported increased positive affect (81%). Interviewees reported that they experienced few negative effects following treatments. Both groups reported helpful aspects of treatment, with guidance mentioned most frequently (85,7%). Mainly, aspects of the specific framework were perceived as hindering (e.g., lack of personalization) (66.7%).

Conclusion: Overall, patients reported mostly positive impacts, even if they did not respond to treatment on quantitative questionnaires. In terms of change mechanisms, our results highlighted that what patients find helpful or hindering is highly individual.

Keywords

qualitative change interview, Unified Protocol, Internet-based, transdiagnostic

SY16: Treatment model and beyond: adherence and flexibility in application of dialectical behavior therapy (DBT)

Dmitrii Pushkarev

BE Company Training (Serbia), Serbia

Magdalena Skuza

Centrum Zdrowia Psychicznego HarmonJa, Poland

Kseniya Syrokvashina

Nonaffiliated researcher, Russian Federation

Fragiskos Gonidakis

National and Kapodistrian University of Athens, Greece

Abstract

This 90-minute symposium is for experienced DBT therapists, as well as for the professionals interested in DBT. The symposium will focus on the scope of DBT model and elements of treatment in different settings and with different client populations. Magdalena Skuza (Poland) will cover how standard DBT model can be expanded for use with families in her presentation "DBT transactional model and systemic therapy - family therapy or therapy with family - dialectical synthesis". Kseniya Syrokvashina (Russia, Serbia) in her presentation "Expanding treatment targets in DBT" will discuss how DBT treatment targets can be adapted to embrace new client populations. Dmitrii Pushkarev (Russia, Serbia) in the presentation "Burnout in DBT therapists and team survival" will talk about how team adherence/non-adherence to the DBT treatment model affects the burnout of therapists and their willingness to continue practicing DBT in the longterm. Magdalena Skuza (Poland) in her presentation "Comprehensive DBT program vs DBT-informed treatment: is it possible to use DBT principles, skills, and strategies outside of DBT comprehensive program?" will provide an overview of current research data on integrating elements of DBT into other CBT treatments.

Keywords

DBT, dialectical behavior therapy, comprehensive DBT, treatment model, family therapy, treatment targets, burnout

SY18: Challenges in Assessment and Conceptualization of Rumination as a Transdiagnostic Risk Factor

Chair: Kristof Hoorelbeke, Ghent University, Belgium

Kristof Hoorelbeke

Ghent University, Belgium

Ana Mar Pacheco Romero

Universidad Complutense de Madrid, Spain

Laura Mertens

Ghent University, Belgium

Yorgo Hoebeke

UCLouvain, Belgium

Abstract

Rigid use of emotion regulation strategies has shown to place one at increased risk for the development of internalizing disorders. In this context, one emotion regulation strategy that is considered to be particularly debilitating and

difficult to treat is rumination. The current symposium provides an integration and empirical test of central premises of influential models of rumination, while focusing on implications for clinical case conceptualization and treatment. We particularly focus on (assessment of) specific aspects of rumination and how these may constitute cognitive vulnerability for internalizing complaints, or be implicated in resilience.

The first presenter, Prof. dr. Kristof Hoorelbeke (Ghent University, Belgium), will focus on how central factors from influential self-regulatory (e.g., effortful control, promotion goal focus, goal discrepancy) and metacognitive models (e.g., positive/negative beliefs about rumination, self-consciousness, need for control) contribute to rumination and its detrimental effects (e.g., depressive symptomatology). He will present network analyses conducted in the context of a large-scale cross-sectional study, as well as focus on temporal dynamics between these constructs based on intensive time-series data collected in a second sample at risk for depression.

While the first presentation focuses on how depressive rumination and related factors contribute to the development and maintenance of depression, Ana Mar Pacheco Romero (Complutense University of Madrid, Spain) will focus on the development of positive affect and related responses, and how these may contribute to resilience rather than depression (e.g., anhedonia). She will rely on intensive time-series data to model specific mechanisms underlying affective responses to (un)pleasant experiences, with a main focus on anticipated pleasure and the use of positive rumination versus dampening of positive affect in daily life. This includes a focus on temporal sequences, patterns of co-occurring activity, and how these relate to individual differences in positive affect in daily life.

The third presenter, Laura Mertens (Ghent University, Belgium), will extend the focus of this symposium to the context of post-traumatic stress, exploring how different forms of rumination may place one at risk for developing post-traumatic stress complaints, while also providing opportunities for post-traumatic growth to occur. Extending the framework provided in the first presentation, this includes a focus on the role of different forms of event-related- (e.g., intrusive, deliberate rumination) and depressive rumination, while accounting for central metacognitive and self-regulatory factors.

Finally, dr. Yorgo Hoebeke (Université Catholique de Louvain, Belgium) will focus on existing challenges in the assessment of rumination in clinical practice. dr. Hoebeke will present a recently developed tool that allows to assess rumination as a multifaceted construct in daily life. In this context, using intensive time-series data, he will explore the clinical utility of novel indices of emotion regulation dynamics for the prediction of depressive-, stress-related and anxiety complaints.

Taken together, this symposium provides an overview and empirical test of key theories of rumination, while providing guidelines for its assessment within clinical case conceptualization. In addition, across the different studies potential targets for intervention are identified.

Keywords

rumination; assessment; depression; anxiety; trauma; ambulatory assessment

Multiple Paths to Rumination: A Network Analytical Approach

1. **Prof. Kristof Hoorelbeke** - Ghent University, Belgium
2. **Dr. Gerly Tamm** - Ghent University, Belgium
3. **Prof. Ernst H.W. Koster** - Ghent University, Belgium

Abstract

This presentation will explore central elements from self-regulatory and metacognitive models of repetitive negative thinking, and how these contribute to rumination as a key depression vulnerability factor. By integrating concepts from self-regulation, such as effortful control, promotion goal focus, and goal discrepancy, with metacognitive factors like beliefs about rumination, self-consciousness, and the need for control, the study provides a comprehensive understanding of rumination. The findings are based on network analyses from two cross-sectional studies, elucidating the complex interrelations among these factors. Additionally, the presentation will delve into the temporal dynamics of these constructs using intensive time-series data from a sample at risk for depression. In particular, we will explore how different (meta)cognitive factors contribute to rumination and are affected by rumination over time, as well as model patterns of co-occurring activity. This approach highlights how fluctuations in self-regulation and metacognitive processes influence the occurrence and persistence of rumination in daily life. By mapping these intricate relationships, this research offers valuable insights into the mechanisms underlying rumination and its role in exacerbating depressive symptomatology.

Keywords

rumination; assessment; depression; network analysis; ambulatory assessment

Unraveling Ecological Positive Affect Dynamics and their Mechanisms: Predictive Patterns and Interactions in Daily Life**Ms. Ana Mar Pacheco Romero**, Universidad Complutense de Madrid, Spain**Prof. Carmelo Vázquez**, Universidad Complutense de Madrid, Spain**Prof. Alvaro Sanchez-Lopez**, Universidad Complutense de Madrid, Spain**Prof. Kristof Hoorelbeke**, Ghent University, Belgium**Abstract**

Diminished positive affect is related to anhedonia, a hallmark symptom of multiple internalizing disorders, which has been associated to a higher chronicity of symptomatology, and poorer treatment response. The reduced effectivity of current treatments to treat anhedonia evinces a lack of understanding on the mechanisms underlying diminished positive affect, which could shed light into new clinical models with a stronger translational value. Using a ten day (six times a day) experience sampling design to evaluate 130 undergraduate students, in this study we examined the dynamic interactions between positive affect, appraisal of pleasant events, activation of pro-hedonic goals, anticipated pleasure, use of positive rumination and dampening, and social desirability. Using a Vector AutoRegressive (VAR) approach to combine ESM and network analyses we modelled the temporal (i.e., predictive) and contemporaneous (i.e., co-occurring) association among these variables, represented as nodes in the network of factors related to diminished positive affect. Anticipated pleasure (i.e., how good I think future events will make me feel) occupied a central role in the temporal network by positively predicting positive affect and all other variables, apart from the use of dampening, and negatively predicting pro-hedonic goals (i.e., how good I wanted to feel). Higher positive affect also subsequently predicted experiencing more pleasant events, higher social satisfaction and use of positive rumination. Interestingly, pro-hedonic goals were negatively predicted by both anticipated pleasure and positive affect, suggesting that when individuals feel good, they do not necessarily choose to feel better some hours later in time. Dampening was only predictive of positive rumination, which emphasizes the co-occurring nature of positive regulatory strategies. Furthermore, all nodes within this temporal network showed a positive autocorrelation, meaning that individuals were likely to perpetuate each positive affective process from one moment in time to the next. As for the contemporaneous network, analyses showed a similar connectivity among the nodes as in the temporal network. However, pro-hedonic goals in this network were positively associated to positive rumination and dampening, meaning that emotional goals seem to shape emotion regulation in shorter-lasting and co-occurring processes rather than longer lasting processes. Furthermore, anticipated pleasure was also contemporaneously negatively associated to dampening use, evincing its protective role against the use of strategies aimed at diminishing positive affect. Overall, differences in individual patterns of positive affect in daily life seem to be mostly explained by future oriented hedonic responses rather than the activation of pro-hedonic goals or the use of specific emotion regulation strategies. Thus, future studies should assess these ecological processes in various symptomatological complaints to better understand how differential patterns of positive affective change may contribute to perpetuate anhedonia.

Keywords

anhedonia, positive affect, positive rumination, dampening, pro-hedonic goals, anticipated pleasure

Forms of Repetitive Negative Thinking Differentially Relate to Posttraumatic Stress Versus Growth Following Trauma Exposure.**Ms. Laura Mertens, Prof. Kristof Hoorelbeke**

Ghent University, Belgium

Abstract:

Background. Posttraumatic stress disorder (PTSD) is a highly invalidating disorder, with a lifetime prevalence of 3.9%. Little is known about the involvement of cognitive processes in the development and maintenance of PTSD. In line with cognitive models of PTSD, such as the cognitive model by Ehlers and Clark (2000) and the metacognitive model of Wells (2000), recent findings suggest that repetitive negative thinking (RNT) may play a crucial role in PTSD symptom development. This presentation will focus on the role of different forms of RNT and related factors (e.g., metacognition, effortful control), and how these uniquely relate to PTSD symptom severity versus growth following exposure to a traumatic event.

Methods. To examine the unique interrelations among these variables, we conducted network analysis on cross-sectional data collected from two general population samples consisting of individuals meeting Criterion A for PTSD (for each sample N approximates 350). Different forms of RNT, positive and negative beliefs about RNT, need for control, effortful control, posttraumatic growth and symptom severity were included in the analyses.

Results. The obtained network models suggest a central role for depressive rumination, deliberate rumination and negative beliefs about RNT. Each form of RNT showed unique associations with PTSD symptom severity. The relationship between deliberate rumination and posttraumatic growth appeared to be the strongest among the edges included in the model.

Conclusions. Although cross-sectional, our findings suggest that RNT may serve as a central risk factor in the development of PTSD. Whereas each form of RNT was linked to increased PTSD symptom severity, deliberate rumination also showed strong associations with posttraumatic growth, suggesting the more adaptive nature of this thinking style. Effortful control was negatively associated with rumination, which could possibly serve as a protective factor. Lastly, metacognitions also seemed to play an important role, particularly negative beliefs about RNT.

Keywords:

repetitive negative thinking; rumination; posttraumatic stress; growth

The Assessment of Rumination as a Multifaceted Construct in Daily Life and The Clinical Utility of Novel Measures of Emotion Regulation Dynamics

Yorgo Hoebeke, Annelise Blanchard, Alba Contreras, Alexandre Heeren

Psychological Science Research Institute, UCLouvain, Louvain-la-Neuve, Belgium

Abstract:

Research indicates that rumination can be viewed as a dynamic process that fluctuates over time, within hours and days. An increasing number of intensive longitudinal studies on rumination are accordingly being conducted and published using experiencing sampling methodology (ESM), a technique with measurements in daily life. Yet, this literature suffers from a profound caveat: rumination has so far been conceptualized and measured as a unitary construct in these ESM studies. This is unfortunate since such a unitary view contrasts with prominent contemporary models that regard rumination as a multifaceted construct, wherein the key features are not interchangeable and should therefore be measured separately. Therefore, we developed and validated an ESM protocol to assess rumination as a multifaceted construct, measuring five features of rumination. To this end, forty participants answered five rumination items four times daily over two weeks, with self-report questionnaires at the end. In this presentation, we will present this assessment tool but also explore the clinical utility of indices derived from this time-series data. Indeed, while statistical tools from affective dynamics have been largely applied to elucidate the temporal dynamics of affect, it has seldom been used in rumination research. Therefore, we examine the predictive value for depressive and anxiety symptoms of moment-to-moment variability and inertia of rumination features, comparing them against person-level means, standard deviations, and trait rumination. Overall, this presentation will underscore the value of considering the dynamic and multifaceted nature of rumination and the combined insights trait rumination and temporal measures of rumination features can offer in understanding depression and anxiety symptomatology.

Keywords:

rumination; depression vulnerability; assessment; experience sampling methodology

SY19: Exploring the Complexities of Suicidal Ideation and Behavior: Prediction and Effective Interventions

Birgit Wagner

Medical School Berlin, Germany

Heide Glaesmer

University of Leipzig, Germany

Anja Gysin-Maillart

University Hospital of Berne, Switzerland

Abstract

Considering the high number of more than 700,000 deaths by suicide worldwide (World Health Organization, 2019) and an estimated lifetime prevalence of 3-33% for suicidal ideation and 2.7% for suicide attempts (Borges et al., 2012), predicting suicidal ideation and behavior is essential to inform suicide prevention (Jobes & Joiner, 2019; Jobes et al., 2024).

In the first talk, Heide Glaesmer will give an overview of theoretical models and recent empirical evidence on the prediction of suicidal ideation and behavior. The presentation will include core findings from three prospective studies (Ambass, PRESS, APOS) on the prediction of suicidal ideation and behavior.

In the second presentation, Anja Gysin-Maillart, will present results of the Attempted Suicide Short Intervention Program (ASSIP). ASSIP has demonstrated remarkable efficacy in reducing the risk of recurrent suicide attempts by approximately 80% within 24 months. The therapy consists of three to four sessions and aims to promote a comprehensive understanding of individual patterns leading to suicidal behavior. It includes identifying vulnerabilities, trig-

gering factors, warning signs, and developing a personal crisis plan. The establishment of an early therapeutic alliance is central to ASSIP, which is maintained through follow-up correspondence over a period of two years.

The third talk by Birgit Wagner will present the results of a randomized controlled trial of an online-group intervention for individuals bereaved by suicide. The intervention consisted of 12 weekly modules based on cognitive-behavioral methods and took place as a webinar in a group format. The primary outcomes measured were depression and suicidal ideation and behavior, while secondary outcomes included symptoms of prolonged grief, PTSD, post-traumatic cognitions, hopelessness, and grief-specific symptoms. The results showed that symptoms of posttraumatic avoidance improved significantly in the intervention group compared to the waitlist control group. Psychopathological symptoms also decreased significantly from baseline to 6-months follow-up in the intervention group. Factors such as higher scores of depression, grief, suicide ideation, and posttraumatic stress symptoms at baseline were found to impact the effectiveness of the intervention. Overall, these studies and interventions contribute to the understanding and prevention of suicidal thoughts and behaviors, providing valuable insights for future research and clinical practice.

Keywords

Suicidal behavior, suicidal ideation, intervention, postvention, bereavement, grief

SY20: Activating Strengths in CBT: Outcomes, processes and an intervention model

Chair: Ulrike Willutzki, University Witten/Herdecke, Germany

Convenor/organizer: Ulrike Willutzki, University Witten/Herdecke, Germany

Anton-Rupert Laireiter

Paris-Lodron University Salzburg, Austria

Louisa Jagmetti

University of Zurich, Department of Clinical Psychology and Psychotherapyresearch

Ulrike Willutzki

Witten/Herdecke University, Germany

Abstract

For quite some time strengths-oriented approaches have been developed in CBT (e.g. Padesky & Mooney, Beck et al., , and since 2014 a SIG Positive CBT has been established in EABCT. A recent review and meta-analysis stresses the unique contributions that on strengths oriented interventions seem to contribute to psychotherapy outcomes (Flückiger et al., 2023). Yet, respective approaches and techniques are underdeveloped. The symposium provides insights into different research areas.

The first presentation by ANTON-RUPERT LAIREITER (University of Salzburg, Austria) will give an overview about studies utilizing positive intervention programs that focus on the activation of so-called character strengths in an individual as well as group setting with patients, using both a ftf- and an online-approach. Three studies that all achieved moderate to strong effects in reducing depressive/anxiety/stress symptoms, as well as moderate to strong improvement in well-being/flourishing/quality of life will be discussed in detail. Taking also many meta-analytically compiled findings into account, short- and long-terms outcomes will be considered; moreover research gaps will be addressed. The second presentation by MARIE DRÜGE, Louisa Jagmetti, Elena Gruss, Nicolas Martel & Birgit Watzke (Zurich University, Switzerland) will look at how patients experience strengths-based aspects of psychotherapy in their everyday life. Inter-session processes (ISP) describe the internalization and processing of therapy outside of the actual therapy sessions (thoughts, memories, feelings and fantasies during the intervals between therapy sessions related to therapy/the therapist). Strength-based methods (SBM) might interact with ISP. In this exploratory study, respective ISP were recorded in eleven patients using qualitative event sampling methods over a period of 14 days by means of voice messages. In semi-structured interviews, the experiences of the voice messages were deepened. Qualitative content analysis was used to identify categories. Results: ISP proved to be very diverse both inter- and intra-individually. The diversity and the inter- and intra-individual variance of these processes illustrate their potential importance for the therapeutic process, but at the same time make systematic recording difficult.

The third paper by ULRIKE WILLUTZKI Ulrike Willutzki, Luise Busse, Merle Benning, Jan Schürmann-Vengels, Wolfgang Wöller & Christoph Flückiger (Witten/Herdecke University, Germany) will look at how resource activation unfolds in the patient-therapist interaction at a micro-process level. By using the task-analytical model of Greenberg (2007), patient processes of change that occur in resolving specific types of affective-cognitive problems, in this case resource activation, are delineated. Resource activation was specified as a process that allows patients to access their strengths

as well as coping strategies with challenging life tasks. A rational model was explicated and evaluated in interviews with seven experts. An observational schema was explicated and used for videoanalysis of successful and unsuccessful resource activation episodes. While the model structure was confirmed by most experts additional features were stressed. In the video analysis interrater reliability was suboptimal. The task-analytical model of resource activation shows promise for an explicit model of how the process of resource activation unfolds (marker of a respective episode, therapeutic interventions as well as task resolution by patients' experiencing cognitive-emotional contact with their resources).

Keywords

strengths-oriented CBT

Positive psychotherapy

In its relatively young tradition, positive psychology has already produced many clinically relevant approaches and interventions. One of these is positive psychotherapy, developed by Seligman and Rashid in the early 2000s, which is a multimodal program of applying various positive psychology-based interventions and which attempts to treat mental disorders without the use of traditional psychotherapeutic methods. A very important component is the activation and focus of the so-called character strengths. In the author's working group, various studies have been carried out to evaluate PPT for mental disorders in individual and group settings as well as online and in the classic ftf mode. The article provides a brief overview of these studies and applications and then discusses the results of three studies in group and individual settings, all of which achieved moderate to strong effects in reducing depressive, anxiety and stress symptoms, as well as them contributed to a moderate to strong improvement in well-being and flourishing as well as quality of life. In one study, comparable improvements were achieved using a strengths-related short intervention on a sample of preclinical patients. Stabilities over several months to years were demonstrated in all studies. Overall, these studies, together with many meta-analytically compiled findings, show that positive psychological interventions represent a legitimate alternative to conventional disorder-related and cross-disorder clinical procedures for the treatment of mental disorders. However, their scope should be examined beyond affective disorders, such as substance addictions, psychotic disorders, eating disorders and, in particular, personality disorders.

“How do patients experience strength-based aspects of psychotherapy in their everyday life?” - A qualitative event-sampling and interview study on strength-based aspects in intersession processes from the patients' perspective

Background: The transfer to everyday life is one of the challenges of psychotherapy. Inter-session processes (ISP) describe the internalization and processing of therapy outside of the actual therapy sessions and include thoughts, memories, feelings and fantasies that occur during the intervals between the actual therapy sessions and relate to the therapy or the therapist. Strength-based methods (SBM), which can be delivered through strength-based instructions of the therapist or/and as the therapists' responsiveness to the patient self-directed strength in the therapy room and/or as strength-based homework, might interact with ISP. However, most existing studies either focus on individual processes, which are assessed by questionnaires, or explore the patient perspective retrospectively. But which strength-based aspects will patients use, reflect or internalize as ISP spontaneously? **Method:** In the present exploratory study, ISP were recorded in eleven patients using qualitative event sampling methods over a period of 14 days once or several times a day by means of voice messages. In final semi-structured interviews, the experiences of the voice messages were deepened and specified. Qualitative content analysis was used to identify categories. **Results:** ISP proved to be very diverse both inter- and intra-individually. Various categories could be identified, including skills, strength-based homework and diary/notes, talking to third parties about therapy or therapist, remembering strength-based aspects of therapy or specific sessions. **Discussion:** Patients can recognize ISP and experience strength-based aspects especially recognize specific strategies and skills. The diversity and the inter- and intra-individual variance of these processes illustrate their potential importance for the therapeutic process, but at the same time they make systematic recording difficult, as they can also be related to significant life events. Further research is needed to identify patterns of helpful strength-based ISP.

Resource-Activation in Psychotherapy – a Task-Analytical Approach

Introduction: Resource or strengths activation is a transdiagnostic/transtheoretical change mechanism relevant in cognitive-behavioral, psychodynamic (Munder et al., 2019), systemic (De Shazer, 1988) and also positive psychology approaches. Micro-processes of how resource activation unfolds in the patient-therapist interaction have not yet been analysed in detail.

Resource activation can be regarded as a specific task as described by Greenberg (2007): Client processes of change that occur in resolving specific types of affective-cognitive problems, in this case resource activation, are to be delin-

ated. The paper focuses on the discovery phase of the respective task analysis, leading to a first rational-empirical model.

Method: Resource activation was specified as a process that allows patients to access their strengths as well as coping strategies with challenging constellations. Based on prior experience a rational model was explicated and evaluated in interviews with seven experts from different theoretical orientations. An observational schema was explicated and used for the videoanalysis of four successful resource activation episodes by eight raters.

Results: While the model structure was confirmed by most experts additional features were stressed. In the video analysis interrater reliability was suboptimal.

Discussion: The task-analytical model of resource activation will be presented. It shows promise for an explicit model of how the process of resource activation unfolds (marker of a respective episode, therapeutic interventions as well as task resolution by patients' experiencing cognitive-emotional contact with their resources).

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SY21: The interface between clients and mental health services: Exploring new social digital realities

Chair: Jeannette Brodbeck, University of Applied Sciences and Arts Northwestern Switzerland, Switzerland

Sofia Jacinto

University of Applied Sciences and Arts Northwestern Switzerland, Switzerland

Lina Stallmann

University of Applied Sciences and Arts Northwestern Switzerland, Switzerland

João Niza Braga

Católica Lisbon School of Business and Economics, Portugal

Jeannette Brodbeck

University of Applied Sciences and Arts Northwestern Switzerland, Switzerland

Abstract

Great efforts have been invested into developing digital tools that provide e-health interventions, create new forms of interaction with clients and explore virtual contexts as exposure and training grounds. The working alliance between client and digital intervention (e.g., mobile self-help interventions, online therapy, gamified virtual training programs) seems to play an important part in clients' engagement and adherence (e.g., Bijkerk et al., 2022, Cavanagh, 2010; Salaznik et al., 2021) and in intervention outcomes (e.g., Berger, 2017; Nordgren et al., 2013) – similar to face-to-face therapy. Avatars guide clients through their health journey (e.g., Brodbeck, Jacinto et al., 2022), apps reward personal achievements with points (e.g., Brown et al., 2016) and counselling services are offered online and via direct messaging.

But what are the processes underlying this alliance within the given interface? And are we paying enough attention to what might sometimes be a lower-threshold substitute for personal interaction, but could also be bringing in unexplored socio-emotional factors and enrichment? The characteristics of user interfaces and virtual content that drive engagement are an especially potent topic for the expansion of clinical intervention and learning experiences in the virtual world.

This symposium presents four research projects exploring and evaluating different methods and strategies of online and virtual interventions to simulate the feedback and interaction of traditional interactive contexts. Particularly, it provides a theoretical understanding and new evidence on how the online/digital social reality can instigate therapeutic change, adding to the transition of mental health care to a new reality that is also digital.

Paper 1 presents two experimental studies in the context of a virtual-reality school environment, with both typically developing and autistic youth experiencing emotional scenarios and subsequent offers of support by a virtual character. The socio-emotional impact of computer-controlled characters adds to current assessment and practice options for people with social difficulties.

Paper 2, in three experimental studies, explores how psychological distance (Trope et al., 2007), induced by the online context and the social identification of clients with therapists, affect judgments about the healthcare service and

professional recommendations, and how the online context reduces the need for social identification (Hogg, 2003). Paper 3, in two experimental studies, under the lens of causal attribution theory (Plaks et al., 2009; Weiner, 1988), investigates how comparison with others and external rewards, such as gamification (Fleming, et al., 2017), increase intentions to use a mental e-health intervention and self-efficacy for emotion regulation.

Paper 4 focusses on a randomized control trial to test the efficacy of a CBT self-help app intervention to support emotion regulation and adaptative social functioning of emergent adults with adverse childhood experiences. This research explores how guidance through regular personalized feedback and options for user's self-reflection and feedback on the app can increase engagement with the program.

Keywords

web-based intervention; e-health; working alliance; human-machine interaction; virtual reality; emotion regulation; gamification; social identity

Virtual social emotion regulation – How virtual, how social and how emotional is a virtual-reality experiment designed for typically developing and autistic youth?

Lina Stallmann, University of Fribourg, Switzerland

Andrea Samson, UniDistance Suisse, Switzerland

Abstract

Social (or interpersonal) emotion regulation is the process of regulating one's own or another person's emotional experience through social interaction. Despite being largely overlooked in research until recent years, it is integral to our daily lives and an important source of support when self-regulation fails (Marroquin, 2011, Reeck et al., 2016). This makes the topic especially poignant for individuals with both difficulty regulating their emotions and less access to social support, like individuals on the autism spectrum who are more likely to experience trouble understanding social cues and overstimulation in social settings (Cai et al., 2018).

To investigate the use of virtual reality (VR) for the assessment and training of social emotion regulation, we developed and evaluated a novel VR paradigm in a virtual school environment: First Day at School, a story arc with two distinct scenarios designed to elicit negative emotional reactions and provide a fellow student, a virtual agent, to offer emotional support to the participant. Self-report and psychophysiological data of 50 participants (25 typically developing, 25 autistic) between the ages of 9 and 20 was collected and preliminary data showed overall presence in and acceptance of the virtual world, in addition to social and emotional relevance of the scenarios and characters for both groups. Together with the current developments in online communities for and by individuals on the autism spectrum, the potential of VR for low-threshold, high-realism social practice situations opens up promising routes and opportunities for people who might otherwise more quickly be left alone in their daily regulation challenges.

Keywords

human-machine interaction; virtual reality; emotion regulation; gamification; social support; autism spectrum disorder

Remote care as social distance: The effects of psychological distance of online contexts and social identity on help-seeking intentions

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¹ Católica Lisbon School of Business and Economics

² University of Applied Sciences and Arts Northwestern Switzerland, Switzerland

Abstract

The emergence of internet-based mental health services increased access of vulnerable populations to health care services. However, the online context may have compromised the relationship between clients and therapists, which promoted the development of online solutions that try to integrate human contact. The present research explores how the psychological distance imposed by the online context may reduce social asymmetries between clients and therapists (Trobe et al., 2007). Specifically, it is expected that the online context will reduce the impact of social identification (Hogg, 2003) between the client and the therapist in clients' trust, perceived empathy and legitimacy of the therapist's recommendations. This hypothesis is tested in three experimental studies that manipulate whether the contact with the healthcare provider takes place online or in-person. Study 1 shows that in online contexts clients show lower trust in the healthcare professional than in in-person contexts. Study 2 shows that among POC women, this effect interacts with the doctor's identity as POC or White person, demonstrating a significant effect of social identification when the contact is in-person but not when it is online. Study 3 shows that when the healthcare provider is a POC woman, social proximity, trust and positive attitudes towards the healthcare provider are higher for offline contexts and for non-white participants. Interestingly, non-white participants show higher social proximity offline but do not show higher trust or more positive attitudes for offline over online services. On the contrary, white participants

show higher social proximity, trust and more positive attitudes for an offline than for an online service. Priming participants' ethnic identity leads to more positive attitudes towards the POC healthcare provider among white participants, but not for non-white participants. Implications for training of good practices on inclusivity in blended therapies are discussed.

Keywords

working alliance; culture & identity; internet-based; psychological distance; e-health; social identity

Gamification in self-help: The impact of extrinsic rewards in perceived usefulness of internet-based self-help interventions

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² Católica Lisbon School of Business and Economics, Portugal

Abstract

Most self-help and mental health online interventions face significant reduction of its use within few weeks. To overcome this issue, several mental healthcare apps have been using gamification as a strategy to encourage their clients to have a regular use (Fleming, et al., 2017). However, evidence on the benefits and processes of gamification is scarce, especially for psychological well-being. In this research, we explore whether the type of feedback: external (points) vs. internal (emotional validation) impact gamification success. We further explore social (vs. self) comparison (study 1) and reward time-frame (immediate vs. late) (study 2) as potential moderators. Two experimental studies, presenting fictitious scenarios, test the hypothesis that gamification using extrinsic feedback, such as points, lead to lower perceived usefulness and adherence to an app focused on reducing daily anxiety than intrinsic feedback, such emotional validation, when social comparison is facilitated (study 1) and when health rewards are framed as immediate effects (study 2). In both studies the type of reward did not significantly impact motivation to use app, its perceived efficacy and individuals' perceived control. However, in study 1 it was found that when the feedback provides emotional validation, social comparison leads to higher intrinsic motivation, self-efficacy and perceived control than self comparison, however, no effect of social comparison was observed for external feedback. In study 2, late-rewards gamification and validation lead to the same level of perceived control. However, for short-term rewards, emotional validation feedback leads to higher levels of perceived control than external feedback. The effects of the reward system of a gamified mental healthcare service are discussed in terms client's attributional beliefs, including the beliefs that traits, symptoms and mental health conditions are controllable and malleable (not stable) (Plaks et. al., 2009; Weiner, 1988). Implications for monitoring of clients' progress and self-check are discussed.

Keywords

Change process; internet-based; web-based intervention; gamification; causal attribution; beliefs

Chances and challenges in the development and deployment of the FACE self-help app for young adults with adverse childhood experiences

Jeannette Brodbeck, Sofia Jacinto, Neela Vetsch, Lina Stallmann

University of Applied Sciences and Arts Northwestern Switzerland, Switzerland

Abstract

Adverse childhood experiences (ACE), different forms of caregiver and peer maltreatment and household and community dysfunction, can have a lasting impact on an individual's health and wellbeing throughout adulthood (e.g., Norman et al., 2012). Focusing on emerging adults with a history of ACE offers a window of opportunity for secondary prevention and a better understanding of the processes underlying their social and emotional regulation.

To meet this goal, an internet-based intervention was developed, informed by the FACE epidemiological longitudinal study (Brodbeck et al., 2022) and using an iterative co-design structure. The FACE guided self-help app aims to increase well-being and strengthen resilience through CBT-based content and exercises organized in two thematic blocks, emotion regulation and social information processing. By September 2024, 150 young adults reporting ACE participated in a randomised controlled trial intervention (RCT) to evaluate the app's efficacy. During the intervention, participants also received weekly feedback and support by their personal e-guides via a chat function.

In a two arms design, the RCT compared outcomes of the active and the waiting list arms, with participants completing self-report measures on psychosocial variables and technology satisfaction before, during and after the intervention and in a 3-month follow-up. Preliminary results indicate significant improvement in well-being and resilience. At the same time, overall usage data showed varying patterns of engagement, including a drop in app activity from the first to the second intervention block. These results encourage the potential of self-help online interventions to target the early development of psychosocial outcomes, but also further elucidate the difficulties in balancing their chances

and challenges. Aspects of the app's logic and interface that have been developed to encourage participants' engagement and those to be developed towards a more tailored intervention in the future will be discussed.

Keywords

web-based intervention; e-health; emotion regulation; resilience; adverse childhood experiences; early intervention; secondary prevention

SY22: Transforming Futures: Innovations and New Approaches in Childhood and Adolescent Anxiety Interventions

Chair: Dr. L.J. Vreeke – Leiden University, Assistant Professor Developmental and Educational Psychology, The Netherlands

Convenor/organizer: Dr. L.J. Vreeke – Leiden University, Assistant Professor Developmental and Educational Psychology, The Netherlands

Leonie Vreeke

Leiden University, Netherlands

Nina Komrij

Leiden University, Netherlands

Annelieke Hagen

Leiden University, Netherlands

Sara Velthuis

Leiden University, Netherlands

Robin Zimmermann

Ruhr-Universität Bochum, Germany

Abstract

Childhood and adolescent anxiety disorders represent a significant public health concern, with long-term implications for mental health and overall well-being. This symposium brings together five scientist-practitioners and academic researchers from Leiden University in the Netherlands and Bochum University in Germany to discuss their latest findings and innovative approaches in early intervention for anxiety disorders among young populations. The focus is on early intervention, disorder-specific strategies, and the integration of blended therapy formats, which combine traditional face-to-face therapy with digital tools. Based on data from a variety of large Randomized Controlled Trials (RCTs) as well as an international multicenter study, our presentations aim to provide attendees with cutting-edge research and practical strategies to improve mental health outcomes for young people.

Early intervention is critical in addressing anxiety disorders in children and adolescents. Timely and effective intervention can mitigate the progression of these disorders, reduce the risk of comorbid conditions, and improve long-term outcomes. The presenters will discuss various early intervention strategies that have shown promise in their research, emphasizing the necessity of addressing anxiety symptoms before they escalate into severe consequences and further comorbidities. The symposium will also highlight the critical role of parent involvement in the treatment of childhood anxiety disorders. Engaging parents in the therapeutic process can enhance treatment outcomes by providing children with a supportive home environment that reinforces therapeutic gains, and supports children in continuing to practice their learned skills outside of the clinic.

Tailoring interventions to specific anxiety disorders can enhance treatment efficacy. The symposium will explore disorder-specific approaches, including cognitive-behavioral therapy (CBT) tailored for specific phobia and social anxiety disorder. These targeted interventions are designed to address the unique features and underlying mechanisms of each disorder with a prominent focus on graded exposure, not only as it is done in regular care with weekly sessions but also delivered as a One-Session Treatment (OST), a three-hour session of exposure, providing more precise and effective treatment options. Blended therapy formats, which combine traditional in-person therapy with digital tools, offer a flexible and accessible approach to treating anxiety disorders. Researchers from both institutions will present their work on supplementing standard therapeutic practices with online therapy modules and mobile apps. These blended formats not only increase accessibility for families who may face barriers to in-person therapy but also allow for continuous support and engagement outside of traditional therapy sessions.

This symposium underscores the importance of early, disorder-specific interventions and the potential of blended therapy formats in addressing childhood and youth anxiety disorders. By incorporating parent involvement and leveraging digital tools, these innovative approaches offer promising avenues for improving the mental health outcomes of young people. Attendees will gain insights into contemporary research and practical strategies for preventing and

intervening in anxiety disorders, ultimately contributing to the development of more effective and comprehensive mental health services for children and adolescents.

Keywords

Childhood anxiety disorders; early intervention; disorder-specific interventions; blended therapy; parent involvement; exposure; cognitive-behavioral therapy

Preventing the development of anxiety disorders in inhibited toddlers: Implementation of a live, online targeted group-based parenting program

N.L. Komrij, MSc. (1),

dr. M.P. Kösters (2),

dr. F. Scheper (3),

M.F.S. Soppe (1),

dr. L.J. Vreeke (1)

1 Department of Developmental and Educational Psychology, Leiden University, Institute of Psychology, Leiden, The Netherlands.

2 Public Health Service Amsterdam, department of Healthy Living, Amsterdam. The Netherlands.

3 MOC 't Kabouterhuis, department of Infant Mental Health, Amsterdam, The Netherlands

Abstract:

Anxiety disorders in childhood are highly prevalent and frequently go untreated, underscoring the need for early prevention. Targeted, group-based parenting show promise in preventing anxiety in young children but are often difficult to implement sustainably within regular services. Online interventions are considered to be more accessible, though few have focused on preventing internalizing disorders. Therefore, we investigated the implementation of a live, online targeted group-based parenting program aiming to prevent the development of anxiety disorders in anxiety-prone toddlers in the Netherlands using an effectiveness-implementation hybrid design.

Our program was based on the Dutch version of the Australian Cool Little Kids intervention: a 6-session training for parents of inhibited children aged 3-6 years, in which a group parents of 6-8 children learned about (coping with) their child's inhibited behavior. We collaborated with various societal organizations for executing the intervention and incorporated existing participant recruitment strategies, allowing us to study the intervention in its real-life circumstances. Implementation was evaluated through questionnaires completed by parents and therapists as well as observations of the intervention sessions.

The preliminary implementation outcomes, such as reach, fidelity, and satisfaction will be presented, alongside the challenges and implications. These findings provide insights into the feasibility and potential benefits of implementing live, online interventions, informing future research and guiding mental health services.

Keywords:

anxiety, early prevention, parents, implementation

Advancing Early Intervention: Tailoring and Expanding Strategies for Anxiety in Toddlers

Dr. Leonie Vreeke, Leiden University, Faculty of Social Sciences, Wassenaarseweg 52, 2333 AK Leiden, The Netherlands

Abstract

At this moment, we are in the final stages of data collection of a large scaled Randomized Controlled Trial, in which Dutch parents with inhibited children are invited to a preventive intervention for children, based on the Dutch version of the Australian Cool Little Kids intervention (CLK). The CLK intervention is designed for young children (aged 3-6 years) who are anxiety-prone but do not yet meet the criteria of an anxiety disorder.

However, in the screening and in the contacts we have with clinical mental health care services we noticed that there is a large group of children who already meet the criteria of an anxiety disorder, for whom a more intensive, individualized program would be needed. At the same time, there are also anxiety-prone children who possibly could benefit from lighter care such as a parental webinar with psychoeducation and online knowledge clips. This could also be suited for parents who are less motivated, unable to participate due to their busy schedules, or are less likely to participate in a group intervention. In such cases, a first one-off webinar could be a viable solution and could help lower the threshold for participation in subsequent steps of the intervention. Nonetheless, a tailored treatment program in early childhood for anxiety-prone children does not exist yet in The Netherlands.

This talk will discuss new treatments to address the needs of all these groups.

Key words

Anxiety, children, preventive intervention, parent training.

Combining Therapy and Research Part 1: Practical Insights into One-Session Treatment for Childhood Phobias

Annelieke Hagen, Leiden University, Faculty of Social Sciences, Wassenaarseweg 52, 2333 AK Leiden, The Netherlands

Abstract

Despite the high prevalence and impact of specific phobias, few affected children receive treatment. Moreover, standard CBT is not effective for everyone. A more intensive intervention and effective implementation of strategies may enhance treatment outcomes. One such intensive approach is the One-Session Treatment (OST).

This talk will outline the OST protocol for specific phobias. The core of the protocol is a three-hour exposure session during which the phobia is addressed step-by-step, working towards the child's goal, such as undergoing an injection or visiting a friend with a dog. This session is preceded by a comprehensive cognitive-behavioral analysis, during which the therapist and child identify the catastrophic thoughts associated with the feared situation, and it is followed by a period of home practice.

We will share practical tips for treating phobias using the OST protocol and discuss current research, specifically the Kids Beat Anxiety (KiBA) study. In this study, all patients receive OST, with half practicing with the KiBA app (see also 'Combining Therapy and Research Part 2') and half following the regular treatment protocol during the practice period. Since the results of the effectiveness study will not yet be available, this talk will focus on the integration of therapeutic and research methods. We will explore how certain research methods can be applied in clinical practice and discuss challenges and tips for treating phobias.

Key words

Anxiety, youth, exposure, One-Session Treatment

Combining Therapy and Research Part 2: Theoretical Foundation and Practical Application of Effective Home Exposure Exercises Supported by a Novel mHealth App

Robin Zimmermann, Germany, Mental Health Research and Treatment Center (FBZ)

Abstract:

In Cognitive Behavioral Therapy (CBT) for anxiety disorders, practicing newly acquired skills in different contexts is considered essential. Therefore, homework during and after treatment is often integrated into CBT protocols to strengthen the newly learned skills and facilitate generalization. Despite its importance, practicing at home can be challenging due to factors such as, low motivation, time constraints, and insufficient self-guidance. To overcome these challenges and optimize treatment outcomes, we studied theoretical considerations in the literature regarding effective homework. Utilizing this knowledge, we developed a homework program aimed at improving adherence and treatment outcomes by addressing some of these challenges.

As part of a multicenter randomized controlled trial (RCT) for the treatment of childhood specific phobias (Kids Beat Anxiety study; KiBA), we developed an app (KiBA app) to support self-guided exposure homework. In this talk we will outline the theoretical foundation of effective CBT homework for childhood anxiety and address key elements for successful implementation of homework, following the literature review of Klein and colleagues (2024). We will demonstrate how the KiBA app incorporates these elements using video clips and screenshots of the app to illustrate its practical application within a clinical context.

While the KiBA project is nearing completion, effectiveness results concerning the KiBA app will not be available at the time of the conference. Nevertheless, this talk will offer practical insights into leveraging technology to augment CBT-based homework programs for childhood anxiety disorders.

The presentation will also reflect on lessons learned during the project, discussing encountered challenges and the strategies devised to address them. Practical insights and clinical tips derived from ongoing experiences with the KiBA project will be shared, focusing on overcoming barriers to home exposure, and enhancing adherence to therapy homework.

Keywords:

anxiety, youth, homework, home exposure, app

Early Intervention Group Cognitive Behavioral Therapy for Socially Anxious Adolescents

Sara L.M. Velthuisen, Leiden University, Faculty of Social Sciences, Wassenaarseweg 52, 2333 AK Leiden, The Netherlands

Abstract

Social anxiety disorder (SAD) is a persistent yet under-treated disorder with low remission rates. Given that adolescence is the most common period for the onset of SAD, it is crucial to intervene at this developmental phase. We implemented an evidence-based, social anxiety disorder-specific intervention for adolescents (ages 11-17) who have developed SAD but have not yet sought treatment. By recruiting via schools, we aimed for an early intervention approach. We offered 12 weeks of group CBT in the form of the Skills for Academic and Social Success program. The program places much focus on cognitive restructuring, in vivo exposure exercises, and social skills training. We also offered access to a supplemental blended element (mHealth) with a CBT-focus. We found significant improvement with large effects in clinician-rated social anxiety disorder, with combined remission rates from clinical interviews with adolescents and parents (ADIS-C/P) of 59%. We also found improvements in generalized anxiety disorder; and in self-reported measures including depression, public speaking anxiety, cognitions, and self-perception. Effects were maintained at follow-up with combined remission rates of 73%. Moderation analysis of the mHealth platform suggested that it was used more frequently by treatment-resistant users. Our findings highlight the potential benefits of early intervention programs, as well as the important role schools can play in the detection process.

Key words

Social anxiety disorder, adolescents, CBT, group, early intervention

SY23: What makes a good cognitive behavioral therapist? Current research on therapist effects, measurement of therapeutic competences and training methods

Chair: Tatjana Paunov

University of Potsdam, Germany

Tatjana Paunov

University of Potsdam, Germany

Kim de Jong

Leiden University, Netherlands

Klara Eisert

University of Potsdam, Germany

Jasmin Ghalib, University of Potsdam, Germany

Sven Alfonsson, Karolinska Institutet, Sweden

Dan Sacks, Ben-Gurion University of the Negev, Israel

Abstract

The symposium will present current research on therapist effects and CBT training including a variety of perspectives, i.e., patients, trainees and meta-analytic results.

Which therapist characteristics contribute to greater treatment success? What makes CBT training effective? What have we accomplished so far and what do we need to refine in the new age of CBT? Clearly, many questions regarding desirable therapist behaviors and proper training to enhance cognitive-behavioral competences are still unanswered. This symposium gives an overview regarding the status quo and offers a deeper look into current research themes, methods and challenges in the field.

Sven Alfonsson (Karolinska Institute, Sweden) will present results of a scoping review focusing on therapist effects, i.e., the variance in treatment outcomes explained by individual therapist factors. Although the results are heterogeneous, they still indicate a potential effect of therapists' interpersonal characteristics on treatment outcomes. In line with this, Jasmin Ghalib (University of Potsdam, Germany) will present results from a study dealing with adverse therapist behaviors, their relationship to therapy failure and learning experiences from patients' perspectives. Both studies allow conclusions that can help guideline future psychotherapist training. In the context of recognizing the influence of one's own behavior on the therapeutic process, the ability for self-reflection plays a major role. This skill is analysed in a study presented by Klara Eisert (University of Potsdam, Germany). Within the framework of a university seminar, the impact of structured self-reflection on students' alliance skills was investigated. The study results allow conclusions

regarding the chances and limitations of implementing self-reflection as a training method in a university setting. Besides the individual evaluation of one's own competences, the reliable measurement of therapeutic skills is central. Tatjana Paunov (University of Potsdam, Germany) will present a newly developed instrument focusing on the assessment of procedural knowledge in psychology students. The instrument asks participants to apply their clinical knowledge on video-based case vignettes. First results indicate excellent reliability and item characteristics. Similarly, Dan Sacks (Ben-Gurion University, Israel) will present an assessment method for procedural knowledge using linguistic measures of speech disfluency as a proxy for cognitive fluency on a psychotherapy performance tasks. He will discuss the potential implications skill acquisition research could have on the way we train future therapists. Kim de Jong (Leiden University, Netherlands) will moderate the symposium as a discussant.

Keywords

training, competence, self-reflection, learning, therapist effects

Learning the ropes: Reliable assessment of procedural knowledge in clinical psychology

Authors: **Tatjana Paunov, Florian Weck & Franziska Kühne**; University of Potsdam

Objective: Research on the acquisition of psychotherapeutic skills attributes an important role to procedural knowledge. However, suitable instruments for its assessment are still lacking. This study describes the development and evaluation of a video-based instrument for the assessment of procedural knowledge and skills in clinical psychology (Pro CliPs Task).

Method: The Pro CliPs Task consists of four short videos of patient presentations and eight open-ended questions about diagnosis, case conceptualization and solutions to therapy-related problems. Seven disorder-specific case vignettes (e.g. depression, OCD) were created and recorded with trained simulated patients. In an online survey, psychology students (N=66) completed the Pro CliPs Task and rated its general usability as well as the authenticity of the video-based case vignettes. Item statistics as well as the reliability of the coding system were then assessed.

Results: The usability of the Pro CliPs Task was rated as good. All case vignettes were rated as highly authentic (M=2.25; range 0-3). Item statistics such as item difficulty (.20 < P_i < .80) were good. Interrater agreement on the coding system for the open-ended questions was excellent (ICCs > .95).

Discussion: The results are discussed in terms of their significance for psychotherapy training, research and practice. Advantages and disadvantages of the task format and possible areas of application are also presented.

Keywords

psychotherapy training, psychotherapy research, skills acquisition

What effect does self-reflection have on students' alliance skills? – A randomized controlled trial

Klara Eisert & Ulrike Maass; University of Potsdam

Theoretical background: The therapeutic relationship is one of the most important factors influencing the success of psychotherapy. Accordingly, training psychotherapy students in alliance skills is a central aim of education. At the same time, time and human resources are usually limited in the university context, which means that not all students and their skills can be addressed individually. Consequently, there is a need for effective training methods that students can use on their own, independently of teachers or supervisors. This project aims to contribute to this by investigating the influence of self-reflection on the development of a sustainable therapeutic relationship.

Research question: The project investigates whether self-reflection based on video is more effective in developing alliance skills than self-reflection based on memory alone. It also investigates what the typical topics of self-reflection are.

Methods: As part of a seminar on therapeutic relationships, N = 34 psychology students (M.Sc.) were randomly assigned to four weeks of training with either video-based structured self-reflection or memory-based structured self-reflection. The training consisted of peer role-plays followed by written reflections on one's own behaviour. Before and after the training (pre- and post-assessment), all students completed an initial interview with a standardized patient. Independent and trained raters evaluated participants' interpersonal skills. In addition, self-assessments of the students' competences were measured during the training. The written self-reflections were analysed using qualitative methods.

Results: A repeated measures ANOVA to compare the development of interpersonal skills from pre- to post-assessment in the two study groups did not yield significant results. Analysis of students' self-reported competences during the training revealed a significant interaction effect: Students in the memory-based self-reflection group rated their skills significantly higher than students in the video-based self-reflection group during the first two training sessions ($F(2.21, 62) = 3.75, p < .05^*, \eta^2 = 0.07$). Qualitative analysis of the written self-reflections showed that students focused mainly on the positive aspects of their behaviour.

Conclusion: The study provides new insights into the opportunities and limitations of implementing self-reflection as a training method. Possibilities for improving the use of self-reflection in university teaching as well as limitations of the study are discussed.

It was my therapist's fault: Patients' perception of treatment failures as a result of adverse therapeutic behaviors and impaired learning experiences

Jasmin Ghalib - University of Potsdam

Sven Alfonsson - Karolinska Institutet

Ulrike Maaß - University of Potsdam

Theoretical background: Up to 50% of patients benefit insufficiently from psychotherapy, discontinue treatment prematurely or are dissatisfied with it. A lack of learning experiences in the course of treatment seems to impair the success of therapy. In previous studies, the causes of early termination and low response rates were often attributed to patient variables. However, some research indicates that therapist variables also contribute significantly to patient dropout. Furthermore, insufficient therapeutic competencies appear to hinder patients' acquisition and application of helpful skills. In order to improve the effectiveness of psychotherapies and promote successful learning processes of patients, it is important to take into account patients' perspectives on failed therapies and examine specific adverse therapeutic behaviors and patients' learning experiences within these treatments.

Research Question: The current study investigates which specific adverse therapist behaviors are decisive for the failure of therapy from the patients' perspective. Furthermore, patients' learning experiences in relation to treatment failure and adverse therapeutic behaviors are examined.

Methods: As part of an online survey, patients who underwent a psychotherapeutic treatment they perceived as "failed" were asked about their experiences in treatment. Their therapists' behavior (e.g., rigidity, passivity, empathy) and their acquired learning experiences during therapy was assessed. In addition, patients were asked to what extent ideal-typical strategies (that are recommended according to cognitive-behavioral treatment manuals) were addressed within their treatment and to what extent they had used these strategies in their everyday life.

Result and conclusion: Descriptive data of specific adverse therapist behaviors are reported. Moreover, it is presented what kind of learning experiences patients acquired despite the perceived failure of treatment. Finally, the relationship between patients' learning experiences and the perceived failure of treatment is reported and implications for therapist training and for future research are discussed.

Keywords:

treatment failure, competence, patient learning, qualitative research, patient perspectives, treatment mechanisms, mixed-methods

Assessing procedural knowledge: Speech disfluency as a proxy for cognitive fluency on a psychotherapy performance task

Dan Sacks; Ben-Gurion University, Israel

- no abstract provided -

The therapist effect: A systematic scoping review of reviews

Sven Alfonsson; Karolinska Institutet, Sweden

Several meta-analyses have suggested the existence of a therapist effect but have not been able to assess its magnitude or specify the construct. The aim of this scoping review was therefore to map the research on therapist effects and identify research weak points and strengths as well as to suggest crucial directions for future research. Systematic searches were conducted in the PubMed, Web of Science, and PSYCHInfo databases and resulted in 29 publications for analysis. The research methods, results and discussions from these 29 systematic reviews on therapist effects are analyzed and presented.

SY24: Acceptance and Commitment Therapy for Transitional-Age Youth (15 to 25 years old): Building the evidence

Chair: Janna Keulen, Department of Clinical Child & Family Studies, Utrecht University, Utrecht, The Netherlands

Janna Keulen

Department of Clinical Child & Family Studies, Utrecht University, Utrecht, The Netherlands, Netherlands

Dario Lipovac

BHACBT, Bosnia and Herzegovina

Denise Bodden

Department of Clinical Child & Family Studies, Utrecht University, Utrecht, The Netherlands, Netherlands

Abstract

Acceptance and Commitment Therapy (ACT) is a third-wave cognitive-behavioral therapy (CBT) developed at the end of the 20th century. ACT is a transdiagnostic intervention that can be used for individuals with diverse types of physical and/or psychological issues (e.g., pain, depression, anxiety, stress and substance abuse). The primary goal of ACT is not to reduce clients' symptoms, but to increase clients' psychological flexibility: "the ability to contact the present moment more fully as a conscious human being, and to change or persist in behavior when doing so serves valued ends". There are several meta-analyses showing that ACT is equally effective compared to established evidence-based treatments (e.g., CBT) and superior to inactive control conditions (e.g., waitlist) and treatment as usual (TAU) in adults with various problems. Less is known about the implementation and effects of ACT for transitional-age youth (TAY; youth aged 15 to 25). Investigating the effects of ACT for this specific age group is relevant as TAY are more likely to experience psychological problems compared to other age groups. Moreover, within TAY, comorbid problems and changing symptom profiles are often present. The transdiagnostic nature of ACT along with its focus on autonomy and identity development makes ACT a potentially suitable intervention for this age group. In this symposium we will present the applicability of ACT in TAY (15-25 years) and also build up the scientific evidence for its effectiveness (from n=1 to a meta-analysis).

Presentation 1: Dario Lipovac will present a single-case clinical example of a young person who is experiencing severe depression. This case example highlights more general adaptations of ACT with youth in a clinical approach, such as importance of structure, behavioral reinforcements, therapeutic relationship, core ACT processes of behavioral change and the role of self-compassion.

Presentation 2: Dr. Denise Bodden will discuss the ACT your way protocol which was specifically developed for TAY. Experiential exercises will be demonstrated and results of two pilot studies will be presented. In total, 45 TAY with chronic or recurrent depression (pilot1) and/or other psychiatric disorders (pilot 2), followed the ACT your way intervention. At posttreatment and follow-up, participants reported significant improvements on several outcomes.

Presentation 3: Janna Keulen will present preliminary results (i.e., posttreatment effects) of a multi-center randomized controlled trial in which the effectiveness of ACT your way is compared with TAU in a sample of 124 TAY with diverse psychological problems. Outcomes include amongst others psychological flexibility, psychopathology, personality problems, global, individual and societal functioning.

Presentation 4: Janna Keulen will also present the results of a meta-analysis integrating the evidence on the effectiveness of ACT for TAY. Also, the effects of several moderators (i.e., type of (sub) outcome, study characteristics, sample characteristics and intervention characteristics) were examined. Results suggest that ACT is an effective intervention for reducing psychopathology and increasing ACT related processes (i.e., psychological flexibility and self-compassion), well-being and coping in TAY with diverse types and levels of psychological problems.

Keywords

Acceptance and Commitment Therapy, Third wave CBT, Transitional-Age Youth, Adolescents, Young adults, Single-case clinical example, Pilot study, Randomized controlled trial, Meta-analysis

Acceptance and Commitment Therapy for Youth: A single case clinical example

Dario Lipovac, Private Practice "Savjetovanje ACT", Banja Luka, Bosnia and Herzegovina

Abstract

Dario Lipovac will present a single-case clinical example of a young person who is experiencing severe depression. This case example highlights more general adaptations of ACT with youth in a clinical approach, such as importance of structure, behavioral reinforcements, therapeutic relationship, core ACT processes of behavioral change and the role of self-compassion.

Keywords

ACT, clinical practice, single-case clinical example, Youth

Acceptance and Commitment Therapy for Youth: A practical guide and pilot studies

Dr. Denise Bodden, Department of Clinical Child & Family Studies, Utrecht University, Utrecht, The Netherlands.

Abstract: Dr. Denise Bodden will discuss the ACT your way protocol which was developed specifically developed for TAY. Experiential exercises will be demonstrated and results of two pilot studies will be presented. In total, 45 TAY with chronic or recurrent depression (pilot1) and/or other psychiatric disorders (pilot 2), followed the ACT your way intervention. At posttreatment and follow-up, participants reported significant improvements on several outcomes.

Keywords: ACT, Youth, Depression, Transdiagnostic, Practical guide

Acceptance and Commitment Therapy for Youth: A randomized controlled trial

Janna Keulen, Department of Clinical Child & Family Studies, Utrecht University, Utrecht, The Netherlands

Abstract: Janna Keulen will present preliminary results (i.e., posttreatment effects) of a multi-center randomized controlled trial in which the effectiveness of ACT your way is compared with TAU in a sample of 124 TAY with diverse psychological problems. Outcomes include amongst others psychological flexibility, psychopathology, personality problems, and individual and societal functioning.

Key words: ACT, RCT, Youth, Effectiveness, Transdiagnostic

Acceptance and Commitment Therapy for Youth: A meta-analysis

Janna Keulen, Department of Clinical Child & Family Studies, Utrecht University, Utrecht, The Netherlands

Abstract

Janna Keulen will also present the results of a meta-analysis integrating the evidence on the effectiveness of ACT for TAY. Also, the effects of several moderators (i.e., type of (sub) outcome, study characteristics, sample characteristics and intervention characteristics) were examined. Results suggest that ACT is an effective intervention for reducing psychopathology and increasing ACT related processes (i.e., psychological flexibility and self-compassion), well-being and coping in TAY with diverse types and levels of psychological problems.

Keywords

ACT, Overview, Meta-analysis, Youth, Transdiagnostic

SY25: Long-term effectiveness of transdiagnostic interventions for children and adolescents in municipal services

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RBUP, Norway

Pia Jeppesen

Copenhagen University Hospital-Psychiatry, Denmark

Jo Magne Ingul

Norwegian University of Science and Technology, Norway

Kristin Ytreland

NTNU, Norway

Kaja Liebenberg

University of Oslo, Norway

Abstract

Long-term studies of the effect of interventions are rare, but desirable especially for preventive interventions, since the ultimate goal of this type of interventions is to prevent the onset of disorders later in life. Recently, several RCT studies in Scandinavia have been conducted in municipal services, showing positive initial effects immediately after ending the intervention. Three studies in this field have lately emerged with results concerning the durability of effects, and this symposium will present results from these three randomized trials.

The Mind my Mind study compared a transdiagnostic individual CBT intervention with "Management as Usual" for Youth with Common Mental Health Problems in Denmark. The randomized study was carried out between 2017 and 2019 in four Danish municipalities. Youths aged 6-16 years with internalizing and externalizing symptoms were in-

cluded in 9-13 weekly CBT sessions. Outcomes for 396 youth based on parental reports and register-data 3 years after the intervention will be presented.

Emotion is another recently developed transdiagnostic group-based CBT intervention designed for schoolchildren aged 8-12 years, displaying positive initial effects in the cluster randomized TIM study, conducted between 2014 and 2018 in Norway. The TIM study will present first results from the 7-year follow-up for 518 adolescents.

This study was followed by the ECHO trial from 2019 to 2024, aiming to optimize the EMOTION intervention with the help of selected components in a factorial design. For the ECHO study 12-month post-intervention effects of these components will be presented based on data from 564 children (aged 8-12 years) and their parents.

Keywords

long term, outcome, transdiagnostic

SY26: The effects of self compassion on mental health

Tatjana Vukosavljević-Gvozden

University of Belgrade, Faculty of Philosophy, Serbia

Matija Gvozden

University of Belgrade, Faculty of Philosophy, Serbia

Doris Rafajlovski

Association for Cognitive and Behavioural Therapies of Serbia (ACBTS), Serbia

Peđa Miladinović

Faculty for business and legal studies Dr Lazar Vrkatić, Novi Sad, Union University in Belgrade; Temenos Center, Novi Sad., Serbia

Tamara Musić

University of Novi Sad, Faculty of Philosophy, Serbia

Abstract

Self-compassion has been shown to be consistently associated with benefits for mental health and well-being across diverse populations. The aim of the symposium is to present the results of four studies conducted on Serbian population samples, concerning the effects of self-compassion on mental health. The first study which will be presented is a quasi-experimental study on a sample of RE&CBT trainees (N=276), of whom 180 attended the 8-week Mindfulness Based Stress Reduction Program (MBSR) while others were in the control group. The results show that the MBSR program is very effective in increasing mindfulness, self- and other-directed compassion and positive emotional states, as well as reducing negative emotional states. In addition, increases in mindfulness and compassion have been found to have strong effects on reducing negative and increasing positive emotional states. The implications of including the MBSR program in the development of various competencies and skills of trainees in RE&CBT will be discussed. The second and third studies were conducted on a sample of 1728 participants from the general population. The second study aimed to examine patterns of connectivity between symptoms of dysphoria and anxiety, and their relationship to self-compassion. The authors performed state-of-the-art network procedures, both in terms of obtaining networks, and the moderating effect of self-compassion on the structures of these symptoms. Results suggest that self-compassion may primarily serve as a moderator between symptoms. The third study, conducted on the same sample, aimed to examine the mediation effects of self-compassion in the relationship between trait anxiety, interpersonal burn-out, sleep effort, rumination and poor sleep. Results showed that both self-compassion and rumination are significant mediators in the relationship between all risk factors and poor sleep. In the fourth and final study, the objective was to validate the Self-Compassion Scale (SCS) long and short forms in a sample of students (N=263) and the clinical population (N=69). The results indicate satisfactory reliability of both the long and short forms. The correlation between the long and the short form was very high. Persons with lower scores on both SCS forms had higher anxiety, depression, thought suppression and rumination while persons with higher scores had higher life satisfaction, self-competence and self-liking. A confirmatory factor analysis was performed and higher order models were examined which showed good fit only for SCS short form in the clinical sample.

Keywords

self-compassion, mental health, research

SY27: Are therapists' competences, skills, and biases the key to success in therapy?

Kim de Jong

Leiden University, Netherlands

Christoph Flückiger

University of Kassel, Germany

Ralf Rummer

University of Kassel, Germany

Caroline Kolle

University of Kassel, Germany

Jana Bommer

University of Trier, Germany

Anne-Katharina Deisenhofer

University of Trier, Germany

Wolfgang Lutz

University of Trier, Germany

Stefan Hofmann

Philipps University Marburg, Germany

Abstract

While psychological therapies are effective in treating psychological problems, in routine practice only about 50% of patients improve. Research has primarily focused on optimizing therapeutic techniques or patient characteristics to improve psychotherapy outcomes, while differences between therapists in effectiveness, referred to as therapist effects, have been understudied. Yet, therapist effects can result in large differences in patient outcomes. Therapist effects are robust and similar in size to the best predictors of therapy outcomes. Nevertheless, we still know surprisingly little about what being an effective therapist entails. In this symposium, research projects on therapists' competencies, skills, and biases are presented.

In the first presentation by Christoph Flückiger (University of Kassel), the results of two experimental studies are presented in which therapists were asked to give their first clinical impression of a case, based on a case description and video vignette. Therapists were induced to either take a symptom-oriented or a strength-oriented attentional focus. Results showed significant differences between the different attentional foci, and suggest that clinicians' initial opinions are substantially biased.

Jana Bommer (University of Trier) presents the results of workshops in deliberate practice provided to trainee CBT therapists. Deliberate practice is a promising method to trainee therapists' competencies in which micro-skills are practised. The first results show that Deliberate Practice workshops can be an effective tool for training clinical competence and micro-skills. The implications of the findings for future research, clinical training and clinical practice will be discussed.

In the third presentation, Kim de Jong (Leiden University) will present the results of two studies on assessing trainees' and therapists' interpersonal skills. In the first study, trainees' observed interpersonal skills were assessed using the Facilitative Interpersonal Skills (FIS) performance task. FIS was found to predict trainees' course grades for skills classes. In a second study, the FIS performance task was administered to experienced CBT therapists working with manualized treatments. Results indicated that contrary to previous research results, therapists' FIS scores did not predict treatment outcomes in patients.

In the discussion, Stefan Hofmann (Philipps University Marburg) will synthesize the results of these studies and discuss further directions for the research field.

Keywords

therapist training; therapist effects; skills; competence

SY28: Training and Credentialing Standards in CBT

Keith Dobson

University of Calgary, Canada

Helen Macdonald

BABCP, United Kingdom

Mehmet Sungur

Istanbul Kent University, Turkey

Abstract

A critical component of the ethical and effective delivery of any model of psychotherapy is the training of new clinicians. Further, practitioners who are already in the field need to stay abreast of developments in training and credentialing, to ensure their use of best practices. In this symposium leaders in the field of training and credentialing will present various considerations and models for training and credentialing. The symposium will begin with an overview of the critical nature of training and credentialing (Sungur), including a discussion of the past and present of training issues, and the journey of training issues until the present. The second presenter (Macdonald) will highlight the development of guidelines within the British Association of Cognitive and Behavioural Psychotherapies (BABCP) and the EABCT more broadly. The third presenter (Dobson) will discuss the evolution of training guidelines through the World Confederation of Cognitive and Behavioural Therapies (WCCBT) and will review the specific training competencies that are recommended for global dissemination of the CBT's. Presenters will also discuss some of the issues and obstacles related to training and dissemination. Considerable time will be retained for audience questions and discussion, so that the implications of training and credentialing standards can be explored.

Keywords

Training, credentialing, ethics, dissemination

SY30: Exploring Rational Emotive Behavior Therapy (REBT): Practice and Applications in Diverse Psychotherapeutic Contexts

Natalia Ferrero

International Association for Rational Emotive Behavior Therapy, Peru

Maria Celeste Airal di

International Association for Rational Emotive Behavior Therapy, Paraguay

Hugo Galo

International Association for Rational Emotive Behavior Therapy, Peru

Giovanni Ruggiero

International Association for Rational Emotive Behavior Therapy / Studi Cognitivi, Italy, Italy

Abstract

This Symposium will explore the use of Rational Emotive Behavior Therapy (REBT) across a spectrum of psychotherapeutic contexts, emphasizing the critical need for a well-organized and scientifically robust approach to support therapeutic outcomes and facilitate the professional advancement of psychologists and mental health professionals, as well as the needed adaptations for diverse cultural settings.

Initially, the symposium investigates the characteristics of mental health professionals in Latin America who are trained in REBT. Employing both descriptive and exploratory analyses, the research aims to meticulously delineate the profile of REBT therapists by describing and investigating their training, practices, and underlying beliefs. It highlights the imperative for supervision and sustained professional development to effectively address the irrational beliefs of psychotherapists, which significantly influence their clinical efficacy. This focus is particularly relevant given the escalating mental health challenges and the gaps in healthcare services observed in the region. Furthermore, the presentation investigates how irrational beliefs, combined with personality traits and economic factors, shape the professional performance of psychologists in Latin America. This analysis aims to foster a deeper understanding of how these factors interplay to influence the quality and effectiveness of psychological practice. The analysis reveals significant implications of these variables on the practice of psychology, highlighting the interrelationship between the personal life of the psychologist and their professional practice. Finally, the integration of REBT with constructivism and metacognition within the Italian Cognitive Behavioral Therapy (CBT) tradition is explored. This approach focuses on how Italian therapists have adapted the ABCDEF framework of REBT to their constructivist and process-CBT training,

promoting cognitive and emotional awareness among clients, assessing the evolutionary roots of irrational beliefs, and emphasizing the metacognitive components of REBT. The study advocates for the expansion of the therapeutic repertoire in REBT, suggesting that integrating multiple approaches can enrich and diversify therapeutic practice.

This symposium will highlight the relevance and impact of irrational beliefs in the practice of psychologists and mental health professionals, the importance of proper training, and the potential of methodological integrations to improve the understanding and treatment of mental disorders around the globe.

Keywords

REBT, training, supervision, irrational beliefs, clinical efficacy

SY31: Integrating Local Realities: Transformative Approaches for Addressing Mental Health and Substance Use Problems in Africa

Natalie Johnson

University Hospital Basel, Switzerland

Grace Yoon

University Hospital Basel, Switzerland

Monica Swahn

Kennesaw State University, United States

Irene Falgas Bague

Swiss Tropical and Public Health Institute, Switzerland

Abstract

Unmet mental health needs in Africa constitute a significant public health crisis, particularly among disadvantaged populations. These individuals often navigate a complex interplay of poverty and adversity, which exacerbates mental health challenges. Adding to this demanding mental health landscape are a lack of specialized providers, and barriers to accessing care, including stigma, low mental health literacy, and long distances to reach a care provider. Addressing this requires innovative and culturally relevant interventions that can be adapted to local needs. This symposium highlights transformative strategies for the prevention and treatment of mental health and substance use problems across different African contexts, showcasing evidence-based approaches tailored to the diverse needs and preferences of affected populations. In the first paper, Natalie E. Johnson et al. explore coping mechanisms, support networks and specific interventions for youth who use substances in Zambia, Zimbabwe, and South Africa. Their findings emphasize the importance of music, prayer, sleep and positive relationships with peers and family in management of emotions and recovery from substance use. The second paper, presented by Grace H. Yoon et al., examines treatment preferences for depression and alcohol use among people living with HIV in Lesotho. This study highlights a preference for phone-based interventions due to their accessibility as well as the importance of involving family members in treatment. Regarding treatment providers, there is a clear preference for nurses for their clinical expertise and authority, with HIV counsellors also being favoured for their specialized knowledge of HIV-related problems. Both presentations employ a qualitative approach to richly depict the lived experience of these individuals. The third presentation by Monica H. Swahn et al. focuses on the socio-economic determinants of mental health among adolescent girls and young women in impoverished areas of Kampala, Uganda. Their research investigates the impacts of vocational, psychosocial, and empowerment training, aiming to elucidate the pathways through which social determinants influence mental health outcomes. This study follows a cohort over time, enabling a dynamic understanding of how such interventions can effect change in mental health status. In the final paper of this symposium, Irene Falgas-Bague et al. report on the quantitative and qualitative results from a randomized controlled trial in Zambia, examining the effectiveness of Problem Management for Moms intervention for distress among women with small children. This intervention is based in Problem Management+ (from the World Health Organization) and culturally adapted to be provided in women's homes or by phone. This study assesses the feasibility, acceptability, and trends of this program's impact on wellbeing, empowerment, and early child development. Collectively, these presentations underscore the necessity of integrated approaches that consider both individual and systemic factors in the treatment and prevention of mental and substance use problems. They highlight the critical role of socio-economic empowerment, community-based strategies, and innovative treatment modalities in addressing mental health needs across diverse African settings. By advancing our understanding of these complex interrelations, this symposium contributes to the development of more effective and sustainable mental health interventions in resource-constrained environments.

Keywords

substance use, Africa, depression, coping mechanisms, treatment preferences, PM+

SY32: Cognitive Behavioural Coaching: models, approaches, research

Chair: Natalia Antonova, HSE University, Russia

Convenor/organizer: Natalia Antonova, HSE University, Russia

Natalia Antonova

HSE University, Russian Federation

Alexey Ezhikov

ACBP, Russian Federation

Yulia Platonova

HSE University, Russian Federation

Elena Naumtseva

National Research University Higher School of Economics, Russian Federation

Marianna Frolova

National Research University Higher School of Economics, Russian Federation

Abstract

The purpose of the symposium: to present current models and research in the field of cognitive-behavioral coaching, and to present the opportunities that it opens for psychotherapists.

Cognitive-behavioral coaching (CBC) is an actively developing area of cognitive-behavioral approach. The cognitive behavioral coaching focuses on achieving goals and empowering the client, not on solving problems or correcting dysfunctions. This goal corresponds to modern trends in focusing on the development and well-being of the individual in a changing world. Mastery of coaching methods expands the repertoire of a cognitive behavioral therapists and allows them to work with clients who do not experience maladaptation but want to improve their lives and become more effective.

Currently, cognitive-behavioral coaching is developing very fast, especially its models and technologies. However, many points need to be clarified, for example, such disputable topics as the relationship between cognitive behavioral coaching and cognitive behavioral psychotherapy, conceptualization in cognitive behavioral coaching, models of coaching effectiveness.

The following reports will be offered as part of the symposium:

1. Natalya Antonova, Convenor, Chair, Presenter. PhD in Psychology, Associate Professor, HSE University. Coaching psychologist, member of the ACBT Coaching Unit.

Topic: "An integrative model of cognitive-behavioral coaching as a tool for increasing the psychological well-being of employees".

The report will present a systematization of cognitive-behavioral coaching models and the author's integrative model, which was the basis for the research of cognitive-behavioral coaching effectiveness. The model for assessing the effectiveness of cognitive-behavioral coaching in organization will be provided as well. The research demonstrated the effectiveness of using cognitive-behavioral coaching in organizations to enhance psychological change, resilience, and reduce workplace stress among employees.

2. Ezhikov Alexey, Presenter. Psychologist, psychotherapist, coach, the head of ACBT Coaching Unit.

Topic: "Systemic cognitive-behavioral coaching: development and testing of the author's model in business organizations".

The report will present the author's model of systemic cognitive-behavioral coaching and analyze the key points from the practice of business coaching for managers using this model. The results of testing the model in business organizations will be presented. The model relates well to cognitive behavioral psychotherapy models and will be clear for cognitive behavioral psychotherapists.

3. Yulia Platonova, Presenter. Ph.D. Associate professor, HSE University. Member of the ACBT Coaching Unit.

Topic: "Academic cognitive-behavioral coaching. Results of testing a cognitive-behavioral coaching program for the development of self-directed learning".

The report presents the results of the research of cognitive behavioral coaching effectiveness used to develop students' self-regulated learning (SRL). Self-regulated learning refers to a person's ability to understand and control their learning environment. Self-regulatory abilities include goal setting, self-monitoring, self-learning, and self-reinforcement (Harris & Graham, 1999; Schraw, Crippen, & Hartley, 2006; Shunk, 1996). Cognitive-behavioral coaching is better than other approaches in helping high school students to understand their self-learning strategies and increase the effectiveness of self-learning by overcoming obstacles in the form of limiting beliefs.

4. Elena Naumtseva, Presenter. PhD. Associate Professor, HSE University. Member of the ACBT Coaching Unit; Marianna Frolova.

Topic: "Cognitive Behavioral Coaching for Executives: Impact on Psychological Well-Being and Job Satisfaction".

Keywords

Cognitive-behavioral coaching (CBC), models of CBC, effectiveness of CBC, psychological well-being, organizational stress, self-regulated learning, coaching in business

An integrative model of cognitive-behavioral coaching as a tool for increasing the psychological well-being of employees

N.V.Antonova, HSE University, Moscow, Russia

Abstract

Introduction: Subjective well-being (SWB) implies life satisfaction, happiness, presence of positive emotions and absence of negative emotions (Diener, 1984; Eschleman et al., 2010). We consider SWB as a combination of 3 components: life satisfaction, subjective happiness, and optimistic attributional styles. Cognitive-behavioral coaching (CBC) is a developmental dialogue aimed at achieving the client's goals, based on the cognitive model, and using CBT techniques. Models of CBC describe coaching work steps and can be used as a kind of protocol for coaches. The factors of psychological well-being include cognitive, affective variables, and interpersonal relationships (Khavilo, 2020). Existing CBC models describe coaching work with cognitive and affective variables but are insufficient for work with interpersonal relationships. For this reason, we decided to use an integrative model that combines the methods of cognitive behavioral coaching and transactional analysis.

Purpose: the development and testing of an integrative cognitive-behavioral coaching model which is aimed to increase psychological well-being of employees.

Method: To measure the effectiveness of the coaching program based on the integrative model, we used the following methods: 1) life satisfaction scale (Diener et al., 1985), subjective happiness (Lyubomirsky, Lepper, 1999), The Attributional Style Questionnaire (Peterson et al., 1982). To control the side variables, we used three open question in the second measurement after the coaching program was conducted.

Sample: 35 employees aged 23 to 35 years (average age 26.4 years; 71% females, 29% males).

Design: The evidence-based approach was used. The project included the following stages: 1) interview with the customer and the request enquiry; 2) diagnostic interviews and surveys for employees; 3) developing a coaching program; 4) measuring psychological well-being 5) implementing the program; 6) final measurement and assessment of changes; 7) report and recommendations to the customer.

The integrative cognitive behavioural coaching program was based on PRACTICE and G-ABCDEF models developed by S. Palmer and included the techniques of CBT such as decatastrophization, ABC technique, Socratic dialogue, guided discovery. Transactional analysis methods were used to work with the sphere of interpersonal relationships. An analysis of situations of interpersonal relationships was used from the point of view of ego states (Parent, Adult, Child). The program included introduction session and 4 main sessions once a week.

Results: The results showed a significant change in the scales of life satisfaction and subjective happiness ($p \leq 0,01$); but no changes in optimistic attributional styles were found.

Discussion: There was no change on the attributional styles, perhaps due to the small sample size or the short duration of the program, as dispositions take longer to change. We suppose that emotional components of SWB (life satisfaction and subjective happiness) can change more quickly than cognitive components. The CBC and TA approaches are well consistent: both use psychoeducation and the principle of operationalization.

Conclusions: 1) The developed model showed good effectiveness in terms of increasing psychological well-being. The methods of CBC and TA are well consistent and complement each other. 2) The developed integrative approach can be used in further studies on larger samples.

Keywords:

cognitive behavioral coaching, transactional analysis, integrative cognitive behavioral coaching, subjective well-being, life satisfaction, subjective happiness, target optimistic attributional styles

Systemic cognitive-behavioral coaching: development and testing of the author's model in business organizations

Alexey Ezhikov, ACBP, Moscow, Russia

Abstract

This paper presents the Systemic Cognitive-Behavioral Coaching (CBC-S) model, developed to address two critical challenges in business coaching: creating a more comprehensive conceptualization framework within the cognitive-behavioral approach and facilitating practitioners with psychological backgrounds in transitioning from a medicalist perspective to a developmental orientation. The model aims to enhance the efficiency of business coaches' CBC training and contribute to future research in CBC and evidence-based coaching.

The CBC-S model was evaluated with eight business coaches, equally divided between business psychologists and coaches/mentors without prior CBT knowledge. The study employed a mixed-method approach, comprising a training workshop and interviews over a three-month period. This methodology allowed for an in-depth exploration of the model's applicability and effectiveness in real-world coaching scenarios.

Results indicate that CBC-S enhanced coaches' ability to conceptualize client states, leading to more confident and stable coaching presence. Participants reported improved decision-making regarding the application of cognitive-behavioral techniques. The model demonstrated particular efficacy in helping coaches navigate the increasingly blurred boundary between coaching and counseling, a critical skill in contemporary business and executive coaching. Key innovations of CBC-S include a diverse conceptualization framework focused on both goals and client conditions, and tools to navigate the coaching-counseling boundary. The model shows promise in providing short-term education for coaches with varying backgrounds, addressing the increasing overlap between coaching and counseling in business settings.

The CBC-S approach offers a structured yet flexible framework that is more specific than the GROW model while being more adaptable than the PRACTICE model. This balance makes it particularly suitable for efficient business coach training, potentially accelerating the development of competent CBC practitioners.

Limitations of the study include the reliance on self-reported data and a small, diverse sample. The lack of objective measures for coaching effectiveness highlights the need for further research in this area. Additionally, the varied experience levels and working contexts of the participants limit the generalizability of the findings.

Future research should include quantitative studies with larger samples to validate these preliminary findings. There is also potential for longitudinal studies to assess the long-term impact of CBC-S training on coaching outcomes and client satisfaction in business settings.

This study contributes significantly to the field of efficient business coaches' CBC training. By providing a unified, flexible framework, CBC-S has the potential to streamline coach education, leading to more consistent and effective coaching practices. Furthermore, the model's structured approach may facilitate more rigorous and comparable research in CBC and evidence-based coaching, as it allows for a more standardized yet flexible research protocols in business coaching contexts.

Keywords

Systemic Cognitive-Behavioral Coaching; Business Coach Training; Coaching Conceptualization; Developmental Orientation; Coaching-Counseling Boundary; Evidence-Based Coaching

Academic cognitive-behavioral coaching. Results of testing a cognitive-behavioral coaching program for the development of self-directed learning

Y.A. Platonova, HSE University, Nizhny Novgorod, Russia

Abstract

The paper presents the research outcomes concerning the effectiveness of cognitive behavioral coaching while working with school and university students to develop their self-directed and self-regulated learning skills. Self-directed learning refers to learners' ability to initiate their learning, to understand, evaluate and control the learning strategies they apply to reach a learning goal (Knowles M.S., 2003). Self-regulatory abilities include goal setting, self-monitoring, self-learning, and self-reinforcement (Harris & Graham, 1999; Schraw, Crippen, & Hartley, 2006; Shunk, 1996). In the rapidly changing environment self-directed and self-regulated learning skills help students be more proactive and adaptive, so be ready to constantly learn and develop.

One of the ways to develop this set of skills is the so called academic coaching. In the monograph (Rademacher K, Howlett M.A., 2023) academic coaching is defined as the interaction based on trust and cooperation, in which, through structured conversations, students are becoming empowered to identify and take actions to achieve their goals, adhere to commitments and remain committed to their goals, understand their habits and thinking patterns, understand their strengths and weaknesses, improve self-regulation of their learning, behavior and emotions, and

comprehend effective learning strategies. The authors of the monograph identify the following most common topics within which college students formulate their requests: time management, reading strategies, learning strategies, metacognition. From our coaching practice with school and university students in Russia we consider the following requests to be the most popular: knowledge application, prioritization of the knowledge areas, time management, motivation to learn.

Learning strategies students choose and apply are influenced by their beliefs about themselves, their teachers and the educational environment in general. That's why we consider cognitive-behavioral coaching as a way to help students analyze and improve their learning strategies through understanding and changing their beliefs first.

We've designed the coaching program for students and offered them to take part in the 5 coaching sessions either in a group or individually. 21 students took part in the quasi-experiment. We applied the validated questionnaires to measure the participants' academic motivation, self-efficacy, self-organization and metacognitive awareness/regulation before and after their taking part in the coaching program. We've indicated the positive shift related to the self-organization scales. The semi-structured interview with the students proved the positive influence of their participation in the coaching program on their readiness and abilities to follow the plan, to manage their time scheduled for learning sessions.

Keywords

Self-directed learning, self-regulated learning, academic coaching

Cognitive Behavioral Coaching for Executives: Impact on Psychological Well-Being and Job Satisfaction

E.A.Naumtseva, HSE University, Moscow, Russia

M.A.Frolova, HSE University, Moscow, Russia

Abstract

The purpose of the study is to analyze the shift in variables such as psychological well-being, decision-making style, job satisfaction after completing the cognitive-behavioral coaching program for top managers.

Study design. The sample included 15 top managers from the medical and government sectors. Measurements were taken before and after the coaching program. The coaching program included six 60-minute online coaching sessions. The program employed 12 coaches using a cognitive behavioral approach. The basic models were CBEC, Cognitive behavioral executive coaching (D.Good adapted by E.Naumtseva), PRACTICE and SPACE.

Assessment methods

1) Ryffs Scales of Psychological Well-being (adapted by T. Shevelenkova, P. Fesenko).

We used three subscales in our study:

- positive relationships with others (care about the well-being of others, a feeling of satisfaction from warm and trusting relationships with others)
- environment management (a person's ability to effectively use external resources);
- personal growth (effective use of personality traits, development of talents).

2) The Decision Style Inventory, DSI (Rowe, Mason)

3) Questionnaire for job satisfaction assessing (Ivanova, Rasskazova, Osin)

Results. The Shapiro-Wilk test did not show evidence of non-normality for most variables ($p > .05$)

We applied T test to assess the significance of the differences in the means.

Significant differences were found for the following variables.

The results from the pre-test ($M = 187.1$, $SD = 22.2$) and post-test ($M = 205.9$, $SD = 21.5$) indicate that the 6-sessions cognitive-behavioral coaching programme resulted in an improvement in subjective well being (three scales). $t(14) = -3.82$, $p = .002$.

There was a significant increase in the level of «Positive relationships with others» subscale after the end of the 6th session of the cognitive behavioral coaching program ($M = 65.5$, $SD = 10.8$) compared to the week before the start of the coaching program ($M = 61.4$, $SD = 7.9$), $t(14) = -2.1$, $p = .049$.

There was a significant increase in the level on the “Environmental Management” subscale after the end of the cognitive-behavioral coaching program ($M = 69.7$, $SD = 6.5$) compared to the week before the start of the coaching program ($M = 63.3$, $SD = 6.7$), $t(14) = -3.3$, $p = .006$.

There was a significant increase in the level on the “Personal Growth” subscale after the end of the cognitive-behavioral coaching program ($M = 70.7$, $SD = 7.3$) compared to the week before the start of the coaching program ($M = 62.4$, $SD = 10.2$), $t(14) = -4.2$, $p = .001$.

On the scale “Satisfaction with the process and content of work and one’s achievements,” there was also a significant increase in the level after the end of the cognitive-behavioral coaching program ($M = 21$, $SD = 2.4$) compared to the week before the start of the coaching program ($M = 18.8$, $SD = 2.2$), $t(14) = -3.6$, $p = .003$.

No significant differences were found:

-on the remaining subscales of the job satisfaction questionnaire ($p > 0.05$)

-by decision-making styles, DSI ($p > 0.05$)

The value of the results. The findings add to the knowledge about the effects of executive coaching in the cognitive behavioral approach.

Keywords

cognitive-behavioral coaching, executive coaching, psychological well-being, job satisfaction

SY33: Treating Long COVID haulers: different psychological interventions for patient-centered care

Chair: PhD Patricia M. Pascoal, Universidade Lusófona- Centro Universitário de Lisboa, Portugal

Convenor/organizer: PhD. Vinicius Jobim Fischer, Centre Hospitalier Neuro-psychiatrique (CHNP), Luxembourg

Vinicius Jobim Fischer, Centre Hospitalier Neuro-psychiatrique (CHNP), Luxembourg

Daniel Bintner, Centre Hospitalier Neuro-psychiatrique (CHNP), Ettelbruck, Luxembourg, Luxembourg

Djenna Hutmacher, Centre Hospitalier Neuro-psychiatrique (CHNP), Luxembourg

Patricia M. Pascoal, Lusófona University, HEI-Lab: Digital Human-Environment Interaction Labs, Lisbon, Portugal, Portugal

Abstract

Long-COVID, also known as post-acute sequelae of SARS-CoV-2 infection, has emerged as a significant public health challenge. Studies show that around 10–20% of infected people with SARS-CoV-2 may develop new or present ongoing symptoms 3 months after the initial SARS-CoV-2 infection, lasting for at least 2 months with no other explanation. Such circumstance is termed post-COVID condition or long-COVID (LC). Symptoms differ between people, and more than 200 have been identified with impacts on multiple organ systems and well-being (WHO, 2023).

Among the more prevalent symptoms are: chronic fatigue, neuropsychological impairments, respiratory issues. The present symposia aim to present the current patient-centered approach carried out in a national specialized center. The presentation topics are as follow: 1) Acceptance and Commitment therapy with long-COVID haulers, 2) Pacing interventions for the management of Chronic fatigue and other symptoms, and 3) Sexual therapy for Long-COVID haulers.

1) Acceptance and Commitment therapy with long-COVID haulers: ACT therapeutic strategies and specificities of the work among long-COVID haulers. The importance of the acceptance of the context and the reinforcement of personal values and value-driven actions commitment.

2) Pacing interventions for the management of Chronic fatigue and other symptoms:

Essential part of good therapeutic management, consist activity management (balancing activity and resting periods), priority setting, symptoms monitoring and anticipation. Such intervention aims to offer energy for the patient pivotal needs while avoiding the exacerbation of symptoms - post-exertional malaise (PEM)

3) Sexual therapy for Long-COVID haulers: Long-COVID condition impacts sexuality in different manner, might altering both the sexual response as well as the relationships. Psychosexual therapy interventions focus on addressing the physical, cognitive, emotional, and relational dimensions of sexuality that are hampered by the symptomatology.

Keywords

Long-COVID, ACT, Pacing, Sexual therapy

Pacing interventions for the management of chronic fatigue and other symptoms

Ms. Daniel Bintner (Centre Hospitalier Neuro-psychiatrique - CHNP, Luxembourg);

PhD. Djenna Hutmacher (Centre Hospitalier Neuro-psychiatrique - CHNP, Luxembourg);

PhD. Vinicius Jobim Fischer (Centre Hospitalier Neuro-psychiatrique - CHNP, Luxembourg)

ABSTRACT: Long Covid, a condition affecting approximately 10% of those infected with COVID-19, presents a significant and complex health challenge as individuals continue to experience lingering symptoms well beyond the initial phase of a SARS-CoV-2 infection. Characterized by a diverse array of symptoms—reportedly up to 200—Long Covid includes chronic fatigue, headaches, dizziness, and cognitive impairments, making it difficult to define and distinguish from other general conditions. This diversity in symptomatology complicates both diagnosis and treatment. Current treatment strategies primarily focus on symptom management due to the chronic nature of Long Covid and the absence of definitive therapeutic interventions. Research activities on Long Covid are multiple, with ongoing efforts to better understand the disease.

Chronic fatigue and post-exertional malaise (PEM) are hallmark symptoms of Long Covid, characterized by persistent, debilitating tiredness that is unrelieved by rest and profoundly disrupts daily functioning. PEM exacerbates symptoms following physical or mental exertion, triggering prolonged fatigue, cognitive impairments, and other manifestations. This not only challenges patients' well-being but also sets Long Covid apart from conditions like depression, where individuals typically experience reduced motivation and difficulty initiating activities. In Long Covid, patients often retain a desire for activity but must navigate the risk of overexertion, which exacerbates their symptoms and underscores the complex interplay between physical capability and psychological resilience in managing its multifaceted impact on health and daily life.

Hence, there is a critical need for psychotherapy as part of a comprehensive treatment plan. The National Institute for Health and Care Excellence (NICE) guidelines recommend a personalized approach to managing Long Covid, emphasizing the importance of psychological support alongside physical rehabilitation and medical management.

Pacing, an intervention designed to manage activity levels to avoid PEM, emerges as a crucial strategy in treating Long Covid. Pacing involves balancing periods of activity with rest, enabling patients to engage in daily tasks without triggering a relapse of symptoms. This approach empowers patients to manage their energy more effectively, reducing the risk of overexertion and helping to maintain a more stable health condition.

This presentation as part of our symposium will delve into pacing interventions for managing PEM and other symptoms in Long Covid patients. The multidisciplinary approach is explained with reference to the Luxembourg approach, and other important elements for better management and promoting acceptance are discussed. Additionally, the theoretical underpinnings of pacing, its practical application, and its effectiveness in mitigating symptoms are explored. By providing a comprehensive overview and sharing clinical insights, we aim to enhance understanding and implementation of pacing strategies in treating Long Covid, ultimately improving patient outcomes.

Keywords

pacing, Long-COVID, chronic fatigue

Acceptance and Commitment Therapy for Long-COVID: therapeutic strategies and specificities

PhD. Djenna Hutmacher (Centre Hospitalier Neuro-psychiatrique - CHNP, Luxembourg)

ABSTRACT: Patients suffering from Long-COVID experience persistent symptoms long after the acute phase of SARS-CoV-2 Infection. This condition affects around 10% of people who have been tested positive for SARS-CoV-2. Most commonly, these symptoms include chronic fatigue, sleep disorder, loss of strength, limited exercise tolerance, various muscle pains, headaches, dizziness, cognitive impairments, rapid heartbeat, hypersensitivity, and post-exertional malaise, representing the worsening of symptoms after mental or physical exertion. In total, up to 200 symptoms are known in Long-COVID. In such cases of persistent symptoms, also known as Long-COVID, there was a significant correlation with greatly reduced functionality, physical activity, and quality of life, compared to patients who recovered from their infection (VélezSantamaría et al., 2023), with up to 70% of restraint experienced in activities of daily living. The underlying mechanisms of this disease are unknown, and until today, there is no targeted medical treatment for Long-COVID. Patients feel helpless and suffer daily from severe physiological and cognitive impairments, often resulting in significant distress accompanied by rigid behaviors. Specifically, these rigid behaviors, such as the fixed belief "I just need to push myself a little more, and I will regain my fitness," lead to a worsening of symptoms in this condition and, consequently, to even greater distress, and a lowering of self-worth. Consequently, the person may remain entrenched in pre-existing habitual responses, which might not be effective for dealing with the current situation,

such as Long-COVID. In the context of chronic illnesses, Acceptance and Commitment Therapy (ACT) is particularly effective because it addresses the automatic or habitual responses that can exacerbate suffering. Chronic conditions often lead to rigid patterns of thought and behavior, such as avoidance of discomfort or overexertion to regain health. These responses, while understandable, can perpetuate distress and impair quality of life. ACT helps individuals recognize and step away from these automatic processes by fostering mindfulness and acceptance. By learning to observe thoughts and emotions without judgment, individuals can make more intentional choices about their actions. Moreover, ACT encourages setting meaningful goals based on personal values, which can provide a sense of purpose and direction, even in the presence of chronic illness. Overall, ACT offers a comprehensive approach to managing chronic illnesses by promoting psychological flexibility, enhancing coping strategies, and improving overall well-being. Its focus on acceptance, mindfulness, and value-based actions makes it a valuable tool for individuals navigating the complexities of long-term health challenges. Despite the limitations imposed by Long-COVID, individuals can find ways to engage in value-driven actions, which can provide a sense of purpose and motivation, even amidst ongoing health challenges. The goal of this presentation is to illustrate the strategies of ACT in managing Long-COVID, as ACT was clinically effective in other complex health conditions (e.g., chronic pain; Hughes et al., 2017), using concrete examples of psychotherapeutic mechanisms employed in our clinic.

Keywords

Acceptance and Commitment Therapy (ACT), Long-COVID

Sexual Therapy for Long-COVID haulers

Phd. Vinicius Jobim Fischer, Centre Hospitalier Neuro-Psychiatrique - CHNP, Luxembourg

Abstract:

The long-term consequences of SARS-CoV-2 infection, known as Long-COVID, affect about 10% of COVID-19 patients, posing a substantial and multifaceted health issue. Individuals suffering from persistent symptoms long after the initial infection phase often experience significant disruptions in their daily lives. Long-COVID can impact many organ systems with a wide range of clinical symptoms that vary in intensity from minor inconveniences to severe, life-threatening conditions. Among the most common symptoms are chronic fatigue, post-exertional malaise (PEM), cognitive function impairments characterized by confusion, slow thinking, attentional and concentration difficulties (brain fog), anxiety, depression, and cardiorespiratory difficulties (Sansone et al., 2022).

In the context of overall health impairments that pose challenges to daily demands, sexuality is often unaddressed or its importance diminished. Nonetheless, the plethora of Long-COVID symptoms can significantly impact sexual functioning, thereby affecting sexual and relationship satisfaction.

A holistic approach to Long-COVID haulers should pay close attention to sexual health and relationship satisfaction. Psychosexual therapy interventions focus on addressing the physical, cognitive, emotional, and relational dimensions of sexuality that are hampered by the chronic symptoms experienced. These interventions aim to restore or maintain a fulfilling sexual life despite the ongoing health challenges posed by Long-COVID.

Our approach to psychosexual therapy provided for Long-COVID haulers is based on the PLISSIT (Permission, Limited Information, Specific Suggestion, Intensive Treatment) model (Annon, 1976). This model is supplemented with cognitive, emotional, and behavioral techniques that can be applied both to individuals and partnerships.

In this regard, psychosexual therapy encompasses several key components. These include: the validation and acceptance of the changes experienced, which is crucial for patients to acknowledge and address their new reality. Identification and flexibilization of cognitive myths and distortions (such as coitus-centrism and performance beliefs), which help patients to develop a more realistic and healthy understanding of sexuality. Mindfulness-based strategies are used to enhance present-moment awareness and reduce anxiety related to sexual performance. Emotion regulation techniques assist patients in managing their emotional responses, while behavioral strategies focus on gradually reintroducing sexual activities in a comfortable and enjoyable manner. Communication skills training is essential for improving intimacy and understanding between partners.

Such elements are pivotal to keeping or restoring a pleasant sexual life. Despite the limitations imposed by Long-COVID, individuals can find ways to keep their sexuality fulfilled by engaging in pleasurable activities adapted to their context and health challenges. For example, couples can explore new forms of intimacy that do not require physical exertion, or they can focus on non-sexual forms of affection and connection. Open communication between partners about needs, limitations, and desires is essential for maintaining a healthy sexual relationship.

Ultimately, addressing the sexual health of Long-COVID haulers is an integral part of a holistic treatment plan. By incorporating psychosexual therapy into the care of Long-COVID haulers, healthcare providers can help individuals navigate the complexities of their condition and improve their quality of life.

Keywords

Sexual therapy, Long-COVID

SY34: The development of the cognitive conceptualization diagram and its modern forms

Convenor, Chair: Dmitrii V. Kovpak, Association for Cognitive Behavioral Psychotherapy (Russia), Russian Federation

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Association for Cognitive Behavioral Psychotherapy (Russia), Russian Federation

Albert Murtazin

Association for Cognitive Behavioral Psychotherapy (Russia), Russian Federation

Maksim Zriutin

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Mikhail Burdin

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Abstract

The cognitive model proposed by A. T. Beck as a methodological basis for cognitive behavioral therapy becomes a structural basis for diagnosis, including its systematization in the form of cognitive conceptualization. From the linear connections of the cognitive model in cognitive conceptualization, we move on to the nonlinear and systemic connections presented in the diagram of cognitive conceptualization by J. Beck. To date, the traditional problem-oriented conceptualization of J. Beck (1993) supplemented by the strength-based cognitive conceptualization diagram by J. Beck (2018, 2021). The diagram of cognitive conceptualization reflects a system of complex interrelations of human mental constructs and the external manifestation of their functioning in the form of his phenomenologically recorded emotions and behavior. The basis of the cognitive conceptualization diagram and the belief system reflected in core beliefs (represented as a "Self-concept" and reflected in characteristics starting with the personal pronoun "I") and relevant data of life and childhood associated with their formation. During the symposium, we consider various options for expanding the model of cognitive conceptualization, including by taking into account reflexive thoughts and beliefs, meta-beliefs, an expanded history of childhood and the client's social history, and of course, the concept of needs. In the cognitive behavioral approaches needs were mentioned by W. Glasser in the 80s of the 20. century. Then needs were included as the theoretical basis of schema therapy by J. E. Young, A. Arntz, J. M. Farrell, I. A. Shaw, but they emphasized emotional needs, specifically singling it out among other groups of needs. Conceptualization of the approach named needs-based therapy propose to register needs for building connections of not only mental constructs serving core beliefs, such as compensatory strategies, intermediate beliefs, schemes and modes, but also to the genesis of the core beliefs themselves, schemes and proto-schemes, in connection with the satisfaction or dissatisfaction (frustration) of actual human needs. As an important part of cognitive conceptualization, it is considered to register data on satisfied and unmet needs both in the past and on actually realized or unrealized needs in the present.

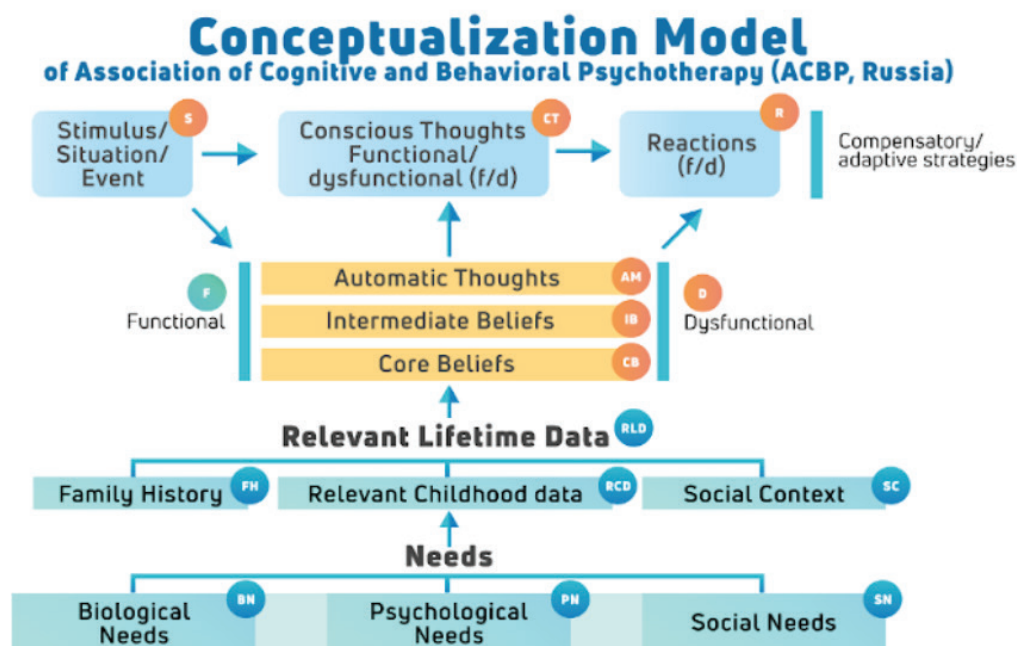


Fig. 1: Conceptualization based on needs (Kovpak D. V., 2020, 2023)

Contact details of the symposium convenor: Dmitrii V. Kovpak, President of the Association for Cognitive Behavioral Psychotherapy (Russia), representatives at large of the International Association of Cognitive Behavioral Therapy, member of the International Advisory Committee Beck Institute for Cognitive Behavior Therapy, e-mail kovpak@list.ru, +79219023053

Keywords

cognitive model, cognitive conceptualization, biopsychosocial model, conceptualization based on needs, needs-based therapy

SY35: Understanding and tackling mental health problems in adolescents and emerging adults: a focus on emotion regulation

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Ksenia Syrokvashina, Nonaffiliated researcher, Russian Federation

Anna Timoshkina, Clinical Psychologist, Russian Federation

Abstract

Modern cognitive behavioral therapy for OCD has achieved considerable success. At the same time, many unresolved problems remain, including patient resistance to therapy. Some of these problems are related to the comorbidity of OCD with other disorders. Comorbidity with personality disorders and eating disorders greatly complicates the therapy process and often requires the inclusion of DBT protocols in working with such patients. In addition, cultural factors can play a large role in resistance to therapy, such as the peculiarities of magical thinking in some cultures, attitudes toward the expression of emotions, attitudes toward personal boundaries, and other aspects.

At our symposium, we will discuss additional methods for working with comorbid conditions of OCD, such as eating disorders and sexual dysfunction. In addition, methods for adapting standard OCD treatment to a cultural context will be discussed.

Keywords

OCD, eating disorders. sexual dysfunction

SY36: Between stress and psychopathology: Examination of the role of factors of vulnerability in mental health dynamics

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Abstract

Factors of vulnerability have been long established as important phenomena in the onset and maintenance of mental health outcomes. For decades, they have been understood as dispositional factors or fertile ground on which

stressful life events or daily hassles exude their effects (Monroe & Simmons, 1991). Although some factors have been traditionally associated with specific mental disorders, recent studies suggest their nature may be transdiagnostic, that is, affecting more than one disorder (Dobson & Dozois, 2008). Furthermore, it would seem that these factors may not exclusively influence psychopathological phenomena, but rather, influence stress emergence, distress and dysfunctionality that symptoms bring, and interpersonal dynamics. Thus, these factors deserve attention from the period prior to onset, during an episode, and throughout therapeutic interventions, until remission.

Within this symposium, we will focus on and present the effects of various vulnerability factors such as ruminations, psychological inflexibility, negative cognitions about self and others, self-esteem, retroactive inhibition, and emotional dysregulation, to name a few.

We have focused on several aspects and potential effects of said factors. In doing so, in the first three studies, we have relied on three psychopathological constructs - depression, social anxiety, and paranoid tendencies. We examined potential influences of vulnerability factors on the relation between stressors assessed across two time points, focusing on the potential stress generation effect. Additionally, we have examined whether factors of vulnerability contribute to the levels of distress and dysfunctionality, over and above symptom intensity. Finally, we have explored the role of these factors in the patterns of associations between symptoms from the so-called network approach and statistical modelling. While these three studies were focused on symptoms that vulnerable individuals may experience at certain times, the fourth study accentuates how vulnerable potential can interfere with the parental role, and potentially lead to problematic child behaviours. Namely, we looked into the direct effect of mothers' emotional dysregulation on children's problematic smartphone/tablet use, and whether this relationship was mediated by mothers' tolerance of children's distress.

Keywords

Factors of vulnerability

SY37: Understanding and tackling mental health problems in adolescents and emerging adults: a focus on emotion Regulation

Chairs: Prof. Caroline Braet - Ghent University, Vlaamse Vereniging voor Gedrags Therapie (VVGT), Belgium

Dr Marija Mitković-Vončina - University of Belgrade, Faculty of Medicine; Institute of Mental Health, Belgrade; Serbian Association of Behavioural and Cognitive Therapists (SRABCT), Serbia

Convenor/organizer: Dr Marija Mitković-Vončina - University of Belgrade, Faculty of Medicine; Institute of Mental Health, Belgrade; Serbian Association of Behavioural and Cognitive Therapists (SRABCT), Serbia

Speakers:

Marija Mitkovic Voncina, University of Belgrade, Faculty of Medicine; Institute of Mental Health, Belgrade; Serbian Association of Behavioural and Cognitive Therapists (SRABCT), Serbia

Laura Wante, Ghent University - Department of Development, Personality, and Social Psychology, Belgium

Sarah Bal, Ghent University -Department of Child and Adolescent Psychiatry at Ghent University Hospital, Belgium

Marija Lero, Institute of Mental Health, Belgrade; Serbian Association of Behavioural and Cognitive Therapists (SRABCT), Serbia

Sanja Lestarevic, Institute of Mental Health, Belgrade; Serbian Association of Behavioural and Cognitive Therapists (SRABCT), Serbia

Abstract

Understanding and addressing adolescent mental health problems have been recognized as a contemporary priority worldwide, due to the discrepancy between the increasing needs of youth on one hand, and still insufficient resources for support on the other hand. Emotion dysregulation has been associated with a variety of different mental health problems of youth, providing one of the frameworks to approach them, comprehend them better and design interventions.

The aim of this symposium is to present different approaches to understanding and addressing adolescent and emerging adult mental health problems (prevention, early intervention, clinical intervention, as well as taking deeper look into specific clinical challenges), with a special focus on emotion regulation.

The first part of the symposium will be dedicated to the Boost Camp – a new, school-based prevention program targeting young adolescents' emotion regulation skills. Data from two studies evaluating the effectiveness of this program will be presented. The first study had a clustered randomized controlled design, while the second study explored the feasibility and effectiveness of an optimized Boost Camp program.

The second part of the symposium will present the development of a large care centre for mental wellbeing for students, within a unique shared partnership between 'education' and 'care', aimed to create a common support base to sustain, broaden and strengthen care continuity for young people within the transition age (18-25 years of age). The

needs underlying the establishment of such service and the process of development of this center are thoroughly discussed.

The third part will present the EMODYA project aimed to investigate the predictors and outcomes of emotion dysregulation of youth (15-24 years of age) as a clinical cohort followed-up throughout transitioning to adulthood. This presentation will also describe the emotion-regulation based intervention in a transdiagnostic clinical setting, and provide the preliminary evaluation data.

Finally, the fourth part, consisting of two presentations, will focus more narrowly on non-suicidal self-injury (NSSI) as a specific clinical challenge among transdiagnostic youth with emotion dysregulation (using data from the EMODYA project). The first presentation will focus on associations and distinctions between the NSSI and the suicidal behavior, in regards to emotion regulation, emotional schemas and cognitive distortions. The second presentation aims to explore the relationship between the NSSI, response suppression/inhibition (RDoC), and cognitive distortions. Both presentations will discuss the potential preventative implications of the findings, and future research directions.

In conclusion, this symposium provides an opportunity to integrate various views and make one step further towards the understanding and tackling the multifaceted adolescent and emerging adult mental health problems.

Keywords

adolescents, emerging adults, mental health, emotion regulation, intervention, NSSI

1.

BOOST CAMP: A universal school-based prevention program targeting adolescent emotion regulation skills

Laura Wante^{1,2}, Brenda Volkaert^{1,2}, Caroline Braet^{1,2}, Tom Loeys¹

1. Gent University, Belgium

2. Vlaamse Vereniging voor Gedrags Therapie (VVGt), Belgium

Abstract:

Early adolescence is a period of elevated risk for the development of psychopathology. One factor that contributes to this risk is the ability to regulate emotions. In the present talk, two studies evaluating the effectiveness of Boost Camp, a new prevention program targeting young adolescents' emotion regulation skills, will be discussed. In the first study, junior high school adolescents (n = 347) were randomly allocated to the intervention condition or to the control condition using a clustered randomized controlled design. The results demonstrated that Boost Camp had beneficial short-term effects on mental health outcomes, which disappeared at follow-up. In the second study, the effectiveness of an optimized Boost Camp program was tested using network analyses. The results point to changes in the process of emotion regulation.

Key words: emotion regulation, adolescents, school-based, universal prevention

2.

Development of a Mental Health Care Centre for all students in the transition age in the city of Ghent, Belgium

Prof. dr Sarah Bal

Ghent University

Abstract

The development of a care centre for mental wellbeing for students within a unique shared partnership between 'education' and 'care' in Ghent can be a means to create a common support base to sustain, broaden and strengthen care continuity for young people within the transition age (18-25 years of age). The establishment of a care centre aims to meet the following existing needs: 1. *Societal need for more effective mental help for students.* In Flanders 20% of students with mental health complaints seek help, 5%(of 20%) have severe complaints, 56%(of 20%) report an explicit need for treatment, but still 75% do not find their way to mental help. 2. *Need within the higher education institutions of Ghent.* Student psychologists report the following problems: after COVID more serious problems are reported, the external referral network is clogged up, long waiting lists, the quality of external help cannot be guaranteed, the basic service provision within the higher education institutions is compromised, more need for expertise. This leads to the fact that not enough students receive customized help. 3. *Need for mental help specifically within the transition age group.* 75% of mental problems in adulthood appear before the age of 25, 90% comorbidity with psychosocial problems resulting in more complex problems, discontinuity of mental health care in Belgium, (children, adolescents versus adults), students report an under-consumption of mental health care because of: 'having' to solve problems yourself, idea that the problem is not bad enough, increased tolerance of context'.

This new centre for students is an addition to the mental health care of the higher education institutions (student psychologists) so that care continuity of the mental well-being of the students in Ghent can be strengthened, broadened and sustained. For this, joined forces are made with all Ghent higher education institutions, University of Ghent, the

city of Ghent, Ghent University Hospital, community and private mental health care in Ghent, and the government convention “psychological functions in the first line”. The specific objectives of the Mental health care centre for all students in the city of Ghent are: (1) location is accessible, neutral and central location (2) it is an initiative for all students in Ghent, (3) early detection and early intervention for students with mild to moderate psychological complaints, (4) a multidisciplinary team, (5) affordable care to all students, (6) peer-to-peer support, experiential expertise and student participation in the design and decision-making of their pathway is highly valued, (7) specific expertise of mental health, psychiatric issues and evidence-based psychotherapy within the transition period, (8) an active involvement in scientific research by pre-post evaluation of therapies and by implementing online evidence-based CBT treatment, (9) the care centre is a collaboration of the different partners, this with a view to care continuity, (10) the care centre is a necessary complement to the functioning of welfare policy/student psychologists at the higher education institutions. The presentation will provide further explanations of the needs and development of this mental health care centre for students.

Key words: mental health care centre, students, transition age, continuity of care

3.

Clinically manifested emotion dysregulation among transdiagnostic adolescents and emerging adults: predictors, outcomes and directions for intervention

Marija Mitković-Vončina^{1,2,3}, Marija Lero^{1,3}, Sanja Lestarevic^{1,3}, Milica Pejovic-Milovancevic^{1,2,4}

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2. University of Belgrade, Faculty of Medicine

3. Serbian Association of Behavioural and Cognitive Therapists (SRABCT)

4. Association for Cognitive and Behavioural Therapies of Serbia (ACBTS)

Emotion dysregulation (EDR) has been associated with a variety of different mental health problems of youth, as a common underlying construct, providing one of the frameworks to understand these problems better and tailor interventions. The objective of this presentation is to present the project “Emotion dysregulation of adolescents: the study of predictors and outcomes” (EMODYA), aimed to investigate different variables associated with the clinically manifested EDR among youth, as well as different outcomes of EDR throughout transitioning to adulthood. The method refers to establishing a cohort of youth (15-24) with emotional and behavioural disorders at the Institute of Mental Health, Belgrade, Serbia. The instruments include retrieving general and medical data from psychiatric record; general questionnaire (socio-demographics, personal and family psychiatric and medical history, data on daily habits, treatment data); emotion and cognition-based instruments (emotion dysregulation, emotion regulation strategies, emotional schemas, cognitive distortions); symptom based instruments (for anxiety, depression, anger); self-harm and suicide assessment instruments; personality structure-based instruments; motivation for change assessment, family functioning and child maltreatment experiences, RDoC protocols for rejection sensitivity, response selection and inhibition/suppression; and device to measure physiological arousal. The study also includes a qualitative assessment of patients' views on the key aspects of dealing with difficult emotions and motivation to change. After baseline assessment, the cohort is followed throughout transitioning to adulthood. This presentation will also describe the directions for the proposed emotion-regulation based intervention in a transdiagnostic clinical setting, based on the preliminary data.

Acknowledgement: This study is a part of the EMODYA project (Emotion dysregulation of adolescents – the study of predictors and outcomes), supported by The Association for Child and Adolescent Psychiatry and Allied Professions of Serbia (DEAPS), No. REF: DEAPS-NIR-2022/01.

Key words: emotion dysregulation, adolescents, emerging adults, predictors, outcomes, transdiagnostic intervention

4.

Linking suicidality with emotion (dys)regulation and emotional schemas in transdiagnostic youth with and without non-suicidal self-injury

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Introduction: Adolescents who experience emotion dysregulation are more prone to intense and overwhelming emotional states, which they may try to manage through self-harm or suicidal actions. Maladaptive emotional schemas

may contribute to the adoption of harmful coping strategies, and may also lead to non-suicidal self-injury (NSSI) and suicidality. Given the specific and still insufficiently understood relationship between NSSI and suicidality, this study aims to investigate the emotion (dys)regulation and emotional schema correlates of suicidal phenomena among transdiagnostic youth with emotional and behavioral disorders.

Methods: Youth (15-24 years old) treated in outpatient and inpatient departments at the Institute of Mental Health Belgrade, for depressive disorders, anxiety disorders, reactions to severe stress and adjustment disorder, or mixed disorder of conduct and emotion, were assessed by the following instruments: The Difficulties in Emotion Regulation Scale Short Form (DERS-SF), Emotion Regulation Questionnaire (ERQ), Leahy Emotional Schemas Scale (LESS II), Suicidal Ideation Attributes Scale (SIDAS) and a questionnaire about NSSI and suicidal behaviour.

Results: Preliminary results indicate that among participants with NSSI, suicidality variables (higher SIDAS score, positive history of suicidal plan or attempt) were associated with higher expression suppression (ERQ), lack of emotional awareness (DERS-SF), and stronger emotional numbness (LESS II). When it comes to participants with no NSSI, suicidality variables had no significant correlates among emotion regulation, emotion dysregulation and emotional schema variables.

Discussion: These findings speak in favor of possibly different profile of emotion (dys)regulation and emotional schema factors associated with suicidality between youth with and without NSSI. Further research and practical implications are discussed in the presentation.

Acknowledgement: This study is a part of the EMODYA project (Emotion dysregulation of adolescents – the study of predictors and outcomes), supported by The Association for Child and Adolescent Psychiatry and Allied Professions of Serbia (DEAPS), No. REF: DEAPS-NIR-2022/01.

Key words: emotion dysregulation, youth, self-harm, suicide, emotional schema

5.

Detangling the relationship between response suppression/inhibition, cognitive distortions and self-harm in a transdiagnostic sample of adolescents

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Introduction: Research Domain Criteria (RDoC), response selection, inhibition and suppression (sub constructs of cognitive control), are tightly related to effortful control. Effortful control deficiency is associated with emotion dysregulation, and it can also be related to the biased thinking styles. The actual relationship between both self-reported and behaviorally assessed response inhibition/suppression disposition, the frequency and intensity of cognitive distortions and different psychopathology symptoms in youth is not fully understood. Therefore, we aimed to explore the relationship between the response inhibition/suppression attitude, the cognitive distortions and the history of non-suicidal self-injury (NSSI) in a transdiagnostic sample of adolescents, treated for emotional and behavioral difficulties.

Methods: The preliminary sample comprised outpatient and hospitalized adolescents (15 – 24 years old, both sexes), treated for emotional disorders (anxiety disorders, depressive disorders, adjustment disorders, mixed disorders of conduct and emotions). The study design is cross-sectional, with the following instruments used: The Cognitive Distortions Questionnaire (CD-Quest), Effortful Control subscale of the Adult Temperament Questionnaire (ATQ) and the Go/NoGo task. The history of NSSI was assessed as a dichotomous variable (having inflicted a self-injury on purpose since the age of 7).

Results: The adolescents with the history of NSSI had slightly lower percentage of correct responses in the Go/NoGo task and slightly shorter reaction time to Go stimuli, without reaching significance. The differences in total Effortful Control scores, Activation, Attentional, Inhibitory Control and total Cognitive Distortions scores were insignificant between the adolescents with or without the history of NSSI. The differences between the scores of cognitive distortions did not reach significance between groups, except dichotomous thinking. We have found significant correlations between the correct response frequency in Go/NoGo and Attentional control in negative direction, Activation Control and fortune-telling, Attentional Control and personalization, and jumping to conclusions in the negative direction; total Effortful Control also inversely correlated to jumping to conclusion.

Discussion: Our data indicates significant correlations between various cognitive distortions and measures linked to effortful control. Those concepts might be significant for the occurrence of NSSI or other manifestations of emotional

dysregulation in adolescence. These preliminary results initially point out to the significance of further exploring the association between response inhibition/suppression, cognitive distortions and NSSI, in order for these aspects to be mapped as treatment elements. Further scientific and practical implications are discussed in the presentation.

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Keywords

emotional dysregulation, response inhibition/suppression, cognitive distortions, non-suicidal self-harm

SY38: Therapist's schemas, modes, and self-care: challenges and perspectives

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Abstract

As therapists we aim to care for others. As Schema therapists we aim to attune to clients' unmet needs and to offer a reparenting stance. We offer corrective emotional experience by reparenting, being "at a scene" and doing rescripting in the most difficult moments of our clients' lives. As therapist in Former Yugoslav countries, we share the same collective trauma such as war, poverty, exile, exposure to violence, corruption etc.

Furthermore, therapists too may have developmental traumas and related maladaptive schemas and modes. Research findings indicate that a significant proportion of mental health professionals report adverse childhood circumstances and schemas such as: self-sacrifice, emotional deprivation, and unrelenting standards. We strive to reach higher standards whilst denying personal needs and emotions. Due to fears of letting others down we show reluctance to set boundaries and ask for support. We may feel guilty when we give "too little" and feel spent when we give "too much". Schemas, especially when joined with shared trauma and trauma related schema therapy work, can lead to empathy-based stress or burnout, vicarious traumatization, and poor self-care. Clearly, we need to improve self-care but also recognize and address schemas and modes as they may imperil the therapist, bias clinical reasoning and negatively affect the therapeutic relationship.

Having all this in mind, we designed symposium that would investigate above mentioned issues and address therapist's schemas, modes, and self-care. Being that presenters come from different countries within the same, war-struck region we wanted to compare our experiences, similarities, and differences. Additionally, we aimed to address schemas, modes, and self-care within the different aspects of therapist's work (training, supervision, practice) and settings (individual and group; private practice and refugee camps). Finally, drawing on our experiences as psychotherapists, researchers, trainers, and supervisors we wanted to offer recommendations that strengthen the Healthy Adult / Therapist self and promote creative, compassionate self-care.

The symposium will consist of the following papers:

- 1) Ines Jakovčić will present the results of a study (Jakovčić. et al., 2024) about burnout and self-care activities in counsellors and psychotherapists from Former Yugoslavian area.
- 2) Tijana Mirović will discuss schemas and modes triggering and healing within supervision.
- 3) Karolina Vörös and Ines Jakovčić will demonstrate "Deliberate practice" and how it can serve as an important training, supervision and Healthy Adult strengthening tool.
- 4) Karolina Vörös will show how Schema Therapy experiential self-reflective groups can be useful in addressing therapists' schema / mode triggering (in sessions and personal life) and in enhancing Happy Child Mode and Healthy Adult or Therapist self.
- 5) Drawing on experiences from collective trauma work, Diana Ridić will discuss how strengthening Healthy Adult mode in therapists can serve as a mechanism for preventing empathy-based stress.

The papers and symposium will demonstrate that by utilizing schema therapy principles therapists can enhance their self-awareness, emotional resilience, and boundary-setting skills. Through self-awareness, maintaining healthy boundaries, self-care practices, and fostering a supportive network, therapists can effectively prevent empathy-based stress and burnout while maintaining their ability to provide quality support to clients.

Keywords

Schema Therapy, Schemas, Modes, Self-Care, Empathy-based stress

While we take care of others, (how) are we taking care of ourselves?

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Abstract

Counselors and psychotherapists work in a stressful and emotionally demanding environment on a daily basis, which puts them at risk of burnout. Data shows that between 21% and 67% of mental health professionals suffer from burnout. As burnout in the workplace can have a negative impact on clinical work, it is important to consider self-care as an ethical imperative. Self-care activities refer to physical, emotional, psychological, spiritual or professional activities and processes that we practice with the aim of better managing stress. In this way, we promote and support our own health and well-being. In dealing with the most common schemas among therapists (self-sacrifice, emotional deprivation and unrelenting standards), the mechanisms of the compliant surrender, demanding parent or various forms of overcompensation are often activated, which can hinder appropriate self-care.

With the aim of raising awareness of the importance of self-care and investigating burnout among mental health professionals, a survey was conducted among 286 counselors and psychotherapists. Of these participants, 94.4% were women and 73.4% were psychologists who provided psychological counseling to at least one client per week (an average of 12 sessions per week). Participants completed the Counselor Burnout Inventory (Lee et al., 2007), the Self-Care Practice Scale (Bloomquist et al., 2015) and demographic data.

The results show that, on average, respondents do not have pronounced problems related to burnout at work. They scored highest on the Negative Work Environment scale, while the lowest scores were on the Client Devaluation scale. For self-care, therapists used physical activities the most and spiritual activities the least. Hierarchical regression analysis showed that 22.6% of the variance in burnout at work was explained by physical and professional self-care activities, while the number of sessions per week and emotional self-care activities were also significant predictors of certain subscales of the Counselor Burnout Inventory.

Various ways of encouraging the therapist to activate their Healthy Adult Mode and self-care, i.e. to reduce the therapist's actions from the Parentified Child Mode, will be discussed. The healthier and better functioning therapists are, the better and more successful they will be with their clients.

Keywords

burnout, counselors, psychotherapists, self-care

SY39: Kognitivno bihevioralna terapija Harm OKP-a

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Abstract

Opsesivno-kompulzivni poremećaj (OKP) je iscrpljujuće stanje mentalnog zdravlja koje karakterizira nametljive misli, slike ili porivi (opsesije) i ponavljajuće ponašanje ili mentalne radnje (kompulzije) usmjerene na smanjenje anksioznosti ili oblikovanje ishoda kojih se klijent boji. Podvrsta OKP-a koja predstavlja značajne izazove je Harm OKP, u kojem se pojedinci suočavaju s nametljivim, uznemirujućim mislima o ozljeđivanju drugih ili sebe. Kognitivno-bihevioralna terapija (KBT) pojavila se kao zlatni standard za liječenje OKP-a, uključujući Harm OKP, ali snalaženje u složenosti ovog stanja unutar KBT okvira predstavlja značajne prepreke. Ovaj simpozij istražuje složenost Harm OKP-a i KBT-a, uključujući prikaz slučaja, raspravu o kognitivnim distorzijama i ispitivanje učinkovitosti i prepreka svojstvenih pružanju učinkovite KBT-a za Harm OKP.

Prikaz slučaja: simpozij započinje detaljnim prikazom slučaja osobe kojoj je dijagnosticiran Harm OKP. Slučaj naglašava iscrpljujuću prirodu poremećaja, ilustrirajući mučne opsesije i odgovarajuće kompulzije koje dominiraju životom pojedinca. Kroz ovu prezentaciju, polaznici dobivaju uvid u suptilne manifestacije Harm OKP-a i utjecaja koji ima na svakodnevno funkcioniranje pojedinca, odnose se s drugima i općenito dobrobit kao i rezultate prevencije izloženosti i odgovora (ERP) i kognitivnog restrukturiranja.

Kognitivna iskrivljenja u Harm OKP-u: Za razumijevanje i liječenje Harm OKP-a izuzetno su važne kognitivne distorzije koje su u podlozi opsesija i kompulzija. Predavač istražuje specifične kognitivne distorzije tipično povezane s Harm OKP-om, kao što su katastrofično razmišljanje, precjenjivanje prijetnji i moralna skrupuloznost. Kroz primjere i teorijske okvire, slušatelji stječu dublji uvid u to kako ove kognitivne distorzije potiču ciklus opsesije i kompulzije u Harm OKP-u, održavajući individualne distrese i oštećenje.

Učinkovitost i poteškoće u izvođenju KBT-a s Harm OKP-om: KBT je pokazao učinkovitost u liječenju OKP-a, uključujući Harm OKP, ali postoje jedinstvene poteškoće s kojima se suočavamo kod ove podvrste. Te prepreke dolaze i od terapeuta i od klijenta i mogu uključiti otpor prema izlaganju i prevenciji odgovora (ERP), poteškoće u prepoznavanju i rješavanju kognitivnih distorzija i prekide u terapijskoj suradnji, koji proizlaze iz osjetljive prirode opsesija. Međutim, usput ovim poteškoćama, terapeuti ostaju predani postizanju mentalnog zdravlja i dobrobiti svojih klijenata te podržavati njihov osobni rast i oporavka. Predavajući istražuju strategije za prevladavanje ovih prepreka, oslanjajući se na kliničko iskustvo, empirijske dokaze i suradničke pristupe rješavanju problema.

Kroz sveobuhvatno istraživanje o Harm OKP-u i KBT-u, ovaj simpozij ima za cilj podići svijest i raspraviti navedene teme kako bi se adekvatnije pristupilo klijentima s Harm OKP-om. Integrirajući prezentaciju slučaja, raspravu o kognitivnim poremećajima i uvid u terapijske izazove, slušateljima se pružaju praktični alati i strategije za pružanje skrbi temeljene na dokazima klijentima s Harm OKP-om. U konačnici, ovaj simpozij služi kao platforma za proširenje razumijevanja i promicanje najboljih praksi u liječenju ovog oblika OKP-a u kontekstu KBT-a. Vrh obrasca

Keywords

Harm OCD, Case presentation, Cognitive distortions, Treatment obstacles, ERP

Kognitivno bihevioralna terapija nasilnog OKP-a - prikaz slučaja**Andrea Vlašić**

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CILJ RADA

Opsesivno-kompulzivni poremećaj (OKP) je iscrpljujuće stanje mentalnog zdravlja koje karakteriziraju nametljive misli, slike ili porivi (opsesije) i ponavljajuće ponašanje ili mentalne radnje (kompulzije) usmjerene na smanjenje anksioznosti ili izbjegavanje ishoda kojih se klijent boji. Podvrsta OKP-a koja nameće terapeutima značajne izazove je nasilni OKP (Harm OCD), u kojem se pojedinci suočavaju s nametljivim, uznemirujućim mislima o ozljeđivanju drugih ili sebe. Kognitivno-bihevioralna terapija (KBT), s naglaskom na izlaganje i prevenciju odgovora (IPR), pojavila se kao zlatni standard za liječenje OKP-a, uključujući nasilni OKP, ali snalaženje u kompleksnosti ovog stanja unutar KBT okvira predstavlja značajan izazov. Cilj ovog prikaza je opisati iscrpljujuću prirodu ovog poremećaja, ali i dati uvid u terapijski pristup olakšavanju simptoma i poboljšanju kvalitete života kroz povećanu funkcionalnost.

OPIS SLUČAJA

Učiteljica u dobi od 29 godina samoinicijativno se javlja za psihoterapiju. Prije 4 godine imala zdravstvenu anksioznost, s kojom se samostalno izborila. Sada ima svakodnevne opsesivne misli nasilnog sadržaja, o ugrožavanju sebe i drugih, a koje je uznemiruju, te smanjuju funkcionalnost i zadovoljstvo životom. Uključuje se u brojna izbjegavanja, rituale, te se čvrsto drži sigurnosnih osoba i ponašanja, provjeravanja i razuvjeravanja. Identificira se sa svojim opsesivnim mislima (Ako imam ove misli, ja sam opasna / depresivna / suicidalna / luda / loša).

Visoko je anksiozna, osjeća strah, očaj i veliki stid zbog takvih misli. Izniman strah od gubitka kontrole, te netolerancija na neizvjesnost, zbog kojih održava perfekcionističke standarde za sebe i uključuje se u rituale koji joj olakšavaju tjeskobu (čišćenje, pranje ruku, distrakcije, provjeravanje i razuvjeravanje). Učestalo ima lupanje srca i drhtanje. Bez poznatog psihijatrijskog herediteta, niti je ikad bila u psihijatrijskom tretmanu.

Ciljevi uključuju smanjivanje simptoma anksioznosti, prepoznavanje i mijenjanje iracionalnih misli i shema o opasnosti, odgovornosti, nemogućnosti tolerancije opsesija, razlikovanju misli od ponašanja i identiteta, izlaganje opsesivnim mislima, i strahovima bez uključivanja u ritualna ponašanja, uključivanje u ranije izbjegavana ponašanja, uklanjanje sigurnosnih ponašanja, povećavanje funkcionalnosti, povećavanje vremena provedenog u opuštanju.

Korištene su kognitivne tehnike (psihoedukacija, identifikacija stresnih okidača i NAM, kognitivna restrukturacija, bihevioralni eksperiment, odgađanje briga, pita grafikon – odgovornost, samoupute i samokontrola), i bihevioralne tehnike (hijerarhija strahova, izlaganje u mislima i uživo uz prevenciju odgovora, modeliranje, abdominalno disanje, usredotočena svjesnost, relaksacija).

Napredak u tretmanu je praćen primjenom MOCI, BAI, BDI i BHS, te projektivnog Wartegg testa crteža.

ZAKLJUČAK

Rezultati primjene kognitivno-bihevioralnog tretmana i IPR pokazuju smanjenje težine OKP-a, simptoma anksioznosti, depresivnosti, beznađa, uključivanje u sva ranije izbjegavana ponašanja, uklanjanje / reorganizaciju rituala i sigurnosnih ponašanja (čišćenje po dogovorenom planu, pranje ruku u situacijama koje su dogovorene s terapeutom, npr. prije jela), povećanje funkcionalnosti u svim područjima, povećanje vremena u opuštajućim aktivnostima. Zadovoljna vlastitim napretkom.

Ključne reči

Nasilni OKP, Prikaz slučaja, kognitivno bihevioralna terapija OKP-a, IPR, nasilne opsesije

Kognitivne distorzije kod nasilnog OKP-a**Irma Čorbo**, JU O.Š. Grbavica II, Bosna i Hercegovina;**Andrea Vlašić**, MUP K10 Livno, Bosna i Hercegovina;**Amela Bektaš**, Psihološko savjetovalište Domino, Bosna i Hercegovina

Kognitivne distorzije predstavljaju pogrešan način razmišljanja, dajući iskrivljenju sliku mišljenja o nama, događajima, drugim ljudima i svijetu koji nas okružuje. Beck predstavlja kognitivne distorzije kroz tri nova razmišljanja povezana u hijerarhiji. Iskrivljene automatske misli su najdostupnije i najneposrednije, njih slijede disfunkcionalne pretpostavke, a na kraju hijerarhije nalaze se disfunkcionalne sheme kao najnedostupnije. Ljudsko razmišljanje predstavlja složen proces, koji je sklon greškama, odnosno zamkama mišljenja koje pomažu razvoju različitih mentalnih poremećaja. MKT – OKP se bavi kognitivnim distorzijama koje su relevantne za razvoj OKP-a. Kognitivne distorzije kod OKP-a su: kontrola misli, perfekcionizam, pristrane kognitivne mreže, netolerancija na neizvjesnost, precjenjivanje odgovornosti, akciona fuzija, precjenjivanje prijetnji, pristrana pažnja. Specifičniji oblik OKP-a, koji je centralna tema ovog simpozija jeste nasilni OKP koji uključuje neželjene nasilne misli i slike koje nisu u skladu sa vrijednostima osobe i njezinim karakterom. U nastavku će biti više govora o kognitivnim distorzijama koje su detektovane u studiji slučaja klijentice s nasilnim OKP-om.

Perfekcionističke misli (moranja/trebanja)

Uključuju kruta i apsolutna pravila, gdje osoba prizaje da je samo prihvatljivo kada je zadatak odrađen bez greške. Perfekcionizam često dovodi do frustracije jer osoba nije u mogućnosti da ispuni sve zadatke bez pogreške, što dovodi do pogoršanja OKP-a.

Netolerancija na neizvjesnost

Potreba za kontrolom nad „situacijom“ koju osobe sa OKP-om pokušavaju ostaviti pomoću rituala kao što je čišćenje ili dodirivanje predmeta određeni broj puta.

Akciona fuzija / magično razmišljanje

Jedna od najučestalijih kognitivnih distorzija kod osoba sa OKP-om, manifestuje se na način da osoba smatra da će dogoditi nešto loše, ako misli na određene stvari ili ne uspije izvršiti određenu radnju na određeni način.

Dihotomno mišljenje

Razmišljanje u sve ili ništa terminima – ako sam pomislio da bih mogao nešto nažao učiniti nekome, ja sam opasni ubojica.

Precjenjivanje odgovornosti

Odnosi se na nerealistično preuzimanje odgovornosti za negativne događaje izvan vlastitog objektivnog uticaja, te postojanje duplih standarda, na način da sebi nikada ne oprašta pogreške, dok drugima pronalaze opravdanje.

Katastrofiziranje

Svoje opsesivne misli prepoznaju kao znakove nadolazeće katastrofe – to što sam pomislio „Šta da si nešto napravim“ znači da sam lud i ubit ću se.

Kontrola opsesivnih misli

Opsesivne misli se javljaju jer osoba s OKP-om nije u stanju napraviti distancu u odnosu na njih, kontinuirano se bavi njima. Često se dešava začarani krug ljutnja (agresija) - krivnja (ljutnja prema sebi) – pokušaj kompenzacije – frustracija.

Precjenjivanje prijetnji

Skлонost precjenjivanju određene situacije davanjem moći mislima. Često se priklanjaju pretjeranom optimizmu odnosno pesimizmu, tako što npr. koriste jedan negativan događaj za predviđanje budućnih događaja.

Pristrana pažnja/pozornost

Pojava fenomena „OKP naočala“ predstavlja tendenciju da se više pažnje usmjeri na stvari i situacije relevantne za OKP. Zamjećuju se vizuelni, auditivni i taktilni podržaji relevantni za OKP.

Pristrane kognitivne mreže

Spoznaje koje se često pojavljuju zajedno snažno su povezane, kada se aktivira jedna misao odmah je slijedi druga misao. Osobe s OKP-om često imaju jednoznačne asocijacije, npr. broj 13 se povezuje samo s nesretnim okolnostima.

Identifikacija i restrukturacija kognitivnih distorzija kod nasilnog OKP-a je ključna jer motivira i olakšava uključivanje u ERP i zadržavanje u tretmanu.

Ključne reči

nasilni OKP, kognitivne distorzije, kognitivna restrukturacija, ERP, KBT

Učinkovitost i poteškoće u provođenju KBT-a s nasilnim OKP-om

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Kognitivno-bihevioralna terapija (KBT), koja uključuje izlaganje s prevencijom odgovora (ETP) i kognitivnu terapiju, pokazala se učinkovitom u tretmanu opsesivno-kompulzivnog poremećaja (OKP), uključujući i nasilni OKP (harm OCD). Istraživanja potvrđuju ERP kao prvu liniju psihoterapijskog tretmana OKP-a, a rezultati tretmana su trajni. Međutim, postoje određene teškoće tijekom psihoterapijskog procesa nasilnog OKP-a koje dolaze od strane klijenta, ali i terapeuta.

Najčešće poteškoće koje se javljaju u toku tretmana su vezane za otpor prema izlaganju i strah od potvrđivanja vlastitih opsesija / strahova – da su opasni za sebe ili druge ljude. Upravo zbog toga postoji problem i sa uključivanjem u tretman, otvaranjem terapeuta o sadržaju opsesija, ali i zadržavanjem u tretmanu. Zbog nasilnih misli koje su distone s klijentom, izuzetno je visok nivo anksioznosti koja otežava klijentu fokusiranje na terapijske zadatke poput izlaganja strahovima ili na primjenu tehnika. Izražena je i rezistencija na promjene – teško je odreći se sigurnosnih radnji i izbjegavanja jer se boje da će „pokleknuti pred opsesijama“ i dokazati da su opasne osobe. Simptomi nasilnog OKP-a mogu biti skriveni od spoljnog posmatrača, što može otežati terapeuta da dođe do prave dijagnoze i tretmana. Najčešće se ovaj poremećaj pepozna u okviru tretmana nekog drugog problema. Klijenti s nasilnim OKP-om često izjednačavaju opsesije s identitetom, te traže razuvjeravanja i od terapeuta. Nekad gaje sumnje o tome da terapeut zna da su opasni / ludi i da samo prikupljaju dodatne podatke kroz psihoterapiju. Jako je važna temeljita psihološka procjena kako bi se utvrdila moguća komorbidna stanja. Nakon perioda poboljšanja, klijenti mogu doživjeti povratak simptoma, tj. pogoršanje stanja, što zahtijeva dodatnu podršku i prilagođavanje terapijskog plana.

Niz je teškoća s kojima se suočavaju terapeuti u radu s klijentima koji imaju nasilni OKP. To je, između ostalih, emocionalna reaktivnost. Terapeuti mogu osjećati frustraciju ili bespomoćnost zbog teškoća klijenta, naročito ako terapijski napredak nije očigledan ili je spor. Neiskusni terapeuti mogu imati teškoća prepoznati da se radi o OKP-u. Empatijsko preopterećenje može uticati na emocionalnu stabilnost terapeuta i zahtijevati od njih da aktivno upravljaju sopstvenim emotivnim granicama. Još jedan od bitnijih problema je suočavanje s rastućim otporom klijenta. Naime, klijenti s nasilnim OKP-om mogu pokazati otpor prema terapijskim tehnikama, posebno terapiji izlaganjem s prevencijom odgovora (ERP) i promjeni kompulzivnih ponašanja. Terapeuti moraju biti spremni da se suoče s ovim otporom i razviju strategije za postepeno motivisanje klijenta. Nerijetko i terapeuti imaju otpor ka korištenju ERP-a vjerujući da klijenti ne mogu tolerirati stresnost izlaganja, da bi mogli izgubiti kontroli u izravnom izlaganju strahovima, te da bi ERP vodio prekidu terapije. Česta teškoća je i potreba za prilagođavanjem terapije - terapeuti moraju biti fleksibilni i kreativni u prilagođavanju pristupa kako bi odgovarali individualnim potrebama klijenta i zadržali ga u procesu. Razumijevanje kompleksnosti nasilnog OKP-a i potreba pravovremenog korištenja odgovarajućih terapijskih tehnika kao što su kognitivna restrukturacija, izlaganje sa prevencijom odgovora i tehnike relaksacije, zahtijeva visoku stručnost, iskustvo i vještinu terapeuta. Održavanje granica između profesionalnog angažmana i spostvenih potreba - samozbrinjavanje i očuvanje mentalne i emocionalne dobrobiti ključni su za dugoročnu sposobnost pružanja podrške klijentima.

Ključne reči

Nasilni OKP, učinkovitost KBT, poteškoće u provođenju KBT, ERP, KBT

OPEN PAPER SYMPOSIUM



Open Paper Symposium 1 - Approaches to interventions 1

Chair: Vinicius Jobim Fischer, Centre Hospitalier Neuro-psychiatrique (CHNP), Luxembourg

• Combining Motivational Interviewing with TEAM-CBT: Leading with the patient's ambivalence

Yehuda Bar Shalom, Ramat Gan Academic College, Israel

Abstract

There is ample evidence demonstrating the advantages of combining Motivational Interviewing (MI) with Cognitive-Behavioral Therapy (CBT) (e.g., Allot & Earnshaw, 2007; Naar-King et al., 2013; Earnshaw, 2020; Westra & Norou-zian, 2018), with promising results: improving treatment outcomes (e.g., Westra et al., 2009; Westra & Dozois, 2006), greater homework adherence (Westra et al., 2009; Westra & Dozois, 2006), and decreased resistance during the therapy (Aviram & Westra, 2011).

Spuriously, little attention has been paid to comparing their position to an ambivalence issue in therapy. The patient's ambivalence toward change is a critical issue in therapy when he or she is adhering to the status quo and does not make the necessary change. The ambivalence explanation for this circumstance is the existence of confronting wishes to do and not to do the change simultaneously.

Where there is in-depth discussion on the patient's ambivalence on the MI approach alongside specific strategies and theory, there is room for more discussion on this issue in CBT, specifically when considering the combination with MI. Both therapies have the assumption that people are more persuaded by their own arguments in favor of change than by the therapist's statements. However, each one of the therapies suggests different ways to achieve this goal and resolve the ambivalence. In the current presentation we will focus on comparing MI with TEAM-CBT.

Understanding the unique attitude toward ambivalence and the similarities between MI and TEAM-CBT contributes to expanding the theoretical background of the successful integration of MI with CBT. Moreover, the comparison might help therapists to solve the patient's ambivalence effectively by adopting the most relevant strategies from both theories. The 1st part of the presentation will describe the concept and strategies for resolving ambivalence in the MI approach and the 3 main ways of integrating MI with CBT. The second part will introduce the TEAM-CBT attitude and strategies toward ambivalence. The third and last part of the presentation will analyze the similarities and differences between these two approaches. Also, a practical and theoretical implication of the combination will be discussed.

Keywords

Motivation, TEAM CBT, Motivational Interviewing

• Autism and Difficulties in Social Situations - Implications for CBT

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Abstract

Many autistic individuals are diagnosed with social anxiety. A meta-analysis (Hollocks et al., 2019) reported a current prevalence of social anxiety of 29% for autistic people. The front-line therapy for social anxiety is cognitive behavioural therapy (CBT). CBT models for social anxiety are well established, e.g. Clark & Wells (1995). These models fail to account for the fact that autistic people experience the world and process information differently from non-autistic people. Autistic people commonly experience sensory challenges and have difficulties engaging in small talk. They also often have slow processing speed, making it difficult to follow conversations and significantly impacting their ability to engage in group communication.

Moreover, many autistic individuals are often unaware of these challenges and hold the belief that their social capabilities should be of the same kind as those of non-autistic individuals. This belief is also frequently held by therapists, meaning that the exposure part of social anxiety therapy for autistic people often involves sending autistic individuals into situations which are not autistic-friendly and have not been carefully selected for the individual. This means that the chances that the autistic individual will fail are high. This presumption that autistic people can function in the same way as non-autistic people in social situations also affects the cognitive part of CBT because autistic clients are not taught to think about social situations in a more autistic way. CBT for social anxiety generally involves trying to convince autistic clients that social situations are not dangerous instead of determining if it is autism-friendly and how that can be modified.

By changing CBT therapy to make autistic clients more aware of what sort of situations suit them and to change their underlying beliefs that there is only one way to socialize. This talk will focus on the cognitive difficulties of autistic people in everyday social situations, what social situations are more suited to their needs, how autistic people can try to make social situations more autism-friendly and why it can be challenging to transition from a non-autistic way to an autistic way of socializing.

Keywords

autism

• Chronic Night Terrors Comorbid with Somnambulism in Adult - A Case Report of CBT Treatment

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Krešimir Radić, Clinic for Psychiatry Vrapče, Croatia

Abstract

There are currently no psychological or pharmacological treatment guidelines for treatment of night terrors and somnambulism in adults. Night terrors and somnambulism are rare disorders in adult population, and most frequently are accompanied by other psychopathological phenomena. Additionally, some pharmacological treatment option can produce more frequent and more intensive problems with sleeping. There are some cognitive-behavioral interventions that showed promise but they were researched only in young children. This case representation aims to explore how effective would be to use different cognitive-behavioral approach interventions to these problems. The patient was 31-year old white male with chronic problems who visited somnologist and psychiatrist for treatment options. Treatment plan included psychoeducation about night terrors and somnambulism to patient and his wife, behavioral management of wife's behavior toward husband's problems, sleep hygiene and stimulus control, and mindfulness training combined with progressive muscle relaxation. The results showed complete reduction of night terrors and reduction of sleepwalking by 87%. The treatment was considered successful.

Keywords

night terrors; somnambulism; sleeping problems; mindfulness; cognitive-behavioral therapy

• Transdiagnostic approach to sex therapy: an internet-based emotion regulation training and sexual health

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Abstract

Emotional regulation (ER) skills are essential for sexual function as they influence emotional awareness and expression during sexual activities, impacting satisfaction and distress. Interventions aimed at improving emotion regulation could be promising for enhancing sexual health. Internet-based ER interventions might be a viable therapeutic strategy for individuals with sexual health concerns. However, there is a notable lack of intervention trials exploring their effects in this context, particularly those utilizing the internet.

Objective:

This study aims to evaluate the impact of an Internet-based emotion regulation training program on sexual function in both men and women.

Methods:

Participants with self-reported sexual problems were recruited, defined for men by a score of less than 25 on the International Index of Erectile Function (IIEF) and for women by a score below 26.55 on the Female Sexual Function Index (FSFI). The study included 60 participants who were randomly assigned to either the web-based emotion regulation training for sexual function or a waitlist control group. The intervention consisted of an 8-week web-based emotion regulation training program. Assessments were conducted at baseline, post-intervention, and at a 3-month follow-up. The modules encompassed: psychoeducation on sexual function, psychoeducation on emotion and emotion regulation, breathing and muscle relaxation techniques, cognitive flexibility, self-acceptance and compassion, emotional analysis and sexual emotional exposures.

Results:

The low adherence rate limits the generalizability of the findings. Among completers, large-to-moderate within-group effect sizes were observed between assessment points for measures of emotion regulation, depression, lubrication, orgasm, thoughts of sexual failure, and abuse during sexual activity.

Keywords

emotion regulation; internet; sexual health; psychosexual intervention; internet-based

• Cognitive Behavioural Therapy and Dreaming: Aaron Back's path to understanding and applying dream content in CBT therapy. Beliefs and Attitude towards Dreaming in Bulgarian population

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Abstract

Cognitive behavioral therapy (CBT) is a widely recognized and effective treatment for a variety of mental disorders, including anxiety, depression, and post-traumatic stress disorder. Various studies have explored how dream content can be used in cognitive behavioral therapy work and influence therapy outcomes.

Aaron Beck, the founder of Cognitive Behavioral Therapy, made significant contributions to the understanding and application of dreaming within this therapeutic framework. Initially trained in psychoanalysis, Beck shifted his focus towards cognitive processes after empirical research failed to support psychoanalytic theories about depression.

Regarding dreaming, Beck takes a different approach from traditional psychoanalytic interpretations. Instead of focusing on hidden meanings and unconscious desires, he sees dreams as reflecting maladaptive thought patterns. Beck suggests that dreams may mirror the same cognitive processes that people experience while awake. Therefore, analyzing dreams can provide insight into these patterns and assist in identifying and restructuring problematic thinking that leads to emotional distress.

In CBT, dreams are sometimes explored to uncover negative beliefs and cognitive distortions that influence a patient's mental health. This approach is consistent with Beck's broader therapeutic goals: helping patients recognize, question, and modify their negative thoughts to improve their emotional and psychological well-being.

The article presents data collected from the Bulgarian population regarding beliefs and attitudes towards dreaming. 311 people were asked to complete a questionnaire assessing beliefs about sleep, dreams, and their content. Initial analysis and summary of the results are also presented.

The Beliefs about Dreams Questionnaire (BADQ) focusses on five major factors: Dream Omen and Health, Dream Superstition, Dream Meaninglessness, Dream Reality and Dream Attitude. Initial analysis and summary of the data are presented. In addition, ideas for the application of dream content will be discussed in the context of CBT case conceptualization and the therapeutical work in general.

Keywords

dream content, dreaming, cognitive behavioural therapy, dream attitude, case conceptualization

• Balancing Hope and Hurdles: Cognitive Reappraisal as Part of Process- Based Treatment for Misophonia – RCT Findings

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Abstract

Introduction

Misophonia is a type of decreased tolerance to specific, often quiet and repetitive sounds such as chewing, breathing, or tapping (Swedo et al., 2022). Although this disorder is not officially included in diagnostic classifications, studies worldwide suggest that misophonia cannot be explained by symptoms of other disorders. The prevalence of misophonia in the general population ranges from 4-5% to 20%, depending on the inclusion of non-clinical levels of symptom severity. Cognitive-behavioral therapy is the most researched and promising therapy for misophonia, with cognitive reappraisal (CR) being a commonly used technique.

The intervention in the discussed study is based on a process-oriented approach, testing one technique at a time, previously validated in basic research, within the context of multiple factors such as health, emotional and cognitive functioning, social support, and therapeutic relationships. Preliminary data from the main study, which is ongoing and includes a control group, will be presented at the conference. The following sections describe selected data from the pilot study.

Methodology

Twenty-three participants completed the pilot study (the main study will include a separate group of 108 participants). In the pilot study, data from the PHQ-9, GAD-7, and S-Five were collected at three time points: twice before treatment and 7-10 days after the last treatment session. In the main study, a control group receiving relaxation training allows for more rigorous pre- and post-treatment assessments. Misophonia symptoms, psychiatric, and personality disorders were assessed through semi-structured interviews, as well as cognitive and audiological tests, and multiple psychological questionnaires.

The treatment consisted of four weekly sessions. The first session was a 90-minute online group session focused on psychoeducation related to CR and increasing motivation (controls received Schultz's Autogenic Training). This was followed by three weekly individual 30-minute sessions tailored to each participant's needs, such as finding the optimal time for CR implementation, the most accessible situations, and the most acceptable types of reappraisals, as well as reinforcing motivation to use CR (controls had the same structure but with relaxation training). All sessions were audio-recorded and analyzed to ensure protocol adherence. After completing the study, volunteering participants took part in additional audio-recorded sessions to discuss the most and least valuable aspects of the study and potential adverse effects.

Results

There was a significant decrease in misophonia symptoms post-treatment. The impact of misophonia, as measured by the S-Five scale, significantly decreased ($p < .001$; partial eta-squared = .41). Eighteen participants (78%) experienced at least a 10% reduction in symptoms, while three had no change, and two experienced a worsening of symptoms. Qualitative analysis suggested that meeting others with the same disorder was also beneficial.

Conclusions

The primary results indicate that CR is a promising intervention for misophonia. However, factors influencing these results need to be further identified. Results from the ongoing randomized controlled trial (RCT) will be presented at the conference, in addition to the pilot study results.

Keywords

misophonia, process-based therapy, cognitive reappraisal, RCT

Open Paper Symposium 2 – Assessment

Chair: Nele Jacobs, FARESA Evidence-Based Psychological Centre, Hasselt, Belgium; VUB - Brussels School of Governance - Pleinlaan 2, 1050 Brussels, Belgium

• Development and Preliminary Validation of a Self-Report Scale, Metacognitive Questionnaire for Social Anxiety Disorder

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Abstract

Social Anxiety Disorder (SAD) is a psychiatric disorder characterised by excessive fear of social situations, such as engaging in social interactions, being observed, and performing in front of others. SAD is a relatively common disorder in Western cultures, with lifetime prevalence ranging from 4.4% in Europe to 12.1% in the USA. The understanding of SAD has been enhanced by cognitive models that enable its effective conceptualisation and treatment (Clark&Wells,1995; Rapee&Heimberg,1997). One similarity between these models is the focus on cognitive aspects of self-knowledge, such as beliefs about the social self(social beliefs) and cognitive processes(e.g., worry and rumination-like processes and self-focused attention). However, another dimension of self-knowledge, metacognitive beliefs (i.e., beliefs about one's thinking), seems to have been neglected (Wells&Matthews,1994).

The ability to measure metacognitive beliefs/processes specific to SAD is still lacking.

With the development of such a questionnaire, research can begin to better understand the underlying relationships between SAD-specific metacognitive beliefs and related factors (e.g. anticipatory anxiety-processing, post-event rumination) and SAD, and also help therapists and clients to better understand the underlying relationships between effective metacognitive beliefs.

Our research consists of 6 study. The first 3 studies of the research have been completed and the results will be presented at the congress.

a) In the first study, the items of the questionnaire to be applied to the sample were created. The questionnaire consists of 27 combinations including 3-temporal(anticipatory, in situation, postevent) dimensions, 3-Cognitive Attention Syndrome dimensions(threat monitoring, maladaptive coping behaviour, rumination/worry) and 3-Metacognitive dimensions(positive beliefs, uncontrollability, danger).While creating this questionnaire; four sources of information were utilised;

- Current Metacognitive Questionnaire MCQ-30 (Wells&Cartwright-Hatton, 2004)

- Expert opinions in the field of metacognitive therapy;

- Knowledge of the existing literature in the field of SAD and Metacognition;

- Semi-structured interviews with patients diagnosed with SAD(N:40) and information about metacognitions in the therapy notes of patients diagnosed with SAD who underwent CBT in the past.

The opinions of MCT experts about the item pool were taken and corrections, additions and extractions were made in the items in line with the suggestions. Based on the information collected, 82 items concerned with metacognitive beliefs specific to SAD were generated.

b) In the second study; the first questionnaire was applied to a sample of N: 865 undergraduate and graduate students via the internet and social media, and the results obtained were evaluated in an exploratory factor analysis. Principal components factor extraction method was applied on these data. The item pool was revised as a few items loaded on more than one factor. These redundant items, and those which loaded less than a conservative 0.40 on their factor were discarded. The obtained questionnaire proposed an 8-factor structure in the scree test. New version of the questionnaire was obtained. The variance of the questionnaire was calculated as 64,99%.

b) In the third study; in order to determine the reliability of the obtained factor structure, the final version of the questionnaire was applied to a new sample consisting of N: 1810 undergraduate and graduate students via internet

and social media and confirmatory factor analysis was performed. According to the results of the confirmatory factor analysis, the validity of the 8-factor structure was confirmed.

Keywords

Social Anxiety Disorder, Metacognition, Development and Preliminary Validation of Questionnaire

• Exploring the Feasibility of the Experience Sampling Method (ESM) for Blended Care – a Co-Creation Approach Including Individuals with Varying Levels of Mental Health Complaints

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Abstract

Introduction: Behavioral therapy is advancing with real-time monitoring techniques like the Experience Sampling Method (ESM). ESM captures momentary experiences by collecting real-time data on behaviors, thoughts, and feelings through repeated assessments. However, the frequent questionnaires may burden clients, especially those with mental health issues. This study explores ESM's practical applicability across diverse mental health profiles. By understanding users' experiences and opinions, we aim to find strategies to reduce burdens and optimize ESM's integration into therapy and blended care.

Methods: This study, approved by the UHasselt Committee for Medical Ethics (CME2023/066), involves ongoing recruitment that should ensure a mix of mental health complaints. Initially, five UHasselt students completed ESM questions for one month, likely representing milder or no mental health issues. Currently, clients undergoing therapy for depression and their therapists are being recruited at Faresa, aiming for 10 more participants. Therapists will review the ESM responses with clients post-data collection. The Patient Health Questionnaire (PHQ-9) assesses participants' mental health status.

The m-Path tool, developed by KULeuven, administers ESM questionnaires. Participants receive ten questionnaires daily, categorized into morning, daytime, and evening, distributed randomly within two-hour intervals from 8 AM to 8 PM. Example items include: "What am I doing?", "I feel anxious", and "How long did I lie awake this morning before getting up?". Responses use a 7-point Likert scale or multiple choice. Each questionnaire contains 3 to 21 items and takes about one minute to complete once participants are familiar with them.

At the end of the ESM period, all participants (students, clients, and their therapists) complete a 60-minute semi-structured interview to share their viewpoints on ESM's applicability. Example questions are: "Did completing the questionnaire provide you with useful insights?", "To what extent has the app made your communication with clients more convenient?"

Results and discussion: The participating students (mean age: 31.2, 1 female, PHQ ranging from minimal to moderate depressive symptoms) were generally positive about ESM. They felt it fostered self-reflection and provided insight into their feelings, though completing the questionnaires for a month was challenging. They suggested allowing for modifications, such as adding open- or closed-end questions and reviewing the questionnaires beforehand to ensure clarity. While they had no issues with the frequency, they preferred the option to complete questionnaires later, which contradicts the goal of momentary assessment. Results for clients and their therapists will follow. To avoid burdening clients, the study duration was reduced to a minimum of two weeks, depending on the interval between therapy sessions. We anticipate ESM will help both clients and therapists gain better insights into clients' affect and behavior, though this needs confirmation from the data.

Conclusion: This abstract concerns an ongoing qualitative study. Initial results are positive, but increasing user input will be necessary to boost motivation. Ultimately, this study will offer crucial insights into the practical usability of ESM, providing perspectives from individuals with diverse mental health statuses.

Keywords

Behavioral Therapy, Real-time monitoring, Experience Sampling Method (ESM), Mental Health, Depression, Feasibility Study

• Development and Validation of the Schedule for the Assessment of Insight in Anxiety Disorders (SAI-A)

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Abstract

Introduction:Insight, the awareness and understanding of one's mental disorder plays a significant role in characterizing various psychological disorders. While much research on insight has focused on psychosis,there is a growing interest in understanding insight or illness awareness in anxiety, often assessed by instruments designed for psychosis. However, the unique features of anxiety highlight the need for tailored measures to accurately evaluate insight. Recognizing the limitations of existing measures, we developed the Schedule for the Assessment of Insight in Anxiety (SAI-A), a clinician-rated scale for assessing insight in anxiety disorders.The SAI-Aaims to capture insight's unique characteristics and address the complexities of assessing it in anxiety disorders.

Methods:We interviewed 46 participants diagnosed with anxiety disorders, conducted SAI-A interviews, and administered self-report measures of insight and symptoms. Using correlation and principal component analysis, we identified and assessed scale components, assessing their reliability and consistency.

Results:The SAI-A demonstrated good psychometric properties, including convergent validity with an established self-report measure ($r = -0.39$, $p = 0.008$) and internal consistency (Cronbach's $\alpha = 0.70$). It showed moderate inter-rater reliability (weighted kappa = 0.53, ICC = 0.67), and strong test-retest reliability (ICC = 0.65). Two distinct insight components emerged: awareness of disorder and need for treatment. Higher overall SAI-A scores correlated with symptom severity and impairment ($r = 0.56$, $r = 0.51$, $p < 0.001$) and medication usage.

Discussion:We developed and validated a new interviewer rating scale for insight in anxiety, the SAI-A, while examining the relationships between insight levels, anxiety symptoms, and demographic characteristics in anxiety disorders. Higher overall SAI-A scores correlated with symptom severity and impairment. This correlation is unlike psychosis, where insight is typically inversely correlated with symptom severity. This presents a challenge in using insight improvement as a treatment goal, as changes might not reflect improvement in anxiety symptoms. SAI-A total score correlated with medication usage but not with other demographic characteristics, suggestingthat individuals with higher levels of insight are more likely to use medications.

Conclusion:The SAI-A is a valid and reliable assessment tool, offering a comprehensive framework for understanding and addressing insight in the context of anxiety disorders. This new assessment tool bridges existing research gaps and offers a tailored approach to assessing insight, with the goal to improve clinical understanding for those facing these challenges.

Keywords

Insight into illness; illness awareness; denial of mental disorder; need for treatment; anxiety disorders

• A Unidimensional Consensus? Evaluating the Serbian NN-11 Scale's Approach to Intolerance of Uncertainty through Network Analysis

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Abstract

Intolerance of Uncertainty (IU) is a pivotal construct in understanding anxiety, integral to both clinical and therapeutic contexts, particularly in CBT. In Serbia, the IU-11 scale is extensively utilized for evaluating IU. Recent scholarly contributions have questioned the traditional bipartite division of IU into inhibitory and prospective types, proposing instead either a unidimensional or a more complex three-dimensional approach. This shift suggests a need for a comprehensive reassessment of the IU construct through advanced methodologies. This study aims to undertake a comparative analysis employing CFA and network analysis to evaluate these suggested dimensional structures of IU using the Serbian NN-11 scale (which is slightly different from the short scale in English) on a non-clinical sample, thus aiming to refine the understanding of its internal structure.

The study utilized a cross-sectional design with a non-clinical sample of 478 adults. Participants completed the Serbian version of the NN-11 scale. The CFA was used to test the fit of the unidimensional, bidimensional, and three-dimensional models of IU as proposed in recent studies. Network analysis using Gaussian Graphical Models (GGM) with LASSO regularization was performed to examine the inter-item relationships and to identify central nodes within the IU construct, providing a visualization of the direct interactions between scale items. Additionally, when assessing the strength of connections within the differently colored models based on previous findings, the two-factor solu-

tion exhibited a better fit than the three-factor solution. However, it still failed to achieve ideal segregation among the communities. This observation suggests that while there are some indicators of multidimensional attributes, the distinctions are not robust enough to categorically separate the IU construct into independent factors. In essence, the extensive inter-item connectivity revealed by the network analysis largely supports a unidimensional model of Intolerance of Uncertainty, indicating a cohesive construct rather than distinct separable elements.

The results from this study illuminate the complexities inherent in the measurement of IU. While the CFA strongly supports a unidimensional approach, the network analysis introduces nuanced insights that challenge a straightforward interpretation. The identification of three thematic communities within the IU construct highlights the multidimensional potential of the construct, yet the significant interconnectedness across these communities supports the dominance of a unified dimension. This suggests that the IU construct, as measured by the Serbian NN-11 scale, encompasses a spectrum of related anxieties that are not entirely discrete, thereby supporting the practicality and applicability of a unidimensional model for assessing IU in non-clinical settings.

Keywords

Intolerance of Uncertainty, Network Analysis, CFA, Serbian Short IU Scale, NN-11 scale

• The Test Related Negative Cognitions Scale: A key piece of the puzzle in understanding the relationship between test anxiety and psychological resources

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Abstract

Introduction: While students with sufficient resources are expected to have positive beliefs about their capacity to effectively manage a challenging exam scenario, according to the cognitive-behavioral model, negative cognitions are a key component in test anxiety. However, few studies have measured negative thinking directly. In this regard, we aimed to develop a valid and reliable scale to evaluate adolescents' negative cognitions about the exam (Study I) and to examine whether these negative cognitions mediate the relationship between psychological resources (self-esteem and resilience) and test anxiety (Study II).

Method: Ten steps in scale development and reporting, as described by Carpenter (2018), were followed in the report. In Study I, we examined the reliability and Exploratory Factor Analysis (EFA) results of the TRNCS with R version 4.2.2. We included 446 students from various high schools. In Study II, the internal structure of the TRNCS was assessed by CFA using maximum likelihood estimation in Mplus 8.8. Study II consisted of 466 high school students. Reliability was also calculated with different coefficients in R version 4.2.2. The mediating role of test-related negative cognitions in the relationships between resilience with Brief Resilience Scale, self-esteem with Two-Dimensional Self-Esteem, and test anxiety with Test Anxiety Inventory was examined in Mplus 8.8.

Results: In Study I, 15 items explained 68% of the total variance. In Study II, the CFA revealed that the items fit with four factors, and the model indicated a perfect model fit with the 15-item TRNCS. TRNCS total score was positively correlated with TAI and negatively correlated with the BRS and TDSE. The reliabilities of the 15-item TRNCS with four factors were highly acceptable. The negative cognitions mediated the relationships between resilience, self-esteem, and both worry and emotionality dimensions of test anxiety.

Discussion: TRNCS is a valid and reliable scale to assess negative cognitions related to testing, and it consists of four subscales: Performance deficit, social consequences, distraction, and catastrophizing failure. Overall, this study identified that individuals suffering from test anxiety may form negative beliefs about themselves, others, the future, and the examination itself. The content of negative cognitions may vary in students with test anxiety, similar to the cognitive triad included in the CBT's theoretical explanation of depression, and test-related negative cognitions are also encompassed.

Conclusion: TRNCS enables the identification of the domains in which students form negative cognitions and the specific content of these cognitions. Consequently, TRNCS may inform the design of targeted interventions and be a valuable tool for clinicians to identify these negative thoughts. Ultimately, the results proposed that the negative influence of negative test-related cognitions on test anxiety can be decreased with interventions aimed at enhancing resilience and self-esteem.

Keywords

Test anxiety, negative cognitions, adolescent, dysfunctional thinking

• Measure of psychological inflexibility in romantic relationships: The romantic relationships acceptance and action questionnaire

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Abstract

This study aims to develop the romantic relationships acceptance and action questionnaire and conduct validity and reliability studies to measure psychological inflexibility in romantic relationships. Acceptance and Commitment Therapy (ACT), assumes that painful events that people encounter in their lives are a part of life. Acceptance is allowing these feelings and thoughts to come to one's mind without struggling with unwanted and disturbing feelings and thoughts that are going through one's mind at the present moment, instead of trying to change them or acting according to feelings and thoughts. Making a choice is defined as making choices towards the life one wants to live. Taking action, on the other hand, is defined as taking decisive actions to change one's behaviour in order to achieve the goals determined in relation to one's values. The combination of these concepts is expressed as psychological flexibility. There are many scales measuring psychological inflexibility in the literature. Some of them are Acceptance and Action Questionnaire (AAQ), Acceptance and Action Diabetes Questionnaire, Body Image AAQ, Social Anxiety AAQ. However, no scale measuring this construct for couples was found. It has been observed that psychological inflexibility in romantic relationships has been examined using scales that give the individual's individual psychological inflexibility level, and it was thought that there was a need for such a scale in the context of romantic relationships in the literature. In this study, a four-point Likert-type acceptance and action in romantic relationships questionnaire developed in Turkish will be presented. In this context, firstly, the relevant literature was reviewed in detail and an item pool of 41 items was created. An expert opinion form was prepared and the opinions of 6 experts who have at least a PhD degree in Guidance and Psychological Counseling and have studies on ACT or romantic relationships were obtained. The expert opinions were analyzed to determine the content validity ratio for each item and the items below 0.80 were removed from the scale. In addition, a panel was organized with an expert with at least a PhD degree to discuss the scale items and items that were not suitable for the structure were removed from the scale. After these steps, 27 items remained in the scale. According to the results of the Exploratory Factor Analysis, the KMO value was determined as .82 and Bartlett's test was found to be statistically significant ($\chi^2=1364.4$, $sd=171$, $p<.01$). Items with factor loadings below .45 were removed from the scale. As a result, 7 items were removed from the initial 27-item scale and a 19-item scale was obtained. 2-factor structure (acceptance and action) was obtained as a result of direct oblimin-oblique rotation performed during the EFA process. The factors explained 37% of the total variance of the scale. The internal consistency coefficient for the final version of the 19-item scale was determined as .82. These results are preliminary findings and the research process will continue.

Keywords

romantic relationships, psychological inflexibility, acceptance, couples, questionnaire

Open Paper Symposium 3 – Training & supervision

Chair: Ivana Peruničić-Mladenović, University of Belgrade, Faculty of Philosophy, Department of Psychology, Serbia

• Personal growth and development of psychotherapist in psychotherapy

Milja Krivokuća, Center for protection and growth of psychological health, Serbia

Abstract

Personal growth and development in psychotherapy is something to which we would all agree with common sense that it is a self-evident process. In most areas of psychotherapy, the focus of research is on change in the client and the effectiveness of techniques and approaches. So the process of changing psychotherapist itself remains insufficiently empirically and systematically examined. It should be borne in mind that the complete response to the change, and personal growth and development of therapists, it is possible to examine precisely within the framework of longitudinal studies. In our work, we relied on the subjective assessment and experience of the therapist himself, which is actually relevant. As with clients, in addition to monitoring the tendency to reduce some symptoms or change behavior, the subjective experience and feeling of personal gain is also important. As the existentialists, experimentalists and phenomenologists such as Jourard (1964), Mullan & Sanguiliano (1960), Perls (1965) pointed out, the therapist must be reflective and self-aware in order to achieve an authentic relationship with the client, be who he is and achieve his full of not only professional but also personal potential. Of course, the stated point of view is partly questionable, because the therapist-client relationship is professional and takes place in a specific context. In order to realize this research, we constructed a special questionnaire. The sample of respondents included 202 psychotherapists, including psychotherapists under supervision. The most important results indicate that 56.4% of respondents experienced personal growth and development through psychotherapy work with others. In 38.3%, this happened through spontaneous self-insights. It is significant that 72.3% of respondents solved really important problems through hours of

personal work, but also that 83.9% learned how to work with clients through personal work. As many as 80.6% believe that their personal difficulties contributed significantly to their professional performance. Therefore, the main conclusions of the work are that the personal change of the therapist happens most often spontaneously, as well as that personal work is very important for the improvement of personal and professional skills. We would like to point out that the majority of those surveyed also emphasize their personal psychotherapy during education as important for personal growth and development, which speaks in favor of the fact that it is not only necessary, but also evaluated as useful in many ways.

Keywords

Personal growth and development of psychoterapist

• Deliberate Practice in CBT Therapist Development

Kamila Grochowska, Faculty of Psychology, Univeristy of Warsaw, Poland

Abstract

Cognitive Behavioral Therapy (CBT) is a highly effective therapeutic approach, but its efficacy hinges on the therapist's skill. Deliberate practice, a structured and purposeful method of skill enhancement, is essential for CBT practitioners aiming to improve their therapeutic abilities. This presentation explores the concept of deliberate practice in the context of CBT, highlighting its role in honing specific skills such as cognitive restructuring, behavioral activation, and empathy. Deliberate practice involves setting targeted goals, obtaining immediate feedback, and engaging in repetitive, focused exercises to refine techniques. We will discuss practical strategies for implementing deliberate practice, including role-playing, supervision, and self-reflection. Additionally, we will examine the empirical evidence supporting its effectiveness in enhancing therapeutic competence and client outcomes. Attendees will gain insights into how to integrate deliberate practice into their professional development routines, fostering continuous improvement and ensuring high-quality care for their clients. By committing to deliberate practice, CBT therapists can enhance their skills, adapt to new challenges, and ultimately provide more effective interventions, leading to better therapeutic outcomes. This presentation aims to empower therapists with the tools and motivation to engage in ongoing skill development through deliberate practice.

Keywords

Deliberate practice; competence; professional development

• Trainee Self-Appraisal of Therapeutic Skills in Managing Session Components

Zorica Marić, Association for Cognitive and Behavioural Therapies of Serbia (ACBTS), Serbia

Ivana Peruničić-Mladenović, University of Belgrade, Faculty of Philosophy, Serbia

Abstract

Supervision is a cornerstone in psychotherapy education, vital in instilling professional therapeutic skills, ethics and effectiveness among future therapists. Nevertheless, there is insufficient data and literature on trainee evaluation of their progress in their therapeutic competencies in relation to the number of supervisory sessions they receive. In response, this research examines the self-assessment of progress in developing therapeutic skills as a function of time and the number of supervisory sessions attended. The sample consists of therapist trainees undergoing REBT education. In the course of their education, they are required to complete four case studies of which one's audio is recorded. Following every case study, prior to receiving supervisory feedback, the trainees performed a self-evaluation on a questionnaire consisting of 28 items divided into three categories (general behavior of the therapist, self-conception of the consolidation of the problem and therapeutic intervention and homework assigned). The general results showed there to be statistically significant differences between the first and last self-evaluations in relation to the majority of variables, thereby indicating that supervision is beneficial in building their therapeutic skills and competencies. The strongest effect size was for those items where they assessed their therapeutic interventions and homework, demonstrating that the number of supervisions received, the trainees noted that they attained significant improvements in these areas. It may be concluded that stronger support lent to the supervision of burgeoning therapists yield higher dividends in a return on increased competencies and effectiveness as therapists.

Key words

supervisions, trainee of psychotherapy, feedback, session, REBT

• Zooming into the unknown: a comparison of CBT teaching outcomes for online and in-person classes during the pandemic

Emily Cooney, Otago University, New Zealand

Fiona Mathieson, Otago University, New Zealand

Tracey Barnfield, Otago University, New Zealand

Abstract

The advent of the global COVID-19 pandemic heralded a rapid and unexpected shift from in-person to online delivery of cognitive and behavioural therapies. Treatment outcomes associated with this transition have garnered global research attention (Zandieh et al., 2024). However fewer studies have examined the CBT learning outcomes across these two modes of delivery. Research has found no difference in learners' satisfaction and ratings of didactic quality between asynchronous (e.g. on-demand) online versus in-person training (Soll et al., 2021), however information about the relative merits of these two training modalities delivered in real-time for treatment adherence is relatively scant (Valenstein-Mah et al., 2020). With notable exceptions (Baumann et al., 2023), evaluations of online psychotherapy dissemination that have examined treatment fidelity have either been asynchronous or used comparison conditions such as waitlist control/delayed training (Kobak et al., 2017), rather than comparing real-time in-person training with real-time online training (Mallonee et al., 2018).

The current study is a pragmatic opportunistic non-randomised comparison of learning outcomes associated with online vs in-person CBT training. The Department of Psychological Medicine at Otago University, Wellington, has been offering two papers teaching CBT to allied mental health professionals for the past 25 years. The course deploys multiple methods of evaluation, including supervisor and supervisee ratings scales of competence, evaluation of students' written case summaries of CBT formulations and treatment plans, ratings of students' cognitive behavioural therapy session recordings for adherence using the revised cognitive therapy scale (CTS-R: (Blackburn et al., 2001), and automated academic course evaluations assessing satisfaction ratings of the course faculty, content, and delivery. Following two years of reactive and erratic remote delivery induced by COVID-related lockdowns, in 2023, an online stream of the course was offered in response to rising travel costs and the needs of students living in areas far from the two main teaching locations.

The study examines outcomes for online versus in-person teaching for course evaluations and CTS-R scores. Study strengths include the use of CBT adherence via ratings of session recordings as a dependent variable, and the naturalistic real-life context. Limitations include the lack of random assignment and the number of covarying factors (e.g. stress, infection, technology issues), which means that it is impossible to attribute outcome differences to delivery modality alone. Regardless of these shortcomings, the results highlight an important area of enquiry for the future dissemination of CBT in an unpredictable world.

Keywords

Dissemination, training methods

• Indicators of Ineffectiveness in Clinical Supervision

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Diego Fernández-Regueras, Universidad Autónoma de Madrid, Spain

Ana Calero-Elvira, Universidad Autónoma de Madrid, Spain

Abstract

Clinical supervision is a crucial component in the training and development of professionals in the field of psychology. In recent years, there has been much discussion about the importance of clinical supervision, but there is very little empirical research supporting its effectiveness. This study, framed within the Evidence-Based Clinical Supervision model proposed by Milne (2007), focuses on identifying signals and behaviors that can alert us to the ineffectiveness of clinical supervision, with the aim of improving the quality and effectiveness of this process. The main objective of this study is to identify specific behaviors and behavior sequences that indicate that clinical supervision is not being useful and will not have a significant impact on the subsequent work of supervisees with their clients. Observational methodology was used to analyze 100 supervision sessions and 200 therapy sessions at the Center for Applied Psychology of the Autonomous University of Madrid (CPA-UAM). The sessions were recorded, and the behaviors were analyzed moment by moment using 'The Observer XT' software. This software allowed for the recording of the guidelines offered by supervisors and the evaluation of the extent to which these guidelines were followed by supervisees in their therapy sessions. The results show that when behaviors are analyzed individually, there are no significant differences in the compliance with guidelines in the therapy sessions by the supervisees. However, when studying the sequences of behaviors, significant differences emerge. Specifically, certain sequences of behaviors by supervisors and supervisees are associated with low compliance with guidelines in subsequent therapy sessions. These findings suggest that it is not enough to observe behaviors in isolation; it is crucial to analyze the dynamics of interactions to understand the effectiveness of clinical supervision. The sequences of behaviors that show significance in terms of low compliance with guidelines provide important clues for improving clinical supervision. Identifying these sequences allows supervisors to adjust their strategies in real-time, thus increasing the likelihood that the guidelines will be effectively implemented by supervisees in their therapeutic practice. This study highlights the importance of a dynamic and sequential approach in the evaluation of clinical supervision, proposing new ways to optimize the training of future professionals in psychology.

Keywords

Clinical supervision; Behavioral sequences; Compliance with supervision guidelines; Observational methodology, Evidence-Based Clinical Supervision

Open Paper Symposium 4 – Obsessive Compulsive Disorder

Chair: Borjanka Batinić, Department of Psychology, Faculty of Philosophy, Belgrade, Serbia

• The brain “locked in obsessive doubt” and cognitive-behavioral techniques for overcoming imagined danger

Borjanka Batinic, Department of Psychology, Faculty of Philosophy, Belgrade, Serbia

Abstract

Obsessive doubt is one of the fundamental symptoms of obsessive-compulsive disorder, more or less prominent in different subtypes of the disorder making it a “doubt disorder.” That doubt is selective and aimed at ambiguous aspects of self-identity, characterized by the persistent questioning of certainties or the assumption that anything fundamental to a person's value system, including oneself and hidden motives, is doubtful. It leads to checking compulsions (one's thoughts, emotions, behavior, the entire self, and the environment), seeking reassurance or avoiding anxiogenic stimuli.

Obsessive doubt is hypothetical, beginning with intuition, and followed by imaginative mental actions and reconstruction of a possible events. Checking compulsions lead to momentary relief, but also to the emergence of new imaginative versions that require verification, leaving a person “stuck in doubt”.

The presentation discusses abnormal information processing resulting in “confusion of reasoning” and an inability to break the vicious cycle of frightening uncertainty. Various therapeutic techniques from REBT, CBT, and IBA contexts are presented to achieve the therapeutic goal of distancing oneself from doubt as irrelevant to the present moment. Being able to tolerate uncertainty, as opposed to the unsuccessful resolution of doubt, is essential when addressing the foundations of obsessive doubt.

Keywords

Obsessive-compulsive disorder, obsessive doubt, intolerance of uncertainty, treatment

• Obsessive-compulsive symptoms and sleep disturbance in youth

Omer Linkovski, Bar Ilan University, Ramat Gan, Israel, Israel

Denis Lissitsa, Bar-Ilan University, Israel

Abstract

Background: Obsessive-compulsive symptoms (OCS) are common stressors across psychopathologies in youth. OCS are associated with sleep disturbance and depression in adults, but there are conflicting results regarding OCS, sleep, and depression in youth. The talk will present a study which tested whether sleep disturbance affects OCS and whether depressive symptoms moderate this association in a large community sample.

Methods: Using data from the Healthy Brain Network (HBN) project (n=3,508), we investigated the relationship between OCS and sleep disturbance, in a youth cohort aged 5-17. We examined differences in OCS between youth with and without sleep disturbance. In addition, we examined how OCS is associated with sleep disturbance while accounting for possible cofounders. Lastly, we used a mediation model to test whether depressive symptoms mediate the association between OCS and sleep disturbance.

Results: Youth with sleep disturbance reported more severe OCS compared to youth without sleep disturbance. Furthermore, the severity of sleep disturbance was associated with the severity of OCS and this relationship was only partially mediated by depressive symptoms.

Conclusions: OCS are associated with sleep disturbance among youth and depressive symptoms only partially explain this relationship, settling inconsistencies in the literature. Our findings stress the utility of assessing sleep disturbance in youth and warrant studying the causal links between sleep disturbance and OCS

Keywords

Obsessive-compulsive symptoms, sleep, sleep disturbance, depressive symptoms; youth

• Predictors and mechanisms of exposure-based CBT in obsessive-compulsive disorder: the putative contribution of fear reversal learning

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Jan Beucke, MSB Medical School Berlin, Germany

Norbert Kathmann, Humboldt-Universität zu Berlin, Germany

Björn Elsner, Humboldt-Universität zu Berlin, Germany

Abstract

Background. Although exposure-based cognitive-behavioral therapy (CBT) is an effective first-line treatment of obsessive-compulsive disorder, the conditions and mechanisms of successful treatment are not fully understood. In particular, given the learning theory roots of exposure, there are surprisingly few studies on the relationship between outcome of exposure-based CBT and psychophysiological parameters assessed in learning experiments. Of special interest are Pavlovian fear conditioning experiments with a reversal of contingencies between threatening unconditioned and conditioned stimuli (fear reversal paradigm). In such experiments, better differentiation between conditioned signals of threat and safety after reversal may indicate the ability to flexibly adapt to changing contingencies, which is presumed to facilitate learning in exposure therapy.

Objectives. We present a study that investigated for the first time whether outcome of exposure-based CBT is predicted by parameters of acquisition and extinction of fear responses in a fear reversal experiment. It was expected that better differentiation between signals of threat and safety after contingency reversal was associated with better outcome of exposure-based CBT.

Methods. Thirty-two individuals with a primary diagnosis of OCD participated in a fear reversal experiment prior to receiving individual cognitive-behavioral therapy with a focus on exposure and response prevention in an outpatient setting. CBT outcome was measured using the Yale-Brown Obsessive-Compulsive Scale (Y-BOCS). The first part of the experiment consisted of presenting a picture of a face (CS+) together with an electrical stimulation (US) in one third of the trials, while a second face (CS-) was never presented with the US (acquisition stage). During a subsequent reversal stage, the formerly safe face was now paired with the US (new CS+) and the former CS+ was no longer coupled with the US (new CS-). Skin conductance response (SCR) was measured as an indicator of the fear response, and regression analysis was used to test whether SCR differences between threat and safety stimuli (CS+ vs. CS-) predicted outcome of exposure-based CBT.

Results. Sixty-three percent of participants achieved remission (Y-BOCS score ≤ 12) during therapy, and average Y-BOCS score reduced from $M = 23.5$ ($SD = 6.1$) pre-treatment to $M = 10.2$ ($SD = 7.0$) post-treatment. The SCR difference (CS+ vs. CS-) during late reversal predicted both symptom reduction and remission at post-treatment.

Discussion. Adaptive learning skills as indicated by experimental conditioning measures may contribute to success in exposure-based CBT for OCD. The results are discussed in a broader framework of predictors and mechanisms of exposure-based treatment of OCD.

Keywords

obsessive-compulsive disorder, exposure with response prevention, skin-conductance response, conditioning

• Treating OCD in 4 days: Bergen 4-Day Treatment versus gold standard CBT

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Robin Fondberg, Karolinska Institutet, Sweden

Oskar Flygare, Karolinska Institutet, Sweden

Erik Andersson, Karolinska Institutet, Sweden

David Mataix-Cols, Karolinska Institutet, Sweden

Volen Ivanov, Karolinska Institutet, Sweden

Christian Rück, Karolinska Institutet, Sweden

Abstract

Introduction: Bergen 4-Day Treatment (B4DT) is a new, intensive approach to treating OCD. It aims to combat the challenges associated with gold standard CBT, including time inefficiency, high costs and moderate dropout rates. While initial studies have shown promising results, the non-inferiority of B4DT compared to gold standard CBT has not been evaluated.

Methods and analysis: We conducted a single-blind, randomized controlled trial with a total of 120 patients to compare B4DT to gold standard CBT. We hypothesized that B4DT would demonstrate non-inferiority compared to gold standard CBT at the primary endpoint, 15 weeks after treatment start. The primary outcome measure was the blind assessor-rated Yale-Brown Obsessive Compulsive Scale (Y-BOCS), analyzed with a between-group analysis of covariance at post-treatment, with the pre-treatment Y-BOCS score as a covariate. The non-inferiority margin was four points on the Y-BOCS. Secondary outcomes included time to treatment response, cost-effectiveness, response and remission rates, quality of life, and symptoms of depression. Data on dropout rates and adverse events were also collected in both groups.

Preliminary results: As of today, all 120 patients have been included in the study. By August 2024, all primary endpoint data will be collected and analyzed, except for possible participants who might be late with their assessments and whose measurements will not be available by the time the analyses for the current presentation are conducted. We will present preliminary results on the primary and secondary outcomes.

Relevance of the study: This study is the first trial to compare B4DT to gold standard CBT for OCD. Should clinical

efficacy between the two treatments prove comparable, B4DT could emerge as a viable option for integration into routine care, given its intensive format, potentially appealing to certain patient preferences. Moreover, additional evidence-based treatment alternatives might create opportunities for patients to receive help faster, facilitate a reduction in waiting lists and expediting symptom relief for individuals with OCD.

Ethics and dissemination: This study has received approval from the Swedish Ethical Review Authority. Before gathering any data, we pre-registered hypotheses and made the analysis code publicly available. The findings from all analyses will adhere to the reporting guidelines outlined in the Consolidated Standards of Reporting Trials for non-pharmacological trials and the Consolidated Health Economic Evaluation Reporting Standards. Trial registration number NCT05608278.

Additional information: As only eight authors who contributed to this submission could be listed, I will list the rest here: Sofia Asplund (Karolinska Institutet), Sofia Dahlén (Stockholm Health Care Services, Region Stockholm) and Filipa Sampaio (Uppsala University). They are placed in order between Oskar Flygare and Erik Andersson.

Keywords

adult psychiatry, obsessive-compulsive disorder, OCD, Bergen 4-Day Treatment, B4DT, cognitive behavioral therapy, CBT, exposure and response prevention, ERP, intensive treatment

Open Paper Symposium 5 – Eating disorders and body image

Chair: Noam Weinbach, University of Haifa, Israel

• How Hunger Influences Children's Consumption of a Novel Fruit: Possible Implications for Treatment in Eating Disorders

Britt Fleischeuer, Maastricht University, Netherlands

Chantal Nederkoorn, Maastricht University, Netherlands

Rosalie Mourmans, Maastricht University, Netherlands

Anouk van den Brand, Maastricht University, Netherlands

Anouk Hendriks-Hartensveld, Maastricht University, Netherlands

Pauline Dibbets, Maastricht University, Netherlands

Katrijn Houben, Maastricht University, Netherlands

Abstract

Avoidant/Restrictive Food Intake Disorder (ARFID) is characterized by severe avoidance or restriction of food intake, leading to significant nutritional deficits, weight loss, and psychosocial impairment. Commonly avoided foods include fruits and vegetables, despite their essential role in development. Established treatments for ARFID, such as cognitive behavioral therapy (CBT) and exposure therapy, have shown varying degrees of success. The present study explored an additional strategy: leveraging hunger to enhance fruit and vegetable consumption, based on the premise that hunger may diminish taste perception and increase food intake. Previous research indicates that hunger can increase the intake of familiar fruits and vegetables in children, but its impact on unfamiliar foods remains unclear. To investigate this, a study was conducted with typically developing children using a 2 x 2 factorial design. Children were randomly assigned to one of four conditions: hunger (yes/no) and exposure to the type of fruit/vegetable (familiar/unfamiliar). The present study was examined in typically developing children to see if the relationship can be applied here, with the potential of examining it as a follow-up in children with ARFID. Results revealed two main effects: children consumed more fruit when hungry ($F(1, 174) = 9.73, p = 0.002$) and ate more familiar fruits compared to unfamiliar ones ($F(1, 174) = 40.09, p < 0.001$). Notably, food rejection tendencies measured with a parental questionnaire did not significantly interact with the experimental conditions (p values all > 0.05). These findings suggest that leveraging hunger as a strategy to enhance food intake, irrespective of food familiarity, is effective in typically developing children. Given these promising results, further research is needed to examine the applicability of this strategy for children with ARFID, positioning hunger manipulation as a potential and promising adjunct treatment option.

Keywords

Hunger; appetite; food intake; eating disorders

• Developmental Pathways of Disordered Eating from Early to Mid-Adolescence and Their Association with Potential Risk Factors

Kärol Soidla, University of Tartu, Estonia

Kadi Reintam, University of Tartu, Estonia

Kirsti Akkermann, University of Tartu, Estonia

Abstract

Disordered eating (DE) often begins in early adolescence, is characterized by heterogeneous development, and is associated with long-term physical and mental health consequences, including the development of eating disorders. Research indicates that the development of DE is heterogeneous, with multiple trajectories depending on individual factors and specific types of DE behavior. This study had two main objectives: to identify homogeneous developmental trajectories of DE and to investigate cognitive and behavioral factors predicting membership in these trajectories. Data from a four-wave longitudinal study were used. Participants (n=298; girls n=167, boys n=131) who took part in at least two assessment points (from ages 11 to 16 years) were included in the data analysis. The Children's Eating Attitudes Test (ChEAT) and its subscales (Body Concerns, Dieting, Food Preoccupation, Pressure to Eat) were used in Growth Mixture Modeling to identify developmental trajectories. Multinomial logistic regression analysis was conducted to assess the probability of belonging to different developmental trajectories considering potential cognitive-behavioral risk factors (perfectionism, self-esteem, perceived social pressure to thinness, depression, and anxiety symptoms). Based on the ChEAT total score, three distinct developmental trajectories were identified and labeled accordingly: Low-Stable (16% of participants, exhibiting few symptoms of DE that did not significantly increase over time), High-Stable (36% of participants, consistently displaying high levels of DE), and Medium-Increasing (48% of participants, experiencing moderate DE that increased with age). A higher proportion of boys were categorized in the Low-Stable developmental trajectory (60% vs. 40%), while a larger percentage of girls fell into the High-Stable trajectory (34% vs. 66%). Higher body mass index, perceived social pressure, and perfectionism were found to increase the likelihood of belonging to the High-Stable trajectory. Results were similar for predicting membership in the Medium-Increasing trajectory. Depending on the ChEAT subscales, two to four trajectories were identified. Body Concerns was the only subscale that exhibited solely stable trajectories, all with no significant changes over time (High-Stable, Medium-Stable, and Low-Stable), confirming this cognitive aspect to be central in the development of DE. In conclusion, strongly manifested DE tends to exhibit a stable course during adolescence, whereas individuals with moderate DE tend to experience an increase in symptoms over this developmental period. The identification of these developmental trajectories and their associations with cognitive-behavioral risk factors facilitates more effective planning of preventive measures and the identification of adolescents in need of urgent attention or specific interventions. In addition, it emphasizes the importance of early prevention and intervention efforts targeting preoccupation and worries about one's body weight or shape and perfectionism.

Keywords

disordered eating, adolescence, perfectionism, body concerns

• The effects of self-compassion and cognitive reappraisal on appearance-related rumination among adolescent girls

Noam Weinbach, University of Haifa, Israel

Hadas Hevron, The University of Haifa, Haifa, Israel

Abstract

Appearance-related rumination is a major cause of emotional distress among adolescents. Adaptive emotion regulation strategies were suggested to counteract the harmful consequences of rumination. This study examined if cognitive reappraisal and self-compassion can improve female adolescents' body satisfaction and appreciation after engaging in appearance-related rumination. In an online experiment, 142 healthy female adolescents underwent an appearance-related rumination induction that included ruminating on an imaginary scenario where an unflattering photo of them was uploaded to a social network app. Then, participants were randomly allocated to one of three experimental conditions. Using a writing task, one group engaged in self-compassion (e.g., engaging in self-kindness), a second group implemented cognitive reappraisal (e.g., thinking of reasons why the situation not so bad), and a third group continued to ruminate regarding their appearance. State body dissatisfaction and appreciation were assessed at baseline, post-appearance rumination, and post-writing tasks using the body image state scale (BISS) and the state body appreciation scale (BAS-2), respectively. The results showed that appearance-related rumination increased state body dissatisfaction and reduced body appreciation in all groups. Importantly, state body dissatisfaction and appreciation were fully restored to their baseline levels in the self-compassion and cognitive reappraisal groups, but not in the rumination group. The findings provide empirical evidence regarding the negative consequences of appearance-related rumination among adolescent girls. Furthermore, the study highlights the utility of self-compassion and cognitive reappraisal as coping mechanisms that can efficiently alleviate emotional distress that is associated with appearance-related rumination. Overall, the study suggests that incorporating self-compassion and cognitive

reappraisal into cognitive behavioral treatments for adolescents with body image concerns could assist in buffering against appearance-related rumination.

Keywords

emotion regulation, self-compassion, cognitive reappraisal, body dissatisfaction, body appreciation, adolescents

• Association of Irrational Beliefs, Perfectionism, and Self-Esteem with Orthorexia Nervosa Symptoms in Serbia

Jovana Stanimirović, University of Belgrade, Faculty of Philosophy, Department of Psychology, Serbia

Abstract

Orthorexia Nervosa (ON) represents a recent phenomenon and is characterized as a restrictive eating pattern marked by an obsession and pathological preoccupation with consuming food believed to be healthy, all in pursuit of overall health. Guided by the transdiagnostic model, which posits a fundamental psychopathology underlying all eating disorders, as well as common mechanisms that underlie and perpetuate eating disorders, the research aimed to explore the relationship between ON (which has not yet gained disorder status in the ICD and DSM-5 classification systems) and irrational beliefs, perfectionism, and self-esteem, identified as responsible mechanisms for the development and maintenance of eating disorders. A correlational-regression study was conducted with data collected from 689 participants from the general population. The instruments used were the Irrational Beliefs about Orthorexia Nervosa Questionnaire (IROX), the Clinical Perfectionism Questionnaire (CPQ), the translated Rosenberg Self-Esteem Scale (RSRS), and the Orthorexia Nervosa Inventory (ONI). The results indicate a significant positive and strong correlation between ON and irrational beliefs, as well as between irrational beliefs and all three sub-scales of the ONI inventory. Irrational beliefs are a statistically significant positive predictor of ON. Furthermore, a significant positive and moderate correlation was observed between ON and clinical perfectionism, as well as between clinical perfectionism and all three sub-scales of the ONI inventory. Clinical perfectionism serves as a reliable positive predictor of ON. A significant negative and weak correlation was obtained between ON and self-esteem, as well as between self-esteem and all three ONI sub-scales. However, through multiple linear regression analysis, where the criterion was the total score on the ONI inventory and the predictors were irrational beliefs, clinical perfectionism, and self-esteem, self-esteem did not emerge as a significant predictor of ON. Examining these phenomena and their relationships provides data that can be utilized to enhance the prediction and prevention of individuals at risk of developing ON, contributing to the scientific understanding of the phenomena under investigation.

Keywords

Orthorexia Nervosa, irrational beliefs, clinical perfectionism, self-esteem

Open Paper Symposium 6 – Child mental health & parenting

Chair: Chantal Nederkoorn, Maastricht University, Netherlands

• Hands-On Texture - Evaluating the effect of exposure on food acceptance

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Abstract

Picky eating is common in early childhood and is associated with frequent refusal of various foods. The texture of food plays a crucial role in these rejections. Once preferences or rejections are learned, they are difficult to change later in life. In some children, picky eating can develop into a clinical condition known as Avoidant/Restrictive Food Intake Disorder (ARFID). Research indicates that almost one-third of ARFID patients have shown selective eating patterns since early childhood. Individuals with ARFID may experience high levels of anxiety and distress when exposed to certain foods, smells, or textures. Therefore, it is important to encourage healthy eating habits, including the acceptance of diverse textures, from an early age.

Previous research has demonstrated that tactile exposure can increase food acceptance in young children. This study aims to investigate whether the increase in food acceptance results from tactile sensations related to specific textures or from a growing familiarity with the food.

The study involved 131 children aged 4 to 6 years from four elementary schools in the Netherlands. Participants were randomly assigned to one of four exposure conditions: exposure to the target fruit (yes/no) and exposure to the target texture (yes/no). The tasks included interacting with passionfruit seeds, basil seeds, polystyrene foam balls,

and whole passion fruits using their hands. The primary outcome measure was acceptance of the passionfruit seeds, evaluated on a 7-point scale ranging from 1 (physical refusal) to 7 (eating more than one spoon). Baseline variables, including child food rejection (CFRS) and child tactile sensitivity, were reported by parents.

The results revealed no significant differences in fruit acceptance levels across the different exposure conditions. This suggests that the exposure, as implemented in this study, did not significantly influence fruit acceptance among young children. However, children identified as picky eaters by their parents showed lower acceptance of passionfruit compared to non-picky eaters.

While tactile exposure tasks have shown effective in previous studies, their impact on fruit acceptance may vary depending on contextual factors and individual differences among children. Furthermore, mere exposure is a proven method to enhance food acceptance—familiarity with a food through repeated exposure increases liking—and the present study involved only a single exposure. Further research is necessary to determine whether repeated exposure would result in different outcomes.

Keywords

food acceptance; selective eating; sensory play task; food texture; young children

• Tactile tastes: the relation between pickiness in eating, liking of textures and tactile thresholds

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Abstract

Severe picky eating and the rejection of a wide variety of foods is the main characteristic of Avoidant/Restrictive Food Intake Disorder (ARFID). This rejection can be based on sensory aspects, meaning that specific tastes, smells or textures are avoided. Several studies found that avoidance of food textures is related to a general dislike of tactile stimuli, for example the dislike of certain fabrics, toothbrushing or walking barefoot on sand. This dislike of tactile stimuli might stem from lower thresholds to detect touch, causing over-stimulation and therefore aversion for specific tactile stimuli. Alternatively, picky eaters might have the same objective tactile thresholds as non-picky eaters, but different subjective evaluations. The aim of the present study is to test the relations between pickiness in eating, subjective liking of textures, and tactile thresholds. In a sample of 86 adult participants, picky eating was measured with the Adult Picky Eating Questionnaire (APEQ) and an adjusted food frequency questionnaire (adjFFQ). Tactile thresholds were tested with Semmes-Weinstein monofilaments (both on the tongue and fingertip) and liking of different textures was measured by feeling several textures with the hands. Results showed that subjective liking of textures was related to both measures of picky eating. However, tactile thresholds were not related to the liking of textures. Thresholds of the fingertip, but not the tongue, were weakly related to the adjFFQ measure of picky eating, but not the APEQ. The results indicate that picky eaters indeed have a general subjective dislike of textures, but this cannot be explained by lower tactile thresholds. Future research might focus on how differential liking of textures develops.

Keywords

ARFID, tactile sensitivity, tactile thresholds, food textures, pickiness in eating

• Knowing is liking? Exploring food knowledge and food rejection in 3-year-olds

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Abstract

Avoidant restrictive food intake disorder (ARFID) is defined as a severe disturbance in eating behavior that is mainly manifested by extreme food rejection. In prior studies, food rejection tendencies in children have been found to be related to their cognitive food-domain related abilities (e.g., recognition and categorization). Therefore, in this study we aimed to shed more light on the relationship between food recognition, categorization and food rejection in 3-year-olds. A total of 259 children and 289 parents participated in the study. The children performed two food categorization tasks in which they were asked to sort pictures of fruits and vegetables, and pictures of savory and sweet foods. Furthermore, children's ability to recognize deviating food forms (e.g., a food in a different color) was tested. Food rejection behavior was measured with a taste test (children were offered two familiar and two unfamiliar vegetables and invited to taste them). Parents also reported their children's food rejection behavior by completing the Child Food Rejection Scale and reporting their child's liking of a list of vegetables and fruits. Preliminary results show that

neither categorization performance, nor performance on the recognition task was related to any of the food rejection measures. In conclusion, this study shows contrasting evidence regarding the relationship between children's cognitive food-domain related abilities and their food rejection tendencies, pointing to a limited influence of the ability to categorize and recognize foods on picky eating.

Keywords

ARFID, food rejection, picky eating, food knowledge, food-domain cognitive abilities

• Biased bites? Exploring confirmation bias in preschoolers' food rejection

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Abstract

Food rejections are common in young children and impair the variety and quality of their diet. Severe food rejection behavior is characteristic of Avoidant/Restrictive Food Intake Disorder (ARFID), a condition that further complicates meeting nutritional needs. Previous research has revealed parallels between food rejection behavior and fear and anxiety. Building on these findings, the present study examined whether confirmation bias (the tendency to search for information confirming one's initial beliefs) – which has been implicated in fear and anxiety – also plays a role in child food rejections. A total of 302 children and 313 parents participated in the study as part of an ongoing longitudinal project. Child food rejection was measured at age 3 and 4 years old using two parental questionnaires (Child Food Rejection Scale [CFRS] and a Liking of Foods scale) and an ad lib taste test, in which children were asked to try two familiar and two unfamiliar vegetables. Confirmation bias was assessed using an iPad task at age 3 years old, in which children were presented with five unfamiliar fruits and were first asked whether the fruit looked yummy or yucky, and next chose if they wanted to hear the experience from a child who liked or disliked the fruit (either confirming or disconfirming their belief). Preliminary data revealed no relationship between confirmation bias and our three food rejection measures, suggesting confirmation bias does not play a role in food rejection behavior. Future studies may examine the role of other information processing biases in explaining food rejection behavior.

Keywords

food rejection, confirmation bias, picky eating, food neophobia, ARFID

• Exploring the Dynamics of Strength-Based Parenting and Positivity Ratio: Insights from Parent-Child Dyads in Urban Muslim Arab Communities

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Abstract

This study delves into the intricate relationship between Strength-Based Parenting (SBP) and the Positivity Ratio (PR) within parent-child dyads in two urban Muslim Arab communities in the Triangle area. Anchored in the principles of positive psychology, which underscores the paramount role of positive emotions and environments in fostering optimal functioning and well-being, this research explores how SBP and PR contribute to children's positive worldview, resilience, and journey toward self-fulfillment. Utilizing a cross-sectional design, the study gathered data from 220 pairs of children and their parents through self-report questionnaires, emphasizing the crucial aspects of SBP and PR. Employing an Actor-Partner Interdependence Model (APIM) to scrutinize both actor and partner effects within these dyads, the findings highlight significant actor effects. This indicates a strong association between the identification component of SBP—recognizing strengths—and higher PR in both parents and children. This suggests that recognizing strengths plays a more substantial role in contributing to positive emotional outcomes than merely using them. However, partner effects did not show significant impact, suggesting the SBP behaviors in parents or children did not significantly influence the other party's PR. This revelation points to the individualistic rather than dyadic impact of SBP behaviors on positive emotional outcomes, emphasizing the importance of nurturing individual and familial strengths to foster a positive emotional climate within families.

By integrating the core tenets of educating children within the framework of positive psychology, this study underscores the pivotal role of family environment and parent-child relationships in cultivating happy, resilient, confident, and optimally functioning children. The findings not only contribute to the existing body of literature by elucidating the differential impacts of SBP's identification and usage sub-factors on PR but also highlight the complex dynamics of family relationships and their influence on well-being, reaffirming the critical role of positive psychology in understanding and enhancing parent-child dynamics

Keywords

Strength-Based Parenting, Positivity Ratio, Parent-Child Dyads, Actor-Partner Interdependence Model, Positive Psychology

• Assessing the Efficacy of a Group Program for Anxious Parents in Preventing Offspring Anxiety: A Parallel Randomized Controlled Trial

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Johan Åhlén, Karolinska Institutet, Sweden

Abstract

Background: Anxiety disorders are the most prevalent psychiatric conditions among children, and offspring of anxious parents are known to be at particularly high risk. Targeting families with anxious parents has emerged as a promising approach to prevention. The primary objective of the current trial was to evaluate the efficacy of a novel parenting program, the Confident Parents Brave Children program (CPBC), compared with an active control, in preventing pediatric anxiety symptoms and disorders over a period of 12 months.

Method: 215 parents were randomly allocated to either take part in the CPBC or to a self-help control condition. The inclusion criteria encompassed heightened parental anxiety and having a child aged 5-9 years who did not meet the criteria for an anxiety disorder. The CPBC program, a novel group-based parenting intervention for anxious parents, involves six group meetings and one individual booster, all administered through video conferencing. It targets parental overprotection and anxious modeling, and provides parents with skills to help their children deal with anxiety. Participants in the self-help control condition received a book promoting positive and effective parenting strategies and were instructed to read it over a period of ten weeks.

The primary outcome was severity of childhood anxiety disorder, assessed by the Anxiety Disorders Interview Schedule (ADIS). Assessors at the 12-month follow-up were masked to participant allocation. Secondary outcomes included parent-rated child anxiety symptoms and parental self-efficacy.

Results: At the 12-month follow-up, no significant effect on child anxiety disorders was found. However, children whose parents participated in the CPBC program exhibited lower levels of parent-rated anxiety symptoms compared to children in the control group after one year. When stratifying by age, a significant reduction in the risk for anxiety disorders and clinical severity rating was observed in younger children (5-6 years) whose parents had participated in the CPBC program. For parents in both conditions, effects were observed on parental self-efficacy.

Conclusion: Interventions targeting families with anxious parents represent a promising avenue for childhood anxiety prevention; however, further research is warranted to deepen our understanding and assess the effectiveness of such interventions. One important question for future research regards the optimal timing for family preventive interventions.

Main funder: Swedish Research Council

With contributions from: The Söderström - Königska Foundation and the Fredrik and Ingrid Thuring Foundation

Keywords

Anxiety disorders, parent intervention, prevention

Improve Mental Health (Improve-MH) for Refugee Families using a culturally adapted, General Practitioner-delivered cognitive behavioral therapy intervention - a multi-center randomized controlled trial

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Abstract

Introduction

Germany and the European Union have experienced waves of refugees, totaling over 2.6 million arrivals since 2014, many being families with young children. This vulnerable population faces xenophobia, discrimination, and limited healthcare access, contributing to a high prevalence of mental health problems (MHP).

Our primary goal is to proactively address MHP in refugee parents and prevent its impact on their children through effective early interventions. Using a low-threshold, general practice-delivered treatment, and an online parenting program, we aim to enhance parenting skills and address parental psychopathology to prevent the development of MHP in children.

Methods

In this randomized controlled trial, we planned to include 188 refugee parents of children < 7 years, assigned to either the experimental intervention (Improve) or treatment as usual (TAU). Improve includes face-to-face sessions, an interactive online parenting program (Triple P online), and regular telephone calls by psychologists.

Challenges to implementation

Implementing this project faced challenges rooted in the stigmatized nature of the topic and a prevalent lack of knowledge about the German healthcare system among the target population. Additionally, concerns regarding data privacy and apprehensions about potential impacts on residency, citizenship applications, or naturalization added to the complexities. An online survey, we conducted, within the target population provided insights into these barriers.

Results and Conclusion

This study aims to compare the effectiveness of Improve and TAU, delivered by GPs, on parental and child MHP and parenting skills at post, 3-, and 6-month follow-ups. Preliminary results will be presented, and implications for mental health care delivery to refugees, incorporating insights from the online survey, will be discussed. This nuanced approach contributes to understanding challenges and opportunities in addressing mental health in this vulnerable demographic, emphasizing the importance of tailored interventions.

Keywords

refugees, mental health, parenting, prevention

Open Paper Symposium 7 - Third Wave CBT

Chair: Josef Mattes, AVM, Austria

• Personal Construct Theory, ACT, and Narrative Psychology: ACTing Towards Integration

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Abstract

Personal construct theory (PCT), Acceptance and Commitment Therapy, and narrative psychology all operate within the metatheoretical framework of contextualism. All these approaches are dependent on the context in which human behavior manifests, making it impossible to separate them. A person's behavioral change relates to their ability to change their view of themselves and their environment, potentially leading to positive therapeutic outcomes. While PCT and narrative psychology primarily focus on the lenses through which an individual perceives themselves and the world, highlighting the agency of the "construer/man as a scientist" or the "narrator/man as a storytelling being," ACT incorporates specific mindfulness practices and places a strong emphasis on behavior, thereby revealing the potential for change from the "observer self." Still, all three approaches share a similar orientation towards values, which PCT incorporates into its core construct structure, and these approaches aim to produce lasting changes in clients' behavior based on these values. Concepts from PCT, like permeability and propositional construing, closely align with the ACT concept of psychological flexibility. Narrative psychology and its effort to raise the level of awareness of marginalized stories and challenge dominant oppressive narratives could be seen as an orientation towards meaningful life when a person starts to behave more in line with values-saturated (instead of problem-saturated) stories that were neglected in favor of certain cultural practices.

Keywords

Personal Construct Theory, Acceptance and Commitment Therapy, Narrative Psychology, contextualism

• ACTing innocently? How to combine good therapy with highly questionable philosophy

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Abstract

In a recent special section of Behavior Therapy (2023), ACT (Acceptance and Commitment Therapy) received strong criticisms from a number of authors. These critical evaluations targeted both its empirical status and the general philosophy ("functional contextualism") that is usually added in expositions of ACT. In the same issue there appeared also a strong defence by Hayes, Hofmann and Ciarrochi, against these critiques.

The present talk argues that while part of this defence succeeds well, this does not hold for at least one often-affirmed aspect of the general philosophy (specifically, the alleged "pragmatic truth criterion"). Furthermore it is explained why this is important. In addition, other possible defences of this alleged truth criterion, beyond those presented by Hayes et al., are considered and shown to be inadequate.

Keywords

ACT, philosophy, pragmatism, functional contextualism, truth, ethics

• **Comparison of the Effectiveness of Acceptance and Commitment Therapy and Cognitive Behavioral Therapy on Anxiety and Depression Levels of Preadolescents**

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Abstract

Internalizing problems, such as anxiety and depression, are frequently encountered in pre-adolescents. These mental health issues disrupt functionality in academic, social, and familial areas. This study aims to compare the effectiveness of group psychoeducation programs for anxiety, developed based on Cognitive Behavioral Therapy (CBT) and Acceptance and Commitment Therapy (ACT), on the anxiety and depression levels of pre-adolescents.

The experimental application was structured with a 3x4 mixed design, including pre-test, post-test, one-month, and three-month follow-up measurements, with two experimental groups (CBT and ACT) and one control group. The study group consisted of 38 pre-adolescents (ACT=10, CBT=13, Control=15; M=11.38 years, SD= .561) studying in three different public schools and attending the sixth grade. The "Revised Child Anxiety and Depression Scale - Child Version" (RCADS-Y) was used as a data collection tool. Pre-adolescents in the experimental groups underwent 8-week psychoeducation programs based on CBT and ACT, while the control group received no intervention. Repeated Measures ANOVA was used to analyze the data.

The findings are as follows:

The difference in RCADS-Y total anxiety scores across the pre-test, post-test, one-month follow-up, and three-month follow-up measurements for the ACT, CBT, and control groups was significant with a large effect size ($F_{(2-26)} = 5.728$; $p < .05$, $\eta_p^2 = .306$). The difference in RCADS-Y total anxiety scores across the same measurements, regardless of group distinction, was significant with a large effect size ($F_{(3-78)} = 16.609$; $p < .001$, $\eta_p^2 = .390$). The results of the Group*Time interaction effect indicated that the mean scores for the ACT, CBT, and control groups differed significantly across the measurement points with a large effect size ($F_{(6-78)} = 3.636$; $p < .05$, $\eta_p^2 = .219$). This finding suggests that group membership (experimental or control) had differing effects on reducing anxiety. The Bonferroni post-hoc test revealed that the post-test RCADS-Y total anxiety scores of pre-adolescents in the ACT and CBT groups were significantly lower than those of the control group ($X_{ACT-Control}^- = -34.46$, $p < .05$; $X_{CBT-Control}^- = -19.23$, $p < .05$), while the difference between the ACT and CBT groups was not significant ($X_{ACT-CBT}^- = -15.22$, $p > .05$). These results indicate that both CBT and ACT group psychoeducation programs are effective in reducing anxiety levels among pre-adolescents, with no significant difference in effectiveness between the two methods.

The difference in the mean RCADS-Y depression scores (pre-test, post-test, one-month follow-up, and three-month follow-up) among the ACT, CBT, and control groups was not significant ($F_{(2-26)} = 1.461$; $p > .05$). However, the overall difference in these scores, without group distinction, was significant with a large effect size ($F_{(3-78)} = 8.016$; $p < .001$, $\eta_p^2 = .236$). The Group*Time interaction effect showed significant differences among the ACT, CBT, and control groups with a large effect size ($F_{(6-78)} = 4.009$; $p < .05$, $\eta_p^2 = .236$), indicating varying impacts on depression reduction. The Bonferroni post-hoc test revealed that ACT group showed a significant decrease in depression scores from pre-test to post-test, sustained through follow-ups ($X_{Pretest-Posttest}^- = 9.345$, $p < .05$; $X_{Posttest-Follow up-1}^- = -1.059$, $p > .05$; $X_{Posttest-Follow up-2}^- = .941$, $p > .05$.. In the CBT group, no significant differences were found ($X_{Pretest-Posttest}^- = 1.134$, $p > .05$; $X_{Posttest-Follow up-1}^- = -.214$, $p > .05$; $X_{Posttest-Follow up-2}^- = -.934$, $p > .05$).

Keywords

Pre-adolescents, Anxiety, Depression, Acceptance and Commitment Therapy, Cognitive Behavioral Therapy, Psychoeducation

• **ACT-enhanced behavior therapy in group format for skin-picking disorder: An effectiveness study**

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Abstract

Background: Skin-picking disorder (SPD) has a prevalence of 1-2% of the general population and is characterized by recurrent skin picking, resulting in skin damage. Behavioral treatment is considered as the best treatment option for SPD to date, but further studies are needed to investigate different types of psychotherapies and modalities.

Methods: The aim of this study was to investigate the effectiveness of ACT-enhanced behavior therapy for SPD, delivered in a group format within a public health setting. The treatment followed the manual by Woods and Twohig (2008) and was a combination of habit reversal training (HRT) and acceptance and commitment treatment (ACT). The participants received 10 group sessions lasting three hours each, and three booster sessions. Out of the 93 patients initially enrolled in treatment, 12 (13%) were classified as dropouts, i.e., discontinued treatment before the seventh session.

The primary outcome measures were the self-report inventory Skin Picking Scale-Revised (SPS-R), the clinician-rated Massachusetts General Hospital Hair Pulling Scale, adapted for SPD (MGH-SPD), and the clinical global impression scale for SPD (CGI-SPD), measured at baseline, end of treatment, and one-year follow-up. Secondary outcome measures were symptoms of depression (PHQ-9), anxiety (GAD-7), and work- and social adjustment (WSAS).

Results: Preliminary analyses using linear mixed models, with SPS-R as outcome measure, revealed a significant improvement of SPD symptoms from baseline to the end of treatment, extending to one-year follow-up ($t = 10.8$, $p < .001$). Cohen's d from baseline to follow-up was substantial at 1.5. Moreover, there was considerable variability in treatment outcomes among patients, as indicated by the large random slope variance (0.80, $p = .073$).

Conclusions: The results provide initial support for the efficiency of group-based ACT-enhanced behavior therapy for SPD.

Keywords

Skin picking disorder; trichotillomania; habit reversal training; ACT; group therapy

• Does Acceptance Lead to Change? Training in Radical Acceptance Improves Implementation of Cognitive Reappraisal

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Idan M Aderka, University of Haifa, Israel

Noam Weinbach, University of Haifa, Israel

Abstract

Third-wave cognitive behavioral treatments such as dialectical behavioral therapy (DBT) theorize that practicing emotional acceptance can facilitate cognitive change. The goal of the current study was to provide an empirical evidence for this notion by assessing if a two-week online training to cultivate acceptance of negative personal events can subsequently improve the ability to implement cognitive reappraisal while being exposed to aversive stimuli. During six training sessions, 120 healthy individuals recorded personal events from their lives that evoke negative emotions in them. Participants were randomly allocated into three groups: In a Radical Acceptance group, participants implemented a DBT skill aimed to promote acceptance of the negative events they described. In a Check the Facts group, participants reappraised their automatic interpretations of the described events. A Control group described the events, but did not use any DBT skill to cope with them. A picture-based emotion regulation task was used before and after the training to assess implementation of emotional acceptance and cognitive reappraisal. The results showed that following the training, participants who practiced radical acceptance of reality improved in their ability to implement both emotional acceptance and cognitive reappraisal. In contrast, Check the Facts group improved only in the implementation of cognitive reappraisal, but not emotional acceptance. The control group did not improve in either strategy. The findings provide empirical evidence to support the notion that cultivating acceptance can subsequently improve the ability to reinterpret reality for coping adaptively with negative events

Keywords

Emotion regulation, Dialectical behaviour therapy, Acceptance, Cognitive reappraisal

• Translating and Evaluating Metacognitive Training for Borderline Personality Disorder: A Promising Therapeutic Approach

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Macha Natacha Bogdanović, Psychiatric Resident, Croatia

Abstract

Borderline Personality Disorder (BPD) is a complex mental disorder characterized by intense emotional reactions, unstable interpersonal relationships, impulsive behavior, and identity disturbances. Metacognitive Training (MCT) has proven effective in treating various psychiatric disorders, but its application to BPD has yet to be thoroughly explored. Metacognitive Training is a form of psychotherapy focused on enhancing an individual's ability to recognize and regulate their thought processes. The goal is to reduce cognitive distortions and increase awareness of one's mental states. For BPD, MCT can aid in recognizing and regulating intense emotional reactions and dysfunctional thinking patterns. The translation of MCT for borderline disorders involved adapting materials and techniques to be culturally and linguistically relevant to the target population. The translation process included several steps:

Selection of materials

Translation and adaptation: Translation of materials by experts and adaptation to cultural specifics.

Back-translation: Back-translation to ensure accuracy and consistency.

Pilot testing: Conducting pilot studies with a small group of patients to assess the comprehensibility and effectiveness of the translated materials.

The evaluation of MCT's effectiveness for BPD was conducted through clinical studies employing both quantitative and qualitative methods. The main components of the evaluation included:

Symptom measurement: Use of standardized questionnaires to assess the intensity of BPD symptoms before and after the intervention.

Qualitative feedback: Interviews with patients about their experience with MCT.

Control groups: Comparison of results with a control group that did not receive MCT.

The study was conducted on a sample of 16 patients diagnosed with borderline personality disorder (BPD). The diagnosis was made by a licensed psychiatrist, and the patients received treatment at a major psychiatric hospital throughout the year 2024. In addition to the experimental group, a control group was established, consisting of an equal number of participants matched for age and gender. The program, which was predominantly conducted on female participants, involved group sessions lasting for two months. All participants provided informed consent. The evaluation results indicated that MCT has a slight positive impact on reducing BPD symptoms. Patients reported a decrease in the intensity of emotional reactions, improved interpersonal relationships, and better impulse control. Qualitative data revealed that patients gained a better understanding of their thought processes and learned techniques for regulating them.

The translation and evaluation of metacognitive training for borderline personality disorder indicate its potential effectiveness in treating this complex disorder. MCT offers a structured approach that can help patients better understand and control their emotional and cognitive processes. Further research is needed to confirm these findings and develop specific interventions tailored to the individual needs of BPD patients.

Recommendations for Future Research:

Future research should include larger samples of patients and longer follow-up periods to assess the long-term effects of MCT. Additionally, studies could incorporate comparative research with other therapeutic approaches to determine the relative effectiveness of MCT. The integration of neurobiological measures could provide deeper insights into the mechanisms of action of this therapy.

Keywords

Metacognitive training, borderline personality disorder, BPD Therapy, innovative therapies, therapeutic efficacy

Open Paper Symposium 8 - Digital CBT 1

Chair: Saeedeh Zenoozian, Zanjan University of Medical Sciences, Islamic Republic of Iran

• Comparison of the efficacy of face-to-face and online unified protocol of transdiagnostic treatment in people with sub-clinical symptoms of anxiety disorders: A Randomized Clinical Trial

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Zeinab Hasanpour Pirbasti, M.sc student of clinical psychology, Islamic Republic of Iran

Farzane Ahmadi, assistant professor of biostatistics and epidemiology, Islamic Republic of Iran

Vahideh Javadi, PhD student of clinical psychology, Islamic Republic of Iran

Abstract

Introduction: Anxiety disorders are the most common psychiatric disorders and are associated with a high burden of disease. Anxiety disorders are often underrecognized and undertreated in primary care. The World Health Organization (WHO) reported that in 2015, anxiety disorders ranked sixth among all mental and physical illnesses worldwide as the cause of so-called years of life with disability. Unified protocol of transdiagnostic treatment has been designed and evaluated from the beginning as a general prevention program for anxiety and depression. Some of the reasons for people not attending treatment are related to the nature of their disorder, as well as the high costs of face-to-face treatment and transportation problems, especially in big cities, and staying on long waiting lists. This is while these problems can be solved by using technology. This study aimed to compare the efficacy of face-to-face and online unified protocols of transdiagnostic treatment in people with sub-clinical symptoms of anxiety disorders.

Methods: The statistical population of this research included people with sub-clinical symptoms of anxiety disorders. As the present study's sample, 44 people were selected through purposive (accessible) sampling. After evaluating the included criteria, the clients were randomly assigned to two groups: face-to-face unified transdiagnostic treatment protocol (n1=22) and online unified protocol (n2=22). All clients completed the demographic information and the Beck Anxiety Inventory (BAI) before and after the intervention and three months after. Three persons in each group still need to complete the sessions (n1= n2=19). The generalized linear mixed effect model with random intercept was used to compare the two groups. Data was analyzed by R 4.3.0 with the lme4 package.

Findings: In the comparative study of online and face-to-face groups, the median \pm IQR ages were 23 ± 7 years and 28 ± 12 years, respectively. The composition of both groups predominantly consisted of female participants, accounting for 78.9% in the online group and 84.2% in the face-to-face group. Similarly, most of the participants in both settings were single, with percentages being 73.7% for the online group and 57.9% for the face-to-face group. Furthermore, individuals holding a bachelor's degree represented 47.4% of the online group and 57.9% of the face-to-face

group. Statistical analysis revealed that age, gender, marital status, and educational attainments were insignificant between the two groups ($P>0.05$). The online group exhibited an average improvement rate of 0.1% higher than the face-to-face group. However, this difference did not reach statistical significance ($P=0.714$). Contrarily, a significant finding was observed in the follow-up phase, where the average improvement rate was 0.6% higher than immediately post-intervention ($P<0.001$).

Conclusion: The present study shows that a unified protocol of transdiagnostic treatment in remote settings (video call) appears to be as effective as conventional face-to-face therapy and effectively treats anxiety and related conditions. There is a need for more trials and the feasibility and cost-effectiveness of online interventions.

Keywords

anxiety, face-to-face, online, unified protocol of transdiagnostic treatment

Comparison of therapeutic alliance in face-to-face and online Transdiagnostic cognitive behavioral therapy in people with Sub-clinical symptoms of anxiety disorders: A Randomized Clinical Trial

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Abstract

Introduction: Although there is evidence supporting the effectiveness of psychotherapy in remote settings, research comparing therapeutic alliance in face-to-face and online psychotherapy is still limited, and the therapeutic alliance in transdiagnostic cognitive behavioral therapy has been studied in a few types of research. Given that transdiagnostic cognitive behavioral therapy was designed originally and evaluated as a general prevention program for anxiety and depression, and also considering the benefits of online therapy, including better access to evidence-based treatments and removing personal barriers such as stigma and physical presence at a service compared to face-to-face therapy can reduce the workload of mental health care providers with significant cost savings. This study aimed to compare therapeutic alliance in face-to-face and online transdiagnostic cognitive behavioral therapy. The statistical population of this research included people with sub-clinical symptoms of anxiety disorders. As the present study's sample, 44 people were selected through purposive (accessible) sampling. After evaluating the included criteria, the clients were randomly assigned to two groups: face-to-face transdiagnostic cognitive behavioral therapy ($n_1=22$) and online transdiagnostic cognitive behavioral therapy ($n_2=22$). The therapists completed the therapist's version, and the clients completed the client version of the Work Alliance Questionnaire (WAI-SR) in the sixth session and at the end of the treatment (twelfth session). Three persons in each group did not complete the sessions ($n_1=n_2=19$). The generalized linear mixed effect model with random intercept was used to compare the two groups. Also, the therapist's agreement with the client was checked through Intra-class correlation (ICC). Data was analyzed by R 4.3.0 with the lme4 package.

Findings: Median \pm IQR age were 23 ± 7 and 28 ± 12 years old in online and face-to-face groups, respectively. The majority of participants were female (78.9% and 84.2%), single (73.7% and 57.9%), and with Bachelor degree (47.4% and 57.9%) in online and face-to-face groups. Two groups were homogeneous across age, gender, marital status, and education level ($P>0.05$). On average, the therapist's and client's therapeutic alliance in the face-to-face group were 1.25 and 1.21 units higher than online, respectively, but these differences were insignificant ($P=0.255$ and $P=0.279$). ICC (confidence interval, IC 95%) were 0.912 (0.786, 0.982) and 0.884 (0.725, 0.954) in the online group and 0.862 (0.677, 0.944) and 0.875 (0.704, 0.950) in the face-to-face group in the sixth session and at the end of the treatment, respectively.

Conclusion: The present study shows that face-to-face and online transdiagnostic cognitive behavioral therapy are not different regarding therapeutic alliance. Considering the limitations of face-to-face therapy, online therapy can be used alternatively.

Keywords

anxiety disorder, face-to-face, online, therapeutic alliance, Transdiagnostic cognitive behavioral therapy

• Digital interventions for anxiety in patients with oncological conditions: a meta-analysis

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Abstract

Purpose: This meta-analysis aimed to assess the efficacy of digital psychological interventions for anxiety among cancer patients (children and adults), as well as to evaluate the variables that possibly moderate intervention effects.

Methods: Five databases were searched for the literature from January to February 2024. Two reviewers independently conducted a quality assessment. All screening steps followed a consensus between the authors to minimize bias or discrepancy. Effect sizes were reported as the standardized mean difference (Hedge's g) and estimated using a random-effects model.

Results: The meta-analysis included 25 randomized clinical trials that satisfied our inclusion criteria, comprising 2464 children and adults with a cancer diagnosis and 28 digital interventions (serious game, mobile application, VR intervention, etc.). Digital psychological interventions were associated with medium significant effects in anxiety ($g = -0.544$; 95% CI, -0.58 to -0.07). In subgroup analysis, results suggest that the intervention type significantly moderated the effectiveness of digital psychological interventions in anxiety.

Conclusions: Digital psychological interventions can be effective for improving anxiety in children and adults with a cancer diagnosis. Clinicians could consider digital psychological interventions as a possible and efficient addition to better manage some of the anxiety symptoms among cancer patients.

Keywords

digital intervention, cancer, children, anxiety

• Impact of Online Imagery Rescripting on Insight and Metacognition in Anxiety: Assessing changes Before and After Intervention

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Abstract

Introduction: Imagery Rescripting (IR) has shown promise as a therapeutic intervention for reducing symptom severity and improving coping skills in individuals with anxiety. Good insight into anxiety symptoms (i.e., seeing them as abnormal and requiring treatment) and good metacognition (i.e., ability to reflect upon one's anxious thoughts) can play a crucial role in identifying and challenging negative thinking patterns. Good insight and metacognition should therefore be predictors of outcomes, and their improvement via an intervention might predict symptom improvement. This study aims to investigate the impact of an online IR intervention on insight, and anxiety symptoms, as well as the association between insight and metacognition.

Methods: Three hundred participants with high trait anxiety were randomly assigned to either a self or other online IR intervention (150 in each group). Pre- and post-intervention self-report measures of anxiety symptoms, insight, and metacognition were administered, with a follow-up assessment taken a week after the intervention.

Results: Higher pre-intervention insight levels were associated with higher symptom severity ($r > .50$, $p < 0.01$). Higher levels of pre-intervention insight were predictive of higher post-treatment and follow-up symptoms level. Insight level slightly improved from pre- to post-intervention. In terms of the relation of insight to metacognition, higher pre-levels of insight were related to fewer dysfunctional metacognitive beliefs. Good insight and metacognition should therefore be predictors of outcome.

Discussion: The findings indicate that individuals with a greater understanding of their condition prior to intervention tended to perceive their symptoms as more severe. This suggests that insight into one's condition may lead to increased awareness of symptomatology. Interestingly, this association persisted even after treatment and during follow-up, indicating the impact of initial insight on outcomes. Additionally, there was a modest improvement in insight observed from pre- to post-intervention, suggesting that the intervention has the potential to enhance individuals' understanding of their condition. Furthermore, the inverse relationship between insight and dysfunctional metacognitive beliefs highlights the importance of addressing cognitive patterns in improving insight.

Conclusion: This study may have implications for understanding the nature of anxiety and the mechanisms of insight in anxiety disorders and their treatment. By highlighting the role of insight and metacognition in anxiety disorders, this study may help inform the development of new avenues to target insight, ultimately helping individuals with a lack of insight to benefit from them.

Keywords

Anxiety; treatment outcome; Metacognition; insight; illness awareness

• Utilizing Virtual Reality as a Novel Therapeutic Modality to Overcome Public Speaking Anxiety

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Abstract

Speaking in public is the most commonly reported fear in the general population (Dwyer & Davidson, 2012; Sawyer, 2016). Public speaking anxiety is considered a social anxiety disorder and refers to the anxiety that an individual experiences when giving a speech or preparing to speak in front of others. In Finland, one third of the students report that speaking in public is a severe problem for them (Kunttu et al., 2017). However, public speaking is an important skill for university students to learn and practice as they progress through their education and careers.

To this end, our primary aim is to develop a permanent service designed to empower students to independently manage and overcome public speaking anxiety. Thus, our aim is to create an effective, yet cost-efficient service for all the students at the University of Jyväskylä. To do this, students underwent a VR psychological intervention in a completely autonomous way. The results are discussed in terms of their implications in clinical practice as well as future research.

Keywords

Virtual Reality (VR); Public Speaking Anxiety; Acceptance and Commitment Therapy; Social Anxiety

• Implementing Virtual Reality Interventions to foster Perspective-Taking in Individuals Exhibiting Aggressive Behaviors

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Salla Kaikkonen, University of Jyväskylä, Finland

Juha Holma, University of Jyväskylä, Finland

Abstract

Theoretical approaches to aggression have indicated that committing a violent act against others is connected to a deficiency of empathy or a lack in the capacity of perpetrators to put themselves in the victim's perspective (Blair, 1995). Indeed, some empirical studies have established a link between aggression and empathy (Follife & Farrington, 2004; Van Langen et al., 2014).

To this end, the primary aim of the present project was to shape perspective-taking and empathy in aggressors through the use of Virtual Reality (VR). To do this, the offenders accessed a virtual environment in which they embodied a virtual avatar victim of psychological abuse. Before and after the use of VR, we assessed emotional recognition, empathy, attitudes towards women and violence, and the recognition of violent acts. The results are discussed in terms of their implications in rehabilitation programs as well as future research.

Keywords

Virtual Reality (VR); Aggression; Empathy; Perspective-Taking; Psychological abuse

Open Paper Symposium 9 – Crisis contexts

Chair: Oksana Martysniak-Dorosh, Academy of CBT in Ukraine, Ukraine

• Transdiagnostic risk factors for secondary traumatic stress among mental health professionals after Maraş earthquake in Turkey

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Abstract

As the effects of the indirect exposure to trauma has been shown leading to PTSD over the years, the re-conceptualization of trauma in the DSM led to the recognition of secondary traumatic stress (APA, 2022; Figley, 1999). As a result, offering services to traumatized individuals is increasingly thought to present an occupational hazard (Figley, 1999). While there are several professions that may be at risk for developing secondary traumatic stress (STS), there are also several factors that may be contributing to this. These factors may be at an individual level such as having personal trauma history or at an organizational level such as heavier trauma caseload (Hensel et al., 2015). On the other hand, the research on psychological factors is quite limited within the context of STS. These factors that typically impede healthy responses to stress, according to cognitive models, are often accompanied by negative emotional and cognitive responses (Ehlers & Clark, 2000). The distress is a maladaptive reaction that includes strong emotionality, and the tolerance for distress is defined as the perceived ability or objective capacity to withstand negative physical or emotional states (Simons & Gaher, 2005). Rumination is usually seen as an underlying mechanism for DT, and is defined

as repetitive, prolonged, and recurrent negative thinking about one's self, feelings, personal concerns and upsetting experiences (Watkins, 2008). These factors are usually shared by various mental health problems as a clinical trait including STS and PTSD (Grisanzio et al., 2018); and recognized as transdiagnostic risk factors. While both distress tolerance and rumination appears as a transdiagnostic constructs for many psychological problems, the research is quite limited for STS especially among mental health professionals (MHP) who are at risk for developing STS through their work. Considering these limitations, this study aimed to examine STS, DT, and rumination among MHP in Turkey after Maraş Earthquake in February, 2023. The sample consisted of 157 individuals between the ages of 20-67 with a mean age of 34.79 (sd = 9.51). Out of those 90 were MHP, and 67 were professionals who does not carry any risk in terms of STS. The Turkish versions of Secondary Traumatic Stress Scale (Bride et al., 2004; Yıldırım et al., 2018), Distress Tolerance Scale (Simons & Gaher, 2015; Sargin et al., 2012), and Repetitive Thinking Scale (McEvoy et al., 2010; Gülüm & Dağ, 2012) were used as data collection tools. The collected data was analyzed using the SPSS 21 program. There were significant negative correlations between the STS and the DTS as well as for DTS and the RTQ. On the other hand, there was a significant positive correlation between the STS and the RTQ. MHP scored significantly lower on the STS, higher on DTQ compared to the other group; however, there was no significant difference on RTQ. Those who scored significantly higher on STS based on mean cut-off appeared to score lower on DTS and higher on RTQ and overall, rumination significantly mediated the relationship between DT and STS. Findings were discussed based on the literature.

Keywords

secondary trauma, rumination, distress tolerance

• Supervision Program CBS - Comprehensive Support for Therapists Working in the Context of the Russian Military Invasion of Ukraine

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Abstract

In September 2022, during the ACT2022 conference in Poznań, a symposium titled "Ukrainian Space" was held. Scientists and practitioners shared their experiences from the early days of the Russian military invasion of Ukraine, their observations on the impact of hybrid warfare on mental health, and the role psychological flexibility training plays in helping those experiencing the consequences of armed conflict. One of the main conclusions of the symposium was that even the best foreign trainer and the best protocol or work model cannot replace individuals who understand the cultural, historical, and current context of those experiencing the crisis. Additionally, the dynamics of a prolonged war and its scale require a long-term support program for intervention workers on-site.

Over the past 12 months, together with a group of Ukrainian psychotherapists, a CBS supervision training program has been implemented. The aim was to educate supervisors with the knowledge and competence to conduct individual and group supervisions for intervention workers using ACT. Through evaluation, guidelines for comprehensive CBS supervision training in the future were also developed.

The lecture will present the values, organizational framework, thematic scope of the program, and the results of the qualitative evaluation of both the trained supervisors and those currently receiving supervision. Conclusions and proposals for guidelines for future editions of the program will also be presented.

Keywords

ACT, supervision course, CBS, work with Ukrainian psychotherapists

• Evaluating the Impact of Mindful Compassion Care Program to Reduce Burnout in Frontline Nurses Caring for Patients with COVID-19

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Abstract

The COVID-19 pandemic has exacerbated burnout among frontline nurses, who face severe emotional and physical stress. Despite various interventions to combat burnout, there is a scarcity of evidence-based protocols tailored for nurses working directly with COVID-19 patients. This pilot non-inferiority wait-list non-randomized controlled trial aimed to assess the feasibility and preliminary effectiveness of the Mindful Compassion Care Program (MCCP) in alle-

viating burnout among these nurses. A total of 33 nurses from a major hospital in Northern Italy, the epicenter of the pandemic in Europe, participated in the study. The primary outcome was the reduction in emotional exhaustion, with secondary outcomes including various mental health measures and the feasibility of the intervention. The findings revealed a significant reduction in emotional exhaustion over time, with mixed results for secondary outcomes, including potential improvements in cynicism and perceived stress. Qualitative analysis highlighted high feasibility and satisfaction, with no drop-outs or missed sessions. This pilot study provides encouraging evidence for the effectiveness of MCCP in reducing burnout among frontline nurses. The results suggest that MCCP is a promising intervention, warranting further investigation through larger randomized controlled trials. Detailed methodology, implementation strategies, and preliminary findings of this study will be presented in the open papers session, offering valuable insights for enhancing the mental well-being of frontline healthcare workers.

Keywords

burnout; mindfulness; compassion; nurses; covid-19

• Therapist views on remote therapy and training in Europe during the pandemic: results from the REMOTEcbt project

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the REMOTEcbt Consortium, <https://bit.ly/theREMOTEcbtConsortium>



The SARS-CoV-2 coronavirus (COVID-19) pandemic has resulted in need for transitioning to remote psychotherapeutic services and training, requiring adjustment of both service users and therapists around the world. The project “European CBT therapists transitioning to remote CBT during the pandemic (the REMOTEcbt)” was initiated to investigate the various facets of attitudes, experiences and needs on the remote provision of psychotherapeutic services and training among CBT therapists and trainees, as well as to organize training sessions based on the needs recognized by the study. The cross-sectional study included certified CBT therapists as well as CBT trainees from various European countries (associations within the European Association for Behavioural and Cognitive Therapies (EABCT)), who filled out the anonymous online questionnaire comprising questions on general and CBT-specific attitudes, experiences and needs related to the provision of remote therapy and training. The key results point out that remote therapy and remote training in therapy are largely used formats of service, with considerable increase of use during the pandemic. In addition to general needs (mostly related to technical challenges), specific needs are related to issues such as establishing interpersonal effectiveness and collaboration, homework review, selection of strategy for change, applying behavioural techniques. Attitudes towards remote therapy and training were mixed, and the majority of participants believed that modules on providing remote (online) therapy should be incorporated into the CBT training curriculum. To address the needs identified by the study, two training events with international participation were organized online within the project, providing the colleagues from various countries valuable interactive opportunity to upgrade their skills in working remotely (which was reflected by the excellent feedback). Further implications of the project results are explained in the presentation.

Acknowledgement: The project “European CBT therapists transitioning to remote CBT during the pandemic - the REMOTEcbt” is supported by the European Association for Behavioural and Cognitive Therapies (EABCT)

Key words

remote therapy, online CBT, online training, COVID-19

• Serbian experience with community group social intervention program for displaced adolescents from Kosovo: associations with mental health symptoms and family functioning

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Introduction: Stressful experiences through history have induced the establishment of different social groups and the need for designing specific services, deliverable to masses. Displacement of youth has been associated with psy-

chosocial dysfunctions on several levels, as well as with problems in family functioning. Applying best practice community psychosocial intervention models has been challenging and limited in low and middle income countries due to low resources. This study was aimed to explore the differences in mental health symptoms and family functioning between the groups of displaced adolescents from Kosovo (placed in collective centers in Serbia) who have and have not attended the community group social intervention program. Additional aim was to assess the subjective experience with the intervention program.

Method: The study group of 46 displaced adolescents (age 11-18) from Kosovo, living in temporary collective centers in three regions in Serbia, attended the community group social intervention program (with their families) consisting of psychoeducational interventions, creative interventions and skills training interventions. This group was compared to the control group consisting of 24 adolescents of the same age, status and living in the same collective centers, who did not attend the aforementioned intervention program. The participants of both groups filled in the Youth Self Report (YSR) questionnaire, as well as the Self-Report Family Inventory (SFI) at the end of the study period. The participants of the study group additionally answered qualitative questions on their subjective perceptions on the usefulness of the intervention program.

Results: The most prominent symptom scores in both groups were delinquent behavior and attention problems. Comparing to the control group, adolescents from the study group had significantly lower intensity of withdrawal and depression, better overall psychological functioning, better motivation to go to school, more family expressiveness of warmth, care and closeness, more consistent adult leadership in the family, and lower levels of unresolved conflicts ($p < 0.05$). The participants from the study group perceived the intervention program as useful, with domains of usefulness dominantly clustering around increasing knowledge, socialization and self-esteem.

Conclusions: Findings of this study show promising effects of the structured community group social intervention program for displaced adolescents and their families when it comes to the aspects of mental health and family functioning, as well as the subjective perception of usefulness. Limitations of the study are presented, as well as the directions for future research and practical implications.

Key words: community interventions, group social interventions, displaced adolescents

• Longitudinal study of psychopathological symptoms in nurses and the general population following the COVID- 19 pandemic: Implications for CBT multi-level interventions

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Abstract

Since the beginning of the COVID-19 pandemic outbreak, the whole world has faced a social, economic, and health crisis that went beyond the concerns about one's physical well-being and that of significant others. This public health emergency had short- and long-term effects on the mental health of the general population across the globe. However, evidence has been pointing out specific groups that present a higher risk of developing psychological symptoms with greater intensity, such as nurses. Due to their occupational role, additional challenges were imposed on these professionals during and in the aftermath of the pandemic (such as inadequate resources and unsafe conditions to perform their jobs, fear of infecting oneself and significant others, exposure to the constant suffering and death of their patients), exacerbating previous difficult working conditions. Nonetheless, the results have not been conclusive about the psychological effects of the COVID-19 pandemic, particularly when comparing both groups. Therefore, the main goal of the current study was to analyze the longitudinal trajectory of depressive, anxiety and trauma symptoms, and fear of COVID-19, comparing self-reports of nurses and the general population, over a period of six months. The sample included 180 nurses and 158 individuals from the general population, who answered online self-report surveys at two time points: baseline assessment (T1: between September 2021 and May 2022) and follow-up at 6 months (T2: between May 2022 and December 2022). Self-report measures assessed sociodemographic and clinical information at T1, and depressive, anxiety, and trauma symptoms, and fear of COVID-19 at both T1 and T2. A mixed model ANOVA was used to evaluate the effects of group and time on individuals' mental health outcomes in the aftermath of the COVID-19 pandemic. Significant interaction effects between group and time were explored using simple effects tests, which compared the effect of the group at each time and the effect of time for each group.

The results showed that nurses-reported symptoms were generally higher than those reported by the general population, and tended to worsen over time, as opposed to the tendency of improvement found in the general population. Levels of depressive, anxiety, and trauma symptoms were significantly different between nurses and the general population over time. Levels of fear of COVID-19 demonstrated a significant decrease from T1 to T2 in both groups. These findings suggest that nurses were more affected by the pandemic outbreak than the general population. Therefore, it is crucial to develop resilience-promoting interventions tailored to the unique needs of this vulnerable group for the specific context they are integrated. These strengths-based cognitive-behavioral therapy interventions

should target multi-level dimensions (individual, interpersonal, and contextual factors) to integrate and facilitate the development of constructive narratives about the pandemic, cultivate a safe work environment, decrease psychological distress, and promote flourishing during and in the aftermath of the COVID-19 pandemic and future health crises. Organizational leaders, governments, and decision-makers also need to acknowledge the importance of creating policies that promote changes at the organizational level and provide adequate support to nursing professionals.

Keywords

COVID-19, depressive symptoms, anxiety symptoms, trauma symptoms, fear of COVID-19, nurses, general population, longitudinal study

Open Paper Symposium 10 – Anxiety

Chair: Johanne Jeppesen Lomholt, Lomholt, Aarhus University, Denmark

• The Association of Contrast Avoidance and Looming Cognitive Style with Anxiety and Depression: The Mediator Role of Repetitive Negative Thinking

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Ayşe Altan-Atalay, Kadir Has University, Turkey

Büşra Temur, Sabancı University, Turkey

Abstract

Background: Both looming cognitive style and contrast avoidance are cognitive vulnerability factors that play a crucial role in the etiology of various psychological disorders starting with anxiety disorders. Looming cognitive style refers to biased processing of the mental representation of the threat as becoming bigger and more overwhelming with every passing minute. LCS has two different subtypes as social and physical looming. Contrast avoidance, on the other hand, refers to an emotional processing strategy characterized by the generation and maintenance of negative emotional states to avoid shifts in emotional experiences. According to the interactive-synergistic perspective, cognitive vulnerability factors usually interact with each other and augment each other's impact, increasing the possibility of mental health problems among individuals who have both vulnerabilities. The current study aimed to examine how the interaction between looming cognitive style and contrast avoidance is associated with both anxiety and depression. Furthermore, the current study aimed to investigate the mediator role of repetitive negative thinking in this relationship.

Method: The data were collected from 386 (335 women) Turkish individuals between ages 18 and 54 ($M = 22.18$, $SD = 4.25$) through self-report measures of looming cognitive style, contrast avoidance, repetitive negative thinking, anxiety, and depression.

Results: The results indicated that repetitive negative thinking was significantly mediating the association of both contrast avoidance and social looming with both anxiety and depression. However, the results for physical looming did not yield significant results. Moreover, CAS did not moderate the association of neither social looming nor physical looming with repetitive negative thinking and measures of psychological distress.

Conclusion: In line with the previous studies both looming cognitive style and contrast avoidance appeared to have robust associations with both forms of psychological distress. However, they do not interact in a synergistic manner to enhance each other's effect on mental health outcomes. The findings highlight the difference between social and physical looming in terms of the variables that explain their association with anxiety and depression. The findings will be discussed under the light of recent literature.

Keywords

Looming cognitive style, contrast Avoidance, repetitive negative thinking, anxiety, depression

• Incorporating picture books in CBT as an interface between therapists and young adults with anxiety disorders

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Abstract

Anxiety disorders are among the most prevalent psychological disorders around the world, but around half of the patients do not seek help, mainly due to disparities in access to mental health care (American Psychiatric Association, 2022; Hohn and Maricuțoiu, 2024). Since 'graphic medicine' (comics and graphic novels about illness) can help readers understand illness in an engaging way (Williams, 2012), picturebooks about anxiety disorders may be useful tools for improving individuals' understanding and management of these conditions in or outside the context of CBT. This

paper will present the results of a multidisciplinary PhD project which involved input from an illustrator (first author), graphic narrative researchers (Dr. Horton and Dr. Antonopoulou), a psychologist (Dr. Çili) and therapists. The project involved the development of picturebooks portraying symptoms of generalised anxiety disorder and social anxiety disorder, as well as simple techniques for managing some of their symptoms. Because young people were particularly vulnerable to the mental health impact of the COVID-19 pandemic, and generalised anxiety disorder and social anxiety disorder are among the most common anxiety disorders among the age group 18-34 (Varma et al., 2021; Chang et al., 2019), the picturebooks were developed for an audience of young adults aged 18-34 years.

The effectiveness of the picturebooks in communicating anxiety disorders was examined through two rounds of one-on-one online interviews with therapists from various countries. I created picturebook stories and storyboards based on psychology research and my personal lived experience, in which the storytelling structure was inspired by the CBT process. In the first round of interviews, I showed published comics and picturebooks about anxiety and depression and my picturebook storyboards to therapists. Their thoughts towards the possible applications of this kind of picturebook and the narrative effectiveness of my picturebooks were collected and analysed using NVivo. Based on the therapists' responses, I improved and completed the two picturebooks. In the second round of interviews, the same therapists were presented with and were asked to comment on the final picturebooks. Their responses suggested that they generally considered my picturebooks as effectively embodying generalised anxiety disorder and social anxiety disorder symptoms through visual and textual narration. Furthermore, they believed that my picturebooks could serve as a visual tool in psychotherapy with emerging and young adults. They might assist therapists in communicating more effectively with patients and offer continued support outside therapy sessions. Additionally, these books may raise awareness among a wider audience about their conditions, potentially encouraging readers who are suffering from the same conditions to seek treatment.

Keywords

Anxiety disorders, picturebooks, CBT, visual and textual narratives

• Cognitive Distortions and Loneliness as Mediators of the Relationship Between Social Anxiety and Depression

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Abstract

Social anxiety and depression are common internalizing problems among the student population. They often co-occur, but it remains unclear what underlies their relationship. Cognitive distortions generally contribute to internalizing problems, while loneliness is also related to social anxiety and depression. Cognitive distortions contribute to the emergence and maintenance of social anxiety, as well as to social fears and negative expectations of social interactions in depression. The perception of rejection in social interactions contributes to loneliness, anxiety, and depression. This research aimed to test the relationship between social anxiety and depression with the mediating roles of loneliness and interpersonal cognitive distortions.

University students (N=228) from various studies in the Republic of Croatia participated in the research. Most of the sample were female (82%), college undergraduates (74.1%), who attended faculties mostly in the area of social studies (72.8%). The research was conducted online in the fall of 2023. Participants completed the Depression, Anxiety, and Stress Scales, the Loneliness Scale, the Interpersonal Cognitive Distortion Scale, and the Interaction Anxiety Scale. No significant differences were found in depression, cognitive distortions and loneliness regarding the level of study (undergraduate/graduate) and gender. Social anxiety was more common ($t=-2.819$, $df=226$, $p<.01$) in female students ($M=50.909$, $sd=12.187$) comparing to male students ($M=45.122$, $sd=10.479$). All scale results showed significant intercorrelations ($r=.305-.480$, $p<.001$). Mediation regression analysis was conducted using PROCESS. Results showed that social anxiety predicts cognitive distortions ($a1=.280$, $p<.001$) and loneliness ($a2=.325$, $p<.001$). Cognitive distortions ($b1=.155$, $p<.001$) and loneliness ($b2=.139$, $p<.001$) predict depressive symptoms. Analysis revealed a significant indirect effect of social anxiety on depression through interpersonal cognitive distortions ($a1b1=.114$, $LLCI=.062$, $ULCI=.172$) and loneliness ($a2b2=.119$, $LLCI=.065$, $ULCI=.179$). Furthermore, no significant direct effect of social anxiety on depressive symptoms was found ($c'=.028$, $p>.05$). Hence, both loneliness and interpersonal cognitive distortions completely mediated the relationship between social anxiety and depressive symptoms.

The results are discussed in the context of existing literature, with suggestions for practical implications in counseling work.

Keywords

social anxiety, depression, loneliness, interpersonal cognitive distortions, university students

• The effect of skills-training on self-efficacy and competence of cognitive behavioral therapy for social anxiety disorder: a dismantling study.

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Toril Nilsen, UiT, Norway

Jane Kjøteroe, UiT, Norway

Asle Hoffart, Modum Bad, Norway

Peter Prescott, NFKT, Norway

Catharina Wang, UiT, Norway

Veronica Lorentzen, UiT, Norway

Abstract

The aim of this study was to investigate the effect of skills-training on self-efficacy and CBT-competence in psychology students who received a 16-hours course in cognitive behavioral therapy for social anxiety disorder (CT-SAD; Clark & Wells, 1995). A total of 94

psychology students in year five of their six-year professional training consented to partake in the study. Initially, all students viewed an eight-hour instruction video in cognitive therapy for social anxiety disorder (Clark & Wells, 1995) presented by one of the developers of the treatment, Professor David Clark. Thereafter the students were randomized to one of two eight-hour training conditions. Condition one comprised of video demonstrations of how to develop a case formulation and carry out a relevant behavioral experiment. In condition two, the students received skills-training in the form of repeated short live demonstrations followed by practicing the same procedure in role-plays two and two. Both conditions were led by the same two Norwegian expert clinicians with accreditation in skills-training. After the course, students role-played a 45 minute session of CT-SAD which was videotaped and rated with the Cognitive Therapy Competence Scale for Social Phobia (CTCS-SP; Clark, Von Consbruch, Hinrichs & Stangier, 2006). The scale has demonstrated satisfactory psychometric properties (Von Consbruch, Clark, & Stangier, 2012) with good interrater reliability for mean score, high internal consistency, and good test-retest reliability. In the current study, satisfactory interrater reliability was established between an expert scorer and two psychologists who rated 94 videotapes without knowing which training condition the therapists belonged to. Additional variables that were measured pre-training, post-training and at 6-months follow-up were self-efficacy, student therapist concerns and satisfaction with training. Preliminary findings from this study will be presented, along with a discussion regarding possible implications for training in cognitive behavioural therapy.

Keywords

Skills Training, Competence, Self-efficacy, Social Anxiety Disorder, CT-SAD

• Feasibility study of Cool Little Kids, a targeted intervention for prevention and early intervention of anxiety disorders in at-risk young children

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Mikael Thastum, Aarhus University, Denmark

Abstract

Anxiety disorders are the most prevalent mental health conditions among children and adolescents, and if left untreated, anxiety disorders with an onset in childhood often persist into adolescence and early adulthood. Early intervention and prevention provide important alternatives to modify the developmental trajectory of anxiety disorders. Cool Little Kids is a targeted prevention and early intervention program designed for parents of preschool-aged children. The program focuses on children with behavioral inhibition, which is a highly supported risk factor for anxiety, as well as other significant risk factors such as parental psychopathology and parental overinvolvement. Studies on the efficacy of Cool Little Kids indicate that it is possible to produce changes in children's anxiety symptoms after a short intervention targeting parents early in the child's life, suggesting that the program may have significant public health implications. However, more studies are needed to establish the long-term effect of the program.

The aim of the current study was to examine the feasibility and acceptability of Cool Little Kids in a non-randomized trial, including both qualitative and quantitative data, in preparation for a randomized controlled trial of its effectiveness. Twelve families participated in the feasibility study and were divided into two Cool Little Kids Groups. Parents completed questionnaires at baseline and post-intervention regarding their child's anxiety, as well as their own symptoms of anxiety. Additionally, parents evaluated the procedure and intervention in writing halfway through the process and participated in a semi-structured interview after the final session, which focused on their participation in the program.

The participating parents rated their satisfaction with Cool Little Kids high and minimum one parent from each family participated in the majority of the sessions. One family withdrew from the group and did not complete the post assessment. Preliminary evaluation of the Cool Little Kids program showed positive tendencies. There was a significant decrease in the parents' rating of the child's level of behavioral inhibition, and a near-significant decrease in the child's level of anxiety symptoms and the impact of the child's anxiety on the family.

Based on this feasibility study, adaptations were made to the study procedures prior to the commencement of a randomized controlled trial. The main adaptation to the procedure was additional exclusion criteria, as the complexity of some of the cases was too high for a 6-session prevention study. Accounting for these adaptations, it seems feasible to evaluate the effectiveness of Cool Little Kids in a randomized controlled trial.

Keywords

Prevention, Anxiety Disorders, Parent-led cognitive behaviour therapy, Cool Little Kids Program, Early Intervention, Feasibility Study

Delivering an Internet-based cognitive behavioral (iCBT) intervention for anxious adolescents with different levels of therapist support: a feasibility study

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Abstract

The present study examined the feasibility of a new Internet-based cognitive behavioral (iCBT) intervention, CoolMinds, for adolescents with clinical anxiety disorders when delivered with different levels of therapist support. The participants' diagnostic status was assessed using the Youth Online Diagnostic Assessment (YODA) child and parent versions. Their symptoms were measured using Spence Child Anxiety Scale (SCAS) child and parent versions. 15 adolescents aged 12-17 ($M = 13.7$) and their parents participated in the study. Participants were randomized to either 1) iCBT with planned feedback ($n = 8$), or 2) iCBT with on-demand feedback ($n = 7$). Adolescents in the planned feedback condition received written feedback from the therapist after each completed session. Adolescents in the on-demand feedback condition had to contact the therapist themselves to request written feedback. Parents in both conditions had to contact the therapist themselves to receive any feedback. Therapists were instructed to use a maximum of 15 minutes per participant providing feedback each week in either condition.

In total, one third of adolescents ($n = 5$; planned feedback condition = 4, on-demand condition = 1) and more than half of parents ($n = 9$) sent messages to their therapist. On average across both conditions, adolescents sent 9.2 (range = 1-23, total = 46) messages to their therapist, while parents sent 4.1 messages (range = 1-11, total = 37). In the planned feedback condition, participants sent an average of 5.8 messages to their therapist. In the on-demand condition, one participant sent a total of 23 messages to the therapist.

In total, five adolescents completed the program (defined as completing a minimum of 7 out of 9 sessions). Participants in the planned feedback condition completed a mean number of 5.6 sessions, and participants in the on-demand condition completed a mean number of 5.8 sessions. Three participants (planned feedback condition = 2, on-demand condition = 1) dropped out during the treatment period. The two conditions did not differ in the overall amount of contact or completion, but more adolescents were in contact with the therapist in the planned feedback condition.

At post-treatment, six adolescents were free of their initial anxiety diagnoses (no diagnosis or subclinical diagnosis) across both conditions (planned feedback condition = 3, on-demand condition = 3). Differences in anxiety symptoms from baseline to post-treatment were only statistically significant for SCAS-P scores for the total sample, $Z = -2.550$, $p = .011$, $d = .86$, and for the planned feedback condition, $Z = -2.023$, $p = .043$, $d = .91$. The results from this feasibility study indicate that it would be feasible to evaluate the CoolMinds-program in a randomized controlled trial when delivered with different levels of therapist support.

Keywords

Adolescents, anxiety disorders, cognitive behavioral therapy, internet-based, digital health, feasibility

Open Paper Symposium 11 – Adolescent mental health

Chair: Maruša Naglič, National Institute of Public Health, Ljubljana, Slovenia

• Can brief accessible CBT workshops help improve the mental health of adolescents? Results of the BESST trial, a confirmatory trial in schools in UK

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Abstract

Background

Depression and anxiety are increasingly prevalent in adolescents. BESST investigated the effectiveness of a brief accessible DISCOVER stress workshop programme for vulnerable 16–18-year-olds. Workshops themselves lasted a day.

Methods

An England-wide multi-centre cluster randomised controlled single-blinded trial to evaluate clinical-effectiveness and cost-effectiveness of a DISCOVER workshops compared to treatment-as-usual (TAU)(1:1). We planned to enrol 60 schools and 900 adolescents in the North West, Midlands, South West and London, using a self-referral system to recruit participants. The primary outcome was depression symptoms (MFQ) at 6-month follow-up. Cost-effectiveness, taking a National Health Service (NHS) and personal social services perspective was explored using quality adjusted life years (QALYs). The ISRCTN registration was 90912799. Day-long workshops were delivered by a new professional group of clinicians called Mental Health Support teams (MHSTs) who are based in schools in the UK, and were specially trained to offer the workshops for this trial.

Recruitment

Between 4th October 2021 and 10th November 2022, 900 adolescents at 57 schools were enrolled, before randomisation of schools. The DISCOVER arm included 443 participants (295 female (67%)) and TAU included 457(346 female (76%)). The ITT analysis included 415 and 439 adolescents (DISCOVER: TAU). Among participants, 80% students had not previously sought help from a GP and 46% reported being from minoritised ethnic groups (largest groups were Asian 17%, Black 16%).

Results

Results from the BESST trial, which evaluated the DISCOVER programme will be reported at the conference. Results will include clinical effectiveness, cost-effectiveness and a qualitative process evaluation.

Keywords

Accessible, Brief workshops, depression, self-referral, schools

• Recalling and Anticipating Positive Events to Improve the Positive Affect and Mental Health of Adolescents: A Cluster Randomized Controlled Trial in Secondary Schools

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Abstract

Building resilience is crucial for adolescents to better deal with challenges and stress, and to ultimately learn to thrive in life. Via a cluster RCT, we examined the effectiveness of Positive Events Training (PET) to achieve this via increasing positive emotions. PET is a combined group training focusing on the recollection and anticipation of positive events. Delivered as a universal school-based program, PET was compared with an active control group (CREATive writing). Effects on resilience, wellbeing, positive emotions, emotional response styles (savoring, dampening), anhedonia, depressive symptoms, and autobiographical memory (AM) and episodic future thinking (EFT) indices were examined. Adolescents (12-16 years; $N_{PET} = 95$, $N_{CREAT} = 93$) completed self-report scales at baseline, post-training, and two-month follow-up. PET resulted in significant enhancements in some AM and EFT skills. Preliminary support was found for PET resulting in reduced anhedonia at post-training. Exploratory analyses suggested that PET boosts positive emotions for adolescents with elevated baseline depressive symptomatology. The level of perceived likelihood of generated future events and dampening might be underlying mechanisms. The absence of changes in other outcomes should be interpreted bearing the universal school-based approach in mind. Future directions to maximize the demonstrated potential of PET are discussed.

Keywords

resilience; wellbeing; adolescents; positive emotions; emotion regulation

• Comparison of disorder-specific group CBT and generic group CBT in treating adolescents with social anxiety disorder: A randomized controlled trial

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Morten Berg Jensen, Aarhus University, Denmark

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Abstract

Background: Social anxiety disorder is associated with severe distress and long-term negative consequences such as loneliness, school problems, comorbidity of other anxiety disorders, depression, and substance abuse. Additionally, social anxiety disorder is one of the most common disorders in adolescence, and if untreated, social anxiety disorder is associated with chronicity. Generic cognitive behavioral therapy (CBT) is the best-documented treatment and recom-

mended treatment for adolescents with anxiety disorders, including social anxiety disorder. However, research shows that adolescents with social anxiety disorder tend to have worse outcomes from generic CBT compared to those with other anxiety disorders. The reasons for these poorer outcomes in adolescents with social anxiety disorder are not yet clear. Anyhow, a meta-analysis points to the suggestion that disorder-specific CBT may improve the outcome for adolescents with social anxiety disorder, similar to what it does for adults with social anxiety disorder.

Aim: Therefore, the current study aimed to compare the effect of a disorder-specific group CBT for adolescents with social anxiety disorder against a generic group CBT for adolescents with social anxiety disorder. Additionally, we investigated factors that might predict treatment outcomes to better understand who will benefit the most and least from the current CBT treatment.

Methods: Ninety adolescents aged 12-17 with social anxiety disorder participated in the randomized controlled trial. The study had three primary outcome measures. The Anxiety Disorder Interview Schedule-IV C/P (ADIS-IV), a semi-structured diagnostic interview, was conducted with adolescents and their parents to assess current diagnoses, such as social anxiety disorder. The second primary measure was the Social Phobia Inventory (SPIN) which measured the adolescents' self-reported social anxiety symptoms. The third primary measure was Spence Children's Anxiety Scale (SCAS), which measured adolescent's overall anxiety symptoms reported by both the adolescents and their parents. All outcome measures were assessed at baseline, post-treatment, and three-month follow-up. Multi-level modeling was conducted in the statistical analysis for both the main effects and the predictors.

Results: The disorder-specific group CBT and the generic group CBT showed no significant difference over time, with the only exception being the adolescents' self-reported overall anxiety symptoms favoring the generic group CBT. However, we found a significant improvement over time on nearly all outcome measures regardless of treatment condition. Furthermore, the preliminary findings regarding the factors that predict treatment outcomes will be presented at the conference.

Conclusion: There were no notable differences between the two treatment conditions, however, we did see a significant reduction in symptoms over time. Moreover, the results indicated that the group format was a feasible approach. The conclusions from the predictor analysis will be presented further at the conference.

Keywords

Social anxiety disorder, Cognitive behavioral therapy, Group therapy, Disorder-specific CBT, Randomized controlled trial

• What Can I Do to Make It Easier? A Multimedia Handbook for Navigation through Adolescence

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Abstract

The increasing prevalence of distress and anxiety disorders among young people has prompted the development of a widely accessible, free multimedia self-help handbook. In 2022, we published "What Can I Do to Make It Easier? Skills for Everyday Life and Sources of Support in Distress" (Slovene: "Kaj lahko naredim, da mi bo lažje? Veščine za vsakdan in viri opore v stiski") under the youth mental health program "This is Me", managed by the National Institute of Public Health (Slovenia).

Based on the cognitive-behavioral paradigm, the handbook helps adolescents understand the relationship between thoughts, emotions, and behaviors. It teaches them to recognize common cognitive distortions, develop more realistic thinking, and utilize other self-help strategies at times of distress. The handbook integrates traditional book content with online resources, using QR codes to guide readers to additional content, worksheets, and guided audio exercises on www.tosemjaz.net. The digital edition (in Slovene) is freely accessible at <https://live.editiondigital.com/e/221cpgqsc/prirocnik-kaj-lahko-naredim-da-mi-bo-lazje#!page1>.

The printed edition was distributed for free to all primary and secondary schools in Slovenia (January 2022) and to health and social services (July 2022) working with young people. In 2023, the Slovenian Year of Mental Health, we received support from the Ministry of Education and Ministry of Health for a national campaign in which every student in the last year of primary school (age 14–15) received a copy. An evaluation of the campaign in January 2024 indicated that pedagogical experts consider the handbook as an important support tool for adolescents. It serves as a self-help resource for those aged 15 and above and as material for use by professionals in educational settings, addressing the increased need of adolescents for skills to cope with unpleasant emotions and distress. In four print runs from 2021–2024, the manual exceeded a circulation of 50,000 copies.

About This is Me: The "This is Me" program (Slovene: "To sem jaz") is a comprehensive mental health initiative for adolescents, launched in 2001 by the Celje Regional Unit of the National Institute of Public Health. It aims to enhance psychological resilience by strengthening social and emotional skills and promoting a positive self-image.

The program has two main components:

An online information and counselling platform, www.tosemjaz.net, offering adolescents anonymous, free access to expert advice. The multidisciplinary network of counsellors includes over 100 professionals who participate in the program as volunteers.

Preventive practices in schools include 10 workshops that, among other approaches, are partially based on the cognitive-behavioral paradigm. They are designed to enhance social and emotional skills of adolescents. This evidence-based model has been validated by experts.

The “This is Me” program has received international recognition as a best practice, most recently in 2024 by the OECD.

Keywords

Adolescents, Multimedia Handbook, Self-Help Strategies, Psychological Resilience

• Embedding and implementing “Taming the Adolescent Mind”: a skill-based intervention in community child and adolescent mental health service.

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Abstract

Background: The gap between the evidence-based interventions and their successful implementation in the real world persists. Implementation science plays an important role in address barriers and gaps in the translation. “Taming the Adolescent Mind®” is a five-session experiential group programme developed for adolescents with mixed mental health difficulties. The development of programme was guided by Third-wave Cognitive-Behavioural Therapy principles of acceptance-based and mindfulness-based practices. The intervention protocol was previously piloted, subjected to randomised controlled trial and its effectiveness and efficacy results already published (Tan & Martin 2013; Tan & Martin 2015). The aim of this paper is to present the findings and evidence to embed the programme in a major hospital and community-based adolescent mental health services. This study, set in a relatively high-resource context in Australia city, can provide insight into the application and facilitation of a novel programme in a busy healthcare context

Methods: During 2017-2019, we conducted semi-structured, open-ended interviews and focus groups at an Australian child and adolescent mental health service, using the guiding framework - practical robust implementation and sustainability model (PRISM) to explore internal and external stakeholder influence. We interviewed a total of 33 internal stakeholders: 4 team leaders, 3 psychiatrists, 4 psychologist interns, and 22 multi-disciplined clinicians (comprised of clinical psychologists, mental health nurses, occupational therapists and psychiatric social workers). Participants’ (N = 25) feedback were also collected.

Results: Stakeholders at various organisational levels consistently reported that the need for experiential psychological interventions alleviated adolescents’ expressive communication difficulties, and that group interventions lighten resources and staff’s time. A consistent positive response from adolescents who had attended the group programme also revealed promise.

Conclusions: Addressing barriers and enablers at multiple levels of a health system and providing centralised educational training, and support had benefits.

Keywords

Adolescent mental health, Implementation Science, PRISM, Third-wave CBT, Mindfulness-based intervention

• The role of adverse life events, self and other beliefs, and cognitive flexibility in understanding paranoia in adolescents

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Abstract

Adolescence is a developmentally sensitive period for emerging fears about other people’s intentions, and yet to date there are no conceptual frameworks for understanding paranoid beliefs during this unique life stage. Ascertaining the mechanisms that underlie paranoia in adolescents is central to developing effective and targeted interventions. This pre-registered study investigated the relationship between adverse life events, negative beliefs about the self and others, and cognitive flexibility in understanding paranoia following an exclusion manipulation. Using a novel, game-based paradigm, cognitive flexibility was assessed via the participants ability to make decisions based on the performance of another player (flexibility), versus using pre-existing beliefs to govern behaviour (rigidity; Barnby et al., 2022). Computational modelling was used to generate cognitive flexibility scores. We predicted that exclusion triggers negative beliefs about the self and others following exclusion, especially in those who have experienced recent negative life events. Further, we anticipated that this would be modified by cognitive flexibility. Six-hundred UK adolescents (15-17 year olds) were quota sampled (age and gender) using Qualtrics recruitment panels. Participants completed baseline questionnaires, after which they played cyberball, an online ball throwing game in which 50% of young people were randomised to be excluded from the game, whereas the remaining 50% received equal throws.

We are in the final stages of data collection. Findings will be presented, alongside implications for the conceptualisation of paranoia in young people.

Keywords

paranoia; adolescents; cognitive flexibility; adverse life events; self-beliefs

Open Paper Symposium 12 - Approaches to interventions 2

Chair: David Dias Neto, Associação Portuguesa de Terapias Comportamentais, Cognitiva e Integrativa, Portugal

• Comparison of the therapeutic efficacy of Four weeks of inpatient schema group therapy (ISGT) versus ISGT enhanced by Nature-Adventure-based experiential methods (N-ABST)

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Rakar-Szabo Natalia, Kétté Alapítvány, Hungary

Gábor Szabó, Kétté Alapítvány, Hungary

Abstract

Introduction: A complex, Nature-, and Adventure-integrated Schema Therapeutic program (N-ABST) and a related efficacy study were launched in April 2022 at the Psychotherapy Department at Semmelweis University. The participants had the opportunity to participate in outdoor, experience-based group processes – seven full days a month - in addition to the Inpatient Group Schema Therapy (ISGT) sessions. According to the study design, 4-week-long ISGT programs and 4-week-long N-ABST programs took place alternately.

Objectives: We aimed to compare the efficacy in a randomized, controlled design, short and medium terms. The participants of the programs and thus the target group of the research were adults, diagnosed mainly with Borderline Personality Disorder, inpatients in psychiatry.

Methods: This methodological innovation also meant the integration of two therapeutic teams in practice. When establishing the collaboration, we put emphasis on finding common points and understanding how N-AT contributes to schema therapy goals. During our joint work, it became clear that the elemental need for contact with Nature enriched the schema therapy approach with a new basic need that was not included before. Measurements were taken before the start of the entire program and at the end of the 4-week cycle. Preliminary results are presented based on the Personality Inventory for DSM-5 - Hungarian Short Form (PID-5-HSF), and the Derogatis Symptom Checklist (SCL90).

Results: In the N-ABST group (n=23) the PID5 “Dysinhibition” scale ($p < .01$, Cohen’s $d = .636$), and the “Negative Affectivity” scale ($p < .05$, Cohen’s $d = .388$) showed significantly lower scores after therapy. In the case of “Detachment,” we found a tendency to decrease after the therapy. Regarding the comparison of the effectiveness of N-ABST and classical Schema Therapy - with the current state of analysis - there was a significant difference in the PID5 values for “Suspiciousness” and “Manipulativeness”. The schema therapy reduced the former characteristic to a greater extent, and the latter to the N-ABST therapy. Based on the SCL90, the N-ABST program resulted in a significant symptom reduction measured by the following subscales: somatization, obsessive-compulsive, interpersonal sensitivity, depression, and phobia. Global symptom severity also decreased significantly ($p < .05$, Cohen’s $d = .588$).

Conclusions: According to our results, Nature- Adventure Schema Therapy seems to be an innovative and efficient method in the psychotherapy of personality disorders. Besides effectiveness, there is a great challenge to designing sustainable programs and, therefore, serving therapy in the long term.

Keywords

group inpatient schematherapy, Nature and Adventure therapy, borderline personality disorder

• Connection to the Environment with Cognitive Therapy (CONNECT): Exploring trauma, dissociation and voices through targeted psychological intervention using a single-case experimental design

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Abstract

Background: When considering pathways from trauma to psychosis, evidence suggests that dissociation plays a pivotal role. Adopting an interventionist-causal stance, the current study investigated whether targeting dissociation

through a psychological intervention (Connection to Environment with Cognitive Therapy [CONNECT]) led to improvements in dissociation, Auditory Hallucination Frequency (AH-F) and Distress (AH-D) for people who have experienced trauma.

Methods: This study utilised a randomised multiple baseline single-case experimental design. Four participants with dissociation, AH and trauma were randomised to baselines of two, three or four weeks and then received eight sessions of CONNECT. Dissociation, AH-F and AH-D were assessed at baseline, pre-intervention, post-intervention and 1-month follow-up, session-by-session, and daily self-report. Data were analysed using visual analysis, Tau-U analysis and Reliable Change Indices.

Results: CONNECT led to a significant improvement in dissociation at combined level but did not lead to significant improvements at individual level. Contrary to our hypotheses, CONNECT did not lead to significant improvements in AH-D or AH-F at the combined or individual level except for one participant for whom AH-F significantly decreased.

Conclusions: Contrary to our hypotheses reducing dissociation through targeted psychological intervention did not lead to improvements in AH. Further research is warranted with particular emphasis on interventionist-causal approaches, digital technology, and network analysis.

Keywords

psychosis, trauma, dissociation, auditory hallucinations, trauma-focused, single-case experimental design

• Empower-Grief: A brief selective intervention to prevent prolonged grief

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Sara Albuquerque, Universidade Lusófona, Portugal

Ana Nunes de Silva, Universidade de Lisboa, Portugal

Abstract

The prevalence of prolonged grief disorder, particularly in the context of palliative care, is significantly high. A substantial portion of relatives and carers remain without any type of care. In this context, the study of selective interventions that have low intensity and focus on the prevention of adverse reactions is paramount. One such intervention is Empower-Grief - a cognitive-behavioural and acceptance-based intervention divided into six sessions and two booster sessions.

The present study investigates the efficacy of Empower-Grief when compared to the current treatment (pre-post and 6-month follow-up). It also analyzes the predictors of adherence to the intervention and the preventive value of the intervention. This is an exploratory randomized trial. Participants are adult family members of palliative care patients who already show risk indicators. They are randomly allocated to the two groups. Measures include self-reports of general symptomatology and prolonged grief, as well as a set of relevant predictors (e.g., coping and attachment to the deceased).

The present communication presents the results of the pre-post comparison. The results suggest an equivalence in the studied outcomes. Both interventions produce significant changes with a large effect size. We also find different associations between the predictors and symptom change. We explore these results in light of the predictors' results. This study contributes to the investigation of brief, evidence-based solutions to prevent prolonged grief. The identification of predictors is relevant in the progressive personalization of care to users' needs.

Keywords

Grief, Prolonged Grief Disorder, Selective intervention

• Feasibility of a Novel Biopsychosocial Treatment for Stress-Induced Exhaustion Disorder

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Abstract

Introduction

With the escalating prevalence of stress-related disorders in Western society, disorders such as Stress-Induced Exhaustion Disorder (ED) have garnered increased attention in contemporary scientific and clinical discourse. Despite various treatment studies, evidence-based treatments for ED and established clinical theories are lacking. Current treatments are often large-package multimodal interventions (MMI) focused on recuperation, assuming ED stems from a resource deficiency due to persistent stress. However, this biomechanistic perspective, emphasizing the physiological dimension of stress, conflicts with basic learning principles and contemporary transactional views of stress, which highlight stress as a contextual process. Consequently, new approaches for ED that are theoretically coherent, grounded in basic psychological principles, and utilize established clinical methods are needed.

Aim

This uncontrolled pilot study examined the feasibility, acceptance, and utility of a novel biopsychosocial treatment for ED based on a contextual behavioral scientific model, emphasizing value clarification and exposure.

Methods

Twenty-six patients with ED were included in a 12-week digital MMI with the biopsychosocial treatment as the primary component. Self-rated questionnaires and independent clinical ratings were administered before and after treatment and at six-month follow-up. Measures of exhaustion and psychological flexibility were assessed weekly during treatment.

Results

Participants reported significant improvements in symptoms of exhaustion, anxiety, and depression with large effect sizes ($d = 0.75-1.10$), maintained at follow-up. Independent clinical ratings indicated reduced clinical severity and functional disability, and there were no dropouts, with a high module completion ratio. Few adverse effects were reported, and ratings on treatment credibility and client satisfaction were high. Mediation analysis indicated that psychological flexibility mediated improvements in exhaustion symptoms.

Discussion

These results offer preliminary support for the feasibility, acceptability, and utility of this novel biopsychosocial treatment for ED. They also suggest that a more focused and theoretically stringent approach may effectively treat ED, compared to more extensive MMIs.

Keywords

burnout, stress-induced exhaustion disorder, contextual behavior science, multimodal intervention

The role of psychological flexibility and emotional schemas in designing a digital intervention to cope with different stressful events: Evidence-, Theory-, and Person-Based Approach

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Abstract

Background: People's responses to stress vary across individuals and contexts. The COVID-19 pandemic was a source of shared stress, composed of different stressors, impacting all people's lives at various levels. Research conducted during this period highlighted the significance of stress responses in mental health, emphasising the need for people to cope with stress effectively. **Objective:** This study aims to develop a personalised digital intervention to help individuals cope with diverse stressful events. It focuses on emotional schemas and psychological flexibility to enhance mental health. **Methods:** The intervention development used theory-, evidence-, and person-based approaches and was divided into two phases. Phase I involved collating and analysing existing and new primary evidence: (1) Cross-sectional and longitudinal studies examining the role of emotional schemas and psychological flexibility in the relationship between stress and mental health; (2) A scoping review of existing digital interventions designed to cope with various stressful events; (3) A qualitative study exploring user experiences with stress coping. Phase II focuses on theoretical modelling and intervention development, including creating guiding principles, a logic model, and intervention content. This phase integrates evidence from Phase I with expert consultations. **Results:** Findings from Phase I suggested that: (1) stress responses was the strongest predictor of mental health among COVID-19-related variables. Emotional schemas and psychological flexibility significantly mediated the relationship between stress responses to COVID-19-related events and mental health; (2) Through thematic analysis, twelve components were identified in psychological interventions to cope with various stressful events. Barriers and facilitators to the success of these interventions were also identified, including individual factors, distribution, practical aspects, support, design elements, materials, and other issues; (3) Six themes were identified by the target user as critical for coping with stress: acceptance, values and awareness; support; thoughts; skills; behavioural activities; and emotional management. Users suggested materials and presentation methods as crucial elements for effective intervention. Phase II: Initial guiding principles and logic model were developed considering that. **Conclusions:** The findings from Phase I led to several conclusions: (1) Cross-sectional and longitudinal studies underscore the need for interventions to cope with stressful events targeting emotional schemas and psychological flexibility to support mental health; (2) The scoping review supports the development of an intervention using CBT components, namely Acceptance and Commitment Therapy. And, confirmed that to date, no current interventions are integrating Emotional Schemas Therapy for this purpose, highlighting a gap in available resources; (3) The qualitative study emphasised the importance of personalising the

intervention to meet users' needs, knowledge, and contexts. Thus, the proposed intervention aims to support adults in managing stress from various sources, tailored to their individual experiences and processes, protecting and promoting their mental health by considering the specific needs and contexts of the users.

Keywords

stress; digital intervention; person-based approach; cognitive behavioural therapy; third-wave cognitive behavioural therapy; mental health

• The Almamar Pilot Study: Evaluating Transdiagnostic Treatment Options for Arabic and Farsi Speakers Through AppBased and Face-to-Face Modalities

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Martina Hernek, Free University Berlin, Germany

Sebastian Buchert, Free University Berlin, Germany

Johanna Boettcher, Psychologische Hochschule Berlin, German

Abstract

Background: Language barriers and a lack of cultural adaptation of existing CBT interventions limit the psychotherapy options available for Arabic and Farsi speakers in Germany. The Almamar program, incorporating the transdiagnostic Common Elements Treatment Approach, was designed to address these challenges through both online and face-to-face formats to improve treatment access. This study aims to explore symptom change in primary and secondary outcomes, assess preliminary findings concerning treatment adherence, treatment duration, and dropout rates.

Methods: In this pilot study, the primary and secondary outcomes were evaluated for 15 adult participants diagnosed with PTSD, anxiety disorder, depressive disorder, or a combination thereof. Participants undergo 6-16 tailored CBT-sessions, which include exercises for cognitive restructuring, exposure techniques, problem-solving, behavioral activation and reducing behavioral and substance addictions.

Results: We will present both qualitative and quantitative data from the pilot data of the two interventions. Key components of the intervention and their integration throughout the treatment process will also be discussed.

Conclusion: The analysis of pilot data will be used to discuss further research directions and the potential integration of the Almamar program into standard care practices in Germany.

Keywords

PTSD, depression, anxiety, digital intervention, CETA

Open Paper Symposium 13 - Ethics, therapists and researchers

Chair: Ivanka Živčić-Bećirević, University of Rijeka, Croatia

• Measurement of ethical beliefs and behaviours of Albanian psychotherapists

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Kevin Gugushi, AACBT, Albania

Etel Turtulli, AACBT, Albania

Abstract

Psychotherapy in Albania is a new field, still unexplored, which faces new challenges every day. Studies in this area are modest also because the place of psychotherapy is unstable and unregulated as a profession. In Albania there are several different groups that practice psychotherapy according to the respective direction. Study Ethical beliefs of Albanian Cognitive Behavioural Therapists CBT, undertakes to shed light on the ethics and behaviours of Cognitive Behavioural Therapists in Albania.

The design of the study is quantitative, non-experimental, cross-sectional. Data collection instruments were administered to a sample of 32 Psychotherapists, of which only 4 Males and 28 Females.

This study presents a special value for the fact that it evidences the current knowledge of psychologists working in therapy regarding issues of ethical beliefs and behaviours used by these professionals. Much of the study showed that the therapists' ethical beliefs were highly consistent with their behaviour in clinical practice. The findings also showed that there are always spaces and cases that despite the fact that the code of ethics categorically excludes them as unethical behaviour, but depending on the specifics of the case make exceptions.

Keywords

ethics; psychotherapy; beliefs, ethical belief, psychotherapist's behaviors

• Ethical Reasoning and Ethics Education of CBT Therapists in Europe

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Abstract

This study was a part of the broader project that concerned the ethical reasoning of CBT therapists in Europe. Previous studies showed some inconsistencies in the decision-making of psychotherapists when it comes to certain ethical dilemmas. Most results point to a need for exploring cultural differences, as well as elaborating ethical positions through extensive qualitative analysis. Therefore, we decided to construct seven vignettes for the present study, portraying several ethical dilemmas (non-sexual touch, recording the session, taking an emergency phone call, knowing the client through social media, therapist's emotional reaction, confidentiality, and advertising whatsoever) and pose them to CBT psychotherapists in six European countries (Serbia, Croatia, Bosnia & Herzegovina, Slovenia, Great Britain, and Russia). The first aim was to capture the statistical differences between the answers of participants regarding a question of agreement with the therapist from the vignette. The differences were tested between groups based on the country of origin, years of experience, owning a license, finished training, as well as age and gender. The second aim was to further explore and better understand the reasons, explanations, and beliefs behind these decisions by asking participants to elaborate on their answers and write down what the therapist could have done differently. Hence, a thorough thematic analysis was applied. Overall, the sampling method was purposive, and the number of respondents was roughly proportional to the size of the country. The final sample consisted of 347 participants aged 18-78 ($M = 38.60$, $SD = 10.41$, 82.3% female). The results showed only a few significant differences, between groups of participants depending on their country of origin, for the first [$\chi^2(5) = 15.97$, $p = .01$], sixth [$\chi^2(5) = 27.45$, $p = .00$], and seventh [$\chi^2(5) = 14.82$, $p = .01$] vignette. Generally, the first vignette was the one that participants mostly complied with, and the seventh was the one with the least compliance. The thematic analysis resulted in four major themes and 11 subthemes: I. Explanations for Therapists' [Lack of] Acts (1. Appealing to the Authority, 2. The Usefulness of the Act, 3. The Act as a Risk for Therapeutic Process), II. Positive Evaluation of Therapists' Acts (4. Therapists Take Responsibility, 5. Therapists are Only Human, 6. Praising the Therapists' Techniques), III. What Could Have the Therapists Done Differently (7. In Relation to Themselves – Taking Responsibility, 8. In Relation to Clients – Passing on Responsibility, 9. In Relation to Process – Refining the Approach), IV. Dependence of the Decision on Numerous Factors (10. Therapists Did the Best They Could, 11. Cultural Differences). In conclusion, this research pointed to the relevance of understanding and describing CBT psychotherapists' motives and beliefs rather than supposing differences between perceived groups. Although this study had its limitations, an implication could be to focus on developing a more accepting and exchanging psychotherapeutic community.

Keywords

ethical dilemmas, vignettes, cross-cultural study, thematic analysis, practice

• Analyzing therapist-client verbal interactions: What behaviors facilitate and hinder the therapeutic bond?

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Abstract

The therapeutic relationship is currently regarded as a pivotal aspect of psychological therapy. It is estimated that approximately 15% of psychotherapy outcomes can be attributed to the therapeutic relationship, which represents the second most significant explanatory factor. Furthermore, many studies support that the therapeutic alliance is a strong predictor of therapeutic success. However, the specific behaviors that constitute the alliance remain unclear. In part, this is because most studies use self-report measures to assess alliance strength rather than external observational measures that help describe which verbal interaction behaviors enhance the therapeutic relationship. To address this gap, we aimed to examine the components of the therapeutic relationship using a moment-by-moment analysis, as recommended by the American Psychological Association (APA). Specifically, the objective of our study was to identify the behaviors and verbal interactions between therapist and client that facilitate or hinder the therapeutic bond. To this end, video recordings of 95 individual therapy sessions with adults belonging to 20 clinical cases treated by 16 cognitive-behavioral therapists were analyzed. These were selected from a total sample of 72 cases, with the 10 cases with the best and the 10 cases with the worst scores on the Working Alliance Inventory being included. To analyze the recordings, a system of categories was developed to study the therapeutic relationship through systematic observation of the therapist-client interaction. Therapeutic interactions were analyzed using sequential analysis. The results indicate that there were significant differences in the frequency of various behaviors, including expressing empathy, making positive self-disclosure about the therapeutic relationship, and recalling incorrect information

about the client. Moreover, significant differences were observed in certain behavioral sequences, including joking. Drawing from our findings, we recommend a set of guidelines to enhance the therapist-client bond. We anticipate that these results will contribute to making psychological interventions more effective and efficient. Furthermore, the insights gained may be valuable in training new therapists.

Keywords

Therapeutic relationship; Sequential analysis; Cognitive-Behavioural Therapy; Observational methodology; Therapeutic Bond

• Therapists misbeliefs as barriers to use exposure therapy

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Abstract

Exposure therapy is highly effective and commonly recommended treatment for anxiety disorders, obsessive-compulsive disorder, and PTSD, yet it remains widely underutilized in routine care settings. Therapists are especially reluctant to use specific types of exposure (e.g. interoceptive or imagination exposure) or with some type of problems (e.g. trauma) or with certain populations (e.g. children, older adults, or pregnant women). Several factors have been recognized as barriers, such as organizational constraints, insufficient supervisory support, and client characteristics. Understanding therapist-level factors, among which are therapist beliefs about exposure therapy, may be particularly relevant as they may be an important focus for change in the training of future CBT therapists. The aim of this research is to investigate therapist beliefs about exposure therapy in relation to their level of training and experience. We hypothesize that therapist with higher level of training and more experience will use exposure therapy more frequently and have fewer negative beliefs about it.

Method:

A total of 273 individuals took part in the study, with 89% being females. These participants included psychologists and medical doctors from Croatia, Serbia, and Bosnia and Herzegovina, with 90% being trainees in CBT and the remaining 10% accredited CBT therapists. They completed an online questionnaire that included The Therapist Beliefs about Exposure Scale (Deacon et al., 2013) along with questions regarding demographic characteristics and therapeutic experience.

Results:

Only 14% of all the participants reported using exposure therapy regularly when indicated, with 37% of accredited therapists falling into this category. Surprisingly, 33% of the participants never use exposure therapy in their practice. As anticipated, trainees at the basic level exhibited the most negative beliefs about exposure therapy, while accredited therapist had the least negative beliefs. There was no difference in beliefs between trainees at the second and the third level of training. Therapists who use exposure therapy more frequently tended to have fewer negative beliefs about it. Interestingly, negative beliefs about exposure therapy are not related to the years of clinical experience or the number of weekly sessions with clients. Only 7% of therapists reported negative experiences with applying exposure, such as client refusal or discontinuation of treatment. Most participants expressed a strong need for additional training and support to integrate exposure therapy more frequently into their practice.

Conclusions:

The results are in line with previous research, confirming the underuse of exposure therapy among CBT trainees and therapists. It appears crucial to mitigate negative attitudes that function as barriers to the utilization of exposure therapy, as positive experiences are related to fewer negative beliefs. This, in turn, may encourage therapists to integrate exposure therapy more frequently into their practice. To enhance the dissemination of evidence-based treatments, it is recommended to include a variety of approaches in the training and supervision of CBT therapists. This can help overcome their cognitive biases and promote more frequent utilization of exposure therapy. Some forms of training, such as demonstration and experiential training are suggested. Our future research will focus on validating their effectiveness.

Keywords

Exposure therapy, therapists misbeliefs, training and supervision

• What could possibly go wrong? Lessons learned for a first-time PI for a randomized controlled trial

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Abstract

This open paper shares the experiences of a first time principal investigator of a randomized controlled trial (RCT). The aim is for young researchers to learn from the mistakes that were made when planning their own trials. The RCT compared a manual-based intervention for siblings and parents of children with chronic disorders to a waitlist control condition. The focus of the presentation is not on the intervention, sample, or main findings but on the lessons learnt from the multiple mistakes that were made in the planning and execution of the trial. However, for context, the RCT included 288 families and the results showed small effects in favor of the intervention group in terms of sibling mental health and family communication. The trial was conducted across eight sites of which three were primary care settings and five were hospitals. The focus of the presentation is on mistakes in the planning, data collection, data analysis, dissemination, and post-RCT implementation stages of a trial. In terms of planning, the message is to tailor funding applications for calls, but not to promise more than you can keep. The presentation will give examples on elements that looked good in the proposals that were impossible to follow through with. The presentation will also emphasize the need to choose well-validated measures with clarification on copyright issues. Examples will be provided on how measures that exist in multiple “official” versions and with little sensitivity to change can hamper results later on. In terms of data collection, the need to ensure real management support in clinics so that clinicians do not end up doing research on their spare time and/or boycotting the trial will be emphasized. Tips on how to enhance enrolment and be clear on inclusion criteria will be provided, alongside examples of how things may evolve in a bad direction if one is tempted to loosen up on inclusion criteria or ignore exclusion criteria in the quest for participant enrollment. Also, reminders will be given on how to ensure data also at follow-up timepoints and to prevent dropout. Training and follow-up with clinicians will be covered, with tips on how to avoid low fidelity of right out sabotage of manual elements. Tips will be given on how to keep up team stamina between researchers and clinicians. Relying on statisticians that know what they are doing at all stages of the project, and tips on making sure they remain faithful to your project will be highlighted. Finally, there will be a presentation of key team qualifications you should look for in a team setup to ensure roles and capacities fulfill each other to the maximum. Tips on how to enhance the chance that your intervention survives the RCT and actually gets used beyond it will be shared. Factors that work pro and against successful implementation, from a practice perspective will be highlighted. The target audience is early career researchers who wishes to learn from the crash-landing of a now mid-career researcher who has (hopefully) learnt from his mistakes.

Keywords

RCT; research design; effect studies; practice examples

• Are cognitive behavioural therapists more prone to burnout than therapists of other orientations?

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Amela Bektaš, Bosnia and Herzegovina

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Abstract

Self-care activities are crucial for mental health professionals, considering the emotional demands of their work. These activities can buffer the effects of stress and prevent burnout, a state of emotional and physical exhaustion, cynicism, and reduced effectiveness. While research suggests psychotherapists are susceptible to burnout, little is known about the specific self-care practices they employ and how these practices differ between therapeutic modalities.

The self-care activities of 122 psychotherapists (mean age = 40.7 years), including 28 CB psychotherapists, were the subject of this cross-sectional study, examining how these practices related to burnout. We also analysed levels of burnout among therapists who practised other modalities versus CBT practitioners. The Oldenburg Burnout Inventory (OLBI) was used to assess burnout, measuring two dimensions: Exhaustion and Disengagement. The Self-Care Scale (SCS) is a 27-item self-report measure designed to evaluate the frequency of self-care behaviours. The scale was developed by Vlašić (2024) for this study. SCS has good internal consistency ($\alpha = 0,854$).

The study revealed that psychotherapists engaged in various self-care activities, mostly socialising, reading, humour, sleeping, and walking in nature. We found low but significant correlations between the total score on SCS and both burnout dimensions, indicating that therapists who engaged more in self-care reported lower levels of Exhaustion and Disengagement. The results showed that cognitive-behavioural therapists had statistically higher scores on exhaustion than other therapists, while there was no statistical difference in Disengagement or total score on SCS. This research also revealed that CB therapists are statistically less often involved in personal psychotherapy than therapists of other orientations. Results showed a statistically significant but low and negative correlation between psychotherapy and Exhaustion, and no correlation between psychotherapy and Disengagement. This could mean that psycho-

therapists who are more exhausted are also choosing personal psychotherapy more often. To determine the extent to which self-care and psychotherapy explain the variance of the burnout dimensions, we conducted two hierarchical analyses. The results showed that self-care significantly contributes to Exhaustion, but not to Disengagement. At the same time, psychotherapy does not make a significant independent contribution to explaining the variance in any dimension of burnout. We performed stepwise analyses to study the independent predictor contribution of self-care activities to variances of burnout dimensions. The results will be discussed.

These findings highlight the importance of self-care for psychotherapists' well-being and burnout prevention. Therapists who prioritise self-care seem to be better able to handle the emotional problems of their profession, regardless of their therapeutic style. Subsequent investigations, including more extensive and heterogeneous cohorts, may investigate plausible distinctions in burnout vulnerability among distinct therapeutic approaches and pinpoint additional predictors impacting the well-being of therapists.

Keywords

CBT, burnout, psychotherapy, self-care, mental health

Open Paper Symposium 14 – Mindfulness

Chair: Arnold van Emmerick, University of Amsterdam, Netherlands

• Is there any need for a bigger picture in MBCT practice? Data from a modified 8 week training MBCT program

Mugur Ciumageanu, West University of Timisoara, Romania

Flavia Staicu, West University of Timisoara, Romania

Abstract

Mindfulness based cognitive therapy (MBCT) is an ever-evolving third wave CBT practice, with application both in clinical settings (for emotional disorders, addictions or impulsive behaviours) and in general settings (aimed at increasing emotional awareness skills and promoting healthy intentional and emotional responses in educational or occupational settings). The study involved 26 psychology students in a modified 8 week MBCT training program, with an add-on related to measuring big-picture appraisal and big-picture perspectivation. Mindfulness skills were measured with the FFMQ (Five-Facets Mindfulness Questionnaire). The session by session dynamic of symptoms was measured using the BSI (Brief Symptom Inventory), and the big picture appraisal style with the BPAQ (Big Picture Appraisal Questionnaire). The big-picture appraisal intervention proved a useful add-on - further clinical research could clarify its usefulness on clinical populations.

Keywords

Big picture appraisal, MBCT

• Mindfulness- Based Cognitive Therapy for Life (MBCT-L) for healthcare care students: an RCT

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Claire Holman, Geneva University, Switzerland

Ben Meuleman, Geneva University, Switzerland

Mariana Magnus Smith, University of Montreal, Canada

Beatrice Weber, Geneva University Hospitals, Switzerland

Paolo Cordera, Geneva University Hospitals, Switzerland

Guido Bondolfi, Geneva University, Switzerland

Serge Rudaz, Geneva University, Switzerland

Camille Piguet, Geneva University Hospitals, Switzerland

Abstract

A growing body of evidence shows that healthcare students are experiencing high levels of stress and mental distress during their studies. However, during their training, the focus is primarily on acquiring technical knowledge, with the development of self-care skills often being neglected. Learning to cope with stress is not only essential for personal well-being, but it is also crucial because stress has an impact on empathy and compassion toward others. Teaching healthcare students self-care practices is a priority, given that they are the health professionals of the future. In this RCT, we evaluated the impact of Mindfulness-Based Cognitive Therapy for Life (MBCT-L), a newly manualized group intervention, on the psychological health of healthcare students. MBCT-L comprises 8 two-hour sessions and a half-day session. It combines formal mindfulness practices (e.g. sitting meditation), informal practices (doing daily activities mindfully), new daily habits (e.g. gratitude practice), and CBT elements to manage difficulties and support global well-being by cultivating joy, compassion, equanimity, and flourishing. A sample of 161 healthcare students (2nd,

3rd, and 4th year) was randomly assigned to an MBCT-L group or a control group (waiting list). MBCT-L was delivered by online videoconferencing (Zoom). The primary aim was to evaluate the impact of MBCT-L on perceived stress and prosocial skills. Moreover, questionnaires were used to assess mindfulness skills, anxiety and depressive symptoms, compassion, and global well-being. Measures were taken at baseline (t0) and after 3 months (t1). Multilevel ANOVAs of Group (MBCT-L, control) \times Time (t0,t1) showed significant positive intervention effects for mindfulness skills, compassion toward self and others, and psychological well-being but not for perceived stress and prosocial skills, depressive and anxiety symptoms. These findings suggest that MBCT-L is an effective intervention enabling healthcare students to develop essential mindfulness and compassion skills. The latter is essential for better stress management and increased prosocial behaviors in the future. Notably, MBCT-L improved psychological well-being, which is crucial for healthcare students to achieve their academic goals and to become healthy professionals.

Keywords

mindfulness, students, stress, compassion

• Evaluating Online Cognitive-Behavioral and Mindfulness Interventions for Adults with ADHD: a Randomized Controlled Trial

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Per Carlbring, Stockholm University, Sweden

Gerhard Andersson, Linköping University, Sweden

Fredrik Jönsson, Stockholm University, Sweden

Abstract**Introduction**

Attention deficit hyperactivity disorder (ADHD) is the most common neurodevelopmental disorder, affecting 2-7% of adults worldwide. Adults with ADHD face increased levels of stress and fatigue, frequently contributing to exhaustion. They are at higher risk for stressful life events and mental health issues, with a majority of meeting criteria for at least one comorbid psychiatric disorder. Additionally, adults with ADHD have more sickness absence days compared to controls, possibly twice or several times as many. Although research on assessing and treating adult ADHD is growing, many individuals remain undiagnosed and untreated due to lack of recognition, misconceptions, and limited access to psychiatric care. Internet-delivered interventions offer a promising solution for improving access to care and effectively disseminating psychological treatments. However, their efficacy for adult ADHD remains underexplored.

Methods

This study will involve 240 participants, randomly assigned to one of three conditions: Internet-based cognitive-behavioral stress-management; Internet-based mindfulness stress-management; or a wait-list control. Participants in the intervention groups will engage in twelve-week, twelve-module programs, with clinical support available on demand. Both interventions have an explicit focus on workplace functioning, but differ in their content. The cognitive behavioral program is based on cognitive behavioral therapy (CBT) principles, including both tailored and transdiagnostic applications. The mindfulness program is based on a well-established skills-training manual for adult ADHD. Outcome measures include self-reported quality of life (primary outcome), symptoms of ADHD, perceived stress, symptoms of exhaustion, depression, and anxiety. Additionally, participants from both intervention groups will be interviewed to explore their experiences with the programs.

Discussion

Previous research indicates a positive attitude toward internet-delivered psychological interventions among adults with ADHD. A previous single-arm open trial has also indicated the potential of the current cognitive-behavioral stress-management intervention. This study aims to further assess its efficacy by comparing it to an active control intervention, thereby accounting for the expectation of benefit and common factors of internet interventions. The additional inclusion of a wait-list control will help account for spontaneous improvement and regression toward the mean. If the cognitive-behavioral intervention shows further promise, it could be further developed and potentially disseminated more broadly, either through routine healthcare systems or as a product. Given the position of ADHD adults in the labor market and the costs of sickness absence for all social partners, demonstrating effective interventions for this population could have significant socio-economic benefits, reducing both individual and societal burdens.

Keywords

ADHD, Internet interventions, Mindfulness, Stress, Quality of life, Randomized controlled trial

• Efficacy of mindfulness apps: A literature review

Arnold van Emmerick, University of Amsterdam, Netherlands

Tim Schoenmakers, University of Amsterdam, Netherlands

Abstract

Mindfulness apps have rapidly grown in number and are readily, indeed often freely, available to everybody with a mobile device and Internet access. They possess unique advantages for disseminating mindfulness skills compared to in-person formats. In the wake of this growth, the number of randomized controlled trials of the effects of mindfulness apps on various mental health outcomes and well-being domains has enormously increased, as has the number of systematic reviews and meta-analyses of these trials.

This paper first discusses the advantages and limitations of mobile and in-person formats of teaching and learning mindfulness skills. Second, it summarizes scientific research of the effects of mindfulness apps on diverse mental health outcomes and well-being domains in clinical and non-clinical populations by reviewing in detail five systematic reviews and meta-analyses of primary studies of these effects.

It is concluded that overall, mindfulness apps have robust small to moderate positive effects on diverse mental health, well-being, and quality of life outcomes, and show great potential as a means to introduce a large audience to the benefits of mindfulness skills. There is room for improvement of the quality of primary studies of mindfulness apps however, which are characterized by considerable risk of bias as well as high dropout rates, low or undocumented adherence, and scarce follow-up measurements. The same is true for the broad spectrum quality of mindfulness apps in general, including aspects such as quality of information and content, privacy policy, and data security.

Keywords

Mindfulness; Mobile Health; Apps; Self-Help; Smartphones

• MBCT for Better Stress Management and Burnout Prevention: A Program for Prison and Probation Staff

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Jurica Pačelat, Directorate for Human Resources, Ministry of the Interior, Croatia

Abstract

To strengthen the capacity to cope with stress and preserve the mental health of prison and probation officers, during a four-year education within the framework of the Project of the Croatian Association for Behavioural-Cognitive Therapy (HUBIKOT): “Mindfulness program for coping with stress for employees of the prison system”, trainers of Mindfulness-Based Cognitive Therapy (MBCT) were trained.

As part of the activities of the Department for Psychological Support for Prison and Probation Officers, five cycles of courses for officers were conducted over the last three years. The courses are based on a standardized mindfulness-based cognitive therapy program which consists of eight two-hour group workshops over two months and one delayed maintenance workshop. A system of continuous workshops was introduced to maintain the practice of mindfulness for all officers who were previously involved in the program.

The implementation of the program was evaluated by examining the satisfaction with the organization of the program, the perceived benefit and involvement in the program by the participants, and by examining the effect of the implementation of the course on changes in the determinants of mental health and dispositional mindfulness among prison and probation officers. A total of 56 officials participated in the 8-week MBCT (KTPSUS) course through five consecutive groups. Satisfaction with the course and perceived benefit from the course was examined after the end of the course using an evaluation questionnaire consisting of 8 questions which the participants answered on a 7-point Likert-type scale. The CORE (Clinical Outcomes in Routine Evaluation) questionnaire of general psychopathologic difficulties was used as a measure of mental health, while the five-factor FFMQ (The Five Facet Mindfulness Questionnaire) and the one-factor SMQ (Southampton Mindfulness Questionnaire) were used to measure mindfulness as a disposition. All three standardized questionnaires were used at three measurement points - before participating in the course, after the course, and three months after the course. The results showed that the participants were satisfied with the course, highly involved in the course and that they evaluated it as useful in the domain of dealing with stress, improving physical and mental well-being, and usefulness in everyday life and work. One-way analysis of variance for repeated measures compared scores at three measurement points on the CORE-OM, FFMQ, and SMQ scales. The results show that there was a significant change in the reduction of psychopathological difficulties that were maintained 3 months after participating in the program, as well as a significant increase in the scores on the scales of dispositional awareness. The results obtained indicate the usefulness of mindfulness-based programs for officers exposed to high levels of stress in systems such as prisons, probation, and police.

Keywords

prison system, probation, officers, stress, prevention, mindfulness, MBCT

Open Paper Symposium 15 - Emotion Regulation

Chair: Kirsti Akkermann, University of Tartu, Estonia

• Beliefs about Emotion and Emotional Eating among Overweight Turkish Adults: The Role of Emotion Regulation Strategies

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Ezgi Tuna Kaykusuz, Izmir University of Economics, Turkey

Abstract

Emotion beliefs are an important component of emotional processing and can be conceptualized as beliefs about the controllability and usefulness of emotions. These beliefs may have important effects on when and how emotions are regulated, as well as the effectiveness of the emotion regulation process. Previous studies suggested that believing emotions are uncontrollable and/or useless may result in the use of less adaptive emotion regulation strategies such as expressive suppression, and may be a risk factor for the development and maintenance of psychological disorders. Emotional eating may be a behavior associated with emotion beliefs, though limited research has addressed how these beliefs are related to emotional eating. Previous research examining the relationship between emotion regulation and emotional eating found that individuals who have difficulty regulating their emotions tend to engage in more frequent emotional eating. Therefore, emotion beliefs may predict regulation strategies, which in turn may increase the likelihood of using eating as a way to deal with emotions.

The present study investigated the mediator role of rumination and thought suppression in the association between emotion beliefs (i.e., beliefs about controllability and usefulness of emotions) and emotional eating among overweight adults in Turkey. A total of 173 participants (91 women, 80 men and 2 who prefer not to say) with a mean age of 37 ($SD = 12.5$) participated in the study. The mean body mass index of the participants was found to be 28.6 ($SD=4.13$). Two mediation analyses were run using the PROCESS macro, Model 4. Findings revealed that believing in the uncontrollability of emotions may be more strongly linked to emotional eating as compared to believing that emotions are useless. Results of the mediation analyses indicated that thought suppression and rumination fully mediate the relationship between controllability beliefs and emotional eating. Furthermore, these strategies partially mediated the link between usefulness beliefs and emotional eating. The findings suggested that beliefs about emotions may be associated with emotional eating through their influence on maladaptive emotion regulation strategies. These findings highlighted that beliefs about the uncontrollability and uselessness of emotions and the use of rumination and thought suppression strategies may be important targets for interventions designed to address emotional eating among overweight adults.

Keywords

Emotion beliefs, rumination, thought suppression, emotional eating, overweight, BMI

• Emotion regulation and academic burnout among youth: a quantitative meta-analysis

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Abstract

Emotion regulation (ER) represents an important factor in youth's academic wellbeing even in contexts that are not characterized by increased levels of academic stress. Effective ER not only enhances learning and, consequentially, improves youths' academic achievement, but also can serve as a protective factor against academic burnout. Studies have shown varying and intricate relationships between ER and academic burnout. This meta-analysis examines the connection between ER strategies and student burnout, considering a series of influencing factors.

Data analysis was conducted in a random effects meta-analytic approach, assessing heterogeneity and employing multiple methods to address publication bias, along with meta-regression for continuous moderating variables (quality, female percentage and mean age) and subgroup analyses for categorical moderating variables (sample grade level).

Our results show that whereas ER issues are positively linked with burnout and its aspects, such as emotional exhaustion, cynicism, and reduced efficacy, adaptive ER strategies are negatively associated with total burnout scores. These findings point to ER's complex involvement in both psychopathology and wellbeing. In order to shape these correlations, we additionally identified moderating variables such as the sample's gender composition, grade level, and mean age.

This study emphasizes the need for more research on ER and academic burnout in order to enable more specialized analyses, context-specific ER studies, and standardized measuring techniques for the understanding of academic

burnout. Notwithstanding methodological flaws, our results deepen our understanding of the complex interaction between ER and student burnout and provide direction for future studies in this area.

Keywords

emotion regulation, academic burnout, youth, meta-analysis

• The Tolerance of Uncontrollability and Psychopathology: The Roles of Maladaptive Emotion Regulation Strategies and Negative Problem Orientation

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Abstract

Exposure to uncertain and uncontrollable situations is a fundamental and challenging experience for everyone. However, the level of distress caused by such situations may vary depending on several trait-based characteristics. One of these trait-based characteristics is tolerance of uncontrollability (TOU), which can be defined as the ability to endure the discomfort resulting from uncontrollable events. TOU has been documented to be a risk factor for anxiety and depression. When low TOU individuals face a situation that is not perceived as controllable, they may resort to strategies that regulate and enhance the inner perception of control. Repetitive negative thinking (RNT) and thought suppression (TS) give illusory control in the short term—notably, RNT refers to thinking repetitively about adverse life events, while TS can be defined as attempts to remove thoughts. However, many studies revealed that these strategies increase distress in the long term. Another concept closely related to tolerance is negative problem orientation (NPO), which describes individuals' belief in the effectiveness of their problem-solving skills. Similar to the other variables, NPO has been documented to be a significant predictor of psychological distress and is able to augment the role of other risk factors in the prediction of psychological distress. The present study aimed to explore the relationship between TOU, RNT, TS, NPO, depression, and anxiety. It was anticipated that TOU would be associated with depression and anxiety, and RNT and TS would mediate these relationships. Moreover, NPO was hypothesized to moderate the relationship of TOU with other study variables. A sample of 448 participants (360 women) aged between 17 and 56 ($M = 23.41$, $SD = 5.25$) completed measures assessing TOU, RNT, TS, NPO, depression, and anxiety. Findings showed that higher levels of TOU were associated with low levels of depression and anxiety, but when anxiety was controlled, the correlation with depression disappeared. While RNT was the mediator in both outcomes, TS mediated only the relationship between TOU and anxiety. NPO did not show any moderating effect, except for the relationship between TOU and anxiety. The current study emphasizes that TOU can be a concept specific to anxiety and highlights one of the mechanisms behind TOU and psychological distress. Furthermore, NPO may have a contribution to the relationship between TOU and anxiety. The findings will be discussed under the light of recent studies.

Keywords

uncontrollability, repetitive negative thinking, thought suppression, psychological distress

• Exploring Digital Emotion Regulation in Young People

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Aliza Werner-Seidler, Black Dog Institute, Australia

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Abstract

Introduction/Background:

There are growing concerns about the consequences of screentime on mental health, especially for young people. Screentime is associated with depression, anxiety, insufficient sleep, and reduced physical activity in young people. However, there is little evidence of positive effects from refraining from using screen-based devices. Conversely, with its widespread use, digital technology has been increasingly used for emotion regulation, termed digital emotion regulation. While different profiles of digital behaviours can be helpful or harmful for mental health, research into digital emotion regulation is yet to explore exactly what behaviours and digital emotion regulation strategies are effective. This study aimed to determine how young people use digital technology, how this relates to regulation of emotion, whether these are associated with symptoms of depression and anxiety.

Methods:

Young people aged 17-24 years ($N = 116$) completed an online survey, involving quantitative and qualitative components, which assessed participant's online activity, whether they use specific digital activities to regulate emotion, and the effectiveness of these strategies. Symptoms of depression and anxiety were also measured.

Results:

Participants ($M_{age} = 18.75$, 70.7% female) reported most frequently spending 2-3 hours per day on their phone and 1-2 hours per day on social media. Over half (62%) reported frequently using technology in response to feeling upset or distressed and 48.3% reported frequently using technology in response to feeling happy or excited. When upset or distressed, the most common activity participants reported engaging with was using social media (38.7%). Conversely, when happy or excited, participants were most likely to message others (46.6%).

For participants with clinical symptoms of depression and/or anxiety, time spent on devices and social media did not differ between non-depressed and non-anxious people. However, when in a negative mood those with depressive symptoms $t(53)=2.796$, $p=.007$ and high anxiety symptoms $t(56)=2.99$, $p=.004$ used technology more often to hide their feelings, and those with depressive symptoms also used technology less often to reappraise or think more positively about the situation $t(53)=2.58$, $p=.013$. Relative to non-depressed participants, those with depressive symptoms also reported that their mood got worse more often $t(69)=2.64$, $p=.010$ and their mood improved less often $t(69)=2.58$, $p=.005$ following technology use. Similarly, relative to non-anxious participants, those with anxiety symptoms reported their mood getting worse more often $t(56)=2.434$, $p=.018$ after technology use.

Conclusion:

Study findings enhance our understanding of how young people use technology today. Our results highlighted key differences in how young people with mental health symptoms use their devices to regulate emotion, and showed that they engaged in more unhelpful emotion regulation strategies, relative to their non-symptomatic peers. The insights from the study will inform specific advice and strategies to support those with mental health problems in using devices in a healthier, emotion regulatory way.

Keywords

young people, adolescents, digital technology, emotion regulation, digital emotion regulation

• Preliminary elucidation of an emotionally, behaviorally and interpersonally dysregulated phenotype within a diverse clinical sample – A latent profile analysis

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Abstract

Introduction: Personality traits dispose individuals to psychopathology, impact treatment adherence and prognosis (Andersen and Bienvenu, 2011). Recognition of transdiagnostic influence of personality traits has given rise to personality-based profiling. Profiling studies on a diverse range of clinical populations have consistently postulated a personality profile with emotional lability and behavioral disinhibition, often labeled as the undercontrolled class, to predict the most severe state disturbances. In this presentation, we aim to elucidate the features of this dysregulated class to illustrate how the trait- and state-level disturbances commonly attributed to individuals with borderline personality disorder (BPD) manifest in other clinical samples.

Methods. We used latent profile analysis to describe personality trait combinations in a mixed sample of women with mental disorders ($n = 313$) and healthy controls ($n = 114$). After profile extraction based on entropy, information criteria and interpretability, the best-fitting solution based on impulsivity, perfectionism, anxiety, stress susceptibility, mistrust, detachment, irritability, and embitterment was related to the state features (depression, state anxiety, disordered eating, and emotion regulation difficulties) to establish clinical significance.

Results: A 5-profile solution proved best-fitting. Extracted profiles included a high functioning, a well-adapted, an impulsive and interpersonally dysregulated, an anxious and perfectionistic, and an emotionally and behaviorally dysregulated class. A large proportion of participants fell into the emotionally and behaviorally dysregulated class ($n = 72$). Besides exhibiting higher trait levels of dysfunctional impulsivity, negative perfectionism, embitterment, irritability, detachment and mistrust, this class was distinguishable by high comorbidity – 56.9% of individuals in this class had three or more comorbid mental disorders. Also, this class included a disproportionately high percentage of PTSD (65.2% of all PTSD patients) and substance use disorder (35.8%) as well depression and GAD.

Discussion: Our results reveal two significant findings. Firstly, a BPD-like dysregulation pattern is characteristic to patient populations beyond BPD. Secondly, this phenotype has both trait- and state-level markers. Whether this emotionally and behaviorally dysregulated class forms a qualitatively distinct taxon or whether individuals can exhibit such state-trait patterns on a continuum deserves further investigation. Regardless, these results are significant for treatment planning and suggest that patients with both traditionally internalizing and externalizing disorders could benefit from transdiagnostic interventions explicitly targeting maladaptive emotional, behavioral and interpersonal responses deriving from above mentioned traits. Further studies to assess whether profile membership predicts treatment response are warranted. Such research could help evaluate the relevance of the diathesis-stress model in treating personality profiles as risk and moderating factors, and contribute to personalized CBT conceptualizations and interventions.

Keywords

personality profiles, transdiagnostic/ dimensional psychopathology, transdiagnostic interventions

• Emotion Regulation Training for Adolescents With Major Depression: Results From a Randomized Controlled Trial

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Abstract

Deficient emotion regulation (ER) is one of the risk factors for the development and maintenance of major depression (MD) in adolescence. However, it has yet to be explored whether a task-based training of ER can have beneficial effects on symptoms of adolescent MD. The aim of this randomized controlled trial (NCT03957850) was to evaluate the effects of an experimental ER training on (1) stress- and affect-related measures as well as (2) behavioral and neurophysiological correlates of ER.

We included N=70 adolescents with MD in our study of whom n=36 were randomly allocated to a task-based ER training and n=34 to a control training. Across four training sessions, the training group was instructed to down-regulate negative affect to negative pictures via the ER strategy “reappraisal” while the control group was instructed to solely view the pictures. Perceived stress, severity of depression, affect and rumination were defined as primary outcome measures, changes in self-reported ER success and neurophysiological responses such as the late positive potential (LPP) were defined as secondary outcome measures. Moreover, gaze behavior during the training sessions was assessed via eye-tracking to examine the role of visual attention.

While we did not find any significant differential effects of ER training on the primary outcome measures, in the ER training group we found small to moderate effects on rumination, that were not found in the control group. During reappraisal, the ER training group demonstrated an unexpected increase in the LPP amplitude but only during the first, but not during the remaining training sessions. Moreover, the ER training group showed self-reported ER success during reappraisal that did not change over the four training sessions. Visual attention was not related to changes in self-reported ER success or LPP amplitudes across the sessions.

The finding on small to moderate effect sizes suggest that a task-based ER training might be promising to reduce rumination in adolescents with MD. However, this finding needs replication in larger multicenter studies. The increase in LPP amplitude during the first training session during reappraisal could represent cognitive effort needed to perform the task, which was reduced over the training sessions. Future studies should research whether other clinical and secondary effects can be achieved through training with higher intensity and whether training effects transfer to daily life.

Keywords

major depression, emotion regulation, training, randomized controlled trial, adolescents

Open Paper Symposium 16 – Miscellaneous 1

Chair: Torun Grøtte, NTNU, Norway

• Psychological inflexibility as a potential mediator between mental distress and trichotillomania and skin-picking disorder

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Erna Marie Moen, Oslo university hospital, Norway

Benjamin Hummelen, Oslo university hospital, Norway

Abstract

Background: Psychological inflexibility (PI) is an essential construct in Acceptance and Commitment Therapy (ACT). Previous literature suggest that PI is associated with the presence and severity of symptoms of trichotillomania (TTM) and skin-picking disorder (SPD). According to ACT theory, individuals with TTM and SPD may pick their skin and pull their hair to avoid or regulate internal experiences or states of discomfort. The aim of the current study was therefore to test whether PI mediate the relationship between mental distress (i.e., symptoms of anxiety and depression) and symptoms of TTM and SPD.

Method: As part of a longitudinal, observational cohort study of ACT-enhanced behavior therapy for TTM and SPD, 147 individuals with TTM and 97 individuals with SPD completed a battery of self-report instruments prior to therapy. PI was measured with a TTM- and SPD-specific version of the Acceptance and Action Questionnaire (AAQ-TTM; Woods & Twohig, 2008) which consists of two factors: 1) "AAQ-accept" (i.e., items related to attitudes toward the urge to pick/pull), and 2) "AAQ-interference" (i.e., items related to the relationship between general functioning and the urge to pick/pull). Severity of TTM and SPD were measured with the Massachusetts General Hospital - Hairpulling Scale and the Skin Picking Scale-Revised, whereas severity of anxiety and depression were measured with Patient Health Questionnaire-9 and General Anxiety Disorder Scale-7.

Results: Correlational analyses showed that higher PI was related to higher symptom severity of TTM and SPD. The mediation analyses revealed that PI in terms of AAQ-interference fully mediated the relationship between anxiety and depression and TTM severity, as well as the relationship between anxiety and depression and SPD severity. AAQ-accept did not act as a mediator in any of the models.

Conclusion: The results provide further support for PI as an essential construct in TTM and SPD. Longitudinal studies are needed to test the temporal association between PI and symptoms of TTM and SPD, as well as PI's potential relation to TTM and SPD treatment outcome.

Keywords

skin picking disorder; trichotillomania; psychological inflexibility; ACT

• The Moderating Role of Psychological Flexibility in the Relationship Between Loneliness and Well-being Among Young Adults: A Cross-sectional Study

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Abstract

Loneliness is considered a universal constant; an experience one cannot easily escape from. Despite the evidence of its deleterious effects on mental and physical health across all age groups, the majority of research has primarily focused on older cohorts, leaving young adults beyond the scope of scientific attention. The current study aims to compensate for this research inequity by examining whether there is an indication that psychological flexibility protects individuals against the negative effects of loneliness on well-being. It was hypothesized that the inverse relationship between loneliness and well-being would be significantly less pronounced among young adults with high, compared to low, psychological flexibility. The design of the study was cross-sectional. For the purpose of this research, 162 participants, between 18 and 30 years of age, were recruited through social media. Data were collected online via self-reported psychological assessments of loneliness (Loneliness Scale), psychological flexibility (FIT-24) and well-being (SF-12) and were subsequently analyzed using linear regression analysis. According to the results, the two-way interaction between loneliness and psychological flexibility was not significantly associated with well-being ($p = .45$). The disconfirmation of the research hypothesis was attributed to the use of an unsuitable moderator and methodological shortcomings. Clinical and research implications include the documentation of the actual effects of psychological flexibility on well-being, which will be accomplished within longitudinal experimental designs, and the investigation of other moderating variables, including social engagement and emotion regulation styles. The research stands out in terms of novelty and cultural diversity, but could be improved in terms of methodology. Overall, despite the statistical insignificance that was observed, findings highlight the profound need to reduce the distress that may derive from loneliness.

Keywords

loneliness; ACT; psychological flexibility; well-being; young adults

• Influences of Educational Background on the Conceptualization of Mental Disorders: Insights for CBT Practice

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Natalija Ignjatović, University of Belgrade, Faculty of Philosophy, Department of Psychology, Serbia

Abstract

Introduction: The contemporary cognitive behavioral approach relies upon the transdiagnostic case conceptualization and intervention, which may be understood as an integration of biological, psychological, and social factors. This comprehensive framework allows clinicians to understand the complexities of patient's psychological challenges and to apply transdiagnostic interventions in an idiographic fashion to improve well-being [1]. Although all mental disorders are considered multifactorial, the weight given to biological versus social factors varies significantly. This variation influences symptom expression and is crucial for accurate case conceptualization. Furthermore, the importance given to social vs. biological factors in the development and maintenance of mental disorders can differ based on the helper's educational background.

Aim: This cross-disciplinary study aimed to explore how different professional groups, specifically psychiatrists and psychologists, conceptualize mental disorders with respect to their emphasis on biological versus social factors.

Method: The research was conducted as a cross-sectional study involving psychiatrists (both residents and specialists) and psychologists. The influence of biological and social factors was rated on a five-point Likert scale of the attribution of mental disorders. Based on previous research [2], participants assessed the following psychological challenges: absence of sexual desire, alcoholism, binge-eating disorder, gambling addiction, narcissistic personality disorder, occupational burnout, schizophrenia, social anxiety, autism spectrum disorder, and ADHD. Differences between groups were analyzed using the Mann-Whitney U-test.

Results: A total of 131 psychiatrists (71.8% female, average age 40.5 years) and 78 psychologists (82.1% female, average age 33.4 years) participated in the study. Significant differences were observed: compared to psychiatrists, psychologists endorsed more social factors for the absence of sexual desire. For binge-eating disorder, psychiatrists slightly favored biological factors, whereas psychologists leaned towards social factors. In narcissistic personality disorder, psychiatrists showed a balanced view of social and biological factors, unlike psychologists who strongly favored social factors. Schizophrenia saw almost exclusive endorsement of biological factors by psychiatrists, in contrast to psychologists who endorsed them less strongly. Interestingly, in social anxiety disorder, psychologists endorsed biological factors more strongly than psychiatrists, who maintained a balanced view.

Conclusion: Our study highlights the need to include both psychologists' and psychiatrists' varying perspectives on mental disorders when creating diagnosis-specific cognitive behavioral therapy (CBT) manuals and training programs. Recognizing and integrating these differing viewpoints is essential because the way a disorder is understood can greatly affect the therapeutic strategies and interventions used in CBT. By adapting these resources to accommodate diverse professional insights, we can improve the effectiveness and suitability of treatment approaches.

Keywords

conceptualization, mental disorder, biological/social attribution, education, CBT practice

• Seeking psychological help: Stigma, barriers and possible online intervention inhibiting avoidance of getting help

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Abstract

Globally, 200 million people experience serious mental health issues, yet only a third seek professional help, often as a last resort. Adolescents and young adults show higher prevalence rates of mental health problems. Stigmatisation plays a crucial role in the decision to seek help, manifesting as self-stigma (internal beliefs, low self-esteem, reduced quality of life) and public stigma (society's stereotypes and disapproval). Both forms of stigma negatively impact help-seeking behaviour and attitudes towards mental health services.

Previous research has largely examined help-seeking behaviours, avoidance, and delay separately, aiming to identify the barriers preventing timely help-seeking. These barriers evolve over time and at different help-seeking stages. Attitudes are closely linked to both self-stigma and social stigma, influencing whether an individual seeks professional help. Key barriers include stigmatisation, a sense of humiliation, insufficient problem recognition, preference for self-reliance, and distrust in professionals. Conversely, facilitators include past experiences with mental health issues, social support, and assistance from others.

Our current studies address the gap between experiencing mental health problems and seeking professional help among young adults and teachers in the Czech Republic. Two studies aim to elucidate the individual constructs and factors involved, enhancing understanding of the help-seeking journey and identifying obstacles.

4500 participants aged 18-35 and 438 teachers completed an online questionnaire in January 2024. Demographic questionnaire and four scales were measuring attitudes (Attitudes Toward Seeking Professional Psychological Help – Short Form), barriers (Barrier to Help Seeking Scale), self-stigma (Self Stigma of Seeking Help), and public stigma (Perceptions of Stigmatisation by Others for seeking help). These scales were translated into Czech language.

The study aimed to (I) determine the validity and reliability of the Czech translations, (II) analysed the scales' factors within the Czech population and compare these with the original versions' reliability and validity, and (III) explore the relationships between attitudes towards seeking help, avoidance or delay in seeking help, and participants' demographic and individual differences, barriers, self-stigma, and public stigma.

In the study of Czech teachers, we observed a statistically significant difference between Self-stigma and Stigma due to other whereby men reported higher mean stigmatisation compared to women. Both Self-stigma and Stigma due to others correlated statistically significantly with Well-being and Job satisfaction but not with age and years of teaching experience. We are currently in the process of statistical analysis for the second study of young adults.

This research represents the first of its kind in the Czech Republic, aiming to identify and understand the factors contributing to the avoidance of professional help-seeking. By exploring the relationships between stigmatisation, attitudes, and barriers, we hope to reveal whether Czech young adults' help-seeking behaviours differ from those observed in other countries, considering cultural variations highlighted in previous research.

Keywords

stigmatisation, barriers, attitudes, seeking help, teachers, young adults

• Logic and Philosophy for Opening up New Perspectives on CBT

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Abstract

Introduction

We all have an ability to reason. Moreover, we communicate with others and exchange some information. The process of making arguments includes the process of inference from the facts we are aware of. A syllogism is a deduction that consists of three propositions: two premises and a conclusion. The founder of cognitive behavior therapy Aaron Beck (1921 – 2021) extensively used deductive arguments to reveal negative self-schemas that are at the core of depression.

At the CBT World congress 2023 (Abstract book, p.700) I presented the key concepts of logic and its employment for enhancing of CBT sessions. Now we focus on the idea that philosophy and logic might give a new outlook.

Method

The conceptual analysis is used as the method for revealing philosophic and logic tools for working with clients within CBT sessions. We observe some historical facts regarding logic (Aristotelian logic and Stoics logic school) and its correlation with cognitive science and cognitive psychology in general. The main discussion includes the theoretical assumptions that are made by way of analysis of current research where logicians and cognitive psychologists collaborate. The logicians and cognitive scientists have completed the conjoint research work and have presented the findings that are helpful for treating some psychological disorders that are assessed in our research work.

Results

This paper analyzes the stages of the relationship formation between the science of logic and CBT. In our paper (Denisova V. G., Kovpak D. V., *Logic Foundations of CBT*, 2023, in Russian) we underlined that logic made a significant contribution to formulation of the very basic concepts of CBT and has become one of the tools that help to form a metaposition and critical thinking. The authors of the article emphasize the importance of logical theory for identifying cognitive distortions, irrational beliefs, disputing thoughts, as well as the further development of CBT.

Discussion

From the point of view of logic as a science, when we say that something is "logical", we consider three logical concepts: terms, propositions and arguments. Therefore, while the therapist uses a logical dispute, he may question the following:

1. Whether the terms are clear or unclear (ambiguous).
2. Whether the judgments are true or false.
3. Whether the arguments are valid or invalid.

Conclusion

The expression of emotions is associated with the emergence of a thought at one time or another. The identification of clients' cognitive distortions is closely related to how the client formulates the thought. Every thought is expressed in a language that is commonly called natural. Logic studies the forms of thought, connections between them, and

also operates with artificial languages that reflect the natural language. A clear definition of forms of thought, their relationship and the language of symbols allow us to consider thinking without regard to a set of individual preferences and assessments. Consequently, logic that appeals to the structure of thoughts, and philosophy that is intercultural as its essence help in overcoming cultural diversity, structure the session and trace causes and effects.

Keywords

new CBT techniques, logic, philosophy of CBT, cultural diversity, CBT development

• The More You Check, The Less You are Certain-The Paradoxical Effect of Body-Checking

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Abstract

Body checking is suggested to play a role in the maintenance of eating disorders. However, the mechanisms that perpetuate repeated body checking are poorly understood. Drawing parallels with behavior observed in obsessive-compulsive disorder, where repeated checking seeks to alleviate uncertainty but paradoxically intensifies it, the present study examined the causal effect of repeated body checking on certainty regarding checked body parts. Additionally, the study assessed whether repeated body checking influences certainty about future weight gain after eating. Seventy-nine healthy female participants initially checked six body parts and were asked which body part they last checked and how certain they were about it. They then consumed a chocolate bar and rated their expectations of gaining weight and their level of certainty regarding weight gain. Subsequently, participants underwent a repeated checking manipulation in which they repeatedly checked their body or a neutral object, based on their assigned experimental group (body-checking or object-checking, respectively). Finally, all participants completed the six body parts checking procedure again and answered the same questions from the pre-manipulation phase. The results revealed that, consistent with the primary hypothesis, actual memory regarding checked body parts was unaffected by repeated body checking. Still, repeated body checking significantly reduced certainty about memory compared to neutral object checking. Contrary to the secondary hypothesis, the experimental groups did not differ in certainty regarding future weight gain after the repeated-checking manipulation. The findings provide the first empirical indication of the paradoxical effect of body-checking, which increases the feeling of uncertainty and may thus maintain such behavior among individuals with eating disorders who tend to engage in body-checking behaviors. Possible interventions to disrupt this proposed vicious cycle between body checking and uncertainty may involve improving patients' ability to tolerate and accept uncertainty without taking actions aimed at reducing it, such as body checking. This approach mirrors strategies seen in third-wave treatments for OCD, focusing on accepting intrusive thoughts without engaging in compulsive behaviors.

Keywords

eating disorders, obsessive-compulsive disorder, body checking, uncertainty, intolerance of uncertainty, repeated checking

Open Paper Symposium 17 – Schema

Chair: Oana Cobeau, Babes-Bolyai University, Department of Psychology, Romania

• The longitudinal association between stress and mental health in the context of the pandemic through the lens of emotional schemas and psychological flexibility

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Abstract

Stress is a known contributor to psychosocial pathological conditions and reduction of well-being. In the pandemic context, stress responses were identified as an important factor affecting mental health. Understanding what makes individuals more resistant to the negative effects of stress over time could suggest new paths for the development of interventions for stress-related disorders. Among the different factors, modifiable psychological processes may help to mitigate the mental health impact of stress. Within cognitive behavioural therapy, more meta-experiential approaches have emphasised the role of thoughts and feelings about emotions (e.g., maladaptive emotional schemas) in conceptualising the association between stress and mental health. More experiential approaches have emphasised the willingness to embrace thoughts and emotions while living according to personal values (e.g., psychological flexibility). The literature has highlighted the role of emotional schemas and psychological flexibility as psychological

processes underlying this relationship in the short term. This two-wave longitudinal study aims to analyse the role of psychological flexibility and emotional schemas in the relationship between stress responses to COVID-19-related events and mental health six months later. A total of 276 individuals from the Portuguese general population were included in this study. They were mostly females (69.9%) between 16–86 years old ($M = 47.2$, $SD = 18.24$). Participants completed self-report measures regarding stress responses, emotional schemas, psychological flexibility, and positive and negative mental health. A multiple mediation analysis was conducted. The results suggested that negative evaluation of emotions was a full mediator in the longitudinal relationship between stress responses and negative mental health. A valued action and openness to experience fully mediated the longitudinal relationship between stress responses and positive mental health. This study adds the importance of different dimensions of the studied psychological processes over time, suggesting that negative evaluation of emotions contributes to explaining the relationship between stress responses and negative mental health. Valued action and openness to experience may contribute to explaining the relationship between stress responses and positive mental health. This contributes to differentiating between enduring and transient psychological processes in this relationship across time and pandemic progression. Integrating emotional schemas and psychological flexibility brings to light some of the processes belonging to different CBT models and contributes to effective and flexible responses across different psychological levels in stressful contexts, such as the COVID-19 pandemic.

Keywords

stress; emotional schemas; psychological flexibility; positive mental health; negative mental health

• Core beliefs or schemas, which is more compatible with the cognitive structure?

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Abstract

Introduction: According to the Cognitive theory proposed by Beck, core beliefs about oneself, other people and the world are at the centre of the cognitive structure (Beck, 2011). According to this model, core beliefs hierarchically create other dysfunctional schemas (underlying intermediate beliefs). According to this theory, core beliefs about the self are in three main domains: helplessness, worthlessness and unlovability. This makes core beliefs the most important factor in the development of cognitive processes in psychopathology. On the other hand, according to another psychopathological clinical model, schema theory (Young et al., 2003), 18 'Early Maladaptive Schemas' (EMS) at the same hierarchical level lead to different psychopathologies. The main aim of this study is to examine the factor structure of the YSQ developed according to schema theory and to determine whether the factors obtained support Young's schema theory or Beck's theory that suggests that 3 core beliefs are at the centre of psychopathology.

Method: The study group consisted of 237 subjects (162 female, 75 male) with an average age of 27.7 years. There psychiatric diagnosis according to the SCID as follows; 53 generalised anxiety disorders, 36 social phobias, 57 panic disorders, 30 obsessive-compulsive disorders, 5 specific phobias and 56 not otherwise specified anxiety disorders. The Young Schema Questionnaire (YSQ) was used in this study. Factor analyses were carried out. After deciding on the number of dimensions, we removed the items with factor loadings below .50 and continued the analysis. Then, we determined the items that loaded on both factors and removed those with a difference of less than .100 between the factor loadings and performed factor analysis to the final stage.

Results: The results of the factor analysis, on the 90-item Young Schema Scale, there are 21 factors with an initial eigenvalue greater than 1. However, when we looked at the factor loadings, we saw that this was reduced to 3 factors. We found that there were 3 factors with more than 50% of the variance explained. In the results we found, we see that the number of items of the 3rd sub-dimension is low. The KMO value was found to be 0.864 after the last analysis. The 3 factors explained 56.47% of the total variance.

Conclusions: Higher order principal component analysis revealed three higher order factors, consistent with previous findings. As a result, when the factor structure of the 18 schema domains defined by the YSQ is examined, it is found to be compatible with Beck's three basic belief groups previously defined in CBT. The results of our study support that Beck's core belief theory, consisting of 3 thematic beliefs, is more explanatory than Young's 18-schema model.

Keywords

schema, core belief, cognitive structure

• **The relationship between perceived parenting style, early maladaptive schema dispositions, strengths and difficulties in children aged 9-13 years.**

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Abstract

In schema therapy (ST), early maladaptive schemas (EMS) are assumed to derive from adverse relational experience. The relative impact of perceived parenting styles on the development of EMS in children, as measured by the Dusseldorf Illustrated Schema Questionnaire for Children (DISC), has not yet been examined. This study is exploring the relationships between perceived parental warmth (PPW) and control (PPC), EMS, and strengths and difficulties (SDQ) reported by both parents and children aged 9-13. The participants were 52 children (MA: 12, SD = 1.21, 55% female) and their parents (MA: 43, SD = 5.06, 49% female). The children completed the DISC, the Authoritative Parenting Index (API), and the SDQ. Parents completed the SDQ. We used Pearson correlation analysis. Children-reported difficulties (CRD) demonstrate a positive correlation with EMS ($r = 0.29, p < 0.05$). EMS exhibit a positive correlation with children-reported prosocial behaviors (CRPB) ($r = 0.31, p < 0.05$). PPW from both parents showed a negative correlation with CRD ($r = -0.43, p < 0.01$, and respectively $r = -0.42, p < 0.01$), while parental reports of prosocial behaviors (PB) positively correlated with PPW from fathers ($r = 0.47, p < 0.01$). There was no significant correlation between PPW and PPC and EMS total score, or between PPC and PB or difficulties (both children and parents reported). PPW from mothers showed a negative correlation with the Emotional Inhibition schema (EI) ($r = -0.35, p < 0.05$), while PPC from mothers positively correlated with the Vulnerability schema (VU) ($r = 0.33, p < 0.05$). PPW from fathers showed a negative correlation with the Abandonment/Instability schema (AI) ($r = -0.42, p < 0.01$), and respectively the Self-Sacrifice schema (SS) ($r = -0.28, p < 0.05$), while PPC from fathers showed also a positive correlation with VU, which did not reach significance ($r = 0.27, p = 0.051$). A multiple regression was run to predict difficulties in children (as reported by children) only from PPW and EMS. The model reached statistical significance ($R^2 = 0.28, p < 0.001$). Our results support previous findings that EMS are related to childhood difficulties. Most of the schemas were positively related to domains of the SDQ that represented difficulties (e.g., peer relationship problem and hyperactivity/inattention areas). CRPB showed a negative correlation with EMS, specifically with AI ($r = -0.42, p < 0.01$). The positive correlation between CRPB and several EMS was also expected, and explained by the fact that children tend to alter their behavior towards compliance, to satisfy their need for security. Our data shows that there is a connection between perceived parenting styles and specific EMS. The positive association between PPC and VU indicate towards investigating children ability to perceive the dysfunctional character of EMS. These findings suggest specific relations between different dimensions of parenting and specific schemas, and respectively children's strengths and difficulties. Given the small amount of variation explained by our regression model, other variables should be considered when analyzing the effect of parenting styles and EMS on children's difficulties.

Keywords

schema therapy, early maladaptive schema dispositions, perceived parenting, children

• **Maladaptive Schemas as An Explanation for Gender Differences in Living Organ Donors**

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Abstract

Introduction

The decision to become an organ donor was primarily motivated by altruism, driven by the desire to assist others. Recognizing that organ donation can significantly improve the quality of life and extend the lifespan of another person, individuals were more inclined to consent to organ donation based on this selfless motivation. Living organ donors are willing to undergo significant surgical procedures solely to assist another person in reclaiming their health. It was emphasized that there is a higher likelihood of women being living organ donors compared to men. In the context of living organ donation, women have accounted for an average of 52.5% of donors over the past six years. This may be because of women's being more susceptible to subtle pressures or influences. To explore this imbalance, this study aimed to examine the differences between female and male living organ donors in terms of early maladaptive schemas (EMS), which originate from the early childhood experiences and can lead to the formation of maladaptive cognitions, emotions, social perceptions, and behaviors.

Method

The study included individuals who were living liver or kidney donors between the years 2014 and 2019, who did not have depressive symptoms, and who had voluntarily participated. Socio-demographic information form, the Young Schema Questionnaire-Short Form, and the Beck Depression Inventory (BDI) were the assessment tools. The individuals who had BDI scores over 10 were excluded from the analysis. In the study, t-test comparison was conducted with a total of 51 individuals.

Results

Among the participants, 26 (51%) of them are female, 46 (90%) of them are married, 30 (58.82%) of them are at least high-school graduates, neither of the participants have history of a psychiatric diagnosis. The average age of the participants was found to be 43.98 ($SD = 9.50$). The number of liver donors was 11 (21.6%) and kidney donors was 40 (78.4%). Twenty-six individuals (51%) became organ donors specifically for their children, with an equal number of female donors and male donors.

When the EMS of each gender were compared the results revealed that men had significantly higher scores in the schemas of emotional deprivation, social isolation-mistrust, approval seeking, self-sacrifice, punitiveness, and vulnerability to harm. In the study, women did not score higher than men in any schema.

Discussion

The findings suggested that men who are living organ donors exhibit specific early maladaptive schemas (EMS) that prioritize others' needs over their own, seeking approval, emotional connection, or avoiding negative reactions. These schemas, typically associated with women in the literature, align with traditional gender roles that expect women to be caregivers, nurturers, homemakers, and helpers. The study highlights that men who are organ donors share similar externally focused characteristics.

Conclusion

The results highlight the importance of understanding the motivations of men who are considering becoming organ donors and addressing any associated perceptions and EMS through therapeutic interventions. This is crucial to prevent potential mental health issues that may arise in the future.

Keywords

Maladaptive schemas, gender differences, living organ donors

Open Paper Symposium 18 – Trauma

Chair: Marina Letica Crepulja, Faculty of Medicine, University of Rijeka, Rijeka, Croatia; Clinical Hospital Center Rijeka, Department of Psychiatry, Referral Center for PTSD of the Ministry of Health of the Republic of Croatia, Rijeka, Croatia

• The Impact of Integrated Cognitive Behavioral Therapy and Spiritual Intervention on Post-Traumatic Stress Disorder in Sexual Abuse Survivors: A Case Study Focused on Sin as a Predominant Theme

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Taha Burak Toprak, Ibn Haldun University, Turkey

Abstract

This case study examines the therapeutic impact of combining Cognitive Behavioral Therapy (CBT) with spiritual interventions on a 22-year-old female university student in Istanbul, diagnosed with Post-Traumatic Stress Disorder (PTSD) following childhood sexual abuse. The client's PTSD symptoms included emotional dysregulation, avoidance of men, intrusive memories, self-harm, sleep disturbances, and self-loathing. These symptoms intensified after she started university, particularly during interactions with male peers. The client had no prior psychiatric history and sought therapy due to increasing difficulties in managing her emotions and social interactions. The trauma, which involved sexual abuse by her brother's friend at age 11, had been mitigated during high school by attending an all-girls school. However, the co-educational university environment reactivated her trauma, leading to severe avoidance behaviors and distress during group projects with men.

The therapeutic process was guided by Ehlers and Clark's (2000) cognitive model of PTSD, which emphasizes the reprocessing of traumatic memories to alleviate current perceptions of threat. The treatment involved several stages: assessment, psychoeducation, cognitive interventions, and behavioral interventions. During the cognitive interventions, a significant focus was placed on addressing the client's religious interpretations of the trauma, specifically her beliefs of being sinful and unforgiven by God. Behavioral interventions then encouraged the client to gradually re-engage with male peers in a controlled and supportive manner. Over the course of 20 sessions, the integrated approach led to a reduction in the client's PTSD symptoms, improved emotional regulation, and enhanced social functioning, demonstrating the efficacy of combining CBT with spiritual interventions in treating trauma with religious implications. This study specifically addresses knowledge and skills that can be applied at the cognitive level for Muslim victims of abuse.

Keywords

Post-Traumatic Stress Disorder (PTSD), Cognitive Behavioral Therapy (CBT), Spiritual Intervention, Sexual Abuse, Case Study

• Post-traumatic stress disorder after sexual trauma: the role of emotional and cognitive reactions

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Abstract

Emotional and cognitive reactions during and after trauma significantly influence PTSD. To understand their intricate relationship, a robust theoretical and statistical method is needed for accurate measurement and theory evaluation. This study employed such an approach to explore the connections between sense of control and emotional reactions during trauma, post-trauma feelings of fear, helplessness, shame, and guilt, and PTSD in 601 women with a history of perceived sexual trauma. Participants completed an online survey using reliable and valid measures of perceived trauma severity, post-trauma fear from ongoing safety threats, sense of helplessness, trauma-related shame, and guilt cognitions. A theoretical model was tested using Structural Equation Modeling, which showed a good fit to the data. The sense of control during trauma predicted distress levels at the time of the trauma. Emotions during trauma directly affected post-trauma fear, helplessness, and shame, but not guilt cognitions. Fear, helplessness, and shame directly impacted PTSD and mediated the relationship between emotions during trauma and PTSD. While guilt cognitions directly affected PTSD, they did not serve as mediators. These findings indicate that emotions during trauma contribute to PTSD when they lead to chronic fear for safety, a sense of helplessness, and shame. Therefore, trauma-focused psychological interventions aimed at overcoming fear and shame, reducing helplessness, and restoring a sense of control could effectively improve PTSD outcomes in survivors of sexual violence.

Keywords

sexual trauma, post traumatic stress disorder

• Guided Written Exposure Therapy for Chinese Posttraumatic Stress Disorder Patients: A Randomized Controlled Trial

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Abstract

Background: This study aimed to evaluate the effectiveness of the online Guided Written Exposure Therapy (GWE), a modification of the Written Exposure Therapy (WET), in reducing PTSD symptoms among Chinese patients. **Methods:** Ninety five adult participants with clinical or subthreshold PTSD were randomly assigned to GWE group ($n = 65$) or Minimal Contact Control (MCC) group: ($n = 30$). All interventions were administered online to minimize dropout rates and reduce barriers to participation. GWE involved increased psychoeducation and guidance for both the therapists and the participants compared to the original written exposure therapy protocol. Participants were assessed using the PTSD Symptom Scale Interview-DSM5 (PSSI-5) at baseline, post-intervention, and at 1-month, 3-month, and 6-month follow-ups. **Results:** The dropout rate for the GWE group was 13%, and 79.5% of participants were satisfied with the intervention. Post-test and one-month follow-up PSSI-5 scores for the GWE group were significantly lower than those for the MCC group. The effects of GWE were maintained during the six-month follow-up period. **Discussion:** GWE demonstrated high acceptability, low dropout rates, and sustained effectiveness in reducing PTSD symptoms among Chinese patients. This culturally adapted intervention shows promise as a feasible and effective PTSD treatment in China and potentially other underdeveloped regions.

Keywords

PTSD; Written Exposure Therapy; Cultural adaptation; Randomized controlled trial; Online intervention

• The Moderating Effects of Self-Compassion on Post-Traumatic Growth

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Abstract

In recent years self-compassion has received a lot of attention in the literature as an adaptive and protective trait. Self-compassion is the act of showing kindness and understanding towards oneself when facing failures, hardships,

or difficulties and recognizing that suffering is a universal experience. These are some of the characteristics that individuals often lack or are unable to utilize when they are faced with trauma and must deal with its consequences. The current study explored the possible moderating effects of self-compassion on post-traumatic growth in a general population sample exposed to trauma.

The study recruited 494 volunteers, which included 299 women (60.5%) and 189 men (38.3%); ages ranged from 18 to 81 years old ($M = 34.7$). Twenty-six percent had either primary or secondary education, 48.6% had a college or university education, and 25% had post-graduate education. Participants were asked to complete 1) the Life Events Checklist for DSM-IV, (Gray, Litz, Hsu, & Lombardo, 2004), 2) the PTSD Checklist, Civilian Version (PCL-C; Blanchard, Jones-Alexander, Buckley, & Forneris, 1996) $\alpha=.93$, 3) the Posttraumatic Growth Inventory (PTGI; Tedeschi & Calhoun, 1996) $\alpha=.97$, and 4) the Self-Compassion Scale (Neff, 2003) $\alpha=.86$.

Three-hundred and forty-six participants (70%) reported being exposed to at least one traumatic event; of those, 67 participants (13.6%) reported being exposed to sexual abuse, and 141 participants (28.5%) reported being exposed to physical abuse.

Results indicated that women scored higher on trauma symptoms and reported lower levels of self-compassion compared to men. There were no significant differences between men and women on post-traumatic growth.

Pearson correlations showed that trauma symptoms were significantly and negatively related with self-compassion, while post-traumatic growth was positively related with trauma symptoms. To investigate our hypothesis stating a moderation effect of self-compassion on the effects of post-traumatic symptoms (IV) on post-traumatic growth (DV), a simple moderator analysis was performed using PROCESS 3.3 using 5000 bootstrap samples and 95% confidence intervals, predictors were centered to correct for possible multicollinearity. Only participants that reported exposure to at least one traumatic event were included in the analyses giving a sample size of 346. Self-compassion was found to significantly moderate the relationship between post-traumatic symptoms and post-traumatic growth $b=0.02$, 95%CI [0.02, 0.03] while the overall model predicted 16% of the post-traumatic growth variance $F(3, 342)=22.29$, $p < .001$. Examination of the interaction plot showed a significant enhancing effect of self-compassion on the effects of post-traumatic symptoms on post-traumatic growth.

The findings of this study suggest that self-compassion relates negatively with post-traumatic symptoms following trauma, and individuals with higher levels of self-compassion are more likely to grow from the trauma and have positive outcomes in relation to the trauma.

Keywords

Trauma, Post-Traumatic Growth, Self-Compassion

• Complex posttraumatic stress disorder: Modular, phase-based treatment approach

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Abstract

Background: Complex post-traumatic stress disorder (PTSD) encompasses a specific symptom profile derived from a synthesis of research results and empirical findings. The addition of complex PTSD to the ICD-11 is based on the evidence that individuals with the disorder have a poorer prognosis and benefit from different treatments as compared to individuals with PTSD.

The results of the research carried out in our institution showed that 80.63% of patients treated for the consequences of psychological trauma met the criteria for a probable diagnosis of complex PTSD. All of them had been included in trauma-focused treatments at least once during their long history of treatment and still complain about problems in relationships, communication, "bad temper", guilt feeling etc. They are considered treatment-resistant and insufficiently stable to tolerate immediate trauma-focused treatment or they refuse to be included in such programmes.

Karatzias and Cloitre (2020) proposed a modular program, and a new treatment protocol was developed (Enhanced Skills Training in Affective and Interpersonal Regulation - ESTAIR) for the treatment of complex PTSD. ESTAIR is developed from Skills Training for Affective and Interpersonal Regulation (STAIR) which is an evidence-based cognitive-behavioural therapy for individuals suffering from PTSD.

Method: A non-randomized controlled study was conducted in which 60 subjects with complex PTSD participated (30 subjects in the treatment group and 30 subjects in the control group). The treatment groups (3x10 members) were

included in tailored modular group treatment based on the ESTAIR protocol comprising modules related to affect dysregulation, negative self-concept, and disturbances in relationships. In contrast, the trauma-focused module (Narrative therapy) was left as an elective option. The inclusion criteria ensured the comparability of the two groups. The following measurements were performed: LEC; ITQ; PHQ-9; GAD-7; AUDIT-C; DAST; WHODAS 2.0, and CSQ-8.

Results: Findings will be presented from those who completed the evaluation before and after the treatment in comparison with the control group of complex PTSD patients who haven't attended the ESTAIR programme. Findings will provide valuable insight in feasibility based on retention at the end of treatment and acceptability of the treatment. Outcome measures will reveal changes in symptoms of complex PTSD, depression, generalised anxiety, alcohol use and level of disability and functional impairment.

Conclusions: Overall findings present a contribution to the rising body of knowledge and experience related to the treatment of complex PTSD and will be discussed with consideration of the previous and ongoing research.

Keywords

trauma, Complex PTSD, treatment

• PTSD among Turkish Earthquake Survivors: The Role of Cognitive Distortions and Religious Coping

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Abstract**Background and Purpose**

In 2023, two major earthquakes of magnitudes 7.7 and 7.6 struck eleven cities in southern Turkey, affecting 13.5 million people. In addition to their devastating impact, earthquakes are known to have negative effects on people's psychological health. Among the psychological issues faced by survivors, PTSD is the most common, with over 50% of survivors affected three months post-disaster in the 2023 Turkey earthquake. Chronic PTSD can lead to severe outcomes, such as substance misuse, isolation, cardiovascular issues, and suicidal tendencies. As a result, it is critical to examine the factors influencing PTSD following earthquakes in order to improve survivors' physical and mental well-being.

Given that 91% of Turkey's population is Muslim and over half practice their religion regularly, many turn to their faith as a coping mechanism during distress. However, existing research on the relationship between religious coping and PTSD shows inconsistent results, which may indicate the role of other processes in this relationship. The present study aimed to examine the relationship between religious coping styles, cognitive distortions, and PTSD, with a specific focus on the mediating role of cognitive distortions. Understanding these relationships is essential for developing effective interventions to support earthquake survivors in Muslim communities.

Method

A total of 169 participants (118 female) aged between 18-to-58 years ($M = 28.19$, $SD = 8.90$) who directly witnessed the February 6th earthquake, participated in the study. They completed the Posttraumatic Stress Disorder Checklist for DSM-5, Religious Coping Scale, and Cognitive Distortions Scale via Qualtrics.

Results

The findings revealed a significant relationship between negative religious coping and cognitive distortions ($p = .000$, $r = .43$), as well as between cognitive distortions and PTSD ($p = .000$, $r = .49$). Notably, positive religious coping did not show a significant relationship with PTSD, whereas negative religious coping did ($p = .000$, $r = .25$). After controlling for gender and age, catastrophizing, a specific type of cognitive distortion, fully mediated the relationship between negative religious coping and PTSD levels (95% CI [.06, 1.15]). These results suggest that individuals who engage in higher levels of negative religious coping are more likely to experience cognitive distortions, especially catastrophizing, which may contribute to posttraumatic stress symptoms.

Conclusion and Discussion

Negative thought patterns have been shown to significantly influence the severity of PTSD symptoms. While the impact of religious coping on PTSD has been studied, results have been inconclusive. Our study contributes to the literature by examining the interaction between religious coping and cognitive distortions, and how these factors together affect the PTSD symptoms experienced by earthquake survivors. These findings could be particularly useful for mental health professionals working with PTSD patients. Interventions targeting negative religious coping strategies and cognitive distortions could benefit individuals suffering from PTSD symptoms. Future research should investigate these relationships in diverse samples and age groups, as well as longitudinal studies to track changes over time.

Keywords

PTSD, earthquake survivors, religious coping, cognitive distortions, catastrophizing

Open Paper Symposium 19 – Depression**Chair: Selin Tutku Tabur, EABCT, Turkey****• Do Automatic Thoughts and Irrational Beliefs Predict Early Antidepressant Treatment Response in Major Depressive Disorder?****Esengül Ekici**, Yüksek İhtisas University Faculty of Medicine, Turkey**Kadir Özdel**, Sağlık Bilimleri Üniversitesi, Ankara Etlik City Hospital, Department of Psychiatry, Turkey**Abstract**

AIM: Cognitive behavioral approaches vary in their perspectives on core cognitions and their proposed roles in the development of depression. In this study, we aimed to examine the relationship between early antidepressant treatment response and changes in automatic thoughts and irrational belief levels in patients with major depressive disorder.

METHOD: The study was conducted as a 4-week follow-up study consisting of 44 patients who applied to the psychiatry outpatients clinic of a hospital and were diagnosed with major depressive disorder according to the diagnostic criteria of the Structured Clinical Interview for DSM-5 (SCID-5-CV) and were started on a selective serotonin reuptake inhibitor (SSRI). Sociodemographic Data Form, Beck Depression Inventory, Attitudes and Belief Scale-2, and Automatic Thoughts Scale were used to evaluate the patients. Ethical approval was received for the study from the local ethics committee, dated 31.03.2023, with decision number 2023/02/06.

RESULTS: Short-term antidepressant treatment applied to patients with depression has been found effective in reducing both automatic thoughts and irrational beliefs. These scale value reductions were relatively greater in automatic thoughts than in irrational cognitive beliefs. Additionally, automatic thoughts ($\beta=0.78$) and irrational beliefs ($\beta=0.62$) predict depression severity at the beginning of treatment. Changing in both automatic thoughts ($\beta=0.85$) and irrational beliefs ($\beta=0.59$) scores with treatment predicts a change in depression severity.

CONCLUSION: With antidepressant treatment, both changes in automatic thoughts and irrational beliefs are essential in predicting the level of depression treatment response. For this reason, both Cognitive Behavior Theory and Rational Emotive Behavioral Therapy models have significant roles in explaining depression and changes in depression symptoms.

Keywords

automatic thoughts, irrational beliefs, antidepressant treatment, major depressive disorder

• The Relationship between Childhood Maltreatment, Preoperational Thinking and Psychopathology**Selin Tutku Tabur**, Hasan Kalyoncu University PhD in Clinical Psychology, Turkey**Ercan Akın**, Hacettepe University, Department of Guidance and Psychological Counseling, Turkey**Sude Yıldırım**, Social Sciences University of Ankara, Turkey**Eylül Aykut**, Social Sciences University of Ankara, Turkey**Elif Berfu Hergül**, Independent Psychologist, Turkey**Hakan Türkçapar**, Social Sciences University of Ankara, Turkey**Abstract**

Objective: Childhood maltreatment and preoperational thinking have been associated with anxiety and depression. This study hypothesizes that preoperational thinking is the cognitive process influenced by childhood maltreatment, which in turn affects depression and anxiety.

Method: The study included 142 participants examined cross-sectionally: 81 healthy controls, 19 patients with anxiety, 22 patients with depression, and 19 patients with other diagnoses. The following instruments were used: the Childhood Trauma Questionnaire (CTQ), Lübeck Questionnaire of Preoperational Thinking (LQPT), Generalized Anxiety Disorder 7-item (GAD-7), and Patient Health Questionnaire-9 (PHQ-9).

Results: Patients with depression and those with other diagnoses reported significantly more childhood maltreatment than healthy controls (effect sizes: $d = 1.49$ and $d = 1.09$, respectively). Additionally, the patient groups exhibited higher levels of preoperational thinking compared to healthy controls (effect sizes: $d = -0.97$ for anxiety, $d = -1.77$ for depression, and $d = -1.64$ for other diagnoses). In the full sample, the total CTQ score was significantly associated with the total LQPT score ($\beta = -.37, p < .005$). Preoperational thinking was found to have a significant mediating role in the relationship between childhood traumas and both depression ($\beta = .16, p < .005$) and anxiety ($\beta = .10, p < .005$).

Conclusions: These findings suggest important implications for the psychotherapy of depression and anxiety. They demonstrate that anxiety and particularly depression can be associated with preoperational thinking, which arises secondary to childhood maltreatment.

Keywords

depression; anxiety; preoperational thinking; childhood maltreatment; cognitive behavioral therapy

• **Technology-based interventions for the treatment of peripartum depression: An in depth systematic review**

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Abstract

Background

Web-based interventions have the potential to be effective in reducing peripartum depression and to increase the access to treatment by removing existing barriers (e.g lack of time, childcare needs, lack of access to treatment in some regions). Previous systematic reviews focus on the efficacy of the interventions, giving little attention to the programs themselves. The aims of this review are: to conduct an in depth critical analysis of the existing intervention programs, to provide a comprehensive inventory of the program's components and structure, to analyze their efficacy and to offer general guidelines for interventions development.

Methods

A systematic search was conducted in 5 databases from the earliest date available to September 2023. Relevant articles were included if they reported an internet-based or delivered with technology intervention for depression during pregnancy or in the first year postpartum. The synthesis and analysis were performed based on each intervention program, rather than individual studies. A comprehensive analysis of each intervention program was realized in order to offer all the relevant information about individual approaches. The main analysis consisted on integrating aspects from all platforms in order to formulate conclusions about which are the better approaches according to the available data. General summaries focused on structure and content characteristics of the interventions. Based on the analysis, the requirements of an efficacious and effective online intervention for peripartum depression have been proposed.

Results

18 reports were included covering 11 different interventions. The most common components were: psychoeducation, cognitive restructuring, behavioral activation, problem solving, communication and relapse prevention. All relevant aspects were analyzed such as number of sessions, completion rates, extra features or screening procedure and recommendations have been formulated. In most cases, components aimed at the specific problems of the peripartum period were not included (e.g. stigma, relationship with the baby, balancing motherhood). Overall, the interventions are effective, leading to medium or large reductions of depression symptoms. Around half of the women achieve diagnostic remission.

Conclusions

The clinical relevance is a main focus of the paper, interventions' structure and content being analyzed in order to provide guidelines for researchers and practitioners who wish to develop such programs. Guidelines for programs development were formulated based on the analysis. Suggestions cover elements relevant for increasing efficacy as well as treatment adherence. Aspects regarding content as well as mode of delivery are considered. Existing limits in the field are highlighted as well as changes in the way we report interventions that would increase their clinical relevance.

Keywords

technology-based intervention, ehealth, psychotherapy, systematic review, maternal health, peripartum depression

• **Understanding the relationship between Premenstrual Dysphoric Disorder and emotion dysregulation, using in vivo and trait measures.**

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Bronwyn Graham, University of New South Wales, Australia

Abstract

Introduction/Background: Premenstrual Dysphoric Disorder (PMDD) is characterised by distressing premenstrual mood symptoms, affecting 3-8% of menstruating people, and causing clinically significant functional impairment. The psychological mechanisms underlying PMDD are poorly understood leading to current treatments that are not effective or acceptable for all. PMDD is highly comorbid with mood and anxiety disorders, suggesting common underlying mechanisms. One of these explanations may include difficulties with emotion regulation, a transdiagnostic feature of mental health conditions that encompasses broad deficits in emotional functioning and suboptimal use of strategies like rumination (repetitive past-focused thinking), reappraisal (changing a situation's meaning), and suppression (inhibiting emotion expression). While existing research has shown an association between emotion regulation and PMDD, this work has relied on retrospective self-reports (which are prone to bias) and has not compared PMDD to the milder and more common experience of premenstrual syndrome (PMS). Moreover, past research has not distinguished the elevated emotion dysregulation in PMDD from that typically seen in anxiety and depression. Consequently, this research aims to improve our understanding of the association between emotion dysregulation and premenstrual symptoms.

Methods: Participants were menstruating people meeting criteria for PMDD, PMS, elevated depression and anxiety (DEPANX), and healthy controls. Trait and in vivo use (following a sad mood induction task) of emotion dysregulation,

rumination, reappraisal, and suppression was measured via questionnaires. Daily use of rumination and severity of common premenstrual symptoms was measured via ecological momentary assessment across 1-2 menstrual cycles. Results: Compared to healthy controls, all groups reported greater in vivo and trait use of rumination, greater trait emotion dysregulation, and lower trait reappraisal. People with PMDD endorsed higher rumination and trait emotion dysregulation than PMS or DEPANX group. Greater trait emotion dysregulation, rumination, and reappraisal predicted greater premenstrual distress between groups. Rumination was the largest individual predictor of premenstrual distress within groups. Ongoing analyses will determine whether rumination fluctuates across the menstrual cycle differentially across groups.

Conclusion: Together, these results suggest that emotion dysregulation, particularly elevated use of rumination, may contribute to the onset and/or maintenance of premenstrual distress. Notably, these findings have improved the validity of current knowledge on how emotional regulation strategies are used by people with PMDD, and has provided information on whether PMDD differs from clinical, subclinical, and healthy groups regarding the type and/or the level of use of emotional regulation strategies. Following further studies, these results may also contribute to theories on the underlying mechanisms of pathology and inform treatment development for impairing premenstrual symptoms.

Keywords

premenstrual dysphoric disorder; premenstrual syndrome; emotion dysregulation; rumination; menstrual cycle; EMA; anxiety; depression

• Relationship between sexual behavior, family-related factors and mental health in emerging adults

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Abstract

When considering the development, it is essential to incorporate the aspect of sexual development and recognize various types of sexual relationships because of their different consequences. Friends with benefits (FWB) differ from other relationships regarding the frequency, and intensity of non-genital and genital behaviours and are defined as a friendly relationship that includes a sexual rather than a romantic component (Lehmiller et al., 2011). This research aims to determine the antecedents of FWB originating from family factors and its relationship with mental health.

Social changes such as those in family relationships and structures affect the adoption of different types of affective attachment, which might lead to changes in the frequency of different non-conventional relationships (Garneau, Olmstead, Pasley, & Fincham, 2013). Consideration of family instability, i.e. its transitions, allows insight into the impact of those changes and represents a picture of the process more than the current state (Chiu, 2012).

A convenient sample of 1073 heterosexual subjects aged 13 to 26 was collected, 86% were women, and even 74.1% were current students. One-third (29.9%) went through at least one family transition. The age of first sexual intercourse ranged between 12 and 26 and the total number of sexual partners from 1 to 60. Half of the sample (49.3%) had never been in a FWB, while those who were, mostly had from one to five. A quarter (24.6%) is currently or has been in a FWB in the last 12 months. In addition to sexual behaviour questions, the DASS and FACES IV questionnaires were deployed. Correlation analysis was significant between the age of first sexual intercourse and the total number of partners ($r=.304$, $p=.000$), as with the total number of FWB ($r=-.174$, $p=.000$). The total number of sexual partners is related to Cohesion ($r=-0.93$, $p=.002$), Flexibility ($r=-.09$, $p=.003$) and Disengagement ($r=.081$, $p=.008$). The regression analysis (predictors: DASS, FACES IV, sexual behaviours) was significant $R^2=.037$, $F(10, 1062)=4.1$, $p=.000$, but the only significant predictor was the age of first sexual intercourse. The most important finding is that among the sample with FWB experiences, there are gender differences on the scales of depression $t(262)=2.3$, $p=.022$ and stress $t(262)=2.9$, $p=.003$), where women who take part in FWB tend to experience more depression and distress.

Clarifying FWB's aspects has theoretical and practical implications for health care and the protection of vulnerable groups. Regarding mental health, depression could not only be an antecedent but also an outcome of FWB behaviours (Grello et al., 2006). Some of the guidelines for further research are more in-depth consideration of gender differences in FWB (Buss & Schmitt, 2016), assessing depression, and including maladaptive schemas in the research to tackle more subtle psychological impairments. As family transitions are subject to methodological criticism, it would be desirable to focus on a more detailed operationalization and their role in the formation of affective attachment and subsequent romantic and sexual behaviours.

Keywords

Friends with Benefits, sexual behavior, family transitions, first sexual experience, risky behaviors, DASS, depression, distress, FACES IV

Open Paper Symposium 20 - Psychosis and Bipolar Disorder

Chair: Gillian Haddock, United Kingdom

• **First findings on exploring a modified avatar therapy in the treatment of schizophrenia spectrum disorders: a case study**

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Abstract

AVATAR therapy is an innovative approach to addressing auditory hallucinations in patients with schizophrenia spectrum disorder. This therapeutic method blends virtual reality (VR) technology with Cognitive Behavioral Therapy (CBT) techniques to tackle the challenging symptoms faced by this select group of patients. In our case report we would like to share the initial insights of a current study investigating the feasibility and applicability of the AVATAR therapy modified by HEKA-VR.

Persistent auditory hallucinations experienced by patients dealing with the diagnosis of schizophrenia spectrum disorder significantly impact their lives. We recruited patients who are under regular psychiatric care and in remission and assessed the severity of their symptoms, their quality of life as well as their experiences and preconceptions related to the method. AVATAR therapy consists of 7 core sessions and two additional sessions, each lasting 50 minutes, led by a trained psychotherapist following a strict protocol. Prior to the intervention the therapist and the patient create a virtual person (avatar) according to the patient's cognitive representation of the dominant auditory hallucination. Incorporating CBT techniques such as systematic desensitization, the therapy progresses session by session toward the patient confronting the avatar, which is controlled by the therapist who remains in the same room with the patient who is wearing a VR headset. In order to maintain a safe therapeutic environment the process is not solely under the control of the therapist but also adheres to the patient's comfort level in increasing exposure impact.

Throughout the therapy stages—preparation, avatar modulation, exposure, and confrontation—the patient is guided in dialogues with the avatar in VR. This includes planning potential future encounters and interventions in case the auditory hallucinations reappear. An important topic addressed with our patient in the case study along with questions regarding self-worth and identity was also the unresolved grief felt after the loss of his father, the voice of whom he identified in the auditory hallucinations. I would like to show the stages of how the patient's subjective relation to the representation of the voice has changed throughout the dialogues conducted in the therapeutic sessions and also share the results of the post-assessment and his feedback on how he perceived the changes he encountered during the therapeutic process.

Results so far show a decrease in the symptom severity and an overall improvement in the experience of distress accompanying the auditory hallucinations post-therapy alongside the significant improvement in the content of the voices. This innovative approach presents promising advancements in schizophrenia care, highlighting the need for further research and refinement in non-pharmacological interventions to enhance patient outcomes.

Keywords

schizophrenia spectrum disorder, auditory verbal hallucinations, avatar therapy, virtual reality

• **From Custody to the Community: Reflections on Implementation of AVATAR Therapy in Real-World Settings**

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Abstract

Background: Approximately 70% of people with schizophrenia spectrum disorders experience distressing voices (auditory verbal hallucinations) which can impact on wellbeing and quality of life. AVATAR Therapy is a novel digital approach that aims to reduce voice-related distress for people with psychosis, with promising evidence of effectiveness and implementation (Craig et al., 2018; Garety et al., 2021; Garety et al., in press). AVATAR Therapy has now received NICE Early Value Assessment recommendation for use in frontline NHS services to gather real-world evidence from a range of settings. The current paper will explore learning from the early implementation of AVATAR therapy in NHS

prison and community settings, with particular focus on adaptations needed within marginalised communities. Methods: Clinicians in NHS Greater Glasgow & Clyde were trained to deliver AVATAR Therapy in NHS community, inpatient, early intervention for psychosis, and prison mental health service settings as part of the NHSGG&C AVATAR Therapy Implementation Project. The current paper consists of therapist and supervisor reflections on the implementation of AVATAR therapy in prison settings with direct comparison to implementation within a community mental health team setting.

Results: Key themes of working flexibly to deliver the spirit and principles AVATAR therapy treatment targets (Ward et al., 2020) within a complex real-world prison setting are shared. Examples of barriers and restrictions faced within the prison regime e.g. individuals in segregation or protection units, unexpected transfers or liberations, prohibition of digital devices are presented with real-world solutions for how these were overcome to deliver AVATAR therapy in practice.

Conclusions: Addressing barriers to enable marginalised communities to engage meaningfully with AVATAR therapy are forefront priorities for future developments of AVATAR therapy provision. Given the prevalence of psychosis in prison populations, the current paper may support future directions and informed planning within this setting.

Keywords

psychosis, voices, forensics, prison, implementation

• The interplay between suicide and psychosis; implications for CBTp

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Abstract

People with severe mental health problems such as psychosis and schizophrenia have high rates of suicidal thinking and increased risk of death by suicide. Evidence suggests that there is substantial interplay between distressing psychotic symptoms and such suicidal thoughts. Hence, it is crucial to understand and formulate how underlying suicidal experiences interact with psychosis in order to develop effective treatments. Therapeutic approaches specifically designed to address suicide-related experiences and psychosis have been developed and evaluated in a number of recent trials. This paper will review the evidence supporting interventions for psychosis and suicidality and report on outcomes from a recent randomised controlled trial of a cognitive behavioural suicide focused treatment for people with psychosis, the CARMS trial. Findings suggested that people with suicidal experiences could engage with therapy and reported positive experiences of taking part. There were no significant adverse experiences associated with taking part in therapy suggesting this approach is feasible and acceptable for people with psychosis.

Keywords

Psychosis, suicidality, CBT, randomised controlled trial

• The content and topography of auditory verbal hallucinations in adults with psychosis: What does a voice say, and how does it say it? An umbrella review

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Abstract

The 'new age of CBT' needs to be informed by a much deeper understanding of the exact cognitive structure of experiences which cause distress and disability around the world. Voice-hearing, or auditory verbal hallucination (AVH), in clinical populations are one such phenomena in urgent need of more detailed cognitive examination. The heterogeneity of AVH has led to suggestions that separable, clinically important subtypes could exist, each involving distinct cognitive mechanisms and requiring tailored CBT interventions (McCarthy-Jones et al., 2014). A detailed understanding of voice content and topography – *what voices say, and how they say it* – therefore has potentially beneficial implications for cognitive theoretical models and linked CBT interventions.

When it comes to AVH, the efficacy of CBT is limited. One reason for this is that CBT tends to conceptualise voice hearing as a homogenous experience rather than considering its diversity or potential subtypes (Smailes et al., 2015). Assessing voice phenomenology in detail can uncover new therapeutic targets and maintenance mechanisms, and

imply which CBT techniques might be effective (Carter et al., 1995; Chadwick & Birchwood, 1995; Stephane et al., 2003). Recent trials have shown that CBT tailored to subtypes of AVH (Dodgson et al., 2021) or other therapies which require working directly with voice content (Longden et al., 2022; Rus-Calafell et al., 2022) are feasible, acceptable, and can have therapeutic benefit. Voice topography remains hardly targeted at all.

The present umbrella review aimed to produce an evidence-based framework of features of voice content and topography in adult psychosis patients. PRISMA guidelines were used. Electronic databases (PsycInfo, PubMed, Scopus and Science Direct), recent editions/pre-publication journal pages, and book publishers were systematically searched. Identified papers were screened against inclusion criteria and included reviews critically appraised. Study characteristics and data relating to voice content or topography were extracted and collated.

42 reviews were identified, representing a wide ranging international body of research. Samples were drawn from 13 countries and diverse clinical settings. A framework of 172 features of voice content and topography was produced, making this the most comprehensive evidence-based dissection of voice content and topography to date.

Our findings have implications for how AVH are assessed, formulated and treated using CBT. Methodologically, measures for assessing AVH should include specific and overlooked aspects of voice-hearers' experiences, allowing hearers to use their own words, rather than boxing these experiences in with researcher- or clinician-imposed categories based on over-simplified DSM/ICD definitions (Parnas et al., 2024).

Our umbrella review provides specific voice features which could be explored for theoretical and clinical significance. Our findings could be used to tailor and improve psychological interventions: precision-targeted CBT for specific features and mechanisms may be an important next evolutionary step for CBTp (Newman-Taylor & Bentall, 2023). The success of therapies tailored to AVH subtypes (Dodgson et al., 2021) or working directly with voice content (Rus-Calafell et al., 2022), indicate the possible benefits of interventions which consider the specifics of voice phenomenology.

Keywords

voice; hallucination; phenomenology; content; topography; psychosis

• The role of dopamine in predictive coding

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Abstract

This paper explores the role of predictive coding in the manifestation of delusions within the context of cognitive and computational theories of psychosis. Predictive coding, a framework for understanding how the brain processes sensory information, posits that the brain continually generates predictions about incoming stimuli and compares these predictions with actual sensory input. The framework emphasizes the significance of prediction errors (PEs), discrepancies between predictions and sensory input, in learning and updating internal models of the world.

In the context of delusions, aberrations in predictive coding are implicated in the formation and persistence of false or exaggerated beliefs. Abnormal processing of PEs may lead individuals with delusions to assign abnormal significance to ordinary events, contributing to the maintenance of delusional beliefs. There is a suggested resistance to updating prior beliefs based on new information, a key aspect of predictive coding. Delusions may involve the misattribution of internally generated predictions or thoughts, leading to beliefs that one's thoughts are externally controlled.

Neurobiological mechanisms underpinning these abnormalities involve changes in neurotransmitter systems, particularly dopaminergic and glutamatergic pathways. Disruptions in predictive coding processes may interfere with normal sensory processing, leading to the misinterpretation of neutral stimuli as threatening or significant.

Understanding the role of predictive coding in delusions has therapeutic implications. Cognitive-behavioral therapies that work with prediction errors and cognitive processing patterns can be employed to help individuals recognize and challenge delusional beliefs. This exploration of the predictive coding framework contributes to a deeper understanding of the cognitive and neural mechanisms underlying delusions, paving the way for targeted interventions and improved treatment strategies in psychosis.

Keywords

dopamine, predictive coding, Bayesian inference, psychosis, CBT

• Schema Mode States in People Experiencing Psychosis and Bipolar Disorder: A Qualitative Exploration to Guide Therapy Adaptation

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Abstract

This paper presents original qualitative research, which is used to guide therapy adaptation in our forthcoming book. We explore the application of Schema Therapy and its schema mode framework to working with individuals diagnosed with psychosis and bipolar disorder. Given the high prevalence of early trauma, negative self-appraisals, and attachment disturbances in these groups, the question of how to address such foundational difficulties is key for advancing effective therapeutic techniques. Schema Therapy was formulated to target these issues, focusing on maladaptive schemas—self-defeating emotional and cognitive patterns developed early in life—and modes, meaning fluctuating self-states involving a range of features such as emotions, thoughts, motivations, and behaviours, which manifest as a pattern.

We sought to investigate the relevance and utility of the schema mode framework for individuals who have experienced psychosis and bipolar conditions. The theory categorizes modes into child modes, dysfunctional parent modes, maladaptive coping modes, and the healthy adult mode. This structure helps simplify the understanding and treatment of individuals with complex and changeable presentations by identifying specific modes and their interactions, thus facilitating a more manageable and personalized therapeutic approach.

We conducted semi-structured interviews with participants diagnosed with either psychosis (N=7) or bipolar disorder (N=7). The interviews aimed to explore participants' understanding of schema modes and their manifestations in their lives. Thematic Analysis was employed to analyze the data, allowing for a flexible yet systematic approach to uncovering participants' subjective experiences and generating new theoretical insights.

Our findings revealed that participants could relate to the schema mode concept, providing rich descriptions of how these states of self manifest in their daily lives. The analysis highlighted prevalent themes including links between modes and symptoms, the interplay between different modes, and the relevance of adverse interpersonal experiences. Notably, individuals spontaneously drew links between mode states and their emotional and interpersonal struggles. This paper will illustrate the participants' experiences using their own first-person subjective accounts.

The schema mode model's emphasis on the multi-self concept presents a valuable tool for clinicians, aiding in the empathic confrontation of dysfunctional modes and fostering collaboration around change. This approach affords an understandable model for complexity and changeability, offering significant potential for advancing both clinical understanding and treatment.

Keywords

psychosis; bipolar disorder; schema therapy; schema modes; qualitative research

Open Paper Symposium 21 – Addiction

Chair: Alba Palazón-Llecha, Mental Health Research Group, Institut de Recerca Sant Pau (IR Sant Pau), Spain

• Can emotion regulation predict the severity of cocaine use disorder? Results from a longitudinal study

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Abstract

Background and aims

Emotion regulation (ER) is the ability to face emotions focusing on its functionality rather than their control, like cocaine use, which is an attempt to rapidly alleviate distressing emotions. Recent evidence highlights the transdiagnostic role of ER as a factor involved in the etiology and maintenance of psychopathology, including substance use disorders. However, available studies have been conducted on non-clinical samples and do not focus exclusively on cocaine-dependent users. Therefore, the present study aims to explore whether ER predict cocaine addiction severity, craving and severity of withdrawal symptoms. Additionally, it intends to investigate whether abstinence can mediate the association between ER and the aforementioned cocaine use-related variables.

Methodology

70 Spanish cocaine-dependent users (42.86 years [SD=8.18]; 38,6% women) underwent a 14-day hospitalization for detoxification at the Addictive Behaviors Unit in the Hospital de la Santa Creu i Sant Pau in Barcelona. During hospitalization, participants received medical care, and cognitive-behavioral therapy provided by trained psychologists. At entry, participants were assessed for ER using the DERS questionnaire, while measures of abstinence (number of days since last cocaine use), addiction severity (SDS), craving (WCS) and severity of cocaine withdrawal symptoms (CSSA) were assessed at treatment discharge. Multivariate linear regression analyses using the backward stepwise method were conducted for the main objective, while mediation analyses were performed for the secondary objective.

Results

The DERS subscales lack of emotional awareness (LEA) and nonacceptance of emotional responses (NER) significantly predict SDS ($R^2=.153$; $F_{(2,57)}=35.85$; $p=.009$). Additionally, NER similarly predicts CSSA ($R^2=.132$; $F_{(1,52)}=7.92$; $p=.007$). According to the mediation analyses, in the first model, DERS subscale LEA was not a significant predictor of days since last cocaine use ($b=0.448$; $t=1.218$; $p=.228$), but days since last cocaine use significantly predicted SDS ($b=-0.086$; $t=-2.962$; $p=.004$). LEA did predict SDS significantly ($b=-0.214$; $t=-2.550$; $p=.013$). There was no significant indirect effect of LEA on SDS through days since last cocaine use (-0.039 [LLCI=-0.104; ULCI=0.007]). In the second model, DERS subscale NER did not significantly predict days since last cocaine use ($b=-0.027$; $t=-.134$; $p=.893$), but days since last cocaine use significantly predicted SDS ($b=-0.096$; $t=-3.193$; $p=.002$). NER significantly predicted SDS ($b=0.102$; $t=2.111$; $p=.039$). There was no significant indirect effect of NER on SDS through days since last cocaine use (0.003 [LLCI=-.029; ULCI=.039]). In the third model, DERS subscale NER did not significantly predict days since last cocaine use ($b=0.047$; $t=.214$; $p=.831$), and days since last cocaine use neither significantly predict CSSA ($b=-0.300$; $t=-1.610$; $p=.113$). NER significantly predicted CSSA ($b=0.804$; $t=2.652$; $p=.011$). There was no significant indirect effect of NER on CSSA through days since last cocaine use (-0.014 [LLCI=-0.140; ULCI=0.121]).

Conclusions

Difficulties in ER, particularly in awareness and acceptance of emotional responses, predict greater severity of addiction and severity of cocaine withdrawal symptoms at detoxification treatment discharge. However, this relation is not mediated by the number of days since last cocaine use. In terms of treatment implications, these findings suggest that interventions focusing on developing skills to face adverse emotional states rather than controlling them, such as third-generation therapies, could improve ER.

Keywords

Emotion regulation, cocaine, addiction severity, withdrawal symptoms, predictors

• Future-oriented interventions as a promising direction in addictions treatment

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Abstract

Cognitive-behavioral therapy of addictions is focused on changing learned associations between drug-related stimuli and subsequent use through various cognitive techniques and skills training. These are largely future-oriented in the sense that aim at preparing for substance-use triggering situations and preventing relapse. Nevertheless, the research into cognitive therapy effectiveness as a stand-alone-treatment for addiction provides mixed results. More differential facilitation of personal and substance-related Future Thinking in addicted patients may help to improve cognitive therapy effectiveness through non-specific effects such as decreasing delay discounting, overcoming autobiographical memory overgeneralization and enhancing the coherence of autobiographical narrative and Self through becoming aware of implicit cognitive schemata (including implicit alcoholic scripts) underlying explicit Future Thinking. A series of studies performed by us in 2018-2023 with a total sample of over 700 people with and without addiction showed that addicted people had shared specific deficits of explicit Future Thinking: overgeneralization of future events and thwarted future time perspective (up to 7-9 days); as well as implicit FT deficits: increased availability of intrusive prospective imagery and impaired "final scene" -death – reflection (Shustov et al., 2019; Tuchina et al., 2021, 2022). There were found certain differences in addicted people's FT: e.g. people with substance addictions ignored mostly negative short and long-term future events whereas people with gambling addiction are myopic only as to positive long-term future events (Tuchina et al., in print). It was also shown that FT overgenerality and lack of positive self-images were associated with addicted people's risky behaviors during COVID-2019 pandemics, whereas availability of positive self-images correlated with healthier COVID-related attitudes (Tuchina et al., 2020).

Given all these findings, several preliminary studies were performed that demonstrated positive effects of future-oriented interventions on the addiction treatment outcomes. For example, one session of FT facilitation intervention (FTFI) based on the Impact of Future Events Scale (IFES) (Deeprrose et al., 2010), aimed at facilitating reflection on the disturbing and positive aspects of one's personal future in stimulant users (Tuchina et al., 2023). It seemed to work well in terms of prolonging the drug-free period after treatment completion, improvement of treatment motivation and adherence. There are also described cases of episodic future simulation effectiveness for facilitation of recovery (Leonov et al., 2024, in print).

Conclusions. Our findings about varying FT deficits in patients with addictions as well as potential effectiveness of future-oriented interventions are in line with other researchers' findings in this domain but require further studies. Practical implications would include development and testing future-oriented treatment protocols that would take into account differential aspects of FT deficits in patients with various types of addiction.

Keywords

cognitive interventions, addictions, Future Thinking, episodic simulation, script

• Studying effectiveness of vitality-facilitating therapeutic interview for improvement of motivation in alcohol dependence

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Abstract

Patients with alcohol dependence (AD) have specific deficits in their explicit future thinking that result in impaired death reflection. They generally discount their risky and other behaviors that could jeopardize their life both in the short- and long-term. On the other hand, Menninger's concept of AD as "latent suicide" implies the existence of a poorly conscious intention to kill oneself through alcohol use which is believed to be part of an implicit alcoholic life script. The study goal was to test the effectiveness of an intervention (Vitality-facilitating therapeutic interview, VFTI) tackling on both explicit and implicit facets of Future Thinking underlying self-destructive tendencies in alcohol-dependent people. It was hypothesized that through enhancement of death reflection, VFTI would enhance patients' motivation in terms of Prochaska and DiClemente's transtheoretical model of change.

Method. The sample (N=68) included 2 groups of male patients with AD admitted to a narcological hospital. The groups were quasi-randomized: patients (n=37) who were admitted on Tuesday and Thursday received VFTI; patients (n=31) who were admitted on Monday and Wednesday received a shortened treatment-as-usual (TAU) narcological interview of the same duration. Right after the admission and before the discharge, every patient filled out the outcome measure: the Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES) that assesses patients' motivation across three dimensions: recognition of disease; ambivalence about disease and treatment, and taking active steps to treatment. VFTI is a brief variant of a semi-structured interview aiming at diagnosing self-destructive tendencies in individuals with AD. It consists of 17 questions associated with self-destructive behaviors and aiming at enhancement of mortality salience (reminders of one's mortality) and death reflection. While answering these questions, patients reconsider their dangerous behaviours; they emotionally respond to some of them and gain insight into the links between alcohol use and self-destructiveness. The groups received no other psychosocial interventions. **Results.** The groups did not differ as to the SOCRATES motivation levels at the admission. At the discharge, in contrast to TAU Group, VFTI Group demonstrated significant ($p < .05$) improvement in across all SOCRATES dimensions: They improved disease recognition ($Z = -3.49$; $p = .0001$) and increased readiness to take treatment steps, and decreased their ambivalence as to whether begin treatment or not. The groups also demonstrated between-group differences with VFTI outstripping TAU as to the levels of recognition ($U = 296$; $p = 0.03$) and taking steps ($U = 266.5$; $p = 0.01$) at the discharge ($p < .05$).

Conclusion. VFTI indeed promoted alcohol-dependent patients' progress through the stages of change and can be used to enhance recognition of the necessity to start long-term therapy and rehabilitation of addiction.

Keywords

alcohol dependence, Vitality-facilitating therapeutic interview, SOCRATES, motivation, death reflection

• Studying life script components in alcohol use disorder to inform cognitive treatments of addiction

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Abstract

Future thinking (FT), i.e. the capacity to create mental representations of plausible future events and store them as "memories of the future" heavily relies on autobiographical schemata. Developing reflection on the implicit memories of the future, including one's life script scenes, may be a promising means to achieving recovery for "difficult" patients with chronic mental disorders.

The study goal was to explore whether reflection on life script and its components (life script semantic scaffolds, e.g. "the final - death - scene") exerted a positive effect on alcohol dependence (AD) remission duration.

Method. A three-stage cross-sectional study at a hospital for addiction treatment (2019—2020) included 96 males with AD and without dual diagnosis; the mean age was 44.1 (SD = 10.1) years.

Measures. (1) Interviews and documentation analysis for Socio-demographic, clinical and remission data; (2) Explicit FT (temporal distance, valence, vividness, specificity, thematic content, importance for identity): Self-Defining Future Projections task; "Life Line", and "Cultural Script" task. (3) Life script characteristics: the semi-structured "Script Ques-

tionnaire". Qualitative data was processed by means of quantitative content analysis based on relevant guidelines. Results. The study confirmed the hypothesis that the patients' capacity to reflect on the implicit FT dimension (life script) is one of the factors influencing remission duration in AD. Stage 1. Assessing explicit FT deficits. The patients with AD had no fundamental differences in quantitative, content-related, and phenomenological variables of the explicit FT dimension: their explicit FT was characterized by marked difficulties with simulating the future; a truncated time perspective; low differentiation or overgeneralization; mainly interpersonal orientation; and deficits in death reflection. Stage 2. Hierarchical cluster analysis based on life script characteristics: Two patient groups were identified that differed only in their capacity to become aware of the content of their implicit FT dimension (life script), and these differences became the key factors associated with the remission duration in these patients. Stage 3. Multiple linear regression analysis of association between implicit and explicit FT and remission variables. In particular, the capacity to reflect on the content of the life script had a bidirectional effect on the remission duration. The factors representing reflection on voluntary simulations of the end of one's life journey (death reflection) and reflection on the individual and family autobiographical experience had a favorable effect on the remission duration variables. The factors that hindered remission included variables indicative of hereditary burden of AD in the family, and variables indicative of impaired reflective processes engaged in the patients' FT (spontaneous death projections and FT overgeneralization). Conclusions. The study provides a rationale for working with the patients' FT, which might include training patients to simulate specific future images; extension of the temporal horizon; facilitation of the capacity to inhibit occurrence of spontaneous future projections triggering alcohol cravings or self-destructive behaviours. It also shows that facilitation of death reflection and reflection on both family past and personal future autobiographical experience may be an important target of combined treatment of alcohol dependence.

Keywords

alcohol dependence, future thinking deficits, explicit and implicit cognitions, life script, death reflection

• Effect of a new therapy combining mindfulness in virtual reality and physical activity on mindfulness skills and alcohol attentional biases in patients treated for alcohol use disorder

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Abstract

Despite current treatments, 50 to 80% of patients treated for alcohol use disorder (AUD) relapse. New therapeutic strategies are needed to promote long-term abstinence. Mindfulness practice is a promising approach to target the mechanisms of addiction: it could improve emotion regulation and reduce alcohol attentional bias, a known risk factor for AUD. Combining this approach with physical, sensory, and cognitive stimulations is also an interesting lever to reduce stress and relearn to engage in rewarding activities alternative to drug taking. This technique of environmental enrichment through complex stimulation has proven effective in animal models of addiction. However, no human study has yet evaluated the effectiveness of a therapy based on multimodal stimulation for addiction. The aim of this study is to examine the effect of a new therapy that combines mindfulness in virtual reality (VR) with cognitive and physical activity on alcohol attentional bias.

A randomized controlled trial is conducted, involving 135 patients treated for AUD. The experimental group undergoes six therapy sessions, during which they practise mindfulness for 20 minutes in a multisensory VR environment designed to learn mindfulness and use it to regulate craving induced by virtual cues or stress. Participants then complete 20 minutes of indoor cycling, combined with cognitive training exercises. The control group only follows standard treatment for AUD. In both groups, mindfulness skills and attentional biases towards alcohol cues are assessed at inclusion (T1) and after the therapy sessions or standard treatment (T2). The experimental group is expected to have improved mindfulness skills, and a greater reduction in alcohol attentional biases compared to the control group.

Preliminary results from 67 participants show an increase in mindfulness skills at T2 compared to T1, which is greater in the experimental group than in the control group. We also observed a greater reduction in attentional bias towards alcohol cues in the experimental group than in the control group.

These promising results suggest that EE sessions could reinforce the effects of AUD treatment and have a positive impact on addiction. The reduction in attentional biases towards alcohol could reduce craving and consumption, thereby encouraging abstinence.

Keywords

addiction, treatment, mindfulness, virtual reality, attentional biases, stimulation

Open Paper Symposium 22 - Digital CBT 2**Chair: Esther Mertens, Max Planck Institute for the study of Crime, Security and Law, Netherlands****• Study of psychological change in face-to-face and videoconferencing psychotherapy as perceived by therapists and clients****Diego Fernández-Regueras**, Universidad Autónoma de Madrid, Spain**Ana Calero-Elvira**, Universidad Autónoma de Madrid, Spain**Abstract**

Information and Communication Technologies (ICTs) have demonstrated significant utility in enhancing the delivery of health services. Online psychotherapy delivered via videoconference has emerged as the primary alternative for continuing psychological treatments following the COVID-19 pandemic, underscoring the critical need for robust scientific evidence to understand its functioning. This study investigates the dynamics of psychological change in two treatment modalities: face-to-face (F2F) and videoconferencing psychotherapy (VCP), providing a robust methodological framework for this exploration. The primary objectives are to compare the pace of therapeutic progress between these two modalities and to propose explanatory hypotheses for any observed differences. Our hypotheses posited that psychological change, as assessed by therapists and clients, respectively, would follow a non-linear trajectory and occur more rapidly in F2F therapy compared to VCP. We analyzed session-by-session data from 113 participants, comprising 57 in F2F and 56 in VCP, yielding a total of 2552 therapy sessions. Employing a non-manipulative longitudinal design, we utilized multilevel growth curve modeling to fit various models to resemble the observed trajectories of change. The amount of variance explained in the outcome variance by the selected models proved to be high: therapists' marginal r^2 for generalized linear mixed models (GLMM) = .54; clients' marginal r^2 for GLMM = .53. Findings confirmed our hypotheses, showing that psychological change is indeed non-linear in both modalities, as the growth curve coefficients for trajectories different from linear were significant in both therapists' assessments (estimate = -.04, $t = -5.70$, $p < .001$) and clients' assessments (estimate = .13, $t = 10.70$, $p < .001$). The negative estimate for change in therapists' assessments indicates a deceleration in the slope of change (the pace of change slows down as therapy progresses), whereas the positive coefficient for clients' assessments indicates an acceleration in the slope of change (they perceive a faster change as therapy progresses). Change proved to be faster in F2F therapy, as hypothesized, since the interaction between change trajectory and the modality of treatment was significant and positive based on both therapists' assessments (estimate = 1.78, $t = 2.14$, $p < .001$) and clients' assessments (estimate = 2.65, $t = 4.83$, $p < .001$), implying that clients in F2F therapy improved 1.78 and 2.65 points faster per session than those in VCP, respectively. We developed several hypotheses to explain these findings, focusing particularly on aspects of the therapeutic alliance, as an emerging number of publications highlight the need to adapt its treatment dynamics from F2F to VCP. This study underscores the need for ongoing research to further elucidate these processes and to refine the methodologies used in such investigations.

Keywords

Videoconferencing Psychotherapy; Face-to-face Psychotherapy; Online interventions; Pace of Change in Therapy; Longitudinal Designs

• The DID-Guide: Developing Digital Mental Health Interventions**Esther Mertens**, Max Planck Institute for the study of Crime, Security and Law, Netherlands**Jean-Louis Van Gelder**, Max Planck Institute for the study of Crime, Security and Law, Germany**Abstract**

Due to the new opportunities technology offers to improve mental health, the development of digital mental health interventions has increased rapidly in the last years. A key aspect of developing digital mental health intervention is the translation of theory of change into specific technological features. Even though the development of features that can actually establish change is crucial for digital interventions, detailed guidance on how to approach this translation are lacking. Therefore, we developed the Digital Intervention Development Guide. The DID-Guide takes the Behavioral Intervention Technology framework as a starting point and elaborates on 1) theoretical mechanisms, 2) intervention conceptualization, and 3) choice of delivery technology.

In the presentation, I will focus on the steps that address the translation of theory into features of a digital intervention, with particular attention to development for smartphone applications and virtual reality. I will elaborate on conceptualization of the intervention to enable storytelling, the choice of delivery technology, and steps for converting conceptual ideas into technological features. These steps will be illustrated with a case example of a recently developed mental health intervention delivered through a smartphone application or virtual reality.

Keywords

Digital Intervention development; guidelines; smartphone application; virtual reality

• Presentation of an Online Programme for Expats dealing with Cultural Adaptation Issues

Valerie Ventureyra, Private practice, France

Abstract

Introduction:

In an ever more globalized world, where mobility, cultural curiosity and international opportunities are continuously increasing, temporary or longer-term expatriation (the migration of individuals by choice in pursuit of professional opportunities, as opposed to out of economic need or political asylum, as is the case of refugees) is becoming more common. The phases of adaptation to a novel environment in the case of expatriation have been well-defined, as have been the difficulties that expats often face when arriving and attempting to assimilate in a new culture (social isolation due to linguistic barriers, lack of cultural codes; anxiety and stress linked to adaptation to everyday life; and even a lack of purpose and meaning in the experience, particularly when a spouse has followed a husband or wife abroad without maintaining a professional activity). Expats may not always seek professional psychological help for such issues. Often these difficulties are transient and do not require psychotherapy or counselling. However, it may be beneficial for expats to recognize the different phases of adaptation, be presented with techniques and methods to better cope with some challenges and be screened for underlying psychopathology (depression, PTSD, social anxiety) that would benefit from therapy.

Methods:

A seven phase programme to accompany expats in their journey abroad and assist them in the process of assimilation in the new culture, and even thrive from it, was developed, including an evaluative phase using validated questionnaires (for culture shock, depression, anxiety) and a detailed description of the phases of cultural adaptation (honeymoon, rejection, isolation, assimilation and flourishing). The following part of the programme includes CBT-based interventions for stress management, social integration and the exploration of purpose and meaning in the expatriation experience. At the end of the programme participants are reassessed with the same questionnaires presented at the beginning of the programme. (Participants scoring high on the screening questionnaires are encouraged to make an appointment with a mental health professional for further assessment.)

Discussion:

The relevance of such an online programme in the era of online guided “self-help” programmes, and at a time of generalization of remote work, giving rise to new forms of expatriation, such as digital nomadism, will be discussed in light of adaptation to and flourishing in a new culture and environment.

Key words

Expatriation; Culture Shock; Online Programme; Adaptation

• Prediction of early dropouts and non-responders to therapy through supervised machine learning models: new digital developments in evidence-based therapy

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Abstract

Introduction: The clinical efficacy of cognitive-behavioral therapy is well-established, however, there remains a subset of patients who do not derive benefit from it. It is a relevant ethical mandate to address treatment-resistant patients, including those who do early dropouts and those who do not respond to CBT. Indeed, there is evidence that approximately one out of four patients drop out of therapy before the fifth session, and the same rate is true for non-responders. Therefore, the present research aims to explore this area, to develop predictive models on those two relevant clin-

ical aspects. Specifically, we will consider the most cutting-edge technologies, including digital platforms for clinical data collection and artificial intelligence (such as supervised machine learning). The goal is to provide mental health professionals with predictive tools capable of early identification of patients at risk of dropping out of therapy or not responding to treatment, to adapt therapeutic strategies in a timely and targeted manner.

Method: This study, conducted in collaboration with the InTherapy service of the Studi Cognitivi group, utilizes the digital platform “Greta” for remote data collection concerning the therapy process. The data include patient demographics, pre-treatment symptoms, psychosocial functioning, and diagnostic information. Supervised ML models were developed to obtain a predictive model regarding early dropouts, and a predictive model for non-responders to therapy.

Results: The best predictive models obtained regarding early dropouts (with a predictive accuracy of 92%) and non-responders to therapy (with a predictive accuracy of 72%) will be illustrated.

Conclusion: The introduction of such a clinical and research approach, known in the literature as computational psychotherapy, represents a significant development in evidence-based therapy within the Italian context. The high accuracy achieved by the predictive models underscores the potential of integrating AI into the therapy process. Future developments foresee the integration of these models within the Greta platform, to provide clinicians with relevant predictive information regarding the potential outcome of therapy.

Keywords

Dropout, Non-Responders, Machine Learning, Computational Psychotherapy

• Development of Cognitive Behavioral Therapy Based Weight Control Mobile “Bi’Kilo” Application and Testing its Effectiveness: A Pilot Study

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Uğur Doğan, Muğla Sıtkı Koçman University, Turkey

Ömer Özer, Anadolu University, Turkey

Aslıhan Dönmez, Private practice, Turkey

Esin Engin, Izmir Economy University, Turkey

Ercan Altınöz, Eskişehir Osmangazi University, Department of Psychiatry, Turkey

Abstract

Introduction:

mHealth applications can facilitate overcoming barriers to treatment access and can provide cost-effectiveness. Assessing the various psychological aspects and related areas of overweight and obesity is crucial in treatment. The aim of this study is to test the effectiveness of the CBT-based weight control mobile application Bi’Kilo in four key areas associated with obesity.

Methods:

The project is supported by TUBITAK 1001-The Scientific and Technological Research Projects Funding Program with the project number 122S049. Participants consist of adults with overweight and obesity.

Bi’Kilo mobile application consists of video animation-based psychoeducation content, mobile applications aimed at reinforcing learned skills, and self-monitoring. The psychoeducation content focuses on healthy eating and lifestyle recommendations. Bi’Kilo includes features such as Eating Records, Mindful Eating, Thought Cards etc.

During the follow-up phase, participants are encouraged to continue the practices they have previously learned.

Participants were randomized into a study group that could access all the contents of the Bi’Kilo and a control group that could only access psychoeducation content. Anthropometric (Weight, BMI, WHR, BF%, VAI) and biochemical (Glucose, Insulin, HOMA-IR, Leptin, Ghrelin) measurements were taken, along with psychometric evaluations related to eating attitudes and behaviors (EEQ, mYFAS 2.0, MEQ) and cognitive tests (CANTAB-CGT, RVP, SWM, SST, MOT). All participants were assessed at baseline at week 6 and week 10.

Out of the 77 participants who applied for the study, 38 completed at least two measurements (Control=17, Study=21).

Findings:

The average age of the participants included in the study is 40.3. In the study group, 57.9% were women and 42.1% were men. There were no significant differences between the groups in terms of age, gender, BMI, duration of education, and relationship status.

Significant changes were observed between the groups in terms of BMI, weight, MEQ-Awareness and MEQ-Mindfulness variables during follow-up. However, no significant differences were found between the groups in terms of other psychometric evaluations, biochemical parameters and cognitive tests and cognitive assessments during follow-up. In our study, although we found significant differences between the groups in some psychometric evaluations, we observed changes in opposite directions in some parameters between the groups. We concluded that this change may not be statistically significant due to the small number of participants who completed the study. Therefore, we evaluated the parameter of change over time, calculated by subtracting the initial measurement values from the final measurement values. So, we found a significant difference between the groups in the emotional eating change.

Conclusion:

As a result, the Bi'Kilo, the first CBT-based weight control application in Turkish, was developed and its effectiveness was tested in a randomized controlled study. The findings indicated that, the Bi'Kilo has been found to be effective in weight control, emotional eating, and eating awareness behaviors in overweight and obese individuals. However, the Bi'Kilo didn't provide significant changes in biochemical measurements and cognitive functions. Further studies in this area will contribute significantly to the literature.

Keywords

weight control, mobile health, cognitive behavioral therapy, obesity

Open Paper Symposium 23 – REBT

Chair: Sanda Stanković, University of Belgrade, Faculty of Philosophy, LIRA Lab, Serbia

• Enhancing Therapeutic Depth: Integrating Emotional Expansion in REBT

Zohra Master, Inner Planet, India

Abstract

In clinical practice, emotions are often perceived as static entities, traditionally addressed within the confines of cognitive assessment and disputation of core irrational beliefs. This paper posits that expanding the role of emotions can significantly enhance therapy adherence and client satisfaction by fostering both cognitive (intellectual) and experiential (emotional) transformations in clients. Traditional Rational Emotive Behavior Therapy (REBT) has largely confined itself to a narrow spectrum of eight negative emotions, limiting the depth of emotional exploration in therapeutic settings. Consequently, clients often demonstrate a limited emotional vocabulary when articulating their concerns.

This study advocates for a two-step approach to widen the emotional vocabulary within therapeutic practices:

Step I: The expansion of emotional vocabulary utilizing tools such as The Emotion Wheel (Willcox, G. 1982) aims to expose clients to a broader range of specific emotions linked to distinct cognitive processes. For instance, while the emotion of shame might typically highlight generalized judgments from others, emotions such as withdrawal or disrespect can pinpoint more specific internal or external judgments, respectively. This differentiation not only enriches clients' understanding of their emotional states but also enhances their ability to pinpoint specific cognitive antecedents. An additional benefit of this expanded emotional engagement includes fostering clients' empathy towards their current emotional states, which can aid in managing secondary emotional reactions such as shame or guilt associated with primary emotions like anger, thus facilitating a smoother therapeutic process.

Step II: Drawing on principles from Emotionally-Focused Therapy, this phase focuses on facilitating clients' connections with these expanded emotional experiences to elicit richer cognitive insights.

By enhancing the emotional vocabulary used in therapy and aiding clients in forging deeper connections with their emotions, practitioners can encourage more profound emotional and cognitive exploration. This approach holds particular promise for clients who struggle to articulate their core irrational beliefs (Bs), those who articulate circumstantial triggers (Cs) but find it challenging to link them to underlying cognitions, those unable to identify their emotional triggers, and clients who depend solely on intellectual understanding without achieving authentic change.

This paper will outline evidence-based strategies for integrating a more comprehensive emotional framework into REBT, discussing the implications for practice, and aiming to establish a more holistic and effective therapeutic approach.

Keywords

emotions, paradigm shift, experiential change in clients

• Application of REBT, ACT, and CFT techniques to work with the client during the divorce procedure: A case study

Nermin Mulaosmanovic, Filozofski fakultet Tuzla, Bosnia and Herzegovina

Abstract

Marriage dissolution entails adjusting to new life circumstances that necessitate quick decisions on a wide range of issues. Such rapid decision-making can result in high levels of stress, especially if the divorce process is fraught with ongoing arguments and emotional tension. People going through a divorce may experience a range of emotions and struggle to understand and regulate them. In addition to extremely unpleasant emotions, activities linked with pleasure and positive sentiments are required. This paper provides a case study of a 32-year-old client. Broken marital

relationships, disagreements, refusal to accept the situation, rage, and depression are all reasons for seeking psychological treatment. REBT, ACT, and CFT modality approaches were used. REBT (rational-emotional-behavioral therapy) is a multifaceted therapy that promotes the use of approaches in cognitive, emotional, and behavioral domains. ACT (Acceptance and Commitment Therapy) is a context-specific form of cognitive behavioral therapy that employs mindfulness and behavioral activation to teach people how to live in the present moment, committed to their important life values and goals, and less focused on painful emotions, thoughts, and experiences. CFT (Compassion Focused Therapy) places a strong emphasis on the compassionate mind, with the goal of assisting people in developing a manner of reacting to their experiences with emotional warmth, safety, and tranquility, via compassion for others as well as compassion for oneself. The work's goal was to demonstrate the effectiveness of combining REBT, ACT, and CFT approaches in working with a client going through divorce in order to build adaptable patterns of thoughts, emotional reactions, and behavior in this stressful scenario. During the treatment sessions, general and particular goals were established, and they were met over a three-month period (10 sessions). REBT techniques were used in the process, including questioning the absolutist demand, role playing, REI, imagination, metaphors, and presentations. The act matrix and mindfulness were used from ACT techniques, whilst many selves, sympathetic letter, and inner critic were used from CFT approaches. The results of the therapeutic work indicate that the application of REBT, ACT, and CFT techniques was effective, as evidenced by a decrease in the number of conflicts between partners, a decrease in anxiety and depression on an emotional level, as well as improved communication and functioning.

Keywords

REBT, ACT, CFT, techniques, divorce

• Empowerment through Rational Emotive Behavioural Therapy: Strengthening Women's assertiveness

Mia Popić, EABCT, Serbia

Abstract

The paper examines individual protective factors that can help women overcome gender stereotypes in the domain of leadership: self-efficacy, self-acceptance, general assertiveness and androgyny.

The research was conducted through two studies. In Study 1, respondents of both sexes participated, and its goal was to examine the existence and content of gender stereotypes in the field of negotiation using a quantitative and qualitative analysis of content on a sample of students from the Republic of Serbia. In addition, the goal of Study 1 was to examine the interrelationship of the examined variables, as well as to examine the difference in the expression of individual protective factors with regard to gender and gender type. The results of Study 1 showed the presence of gender stereotypes, which were classified into 10 categories by thematic analysis. Furthermore, the results of the Study show that all the examined protective factors are significantly more developed in androgynous and masculine gender identity compared to undifferentiated and feminine ones. Additionally, in Study 1, it was shown that masculinity was associated with all measured variables, unlike femininity, implying that typically masculine traits are important for self-perception as a confident, self-accepting, and assertive person.

The qualitative analysis conducted in Study 1, which determined the presence of gender stereotypes, was the basis for conducting the experimental Study 2, in which the influence of individual protective factors on negotiation assertiveness in women's negotiations was examined. Study 2 is an experimental study in which the respondents played a specially created negotiation game in which their negotiation assertiveness was measured through the amount they demanded in the negotiation. The aim of study 2 was to examine the influence of protective factors on negotiation assertiveness in a situation with and without stereotype threat. The question about the understanding of male superiority in the domain of negotiation, which was used in Study 1 as the subject of qualitative analysis, was a manipulation of stereotype threat in Study 2, where the respondents who were in the experimental group in Study 2 answered that question. The results of Study 2 show that none of the examined protective factors had a positive effect on negotiation assertiveness, which potentially implies that other, contextual factors have a more significant role in negotiation assertiveness. On the other hand, the results show that the respondents who were in a situation of stereotype threat, unlike the respondents in the control group, were significantly more assertive in negotiations, which clearly shows that stereotype awareness contributes to greater negotiation assertiveness.

Keywords

gender stereotypes, stereotype threat, negotiation skills, leadership, protective factors, self-efficacy, unconditional self-acceptance, assertiveness, androgyny.

• Possibility of a “Bit” Useful Tool? Quantitatively representing Cognitive Load in REBT: An Information Theory Approach for REBT Therapists

Ilija Novaković, Association for Cognitive and Behavioural Therapies of Serbia (ACBTS), Serbia

Abstract

This study aims to provide Rational Emotive Behavior Therapy (REBT) practitioners with a quantitative tool for assessing cognitive load in clients, particularly when irrational beliefs occur. Regarding the nature of irrational beliefs (Ellis & Dryden, 2007), which are characterized by their rigid and absolutistic stance, we acknowledge that they inherently involve higher estimations of certain outcomes occurring or not occurring. By integrating principles from information theory and Miller's Law, we quantify the cognitive load induced by irrational and rational beliefs, helping therapists estimate the mental burden on their clients.

Using Norwich's (1981) estimation that Miller's magical number corresponds to 2.5 - 4 bits per chunk, we calculate the total cognitive load in bits, assuming an average cognitive load of 7 chunks at the moment the belief is applied. This approach builds on Shannon's (1948) foundational work in information theory to measure (in bits) how surprising an event is, based on its probability of occurring in the eyes of observer ($I(x) = -\log_2(p(x))$).

Our findings reveal that the irrational belief results in 11 bits upon failing an exam, while the rational belief results in 1.937 bits. When combined with the cognitive load of 7 chunks (assumed average cognitive load at the moment of belief application), the total cognitive load for the irrational belief ranges from 28.5 to 39 bits, significantly exceeding the lower cognitive capacity limit of 17.5 bits and surpassing the upper limit of 36 bits. In contrast, the total cognitive load for the rational belief ranges from 19.437 to 29.937 bits, which remains within the cognitive capacity limits but a little closer to the upper limit.

We believe that these insights have potential to be useful for REBT therapists, providing a method to estimate the cognitive load clients experience during moments of irrational belief. By understanding the potential range of these loads, therapists can better tailor their interventions to reduce cognitive overload and emotional distress, promoting rational thinking and emotional well-being. This could be easily applied in practice by using basic logarithmic calculators, or have ready in advance their probability to bit sheets. We also believe that due to the mathematical nature of this method, it could be also used as an illustration to clients of how our beliefs can affect our overall cognitive load and thus facilitate the process even in more skeptical clients. Overall, this study also underlines the utility of information theory in therapeutic settings, offering a novel intersection of cognitive psychology and REBT.

Keywords

Cognitive Load, Irrational Beliefs, Information Theory, Miller's Law, Rational Emotive Behavior Therapy (REBT), Surprise, Self-Information, Cognitive Capacity, Emotional Well-Being

• Men's and women's irrational beliefs differentially predict housework, child care, and emotion work

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Tatjana Vukosavljević-Gvozden, University of Belgrade, Faculty of Philosophy, Serbia

Distribution of housework, child care, and emotion work are important aspects of relationships, that can affect intimacy and quality of the relationship, but also individual physical and mental health. These types of work in relationships have generally been neglected in Rational emotive and cognitive-behavioral therapy (REBT) research. In this study, we investigated on the couple level whether irrational beliefs affect the distribution of housework and childcare, and the level of emotion work, and whether this is different for women and men. The sample consisted of 276 heterosexual couples in Serbia that lived together for a maximum of 10 years, had children, and lived alone with their children. We measured irrational beliefs with GABS (Bernard, 1998), and the distribution of routine housework, distribution of childcare, and the level of emotion work, with a selection of items used in previous research. We did path analysis following the Actor Partner Interdependence Model (APIM; Kashy and Kenny, 1999; Kenny, 1996) for each irrational belief and outcome separately. The irrational beliefs measured were demands for achievement, approval, comfort, and fairness, and self-depreciation and depreciation of others. Our findings show that women's irrational beliefs are related to the distribution of housework and their level of emotion work. The more strongly the woman endorses irrational beliefs she does a greater share of housework and less emotion work. Men's irrational beliefs on the other hand are associated with their share of childcare - the more irrational the man is, he does a smaller share of childcare. The differing results for men and women will be discussed from the gender perspective. The implication for practice is that therapists should address the three types of work in relationships with their clients, keeping in mind the gender differences.

Keywords

relationships, rational-emotive & cognitive-behavioral therapy (REBT), irrational beliefs, housework, emotion work, childcare, APIM

• The link between Prejudices and Attitudes towards RE&CBT Theory and Methodology

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Ivana Peruničić-Mladenović, University of Belgrade, Faculty of Philosophy, Serbia

Abstract

Objective: Rational-emotive behavioral therapy (REBT) belongs to a group of cognitive therapies well-known for their evidence-based approach to treating a variety of psychological complaints. The results of numerous studies have demonstrated the high validity of both RE&CBT's theoretical and practical background. Some empirically supported concepts are cognitions that significantly produce negative consequences (emotions and behavior), in which the therapist utilizes a structured approach as well as applies interventions and techniques in order to help clients to overcome their psychological disturbances. However, some therapists modify the application of RE&CBT methodology. This study aims to investigate the factors (personal and professional) related to therapy modifications in order to examine the possible link between therapy modifications and prejudice towards RE&CBT.

Method: The sample consists of both RE&CBT certified therapists and trainees who completed a questionnaire consisting of items measuring the acceptance of RE&CBT theory and methodology, proneness to modifying RE&CBT interventions as well as prejudice towards RE&CBT. The analysis was conducted on fifty participants. The results presented here in the abstract are preliminary.

The results indicate that proneness to modifying therapeutic interventions is significantly linked to not only prejudice towards RE&CBT but lower acceptance of RE&CBT's core theoretical and methodological background as well.

Conclusion: Our results show that modifying empirically validated interventions and methods is linked to both prejudice and a negative bias towards RE&CBT. Furthermore, special concern is recommended when applied interventions skew from standard procedures.

Keywords

RECBT, psychotherapy, interventions, prejudice

Open Paper Symposium 24 - Diversity and Inclusion

Chair: Manjola Collaku, Western Balkans University, Albania

• Evaluating Narrative Enhancement and Cognitive Therapy (NECT) Efficacy in Reducing Self-Stigma Among Mental Health Patients: An Italian Pragmatic Multicenter Randomized Controlled Trial

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Antonio Lasalvia, Section of Psychiatry, Department of Neurosciences, Biomedicine and Movement Sciences, University of Verona, Verona, Italy,

Chiara Bonetto, Section of Psychiatry, Department of Neurosciences, Biomedicine and Movement Sciences, University of Verona, Verona, Italy

Abstract

Self-stigma refers to the internalization of negative prejudices and stereotypes by patients with mental disorders, such as the beliefs of being dangerous, aggressive, or incapable of working. This phenomenon has detrimental effects on various aspects of life, including adherence to therapeutic pathways, self-esteem, quality of life, and increases in feelings of despair and suicide risk. In response to these issues, the Narrative Enhancement and Cognitive Therapy (NECT) was developed. NECT is a group-based intervention consisting of 20 one-hour sessions aimed at reducing self-stigma in individuals with mental disorders. Numerous international studies support NECT's efficacy in improving self-stigma and other psychological aspects. Despite this evidence, interventions to reduce self-stigma in Italy are not regularly implemented and often lack a solid empirical foundation. This presentation in the open papers session will introduce a study aiming to evaluate the efficacy and feasibility of NECT in 416 patients from 26 mental health centers in Northeast Italy. The study is designed as a pragmatic multicenter randomized controlled trial with two parallel arms. Efficacy will be assessed by comparing baseline and post-treatment differences in various psychological dimensions, including the level of self-stigma (or internalized stigma), self-esteem, hope, empowerment, recovery perception, mental well-being, and stigma stress. This project may be presented in the open papers section, providing detailed insights into its methodology, implementation, and preliminary findings. This research aims to enhance knowledge about optimal treatments for patients with mental disorders burdened by high self-stigma, ultimately improving their recovery outcomes.

Keywords

stigma; NECT; narrative therapy; cognitive therapy

• **Adapting Cognitive Behavioral Therapy for Clients with Low Educational Levels: An Albanian study**

Manjola Collaku, Western Balkans University, Albania

Erinda Bani, High School, Albania

Abstract

This study investigates the challenges and strategies involved in adapting Cognitive Behavioral Therapy (CBT) for clients with low educational levels. The study focuses on the experiences of CBT psychotherapists operating in Albania, a context that provides unique cultural and educational considerations. Through an in-depth questionnaire administered to CBT practitioners, the research highlights the specific difficulties therapists face when working with clients who have limited educational backgrounds. Key challenges include conducting assessments that accurately capture the clients' cognitive and emotional states, as well as delivering psychoeducation in a manner that is both understandable and engaging for this population.

The study identifies effective strategies employed by therapists to overcome these challenges, thereby enhancing client comprehension and engagement. Additionally, the importance of employing simplified language and clear communication techniques is emphasized, as these strategies are crucial for facilitating therapeutic progress and ensuring that clients can actively participate in their treatment.

By exploring these aspects through the lens of practicing psychotherapists, the paper provides a comprehensive understanding of the practical adaptations necessary for delivering effective CBT to clients with low educational levels. The findings underscore the necessity of culturally and educationally sensitive approaches in psychotherapy, offering valuable insights for clinicians seeking to optimize their therapeutic interventions and improve outcomes for this underserved population. This research contributes to the broader field of mental health by highlighting the need for adaptable therapeutic practices that meet the diverse needs of all clients, regardless of their educational background.

Keywords

Cognitive Behavioral Therapy (CBT), Low educational levels, Psychotherapy adaptation, Psychoeducation techniques, Albanian psychotherapists, Mental health strategies, Client comprehension

• **“Feeling like I could take a big breath”: evaluation of a supervision group for Indigenous Māori and culturally diverse health professionals within a cognitive behaviour therapy training course**

Emily Cooney, Otago University, New Zealand

Elle Brittain, Massey University, New Zealand

Fiona Mathieson, Otago University, New Zealand

Rongo Patel, Otago University, New Zealand

Abstract

Cognitive behaviour therapy (CBT) is a Western psychological intervention originally developed in North America and Europe for individuals experiencing anxiety and depression. Learning CBT may involve additional challenges for students who identify with Indigenous or minoritised cultures and ethnicities. Challenges may include navigating the interface between their own cultural identities and experiences and the Western-centric processes and assumptions of CBT (Beck & Naz, 2019; Fernando & Fernando, 2017).

These issues also affect service users. In the UK, Black, Asian and minority ethnic (BAME) communities are less likely to voluntarily seek support for mental health problems (McManus et al., 2016). Qualitative investigations of BAME mental health access have identified barriers including cultural naivety, discrimination and mistrust (Memon et al., 2016). Available evidence suggests that ethnic minority under-representation within the mental health workforce may contribute to this (Scior et al., 2016).

Historically, New Zealand clinical psychology programmes have been slower to attend to bicultural practice, incorporate this in teaching content, and ensure Indigenous Māori representation in faculty, than social work and medical programmes (Abbott & Durie, 1987). There is a risk that without intentional, active and deliberate steps to counteract this systemic racism, this bias will also leach into other places in which CBT is taught.

Internationally, the murder of George Floyd, and the ensuing global reckoning with structural racism has led to greater efforts by professional bodies to acknowledge their own racist behaviour (e.g. APA, 2021). In CBT therapies there has been a sharpened focus on cultural responsiveness (or lack thereof), and the development of anti-racism guidelines to address inequities for BAME communities (e.g. Lawton et al., 2021; Pierson et al., 2022).

The Department of Psychological Medicine at Otago University, Wellington, has taught CBT to allied mental health professionals for 25 years. Following concerns that Indigenous Māori and minoritised ethnicity students may be under-represented in the CBT course studentship, and over-represented in non-completion rates, the programme undertook several actions to address potential inequities. One initiative was to trial a reflective and supportive group supervision process for Indigenous Māori and culturally diverse CBT students. The aim was to create a space for diverse students to meet and reflect the interface between their cultures and the expectations and practices of CBT, in developing their own identities as culturally responsive CBT practitioners.

The current study uses a mixed-methods design to evaluate this initiative, using data from two sources:

(1) A thematic analysis of the responses from anonymous online student evaluations of the group.

(2) A comparison of the proportions of White and non-White early course withdrawals since the supervision group's inception with the proportions of those withdrawals for the two preceding years.

Results indicated that respondents found the initiative valuable, supportive, and relevant to their CBT development. Notably, all Indigenous Māori and culturally diverse students completed the course last year.

These findings have implications for enhancing the appeal of CBT training courses to Indigenous and ethnic minority students, and creating learning environments that are culturally responsive, and that meet ethnic minority community needs.

Keywords

Diversity, Supervision, Equity

• Assessment of the cultural validity of measurement tools with First Nations people

Maddison O'Grady-Lee, Black Dog Institute, Australia

Jennie Hudson, Black Dog Institute, Australia

Abstract

Background: Internationally, there has been a significant focus on the cross-cultural appropriateness of psychometric tools. Assessment is a crucial step in the development of effective interventions as it quantifies the current need and the areas of focus for research or interventions. However, there is a lack of methodological rigour when it comes to cross-culturally validating a measure or intervention, especially with First Nations people. Cultural validity measures the appropriateness and applicability of a construct for a specific cultural group. It is often discussed in reference to determining if a construct developed in one cultural group is applicable, meaningful, and equivalent in another cultural group. First Nations people conceptualise and define mental health and well-being in vastly different ways than the biomedical models most commonly used in the development of assessment tools. Conducting research involving First Nations people without due consideration for cultural validity can have harmful effects. This may include perpetuating the ongoing dynamics of colonization and misdiagnosis, resulting in inaccurate prevalence data and poorer treatment outcomes overall. A specific tool to assess cultural validity is required to address this significant gap in the literature.

Method: The First Nations-Cultural Validity Assessment Tool (FN-CVAT) was developed to assess cultural validity in a meaningful way for First Nations people in Australia. The tool was designed by First Nations researchers with guidance from cultural and lived experience experts and pilot-tested by a group of eight clinicians and researchers. The tool was then refined utilising feedback from the pilot testing.

Results: The FN-CVAT includes 10 criteria within three overarching themes (Psychometric properties, Cultural Psychometric properties, and Cultural competency of staff/ethics). The score determines whether the measure meets the 10 criteria, with higher scores indicating greater cultural validity. The FN-CVAT demonstrated adequate reliability evidenced by intraclass correlations.

Conclusion: This is the first tool to assess the cultural validity of measurement tools from the perspective of First Nations people. The FN-CVAT prioritises First Nations' research values using a methodological approach that is acceptable within both non-Indigenous and Indigenous research practices. Culturally valid measurement is the cornerstone of culturally valid research and assessments in clinical practice. Given the importance of measurement tools in research and clinical practice, it is hoped that the FN-CVAT can improve the quality of measurement tools and research with First Nations people, ultimately improving clinical outcomes for First Nations people. Further, as more research happens in the field, the FN-CVAT may serve as a development guideline for future measurement tools that prioritise cultural validity and also increase the transparency of reporting on cultural validity.

Keywords

cultural validity; assessment; Indigenous; multicultural competence

Open Paper Symposium 25 – Behavioral medicine

Chair: Przemyslaw Babel, Jagiellonian University, Institute of Psychology, Pain Research Group, Poland

• Improving CBT Protocols for Chronic Pain: Translating Basic Science to Clinical Practice

Przemyslaw Babel, Jagiellonian University, Institute of Psychology, Pain Research Group, Poland

Abstract

Chronic pain affects approximately 20% of the global population, leading to significant financial costs, which exceed \$635 billion annually in the US alone. Traditional pain management methods, including pharmacotherapy, physiotherapy, and invasive interventions, often prove insufficiently effective. Given that pain perception is influenced by biological, psychological, and social factors, and is shaped by life experiences, psychological therapies hold considerable promise. However, while meta-analyses on the effectiveness of psychological therapies support the efficacy of CBT, the reported effect sizes are small or very small, highlighting the need for improvement. This talk will summarize recent experimental studies on the impact of learning processes, such as verbal suggestion, classical conditioning, observational learning, and operant conditioning, on pain modulation. We will discuss the implications of these findings for clinical practice, with a particular focus on enhancing pain-reduction-oriented psychotherapy.

Keywords

CBT, chronic pain, learning, verbal suggestion, classical conditioning, operant conditioning, observational learning, modeling, reinforcement

• The effect of Ultra-Brief Cognitive Behavioral Intervention on emotional disorders in multiple sclerosis

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Abstract

Background: Multiple sclerosis (MS) represents a neurodegenerative autoimmune disease characterized by almost all neurological symptoms that could severely impact the patient's wellbeing throughout its evolution. Thereby, the high prevalence of emotional disorders is not uncommon. The main objective of this research was to investigate the effect of an Ultra-Brief Cognitive Behavioral Intervention on alleviating depressive and anxiety symptoms, using techniques targeting the dysfunctional psychological mechanisms involved in their onset. At the same time, evaluating the impact on fatigue as the most common debilitating MS symptom and overall perceived health condition was a secondary objective.

Methods: In this pilot study, 31 patients with MS (Mage=42 years, SD=12.2) received an online U-BCBI. Assessment was conducted in three time points, namely pre-intervention, as well as two weeks and two months afterwards.

Results: Depression and anxiety clinical symptoms reduced substantially after the U-BCBI with $B = -7.58$, 95%CI(-12.84, -2.31), $p < .01$, respectively with $B = -15.17$, 95%CI(-18.31, -12.02), $p < .001$ at post-test and $B = -8.08$, 95%CI(-13.60, -2.56), $p < .01$, respectively with $B = -19.45$, 95%CI(-22.88, -16.03), $p < .001$ at follow-up. Regarding dysfunctional psychological mechanisms, irrational beliefs levels improved at post-test with $B = -25.86$, 95%CI(-46.10, -5.61). At two months follow-up negative dysfunctional thinking decreased with $B = -6.89$, 95%CI(-13.59, -2.18), $p < .01$. UBCBI positively influenced the perception of health in MS patients at post-test with $B = -0.77$, 95%CI(-1.20, -0.33), $p < .01$, and follow-up with $B = -0.86$, 95%CI(-1.63, -0.09), $p < .05$, while the impact on dysfunctional attitudes and fatigue did not reach statistical significance.

Conclusions: U-BCBI could be considered a feasible approach for MS patients at high risk for emotional disorders and dysfunctional thinking style.

Keywords

multiple sclerosis; cognitive behavioral intervention; ultra-brief; emotional disorders; dysfunctional psychological mechanisms; fatigue; perceived health

• A micro-longitudinal examination of the relationship between repetitive negative thinking and fatigue using ecological momentary assessment

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Abstract

Background:

Fatigue is amongst the most frequent complaints received by health professionals and is associated with significant functional impairment. Nevertheless, the aetiology of fatigue remains poorly understood. Physiological factors (e.g. poor sleep) are often perceived as the primary cause of fatigue, yet studies report these factors do not fully account for fatigue. Emerging evidence suggests repetitive negative thinking (RNT) is associated with fatigue in both general and clinical populations, however majority of these studies utilise retrospective questionnaires which are subject to recall bias. Hence, we prospectively explored the bidirectional relationship between RNT and fatigue while controlling for relevant physiological and psychological factors. This included examining momentary RNT and fatigue, as well as the association between previous day RNT and current day fatigue, and previous day fatigue and current day RNT.

Methods:

University students received SMS notifications 3 times a day (morning, midday, and evening) for 2 weeks with questionnaires assessing their current physical and mental fatigue, RNT and stress. Sleep duration and quality were assessed daily via the morning questionnaire. Linear mixed models tested the within- and between-persons relationships between RNT and fatigue.

Results:

Greater momentary RNT predicted greater momentary physical and mental fatigue, both within and between individuals. Poorer subjective sleep quality predicted greater physical and mental fatigue, yet shorter sleep duration only predicted physical fatigue. Greater stress and being biologically female significantly predicted greater fatigue. Conversely, only momentary physical and mental fatigue, and stress, predicted RNT, both within and between individuals. In the lagged analyses, greater RNT on the previous day predicted greater physical and mental fatigue on the following day. Conversely, only physical fatigue levels on the previous day predicted RNT the next day, with previous day mental fatigue not emerging as a predictor of next day RNT. These results were consistent across within- and between-person analyses.

Conclusion:

These results imply a central role for RNT in fatigue, even after controlling for commonly perceived physiological causes of fatigue (e.g. sleep duration). Moreover, momentary RNT accounts for both within and between-person increases in momentary fatigue i.e. fatigue increases as RNT increases relative to one's own average levels of fatigue and RNT, and the group's average levels of fatigue and RNT, respectively. Likewise, fatigue predicted both within- and between-person increases in RNT, suggesting the relationship between momentary fatigue and RNT is bidirectional. This bidirectional relationship is further evidenced by the lagged analyses which suggest that RNT may worsen physical and mental fatigue, while only physical fatigue may exacerbate RNT. Ongoing work is identifying whether there is a causal relationship between RNT and fatigue by determining whether fatigue can be reduced via manipulations that reduce RNT.

Keywords

Fatigue, repetitive negative thinking, ecological momentary assessment

• Cognitive fusion as a mediator in the relationship between personality traits and perceived distress in chronic pain

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Abstract

Background: Chronic pain is defined by disability and increased risk for anxiety and depressive disorders. Personality and cognitive fusion are personal characteristics that impact the adjustment to chronic pain, influencing the subject-

tive perception of physical and emotional distress. Cognitive fusion was found to function as a key process involved in the onset and maintenance of psychopathology. In this context, the aim of this study was to explore the mediating effect of cognitive fusion in the relationship between personality and distress.

Methods: This cross-sectional study included 108 participants (aged $M=56.7$, $SD=11.3$) diagnosed with rheumatic diseases involving chronic widespread pain. The instruments for the evaluation of personality traits as conceptualized by the Five Factor Model, cognitive fusion and distress levels were administered by the healthcare staff. Multiple mediation models were conducted for estimating the indirect effects on each distress variable.

Results: Cognitive fusion mediated the relationship between personality traits and distress variables. Specifically, Extraversion and Emotional Stability had an indirect impact conducted by cognitive fusion on pain intensity [Extraversion: ($z=-2.09$, $p=.04$, 95% CI: -0.04, 0.00); Emotional Stability: ($z=-2.36$, $p=.02$, 95% CI: -0.07, -0.01)], anxiety [Extraversion ($z=-2.45$, $p=.01$, 95% CI: -0.06, 0.01); Emotional Stability ($z=-2.93$, $p=.003$, 95% CI: -0.10, -0.02)] and depression [Extraversion ($z=-2.44$, $p=.02$, 95% CI: -0.05, -0.01); Emotional Stability ($z=-2.91$, $p=.004$, 95% CI: -0.05, -0.02)]. Also, cognitive fusion mediated the indirect effect of Agreeableness on anxiety ($z=-2.10$, $p=.04$, 95% CI: -0.05, -0.02) and depression ($z=-2.09$, $p=.04$, 95% CI: -0.05, 0.00).

Conclusions: Cognitive fusion constitutes a core process involved in the relationship between personality and distress levels in chronic pain. This outcome could further document the assessment and intervention approaches in chronic pain. Particularly, the application of tailored third-wave cognitive-behavioral interventions could alleviate the association between pain and emotional disorders and promote an optimal psychological adaptation.

Keywords

chronic pain; personality; cognitive fusion; anxiety; depression; pain-related distress

• Efficacy of acceptance and commitment therapy (ACT) in comparison with Treatment as Usual (TAU) on the pain aspects and Quality of Life in patients with fibromyalgia

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Abstract

Introduction: Research on the use of Acceptance and Commitment Therapy (ACT) for patients with Fibromyalgia are limited. Fibromyalgia is a chronic musculoskeletal syndrome characterized by widespread pain, hotspots, fatigue, and sleep disturbances that also affects the psychological aspect of the individual; There are evidences to suggest that ACT is effective in alleviating pain interference, pain acceptance and quality of life.

This is the protocol to evaluate the effectiveness of ACT compared to treatment as usual (TAU) for patients with fibromyalgia.

Methods: A total of 32 patients with fibromyalgia disorder in the city of Tehran randomly assigned to TAU (control group) or ACT + TAU (intervention group). The inclusion criteria were the existence of all the diagnostic criteria of fibromyalgia according to ICD-11, also a confirmed diagnosis by a specialist, education level at least 5 years, age between 30 and 50 years, the normality of routine laboratory examinations, the absence of other causes of pain and being psychological minded. Exclusion criteria were: the presence of comorbid diseases causing secondary fibromyalgia such as: rheumatoid arthritis, thyroid malfunction, vitamin D deficiency, the presence of other comorbid diseases disrupting the treatment process such as hypertension, hyperglycemia and diabetes, patients with severe psychiatric disorders that require medication or are currently on the psychological treatment, patients who have received psychological treatment for this disease for less than 4 months. Participants assessed before and after treatment

Multidimensional pain questionnaire (Cranes et al, 1985) was used to measure pain. Five subscales of this questionnaire was disturbance in daily functioning, pain intensity, social support, control over life and emotional distress. Fibromyalgia questionnaire (FIQR) (Dr. Burkhart, 1991) were applied to evaluate the impact of this disease on the performance of patients and SF 36 questionnaire is used to evaluate quality of life.

Acceptance and commitment therapy were applied in 8 sessions (120 minutes) for the experimental groups. The research data were analyzed using repeated measurements and follow-up tests.

Results: The primary outcome was the mean change from baseline on the pain questionnaire and FIQR and SF-36. Secondary outcomes include changes in pain aspects and quality of life. The results showed that the combination of acceptance and commitment therapy with medication was more effective than drug therapy alone ($p \leq 0.005$).

Conclusion: In order to improve patients with fibromyalgia, it is possible to use the treatment of acceptance and commitment along with medication. ACT may be used to help patients cope with the pain associated with their condition and enhance their quality of life whether pain exist.

Keywords

Fibromyalgia, Acceptance and Commitment Therapy, Pain Severity, Quality of Life

• Effects of a Combined Neuropsychological and Cognitive Behavioral Group Therapy on Young Adults with Fragile X Syndrome

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Abstract

Background:

Fragile X Syndrome (FXS) is the most common cause of inherited intellectual disability (ID) and autism spectrum disorder (ASD) due to the full mutation in the *FMR1* gene located on X chromosome. Even though there is a comprehensive understanding of the cognitive and behavioral characteristics of FXS and the families' need for tailored interventions, empirical investigations into the efficacy of behavioral treatments for people with FXS are still scarce. This gap is especially pronounced in studies involving adolescents and young adults. Considering the high prevalence of psychiatric issues in ID and the strong association between neurodevelopmental disorders, social exclusion and poor long-term quality of life (QoL), research on the efficacy of behavioural intervention in this field become still more relevant. This study aimed to investigate the effectiveness of a combined neuropsychological and cognitive-behavioral group therapy (nCBT) among young adults with FXS and ID.

Method:

Ten young adults diagnosed with FXS took part in the second stage intervention of "Corp-osa-Mente" (CoM II), a group nCBT program previously outlined by Montanaro and colleagues in an earlier study [2023], with the participants being the same as in the previous research. This report details the outcomes of an additional twelve-month group sessions aimed at enhancing the ability to manage emotions and the socio-communicative skills of these young adults, by using cognitive restructuring techniques and neuropsychological trainings. Caregivers completed standardized measures of adaptive functioning, emotional and behavior problems, executive function, communication skills and family QoL at pre-treatment (T0) and post-treatment (T1).

Results:

CoM-II showed decreases in depressive and anxiety symptoms from T0 to T1, along with increased socio-pragmatic and communication skills from pre-test to post-test intervention. Additionally, our analysis revealed improvements in the adaptive behavior of participants and in the family QoL.

Conclusions:

To our knowledge, the current study is the first study to evaluate the effectiveness of a nCBT based intervention for young adults with FXS and ID. These preliminary findings underscores the feasibility of a group intervention that integrates cognitive-behavioral and neuropsychological techniques to target the different clinical manifestations of FXS in a unified method. This approach holds promise for this population and should be further pursued, mostly with growth when life becomes more demanding and there is a documented cognitive/adaptive decline in FXS phenotype. However, it is recommended to undertake additional methodologically rigorous studies, such as randomized controlled trials (RCTs), to substantiate these results.

* Montanaro FAM, Alfieri P, Vicari S. "Corp-Osa-Mente", a Combined Psychosocial–Neuropsychological Intervention for Adolescents and Young Adults with Fragile X Syndrome: An Explorative Study. *Brain Sciences*. 2023; 13(2):277. <https://doi.org/10.3390/brainsci13020277>

Keywords

fragile x syndrome; rare genetic syndromes; CBT; intellectual disability; mental health; psychosocial treatment

Open Paper Symposium 26 - Education-related mental health issues and interventions

Chair: Sarah Jakobsen, Aarhus University, Denmark

• Cognitive Behavioral Interventions for School Attendance Problems: A Systematic Review and Meta-Analysis

Sarah Jakobsen, Aarhus University, Denmark

Johanne Jeppesen Lomholt, Aarhus University, Denmark

Mikael Thastum, Aarhus University, Denmark

Abstract

Purpose: School attendance problems (SAPs) are heterogeneous with respect to etiology and problem manifestations. In all cases, lack of appropriate intervention can have detrimental consequences for a young person's academic success, socio-emotional development, and general life chances. Cognitive behavioral therapy (CBT) tailored to SAPs has emerged as a promising intervention with the potential to reduce absenteeism and co-occurring mental health problems often seen in youths with SAPs. The purpose of the present study is to provide a comprehensive overview of the CBT protocols being used for SAPs and to conduct a quantitative synthesis of evidence on its effect.

Methods: Eligible randomized controlled trials (RCTs), quasi-experimental trials (QEDs), and pre-post studies evaluating CBT for SAPs were retrieved from systematic searches in four databases (PsycINFO, PubMed, Scopus, and ERIC).

Meta-analytic methods will be used to determine (a) the between-group effect (including only RCTs) and (b) the within-group effect. The primary outcome is school attendance, and secondary outcomes are anxiety, depression, and externalizing symptoms. An updated search is planned for June 2024, after which the meta-analyses will be conducted. Preliminary results: Nine pre-post studies, one QED, and six RCTs were deemed eligible for inclusion, with a total of 624 youths receiving CBT and 117 youths in comparison groups. In cases where the RCT compared variations of CBT (50%), only relevant intervention arms were included and treated as pre-post studies. The majority of studies employed an outpatient clinical setting (80%), an individual delivery format (100%), and a CBT protocol developed to target SAPs associated with internalizing symptoms (73.3%). There was substantial variability in treatment length and case severity at intake. The presentation in September will include results of the quantitative synthesis.

Despite growing efforts to develop and evaluate CBT interventions for SAPs, the field suffers from a lack of robust controlled studies and from inconsistencies in comparators, outcome measurements, and definitions of the target population.

Keywords

School attendance problems, absenteeism, cognitive behavioral therapy, systematic review, meta-analysis

• Linking motivation for PhD studies and psychological distress: Testing the mediating effect of self-regulatory abilities

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Abstract

Background: Evidence suggests that different types of motivation for doctoral studies are associated with different types of mental health outcomes. Autonomous motivation of PhD students has been associated with fewer symptoms of depression and anxiety, while controlled motivation has been associated with increased levels of psychological distress. Emotion regulation difficulties and procrastination, which is often seen as a type of avoidance, may play an important role in psychological distress. However, little is known about their role in PhD context. The aim of this study was to examine whether the association between motivation for PhD studies and psychological distress (i.e., symptoms of depression, anxiety and stress) are mediated by emotion regulation difficulties and procrastination.

Methods: A sample of 521 PhD students (77.2% female, mean age = 31.97 years) completed a web-based questionnaire that collected sociodemographic, clinical and PhD-related data, as well self-report questionnaires assessing motivation (Motivation for PhD Studies Scale), psychological distress (Depression Anxiety and Stress Scale-21), emotion regulation difficulties (Difficulties in Emotion Regulation Scale-Short Form) and procrastination (Irrational Procrastination Scale). A parallel multiple mediation model was used.

Results: Our results demonstrated significant and negative associations between autonomous motivation and depressive symptoms and stress, and positive associations between controlled motivation and all psychological symptoms. We also found evidence of parallel mediation, where emotion regulation difficulties and procrastination mediated the association between autonomous and controlled motivation and depressive symptoms of PhD students. Specifically for controlled motivation, difficulties in emotion regulation exerted a stronger mediating effect. The association between autonomous and controlled motivation and symptoms of anxiety and stress were mediated only by emotion regulation difficulties.

Conclusions: Our findings indicate that procrastination and particularly emotion regulation difficulties play a significant role in explaining the association between motivation for doctoral studies and psychological distress. These findings suggest that PhD students may benefit from interventions that specifically focuses on strategies that promote emotion regulation skills and reduce procrastination, such as the Unified Protocol, a CBT-based transdiagnostic treatment that target emotion regulation. The enhancement of self-regulatory abilities may help to reduce psychopathological symptoms, improving their individual well-being as well as their academic productivity.

Keywords

motivation for PhD studies; emotion regulation difficulties; procrastination; depressive symptoms; anxious symptoms; stress symptoms; PhD students

• Feasibility and Preliminary Efficacy of Web-Based Self-Help Program on Repetitive Negative Thinking for College Students: Randomized Pilot Study

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Melike Nursultan Akkaya, Cansagligi Foundation Center for Contextual Behavioral Science, Turkey

Fatih Yavuz, Istanbul Medipol University, Turkey

Abstract

Repetitive negative thinking (RNT), encompassing worry and rumination, is a transdiagnostic process linked to various psychopathologies (Ehring & Watkins, 2008; Harvey et al., 2004). Therapy approaches targeting RNT, such as metacognitive therapy (Wells, 2009) and RFCBT (Watkins, 2016), have shown promise. Recently, RNT-focused ACT developed by Ruiz and colleagues (2016a, 2018a) has gained attention for its brief and effective interventions.

The concept of “minimum intervention needed for change” (MINC) emphasizes the necessity for brief, effective interventions that can be realistically implemented in mental health services (Glasgow et al., 2014). Analyzing transdiagnostic processes like RNT supports the development of such interventions (Ruiz et al., 2020).

This research aims to develop a web-based self-help protocol focused on ACT for RNT in Turkish and to assess its effectiveness and feasibility.

Methods

All instruments are self-report measures assessed online. Except for the Demographic Information Form (T0) and the System Usability Scale (T1), all measurements were repeated: before the program (T0) and after the program (T1).

Use measurements used are as follows: Demographic Information Form, Perseverative Thinking Questionnaire (Altan-Atalay and Saritas-Atalar, 2021) DASS-21 (Sarıçam, 2018), Cognitive Fusion Scale (Kervancıoğlu et al., 2023), Values Questionnaire (Aydın & Aydın, 2017, Acceptance and Action Questionnaire-II (Yavuz et al., 2016), System Usability Scale (Çağıltay, 2011).

Participants:

Participants were undergraduate psychology students from a private Medipol University in Türkiye, compensated with course credit. Eligibility required internet access and a smartphone, while exclusion criteria included self-harm thoughts, psychotic disorders, substance abuse, and current psychological treatment. Eligible participants were contacted via Telegram and Google Forms, informed about the process, and given consent forms and baseline questionnaires.

Forty-three participants completed these forms and were randomly assigned to the intervention group (IG) (22 participants) or the control group (CG) (21 participants). The IG started immediately, while the CG, unaware of their waitlist status, received the program after the final assessment. All CG participants completed pre- and post-tests. Of the 22 IG participants, 68.18% completed all assessments, leading to an analysis based on the 22 CG participants and the 15 IG participants. Participants were older than 20 years ($M = 22.58$), with 83.3% females ($n = 30$) and 16.7% males ($n = 6$).

Results:

For both IG and CG data, skewness and kurtosis values between -2 and +2 indicated a normal distribution (George & Mallery, 2010), allowing for parametric tests. A paired sample t-test for IG showed significant differences in pre- and post-test scores of ‘perseverative thinking’ ($p = .003$), ‘depression’ ($p = .023$), and ‘stress’ ($p = .018$). ANCOVA revealed significant differences between the intervention and CG in ‘perseverative thinking’ ($p = .005$), ‘depression’ ($p = .031$), ‘anxiety’ ($p = .031$), ‘stress’ ($p = .002$), and ‘cognitive fusion’ ($p = .02$). The SUS scores for usability and acceptability averaged 74.66 ($SD = 8.70$), above the average score of 68, indicating the protocol is ‘good’ and ‘acceptable,’ and can be understood and applied self-guided.

Keywords

Repetitive negative thinking, Acceptance and commitment therapy, Digital psychological interventions, Feasibility, Effectiveness

• Efficacy of the CBT Stress Management Training Program for Medical Students

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Abstract

Medical students face higher risk of depression, burnout and suicidal ideation in comparison with peers (Schwenk et al., 2010). Mental health risks for them have increased even more with negative factors associated with the COVID-19 pandemic (Lyons et al., 2020).

The study participants were 46 first year medical students (5 male, 41 female, 18-25 years old) of Sechenov university. We assessed stress level (PSS-10), self-efficacy (GSE), anxiety (Spielberger State-Trait Anxiety Inventory, GAD-7) and depression (PHQ-9). The participants were randomly assigned to the experimental ($n=23$) and control ($n=23$) groups.

The experimental group participated in the online CBT Stress Management training program. The 5-week program included 5 weekly sessions and action plans (home assignments) to practice new skills. The structure of the program included psychoeducation, relaxation and emotion regulation techniques training, cognitive restructuring, exposure exercises, problem-solving skills training, cost and benefit behavioral analysis, positive activities planning, values focused exercises and mindfulness.

We conducted the assessment 1 week after the training completion and repeated it in 12 months. To assess the effects of the intervention on each scale results we used ANCOVA with the pre-test score as a covariate.

In the posttest participants from the experimental group showed significant decrease in stress level ($\eta^2p = 0.22$), situational ($\eta^2p = 0.179$) and trait anxiety ($\eta^2p = 0.339$), anxiety level in GAD-7 ($\eta^2p = 0.263$) and in depression ($\eta^2p = 0.11$) in comparison with the control group. Thus, we revealed the large effect sizes for stress level, situational and trait anxiety (STAI), anxiety (GAD-7) and medium effect size for depression level.

In 1-year follow-up we did not find significant differences for PSS between the groups, although the positive effects in 1-year follow up were still revealed for situational ($\eta^2p=0.193$), trait ($\eta^2p=0.130$) anxiety (STAI), GAD-7 ($\eta^2p=0.095$) and PHQ ($\eta^2p=0.128$). So we still found large effect size for situational anxiety and medium effect sizes for trait anxiety in STAI, GAD-7 and PHQ-9.

The study results showed that the program was effective for decrease of anxiety and depression in medical students and the participation was still beneficial in 12 months after the program completion.

Keywords

Stress, medical students, anxiety, depression, CBT, stress management

• UNIPDES - An Internet-Based Transdiagnostic Intervention for College Students' Psychological Symptoms: Evaluation of Its Development, Usability and Effectiveness Study Protocol

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Uğur Doğan, Muğla Sıtkı Koçman University, Turkey

Sedat Batmaz, Ankara Social Sciences University, Turkey

Recep Gür, Eskisehir Osmangazi University, Turkey

Ahmer Altinok, University of Groningen, Netherlands

Ali Ercan Altınöz, Eskisehir Osmangazi University, Turkey

Abstract

Challenges of independent living and increase in life responsibilities that come with university years can cause several challenges for many students. These hardships are closely related to depression, anxiety, and problems in adjustment. Numerous biases or a lack of university resources hinder the process of seeking help, which eventually causes detrimental impact on students' well-being. This protocol was created to assist college students in overcoming these obstacles and to assess, in comparison to control group, the impact of an internet-based guided and unguided transdiagnostic internet-based program (UNIPDES) on depression, anxiety, and adjustment levels. The calculated sample size for study will include 330 students, and the participants will be selected from five different universities located in Turkey. Participants will be randomly assigned to either guided, unguided, or control groups. Guided and unguided group participants will receive six weeks intervention and the waitlist control group will receive the unguided version of the program after twelve weeks of randomization. Assessments will take place at baseline, post-test (8 weeks post-baseline) and follow-up (12 weeks post-baseline). Data will be analyzed with mixed-MANCOVA. The primary outcome is change in depression, anxiety, and adjustment levels. Additionally, students' reasons for dropout will be assessed qualitatively. The results from this study can build evidence for the effectiveness of transdiagnostic guided and unguided internet-based intervention for treating depression, anxiety, and adjustment problems of students. UNIPDES can provide a flexible, easy to access and cost-effective treatment for the problems that students commonly face. Trial registration is registered at ClinicalTrials.gov Protocol Registration and Results System (Trial number: NCT06245200).

Keywords

internet-based intervention, transdiagnostic cognitive behavioral therapy, university students

Open Paper Symposium 27 – Miscellaneous 2

Chair: Elena Naumtseva, National Research University Higher School of Economics, Russian Federation

• The link between irrational beliefs and employee well-being

Jana Prljević, Dormitory of High School Students "Jelica Milovanović", Serbia

Abstract

Introduction: This study will examine the link between irrational beliefs of employees and their well-being at the workplace. Irrational beliefs are grounded in the theory of Rational Emotive Behavior Therapy (REBT), where their negative impact on an individual's well-being is confirmed, because they are extreme, illogical and rigid. Albert Ellis,

the founder of REBT, argued that absolutistic demands are at the core of emotional disturbance, while awfulizing, low frustration tolerance and depreciation are most often derived from absolutistic demands. Another model was proposed by DiGiuseppe, who argued that irrational beliefs should be considered independent of each other, due to the lack of empirical support for the hypothesis that demands play a central role. In this paper, both models will be tested, in order to examine the individual impact of each of the irrational beliefs, as well as their joint impact on well-being.

Aim: The primary goal of this work is to examine the link between irrational beliefs and employees well-being in several different companies in Serbia. This study will examine the direct impact of each belief on well-being, but also what effects they lead to when they interact. The second goal would be to examine the impact of irrational beliefs on each separate element within the PERMA model of well-being, in order to conclude which aspects of well-being are most affected and where interventions could be directed.

Materials and Methods: The target sample of this research is the population of employees from several different companies with operations in Serbia. It consists of employees over the age of 18. The smallest sample collected will be 200 employees. Respondents will fill out the questionnaire in online format. Predictor variables are irrational beliefs, which will be operationalized through the iPBI questionnaire (Irrational Performance Beliefs Inventory). The criterion variable is the experience of psychological well-being and will be operationalized through the PERMA-Profil questionnaire. Quantitative analysis will be used to examine the relationship between the measured variables.

Results: The research is ongoing. The final results will be presented at the congress.

Discussion: This research is expected to show the link between irrational beliefs and employee well-being, i.e. whether irrational beliefs have a negative impact on the well-being of employees. This would be one of the more recent researches on this topic, and thus would provide additional importance for further expanding the application of irrational beliefs in the business context. One of the outcomes would be determination which irrational beliefs most affect the well-being of employees and in which way the theoretical propositions of REBT could be applied in order to improve their mental health. The research will also contribute to uncovering the impact that irrational beliefs have on specific aspects of well-being. The findings of this research would provide a significant scientific contribution for the psychotherapy, as well as for a better understanding of the mental health of employees, work and organizational psychology, and also for clinical psychology.

Keywords

irrational beliefs, employee well-being, REBT, PERMA model

• “Change talks”: coaching support for organizational change in line with cognitive-behavioral approach

Elena Naumtseva, SN Consulting, Russian Federation

Abstract

The CBC model «CHANGE TALKS» is focused on building readiness and inclusion of employees in the implementation of organizational change.

The recipients of the coaching model are employees in situations of organizational change.

The model was developed in line with the cognitive-behavioral approach. It includes descriptions of Change Interfering Thoughts (CITs) and Change Enhancing Thoughts (CETs)

Research shows that the following factors are important for involving employees in implementing changes in a company:

1. A sense of subjective control [Martin et al., 2005; Naumtseva, 2020a,b; Wanberg, Banas, 2000]
2. Beliefs about self-efficacy in a situation of change [Holt et al., 2007; Naumtseva, 2020; Rahi, 2021]
3. Beliefs about personal valence [Armenakis et al., 1993; Holt et al., 2007; Naumtseva, 2020].
4. Beliefs about appropriateness for the organization [Holt et al., 2007; Naumtseva, 2020]
5. Beliefs about management support for change [Holt et al., 2007; Naumtseva, 2020a,b];
6. Shared norm about support for change among colleagues [Naumtseva, 2020a,b]

The “CHANGE TALKS” model is based on these 6 factors.

The “Change talks” model is applicable in coaching, work stress management programs, and leadership programs.

It can be used to increase the level of resilience, subjective control over the situation, reduce stress and increase the readiness of employees for organizational change.

Model stages:

1 CHANGE CONTEXT

Purpose: forming a perception of management support for the change
concluding a contract for the implementation of changes in the organization

2 PRE-CHANGE

Purpose: formation of a sense of subjective control in a situation of change

3 NO CHANGE

Purpose: review of an alternative solution from the perspective of different stakeholders; formation of motivation for personal changes

4 POST-CHANGE

Purpose: formation of a positive Vision_of_oneself_after_changes, creating a positive personal valence for change, formation of appropriateness for the organization

5 CITS & CETS: PRODUCTIVITY IN THE SITUATION OF CHANGE

Purpose: identify which beliefs hinder productivity in a situation of change. At this stage, the coach helps the client notice the connection between thoughts, emotions and actions, and helps to reformulate them.

6 THROUGH CHANGE

Purpose: search for resources in situations of change, formation of self-efficacy in situations of change, creating a perception of support for change among colleagues

7. STEPS

Purpose: forming an action plan in a situation of change

Expert assessments

5 expert-coaches with management experience from 2 to 20 years (average experience 12.4 years) were involved at this stage. Average experience 7.8 years.

Each expert received a form with 5 criteria. A 10-point scale was used for assessments (10 points = maximum compliance, 1 = minimum).

Results of expert assessments:

- 1) Compliance of the model with the stated request: $M=9.8$, $SD=0.4$
- 2) Consistency of model blocks: $M=9.8$, $SD=0.4$
- 3) Sequence and logic of model blocks: $M=9.6$, $SD=0.9$
- 4) Relevance: $M=9.6$, $SD=0.9$
- 5) Variety of techniques used: $M=9.0$, $SD=2.2$

All experts noted the relevance of the model to modern conditions of development of organizations, compliance with the request, and consistency of the model blocks.

Recommendations for improving the model concerned individual blocks of the model and the name.

Keywords

cognitive-behavioral coaching, organizational change, readiness for change

• Applying RE&CBT model for navigating the layoffs in the workplace

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Abstract

In today's rapidly growing industries, combined with the unstable environmental factors, frequent organisational changes are an inevitable part of the business environment. The biggest challenge in managing organisational changes is managing employees' emotions. In this presentation, we will focus on corporate layoffs as one of the most stressful organisational change and outline the most common irrational beliefs that accompany emotional aspects of employees' and their superiors' reactions to layoff. We will present current practices and it's results, for applying RE&CBT model for navigating the layoff process. Furthermore, we will present the application of the RE&CBT model of emotion management as an integral part of the layoff process in the organisation. The paper focuses on two aspects: 1) training managers for identifying and navigating their reactions and building their resilience in order to support employees going through the layoff and 2) developing employees' emotional responsibility, aiming to encourage individuals to consciously choose between functional and dysfunctional emotional reactions in situations of organisational change, both leading to personal and organisational well-being. We will also discuss the role of management and human resources management departments in effectively implementing this model. During the presentation, we will showcase one practical example of using RE&CBT model in the layoff process, it's results, as well as necessary prerequisites and potential risks of it's implementation.

Keywords

RE&CBT model, workplace, layoffs

• Psychometric Properties of the Bullied Cognitions Inventory (BCI) in a Turkish Sample

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Abstract

Background: Bullying is associated with several acute and chronic mental health problems. This phenomenon can occur in both work and school settings, thereby potentially affecting various aspects of life extensively. Despite the growing research interest in bullying from a cognitive behavioural therapy perspective, there is a lack of measure-

ment tools to evaluate irrational beliefs resulting from being bullied. In this study, we aimed to test the recently developed Bullied Cognitions Inventory (BCI) in a Turkish sample.

Method: Initial analysis was conducted with 264 adults, aged 18 to 54 ($M = 21.42$, $SD = 5.02$). Data collection is still ongoing. The sample included 173 (65.53%) females and 92 (34.47%) males. Data collection tools included the BCI, the Multidimensional Bullying Victimization Scale, the Posttraumatic Stress Disorder (PTSD) Checklist, and the Liebowitz Social Anxiety Scale. Structural validity was tested using Confirmatory Factor Analysis (CFA), and criterion validity was assessed using the Pearson Correlation Coefficient.

Results: Confirmatory Factor Analysis (CFA) results demonstrated that the structure with 15 items and four subscales fit the current data well. The first-order model fit indices were: χ^2/df ($169.52/84$) = 2.02, $p < .001$, CFI = .93, TLI = .91, SRMR = .062, GFI = .78, RMSEA = .063 [.050, .077], indicating a good fit (see Figure 1). Pearson correlation coefficients showed that the subscales and total scores of the BCI were positively correlated with the subscales of the mentioned scales (see Table 1).

Conclusion: The preliminary analysis indicates that the Turkish adaptation of the Bullied Cognitions Inventory (BCI) is a valid and reliable instrument for assessing cognitions related to bullying.

Keywords

bullying; scale adaptation; cognitions; irrational beliefs

• Examining the Influence of Situational Factors on Reappraisal Efficiency among Turkish Adult Participants: An Exploratory Study

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Ayşe Altan-Atalay, Kadir Has University, Turkey

Abstract

Background and Purpose

Emotion regulation (ER) encompasses the processes we utilize to influence our emotions. Among ER strategies, cognitive reappraisal (CR) is notably effective, as emotions often stem from appraisals of events. Frequent CR use correlates with positive outcomes like reduced negative emotions, stronger social connections, higher academic achievement, enhanced psychological well-being, and fewer psychopathological symptoms. Despite existing research, gaps remain in characterizing different reappraisal instances based on a theoretical framework and predicting their effectiveness across contexts. The reAppraisal Framework distinguishes between two different reappraisal mechanisms to shift appraisal: reconstrual (changing situation interpretation) and repurposing (changing the goal which the interpretation is compared to). Given that reappraisal is not a unified strategy and its effectiveness varies depending on contextual factors such as controllability of the stressor, this study aimed to examine: a) the role of appraisal dimensions in determining the type of emotion experienced (sadness or anxiety), and b) the effectiveness of reconstrual and repurposing in reducing short-term emotions (sadness and anxiety) depending on perceived control (low/high).

Method

Seventy-one participants (ages 18-30, $M = 24.12$, $SD = 3.05$) recalled and documented two incidents eliciting anxiety and sadness via Qualtrics as retrospective memories. Participants rated 8 different emotions on a 1-5 scale for each memory and described how their perspectives on the events had changed. Then, they rated their current appraisals via 10 items, and perceived control on a scale from 0 to 100. Qualitative data on their current perspectives were coded as reconstrual, repurposing, or no reappraisal in accordance with the reAppraisal Framework. Perceived control ratings were categorized into high and low groups using median split.

Results

Linear regressions predicting sadness and anxiety scores from appraisal items explained a significant portion of the variance. Sadness increased with relevance ($B = .26$, $p = .05$) and low outlook certainty ($B = -.32$, $p < .05$). Anxiety increased with low controllability ($B = -.022$, $p < .05$), high incongruence ($B = .20$, $p < .05$), high accountability ($B = .32$, $p < .05$), and low emotional coping ($B = -.34$, $p < .05$).

Participants either utilized repurposing (33.3%) or did not engage in any of the strategies (44.4%) for sadness memories whereas they mostly used reconstrual (48.6 %) for anxiety memories. Univariate ANOVAs revealed significant main effects of reappraisal type and perceived control on both sadness ($F(5) = 8.41$, $p < .05$) and anxiety ($F(5) = 3.43$, $p < .05$). Specifically, there was a significant difference between no reappraisal group and both reconstrual and repurposing groups, while no significant difference was found between utilization of reconstrual and repurposing. Although the interactions were not significant, there was a trend showing that when perceived control was higher, the tendency to use reconstrual linked to lower sadness and anxiety scores compared to the utilization of repurposing and no reappraisal.

Conclusion

The current study enhances our understanding of different reappraisal techniques, including reconstrual and repurposing, and delineates the specific contexts in which these strategies are most effective. This insight can inform the development of targeted interventions.

Keywords

appraisal, cognitive reappraisal, reAppraisal Framework, context, sadness, anxiety

• Introduction to the theory of the novel enneagram personality typing system (epts) and its associations with cognitive behavioral therapies

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Abstract

The Enneagram Personality Typing System (EPTS) categorizes individuals into nine distinct personality types with unique coping and defense mechanisms. It is widely used in various fields, but has received limited attention from academia since many consider it pseudoscience. Our research shows correlations between EPTS and Myers–Briggs Type Indicator and Big Five personality theory systems. To establish cross-cultural validity, a test was developed and applied in different cultures. In this panel, the relationship between the Enneagram personality theory, personality belief and schema therapy, as well as the relationship between cognition and flexibility, and the results of the studies will be shared.

Keywords

enneagram, personality, schema, belief

TECHNICAL DEMONSTRATIONS



TD1: A digital platform to facilitate wellbeing and flourishing for individuals and employees

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Abstract

During the last decades, the importance of functioning better became clear to individuals, employees and organizations. However, not everyone can access therapy and learn to function better. Technical developments have enabled the improvement and application of digital programs to enhance knowledge and skills. Our company, Buzzlife, is engaged in imparting skills to improve wellbeing; reduce reactions to stress, anxiety and burnout; and prevent the development of future problems by creating resiliency and prosperity for the individual, the employee and the organization. We developed BbetterE (<https://bbettere.com/en/>), a unique online digital platform with a variety of online digital programs, to impart abilities and skills to deal with stress, fear and anxiety, increase levels of happiness and satisfaction as well as strengthen personal and organizational resilience and improve the level of wellbeing in the organization and its employees. The participants will be able to view and experience how to use our digital program for skill enhancement that is:

Backed by theoretical models and research

Based on cognitive behavioral approaches

Tested successfully in extensive pilots

Custom-made practices and evaluations

Holistic approach

User friendly

Affordable cost

Learning Objectives: Using digital aids to identify, practice and apply skills to reduce stress and increase life satisfaction.

Keywords

digital platform, change process. improving wellbeing, skills

TD2: My Hospital Buddy Ida: An Augmented Reality-Assisted Psychotherapy Application for Children with Cancer

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Abstract

Technical and Scientific Background: Augmented Reality (AR) technology adds a virtual layer to our physical surroundings that can be seen through lenses or cameras. This technology can provide information in an immersive, enjoyable, and engaging way, and it also has significant applications in psychiatry and psychotherapy. AR technology can be utilized for controlled exposure to phobias, teaching and practicing meditation and relaxation techniques for anxiety disorders, controlled exposure for trauma processing for post-traumatic stress disorder, as well as for skill

training in Cognitive Behavioral Therapy (CBT) and motor and cognitive rehabilitation. Children with cancer face numerous challenges during their treatment, and applications of CBT are proven to be effective in teaching psychosocial skills. Therefore, we aimed to combine both CBT and AR technology to develop a new approach to the unique psychological needs of children with cancer.

Key Features of the Technology: My Hospital Buddy Ida brings together a virtual AR character, Ida, a mobile application, and a CBT-based structured exercise workbook designed to deliver a psychotherapy program customized for the needs of children undergoing cancer treatment. The workbook consists of 12 chapters designed to be delivered by a psychotherapist. Each chapter is designed with a CBT-based approach and includes psychoeducational content (information regarding the diagnosis, hospital environment, and treatment process), exercises that teach CBT skills, and homework. Each chapter has one or two image triggers that trigger Ida's animation. The user opens the Ida app, goes to the relevant chapter through the user interface, opening the device camera. When the camera is pointed to the image trigger, Ida character is seen virtually on top of the workbook. Ida is designed as a child that also goes to the hospital. She talks about her experiences with medical procedures and hospitals, as well as her emotions, in a way relevant to that chapter's topic. The AR interface also shows certain spaces from the hospitals, such as patient room and MRI room, and hospital staff, such as nurses.

Implications for Everyday Clinical Practice of CBT: Ida is designed to be a character that children can relate to. Engaging with Ida while applying the workbook can entertain children while learning psychosocial skills and support the experiential nature of CBT through, for example, Ida showing breathing exercises. Therefore, it can increase a patient's motivation and adherence to therapy. Thus, it can help children better understand and retain psychosocial skills. This application is scalable worldwide and easy to use. Therefore, it can result in more children getting psychosocial support, which they are deprived of in many hospital settings. Furthermore, interacting with Ida can provide emotional support to children through a sense of companionship, increasing comfort and reducing isolation and anxiety. Lastly, this application can be adapted to various psychological and physiological disorders, such as diabetes and anxiety, with the same infrastructure by adapting the content and changing the virtual character based on specific needs.

Keywords

Augmented Reality, CBT for children, Technology-assisted CBT, Pediatric Oncology Support

TD3: Counsel Compass, the all-in-one platform designed specifically for mental health professionals

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Abstract

Welcome to Counsel Compass, the all-in-one platform designed specifically for mental health professionals. Our platform is your virtual administrative assistant, streamlining your efforts so you can focus on what matters most—your clients.

Key Features:

Client management: Keep all client information at your fingertips. Our comprehensive client portfolio includes contact details and session history, along with session records and notes, patient journal entries and custom forms. You can tailor your practice with customizable intake forms, session notes, and assessments, making it easy to retrieve crucial information when you need it.

Schedule: Easily manage your appointments with an intuitive calendar interface. Send automatic reminders and connect with clients remotely using our Zoom integration, offering a seamless telehealth experience.

Billing: Simplify your financial processes with integrated billing tracking and invoicing. Generate invoices and view detailed financial reports for each client. With everything in one place, you'll save time and reduce errors.

By centralizing your practice's administrative tasks, Counsel Compass helps you and your team maintain an organized, efficient, and client-focused practice. Experience the peace of mind that comes with knowing everything you need is right at your fingertips.

Keywords

Client management, Custom forms, Session history, Scheduling, Calendar, Billing tracking, Session notes,

POSTER PRESENTATIONS



PO1 Prevalence and Differential Profiles of People with Adverse Childhood Experiences in Treatment for Substance Use Disorder

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Abstract

Background: Adverse childhood experiences (ACEs) are potentially traumatic experiences that can cause negative consequences for people's health and well-being. They are prevalent in people with substance use disorder (SUD). The aims of this study were to determine the prevalence of ACEs in a specific sample of people with SUD and to analyse the specific characteristics of these patients according to sex.

Methods: In this cross-sectional study, the sample consisted of 215 people (177 men and 38 women) seeking treatment for SUD in two clinical centres in Spain.

Results: The prevalence of at least one ACE was 84.7% (83.6% men and 89.5% women). Women reported a higher prevalence of family mental health problems and sexual abuse than men. The group with ≥ 3 ACEs showed a higher severity profile for the addiction severity and psychopathological variables than the groups with 0 ACEs and 1-2 ACEs. Logistic regression showed that problems related to the group with ≥ 3 ACEs in the total sample were psychiatric and legal problems and lifetime suicidal ideation (in men, family/social problems and lifetime suicidal ideation; in women, employment/support problems).

Conclusions: This study supports the high prevalence of ACEs in people with SUD and the cumulative effect of ACEs: as the number of ACEs increases, the severity of the variables studied increases. In addition, sex is a relevant factor. The implementation of assessments and treatment for ACEs is necessary in SUD treatment programmes given their high prevalence and strong impact on this specific population.

Keywords

substance use disorder; adverse childhood experiences; prevalence; differential profile; sex

PO2 Acculturative Stress and Markers of Wellbeing: A scoping review and meta-analysis.

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Abstract

Introduction: In the current, unstable global context, emerging research in the area of Acculturation and Acculturative Stress (AS) reveals the individual and group psychological toll of conflict-driven migratory outflows. With the renewed scientific interest for this multifaceted, worldwide phenomenon, the overall effect magnitude of Acculturative Stress on key psychological problems has not yet been explored and consolidated in a unitary study. To our current knowledge, the present meta-analysis is the first study aiming to explore the relationship between AS and key markers of wellbeing in immigrant populations, including refugee and displaced groups.

Methods: For the three synthesised outcomes – Acculturative Stress correlations with Depression (1), Anxiety (2) and Loneliness (3), 15.410 records have been identified through database (PubMed, PsychInfo, Scopus, Proquest, Web of Science, Science Direct, Springer) and manual searches. After screening, from 372 eligible studies, 79 studies have been included for outcomes 1 and 3, while the analysis for outcome 2 is currently ongoing. Pooled Fisher's Z-trans-

formed correlation coefficients have been calculated for each outcome, along with subgroup and meta-regression moderation analyses.

Results: For the completed outcomes 1 and 3, significant associations were found between AS, Depression and Loneliness. The analysis results were robust and no publication bias was found. Moderator analyses only showed statistically significant effects on the pooled estimate for AS Measures (also a main source of heterogeneity) and Study Location. Conclusion: In contrast with rising instability followed by economic and political population displacement movements, a notable scarcity of research concerning AS effects on vulnerable populations was found for studies conducted in Europe, particularly in the area of AS and Loneliness. However, globally, the studies synthesised for outcomes 1 and 3 (AS correlations with Depression and Loneliness) showed strong positive effect sizes. Given the Cognitive, Behavioural and Emotional underpinnings of Acculturation and Acculturative Stress, this study, along with further research, could address these gaps and contribute to an increased awareness, Acculturative Stress-specific psychotherapeutic interventions and more inclusive social policies.

Keywords

acculturation, acculturative stress, anxiety, depression, social isolation, loneliness, discrimination, immigration, refugee, social inclusion, migration

PO3: What shapes the relationship between mindfulness and wellbeing: the effect of gender and experience with psychotherapy

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Abstract

Defined as the conscious direction of attention to the present moment without judgment, mindfulness has garnered considerable attention for its association with reduced stress, anxiety, and depression, thereby enhancing overall well-being (Kabat-Zinn, 2003; Brown & Ryan, 2003). While research has consistently linked mindfulness to improved self-awareness, emotional regulation, and mental health (Brown & Ryan, 2003), further investigation is warranted to explore how individual factors such as gender and therapy experience may modulate this relationship (Baer, 2003; Davidson et al., 2003). This study engaged 331 students from three faculties in Serbia, with 31.1% studying psychology. Of the participants, 18% were male, with a mean age of 23.9 years. Employing a questionnaire, the study assessed sociodemographic variables including gender, age, and experience with psychotherapy. Mindfulness as a trait-like tendency was evaluated using the Five Facet Mindfulness Questionnaire (FFMQ; Baer, 2006), while life satisfaction was measured using the Satisfaction with Life Scale (SWLS; Diener, 1985). The SWLS gauges overall life satisfaction through five items measuring global cognitive judgments of one's life satisfaction. The FFMQ, on the other hand, measures mindfulness across five facets: Observing ($\alpha = .74$), Describing ($\alpha = .87$), Acting with Awareness ($\alpha = .88$), Non-judging of Inner Experience ($\alpha = .85$), and Non-reactivity to Inner Experience ($\alpha = .79$). Correlational analyses revealed gender differences in the relationship between mindfulness facets and well-being. Among men, only Acting with Awareness showed a positive correlation with well-being ($r = .293$), while among women, all facets except Observing were positively correlated with well-being ($r_{\text{describing}} = .223$, $r_{\text{acting}} = .242$, $r_{\text{non-judging}} = .226$, and $r_{\text{non-reactivity}} = .250$). These findings underscore the nuanced interplay between mindfulness facets and gender in shaping well-being outcomes, emphasizing the need for gender-sensitive mindfulness interventions. Furthermore, participants who had never attended therapy demonstrated a positive correlation between well-being and all mindfulness facets. Conversely, among those who had attended therapy ($N=83$), a stronger positive correlation was observed only between well-being and Non-reactivity to Thoughts ($r = .328$). This suggests that therapy enhances the ability to non-react to thoughts, thereby increasing life satisfaction levels. While these findings highlight the potential benefits of therapy in cultivating specific aspects of mindfulness and enhancing overall well-being, caution is warranted due to the limited sample size, especially in the case of men and those who attended therapy. Future research with larger and more di-

verse samples is needed to corroborate and extend these findings. Additionally, longitudinal studies could elucidate the causal pathways underlying the relationship between mindfulness, therapy experience, and well-being, further advancing our understanding and informing targeted interventions in clinical and counseling settings.

Keywords

mindfulness, gender, therapy experience, well-being

PO5 A case-control study for assessing anxiety, depression, resilience and Early Maladaptive Schemas in patients with locally advanced and metastatic lung cancer undergoing immunotherapy.

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Abstract

Background: Enhancing our understanding of cognitive factors, such as Early Maladaptive Schemas (EMS), in lung cancer patients and exploring their relationships with anxiety, depression, and resilience could significantly improve the quality of health services provided.

Aim: The aim of this study was to assess anxiety, depression, resilience and EMS in lung cancer patients undergoing immunotherapy and compare them with individuals without cancer.

Methods: This case-control study was conducted in the Outpatient Department at Attikon University Hospital, Athens, Greece, from April 2022 to May 2023. A convenience sample consisting of 50 lung cancer patients and 50 controls was used. Data collection included the Hospital Anxiety and Depression Scale (HADS-A and HADS-D), Connor-Davidson Resilience Scale (CD-RISC2), Young Schema Questionnaire-Short Form 3 (YSQ-S3), as well as demographic and clinical information.

Results: The prevalence of anxiety and depression among lung cancer patients was 28% and 30%, respectively, compared to 14% and 6% in the non-cancer sample, with a cutoff score of 8 on the HADS-A and HADS-D subscales. While there was no statistically significant difference in anxiety prevalence between the two groups ($p=0.087$), there was a significant difference in depression prevalence ($p=0.002$). Resilience levels showed no significant differences between the groups ($p=0.449$). Four EMS differentiated the groups: Emotional Deprivation, Vulnerability to Harm or Illness, Enmeshment/Undeveloped Self, and Negativity/Pessimism. These schemas were used as dependent variables in four stepwise multiple linear regression analysis models to determine if group (patient or control) was a significant explanatory variable; the analyses indicated no differences between the patient and non-patient groups. Within the patient group, women exhibited higher levels of Failure ($p=0.001$), Vulnerability to Harm or Illness ($p=0.006$), and Enmeshment/Undeveloped Self ($p=0.021$). Employed patients showed elevated levels of Approval-Seeking/Recognition-Seeking compared to those who were unemployed ($p=0.039$). Patients with a psychiatric history demonstrated significantly higher levels of Failure ($p=0.004$), Dependence/Incompetence ($p<0.001$), Vulnerability to Harm or Illness

($p=0.023$), Enmeshment/Undeveloped Self ($p=0.012$), Subjugation ($p=0.004$), and Insufficient Self-Control/Self-Discipline ($p=0.022$). Patients receiving psychiatric medication exhibited higher levels of Dependence/Incompetence ($p=0.001$) and Subjugation ($p<0.001$). Smokers reported higher levels of anxiety ($p=0.026$) and depression ($p=0.012$), as well as increased levels of Emotional Deprivation ($p=0.036$), Abandonment/Instability ($p=0.030$), Mistrust/Abuse ($p=0.006$), Defectiveness/Shame ($p=0.016$), Self-Sacrifice ($p=0.033$), Insufficient Self-Control/Self-Discipline ($p=0.009$), and Negativity/Pessimism ($p=0.004$). Most of the EMS were positively correlated with anxiety and depression and negatively correlated with resilience.

Conclusions: Lung cancer patients had a significantly higher prevalence of depression compared to the non-patient group. However, there were no significant differences in anxiety, resilience, or EMS between the two groups. Notably, smokers within the patient group displayed higher levels of EMS than non-smokers. These findings underscore the importance of psychological screening and interventions tailored to the specific needs of lung cancer patient

Keywords

lung cancer, anxiety, depression, resilience, early maladaptive schemas

PO6 Understanding the Interplay of Compassionate Care and Work Dynamics in Healthcare

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Abstract

Introduction: Patients, their families and clinicians recognize compassion as an important standard of health care and one of the key components of the experience of health care users. Despite the numerous advantages of compassionate healthcare and the commitment of healthcare professionals, it is still missing or almost completely absent in many healthcare systems.

Aims: This study aimed to verify the psychometric characteristics of the Compassion Scale and examine the contribution of patient-centered compassionate care (including kindness, indifference, mindfulness and humanity) to the generative commitment, work related locus of control, and the perception of psychological demands in nursing.

Methods: The study employed a cross-sectional design conducted in June 2023, involving 183 female nurses working at Clinical Hospital Centre Split. Questionnaires used included Spector's Work Locus of Control Scale, Psychological Job Demands and Job Control Scale, Generative Commitment Scale, and Compassion Scale.

Results: Factor analysis of the Compassion Scale confirmed four latent factors (kindness, indifference, mindfulness and humanity), together explaining approximately 50% of the variance in compassion. Generally, nurses evaluated their own sense of compassion, control over working demands, and work commitment with high scores, perceiving nursing as psychologically demanding profession and attributing their work success predominantly to internal factors. Regression analyses revealed significant correlations: Kindness positively correlated with internal locus of control at work ($\beta=0.20$, $p=0.009$), greater commitment to work ($\beta=0.43$, $p<0.001$), and perception of greater psychological demands at work ($\beta=0.15$, $p=0.049$). A more humane attitude towards patients was associated with giving less importance to external factors at work ($\beta=-0.16$, $p=0.043$), while focused awareness of patients' needs was associated to a greater sense of control over job demands ($\beta=0.16$, $p=0.032$).

Conclusion: The Compassion Scale was found to be suitable for use on Croatian population. Nurses assessed their patient-centered compassion levels, commitment to their vocation, and a sense of control over work demands with high scores. Professional success was attributed to their own commitments and abilities. Higher levels of kindness, humanity, and focused awareness positively affected nurses' perception of professional demands.

Keywords

compassion, perception of psychological demands and job control, generative commitment, locus of control, nursing

PO7 Predictors and outcomes of loneliness in first year engineering students

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Abstract

Loneliness is a state experienced when people perceive the discrepancy between the desired quality or quantity of interpersonal relationships and those that they currently have. Loneliness is positively related to mental health problems, such as depression and anxiety, and is especially widespread during adolescence and transition to college. Given the importance of loneliness for college adjustment, in this research we focused on the predictors and outcomes of loneliness in first year engineering students. According to Beck's cognitive theory (Beck, Rush, Shaw, & Emery, 1979), dysfunctional beliefs make individuals vulnerable to mental health issues. Dysfunctional beliefs are rigid and distorted thoughts that people hold about themselves, the world, and the future. Beck's cognitive model assumes that these beliefs shape an individual's attention, perception, and interpretation of situations. They, therefore, have a key role in forming and maintaining maladaptive behaviors. Given the importance of dysfunctional beliefs, in this research we focused on examining whether dysfunctional beliefs predict loneliness and whether they predict depression and distress via loneliness. In other words, the aim of our research was to explore mediation model in which dysfunctional beliefs were defined as predictors of loneliness, and depression and distress as outcomes of loneliness. The aim of the research was also to explore differences in loneliness depending on gender, whether students were raised in the place of study or moved to the place of study, and usage of social networks. Research participants were 429 first year engineering students. Data were collected using DAS-A, UCLA Loneliness Scale, DASS-21, Social Network Usage Scale, and sociodemographic questionnaires. We firstly conducted confirmatory factor analysis and obtained two factors (Perfectionism and Dependency) from DAS-A, one factor from UCLA Loneliness Scale, two factors from DASS-21 (Depression and Distress), and two factors from Social Network Usage Scale (Compulsivity and Ignorance of obligations). Research results suggest that loneliness mediated between dysfunctional beliefs (i.e., Perfectionism subscale) and outcomes. Higher perfectionism predicted higher loneliness which further predicted higher depression and distress. The analysis revealed no gender differences in loneliness. Students who were raised in the place of study have lower loneliness compared to students who moved to the place of study. Additionally, students who were more inclined to use social networks reported higher loneliness. Our results show that loneliness has a significant role in students' depression and distress. In accordance with Beck's cognitive theory, this research supports the hypothesis that dysfunctional beliefs act as an important predictor of mental health problems. In line with research results, it seems that students who move to the place of study, as well as students who use social networks more frequently are an especially vulnerable population regarding loneliness. Results of the conducted research could be helpful for mental health professionals working with students, signifying the need for considering students' dysfunctional beliefs and providing more attention to students who were not raised in their place of study.

Keywords

loneliness; dysfunctional beliefs; depression; distress; engineering students

PO8 Evaluating CBT in correctional settings - sex offender treatment

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Abstract

The primary aim of offender treatment is to reduce reoffending. Evaluating offender treatment is particularly challenging; randomised control trials are rarely used due to legal and ethical concerns and both self-report measures with prisoners and reoffender rate data have considerable limitations. However, evaluating and improving sex offender treatment is important for public safety and social reintegration of offenders.

Most offender treatments are CBT based, including PRIKIP – 6 months group program for sex offenders in Croatia.

Data presented here, self-report data, are part of a larger evaluation project funded by the Ministry of justice and public administration of Croatia. The aim of the project was to evaluate the PRIKIP program and its implementation, as well as to suggest improvements in the existing evaluation procedure.

Data was available for a total of 155 male prisoners who participated in the PRIKIP program between 2013. and 2017. Participants were sentenced to 1.5 to 14.5 years in prison for sex crimes and were serving their sentence in 4 different prisons in Croatia. They filled a series of questionnaires prior and after participating in the program.

The results showed an improvement in several measures following the program, such as having higher motivation for change, being more critical towards the committed felony, and having a more positive attitudes toward victims of sex crimes. However, the main conclusion of this part of the evaluation project was that the evaluation design needs to be improved and data gathering procedure systematised. This project presents a first step in this direction. Improving the quality of PRIKIP evaluation will allow for more valid conclusions about this treatment to be made.

Keywords

CBT in correctional settings; sex offender treatment; forensic CBT; treatment evaluation

PO9 Does Emotion Regulation Group Therapy for Adolescents (ERGT-A) work in routine outpatient care ?

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Abstract

While deliberate self-harm (DSH) is prevalent and increasing among adolescents, evidence-based treatments suitable for routine outpatient care are scarce. Emotion Regulation Group Therapy (ERGT) has proven effective in adults, and its online adaptation for adolescents shows promise. Adjusted for adolescents, a 12-week Emotion Regulation Group Therapy for Adolescents (ERGT- A) with special care to prevent social contagion, may offer benefits beyond reducing DSH.

This study aimed to study the feasibility, acceptance and preliminary effects of ERGT- A as an adjunctive treatment for adolescents with DSH in routine outpatient care. Particular focus was placed on patient safety, reducing the risk of potential negative effects and gaining insights into data collection procedures, outcome measures, and preliminary efficacy, in preparation for a potential randomized control trial.

The study was approved by Swedish Ethical Review Authority and 13 participants, and 13 caregivers has thus far been included. A treatment manual has been adapted including: 1) shortening the treatment, 2) simplifying the language, 3) providing age-appropriate examples and 4) developing a parallel parent program (5 sessions) that mirrors the adolescents' sessions. ERGT-A is a skills-based treatment and teaches topics such as the increasing awareness of the function of DSH, functionality of emotions, negative consequences of controlling emotions, non-avoidant emotion regulation strategies, and impulse-control strategies. Besides following the content of ERGT-A the parent manual addressed specific parental topics such as: reducing self-harm contagion, validation and self-validation, assertive communication and self-care.

Feasibility was assessed through eligibility rates, number and proportion of consenting participants attending at least six of 12 sessions, data completeness and participant retention with the drop-out rate indicating ERGT-A tolerance. Attendance in over half of the ERGT-A sessions indicated feasibility. Potential negative effects were monitored through patients' weekly DSH records and safety analysis included calculating frequencies and rates of adverse events, including increases in DSH. The preliminary effect of ERGT-A was assessed through self-report measures on self-harm frequency, impulsive, destructive behaviors, emotion regulation and clinician rated functional impairment, administered pre- and post-treatment.

Recruitment proved straightforward, and participants were divided into two age cohorts: 13-14 and 15-17. A total of 13 adolescents and their parents completed all sessions in two routine outpatient Child & Adolescents Psychiatry Services with attendance rates 90 % for children, 82 % for parents. Few adverse effects were reported. Preliminary results regarding DSH frequency were promising. The study demonstrated successful recruitment and retention, acceptable and feasible study procedures, acceptable intervention, with minor adaptations, indicating potential to help adolescents with DSH. In depth interviews with the participants, exploring their experiences of the treatment, are ongoing and a randomized controlled trial is in its planning stage.

Keywords

non-suicidal self-injury, deliberate self-harm, group therapy, adolescents, parent program

PO10 The effect of inhibition on the spread of uncertainty and checking in certain situations

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Abstract

Difficulty tolerating uncertainty is a central deficit across psychopathologies, and a common response to it is checking. Inducing inhibition improves resolution of uncertainty. However, it is unclear whether inducing inhibition improves decision-making under conditions of uncertainty or whether it reduces checking behavior, which is a common response to uncertainty. In this study we evaluated how inducing inhibition affects resolving uncertainty with and without checking.

Healthy adults (N=34) completed three experiments combining an inhibition-induction task with a novel visual-matching task, which dissociated resolving uncertainty from checking. In Experiment 1, the visual-matching task included only "certainty" trials with unlimited checking. In Experiment 2, the task featured "certainty" and "uncertainty" trials, without checking. In Experiment 3, the task featured "certainty" trials, without checking.

Our results showed that inhibition decreases checking even in certain situations and influenced decision-making in a unique way. The results demonstrated that people tend to overestimate likelihood of uncertainty and wrongfully identify uncertainty. Inducing inhibition attenuates this tendency and improves the number of correct rejections of possible uncertainty. Given this pattern of results, we suggest that inducing inhibitory control improves the ability to tolerate uncertainty when checking is improbable. The cognitive and clinical implications of our findings will be discussed.

Keywords

Uncertainty; Intolerance of uncertainty; Stroop; Inhibition; Executive functions; Checking.

PO11 Superior Treatment Outcomes for Socially Anxious Patients with Comorbid Depression by Integrating Cognitive Behavioral Therapy and Psychodrama

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Abstract

Although cognitive behavioral group therapy (CBGT) is effective for social anxiety disorder (SAD), there are mixed results on whether comorbid depression influences the effectiveness of CBGT for SAD. Experiential therapy such as psychodrama (PD) provides emotional processing opportunities during anxiety-provoking reenactments. Integration of CBGT and PD (labeled CBPT) might optimize outcomes for SAD patients with comorbid depression. We assessed whether comorbid depression moderated treatment effects on social anxiety, both post-treatment and at six-month follow-up. Patients with SAD (N=108) were randomly assigned to CBGT (n=36), PD (n=36), or CBPT (n=36). Depression was assessed with the Beck Depression Inventory II (BDI-II) and diagnosed using the structured clinical interview for DSM-IV (SCID-I). Moderation analysis showed there was an interaction between the level of depression and treatment condition. Simple regressions showed that SAD patients with depression benefited more from CBPT than from PD or CBGT in reducing social anxiety. Depression was related to better outcomes in decreasing fear of negative evaluation for CBPT compared to PD, and this effect was sustained at follow-up. Additionally, higher BDI-II scores were associated with increased dropout rates in PD compared to CBPT. Overall, the findings suggest that CBPT provides greater benefits for treating SAD patients with comorbid depression.

Keywords

integrative therapies, cognitive behavioral therapy, psychodrama, comorbid depression

PO12 Understanding Negative Interpretation Biases in Loneliness: Exploring Associations with Depression and Social Anxiety

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Abstract

Introduction: In 2022, the prevalence of individuals who reported feeling lonely most or all of the time was 13%, highlighting loneliness as a major problem. Cognitive theories of loneliness propose that individuals who feel lonely tend to negatively interpret ambiguity in social situations. This negative interpretation of social situations can reinforce social withdrawal and contribute to the severity and persistence of loneliness. However, loneliness often co-occurs with mental health conditions such as depression and social anxiety, that are also marked by negative interpretation biases. Considering this overlap, it remains unclear whether negative interpretation biases of social situations in loneliness are explained by these co-occurring conditions rather than uniquely related to loneliness. This study examined whether loneliness is associated with negative interpretation of ambiguous social situations, and if this relationship remains after controlling for the effects of social anxiety and depression.

Method: Two hundred university students were recruited. Participants completed a survey that included the UCLA Loneliness Scale (UCLA), the Social Interaction Anxiety Scale (SIAS), the Center for Epidemiologic Studies Depression Scale (CES-D), and a questionnaire that assessed the likelihood of negative interpretations in social situations. The study is approved by the ethics board of the Faculty of Social and Behavioural Sciences of the University of Amsterdam.

Results: The data collection has been finished in May 2024. Preliminary hierarchical regression analyses demonstrated that, without controlling for social anxiety and depression, loneliness was a significant predictor ($\beta = -.41, p < .001$) and explained a significant proportion of the variance (16%) in negative interpretation biases in social situations. However, when social anxiety and depression were taken into account, this effect did not remain. The combination of loneliness, depression, and social anxiety explained a significant proportion of the variance (29%) in negative interpretation biases in social situations, with social anxiety being the only significant predictor ($\beta = -.42, p < .001$). The final results will be presented at the conference.

Discussion and conclusion: To our knowledge, this is the first study to examine negative interpretation biases focusing on ambiguous social situations in loneliness. A better understanding of interpretation biases in loneliness can inform the development of interventions, such as cognitive behavioral therapy or cognitive bias modification techniques. This is necessary because existing loneliness interventions are only moderately effective, with elevated levels of loneliness remaining post-intervention. Our preliminary results indicated that the negative interpretation biases related to loneliness might be better explained by social anxiety. Considering this overlap, further research is necessary to examine whether loneliness is best treated with existing interventions for social anxiety.

Keywords

Loneliness, Social Anxiety, Depression, Interpretation bias

PO13 Working with thoughts, what do we know about them?

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Abstract

Why does psychotherapeutic work lead to rapid and lasting changes in some cases, but not in others? Within the framework of CBT and the schema therapy approach, we appeal to the person's thoughts. Therefore, one of the factors on which the persistence of symptoms may depend is cognitive characteristics, including executive functions (Olley,

2007; Manarte, 2021; Schmid & Hammar, 2021). A promising scientific paradigm that allows us to better understand this relationship is to conduct studies on a group of individuals who are at high and very high risk of developing neuropsychiatric diseases. This group consists, for example, of people who have a premutation of the FMR1 gene. Studies have shown that up to 70% of individuals with an FMR1 premutation have an anxiety disorder, 40% have depression, 18-27% OCD (Wadell, 2013, Hagerman, 2018), 14-45% ADHD.

The study involved 15 women with a premutation of the FMR1 gene and 30 women without the genetic abnormality. The cognitive assessment included a battery of tests measuring executive functions (working memory, flexibility and inhibitory control). The results reveal a decrease in the flexibility of thought processes and a general increase in reaction time in the experimental group compared to the control. In the report, we will consider the characteristics of the clinical group and the pathogenetic mechanisms of the development of neuropsychiatric diseases, address the issues of comorbidity of disorders, and discuss the possible role of the cognitive component in the dynamics of symptoms.

Keywords

executive functions, neuropsychiatric disorders

PO14 Online CBT Therapy for Agoraphobia: A Case Study

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Abstract

Introduction: CBT is recognised as the gold standard in the treatment of panic disorder and agoraphobia (Tolin, 2010). Studies have shown that online CBT targeting panic disorder or panic symptoms is used and effective in treatment (Furukawa et.al., 2006). As a result of systematic reviews, it was concluded that there are few studies on online CBT for panic disorder and agoraphobia (Berryhill et.al., 2019). Although there are studies on the effects of intensive CBT programmes, more studies and case results are needed for online therapy where the normal protocol is given without intensification. In this study, it was aimed to contribute to the literature on the effect of a non-intensive, standard CBT protocol on agoraphobia online.

CASE: A 33-year-old male client with a diagnosis of agoraphobia and panic attacks according to the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Classification of Diseases (ICD) criteria received 8 sessions of CBT via Zoom. The presence and severity of panic disorder and agoraphobia symptoms were assessed using self-report scales and clinician-rated scales. To test efficacy, self-report scales were given at the beginning and end of the therapy process. Panic and Agoraphobia Scale (PAS), Agoraphobic Cognitions Questionnaire (ACQ) were used. CBT provided via video call over the Internet was conducted remotely online without any face-to-face contact with the therapist during the intervention. In addition, a follow-up interview was planned 3 months after the therapy to investigate the effect of the treatment. The client's panic symptoms, agoraphobia symptoms and avoidance disappeared as a result of online therapy. The client did not meet the diagnostic criteria. The results are shown with before and after scales. The client's PAS score was 0 after 8 interviews. ACQ responses; he rarely answered 4 questions and never answered the others. These thoughts were asked to the client at the beginning and at the end of the therapy process; the question 'How much do you believe each of these thoughts when you experience panic symptoms?' was answered 95% at the beginning and 0% at the end of the therapy. In the follow-up interview 3 months later, the client stated that she did not experience any difficulty, she did not experience avoidance, and although she had these thoughts, her belief in them was 0%.

Discussion: In recent years, many studies have shown that the application of CBT in an intensive time period (2-10 days) in the treatment of panic disorder and/or agoraphobia can provide significant reductions in symptoms (Stech et.al., 2020). This study with a non-intensive program reveals that CBT can also help in this way. The effect of exposure-based online CBT remains unclear (Stech et.al., 2020). This study supports that exposure studies can also be effective for online CBT.

Conclusions: This study demonstrates that normal protocol CBT with online videoconferencing can be effective in the treatment of agoraphobia. Difficulty in establishing and maintaining the therapeutic alliance and exposures targeted in face-to-face therapy should not be a concern.

Keywords

agoraphobia, online therapy, cognitive behavioral therapy

PO15 Mapping digital interventions for coping with different stressors: A scoping review

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Abstract

Background: Stress, from different sources, can negatively affect mental health. Digital interventions to cope with stress seem effective in protecting mental health. However, the characteristics of digital psychological interventions for different stressful events are presented unclearly.

Objective: This scoping review aimed to map the literature about digital psychological interventions to cope with different stressful events in the general population. The primary aim of this scoping review was to catalogue the components of psychological interventions so that they might inform the development of a digital intervention to cope with different stressful events. The secondary aims were to identify models, theories, or principles that have been used to conceptualise and integrate into the interventions, as well as potential barriers and facilitators that have been reported about the success of the intervention.

Inclusion criteria: This scoping review considered studies of digital psychological interventions to cope with stress, that identify the source of stress and are intended for individuals from the general population. In all settings through digital technologies.

Methods: This review was conducted following the JBI methodology for scoping reviews. The APA PsycINFO, MEDLINE, Scopus, and Web of Science databases were searched for published articles. Literature published in English, Portuguese, and Spanish was considered for inclusion. Independent reviewers screened the articles for relevance against the inclusion criteria.

Results: Of the 5867 articles identified for this review, 131 were included. Twelve themes of components that have been included within a psychological intervention were derived through thematic analysis of the scoped literature. The themes were meaning and values, identification and awareness, social connection, relaxation, skills development, empowering and compassionate verbalization, information and psychoeducation, behaviour change, intervention monitoring and review, acceptance and defusion, thoughts change and emotional management. The most frequently reported models, theories, or principles that were utilised to conceptualise and integrate into the interventions were the Cognitive Behavioural Therapy (CBT) approach ($n = 39$, 29.8%), followed by mindfulness approaches ($n = 29$, 22.1%), a mix between CBT and mindfulness approaches ($n = 11$, 8.4%) and Acceptance and Commitment Therapy ($n = 9$, 6.9%). Regarding barriers and facilitators, 50 articles referred to that and it reflects individual factors, distribution options, practical issues, support, design, content, and other factors.

Conclusions: The scoping review methodology does not attempt to assess the quality of evidence. Further research is required to determine the relative importance of these different components, barriers, and facilitators of psychological intervention from the perspective of the target user.

Keywords

stress; stressors; digital intervention; scoping review; cognitive behavioural therapy

PO16 Early Detection of Gambling Disorder Risk Factors Among European Adolescents: A Machine Learning Approach with a Gender and Cross-Cultural Perspective

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Abstract

Background: The increasing prevalence of gambling disorders (GD) among adolescents represents a significant public health concern.

Aims: This study aims to harness advanced machine learning (ML) techniques to identify predictive patterns of GD risk factors in a large and diverse sample of European adolescents. Utilizing the dataset from The European School Survey Project on Alcohol and Other Drugs (ESPAD), encompassing a large sample of adolescents from 35 European countries, we explored potential gender-related differences and cross-country variations in GD risk factors.

Methods: Our methodology integrated mixed techniques, including statistical analysis and ML, focusing on cluster analysis to identify distinct groups of adolescents sharing similar behavioral patterns and risk factors. Gender differences and country-specific variations were also examined to tailor early detection strategies more effectively.

Results: The study revealed distinct predictive patterns of risk factors associated with GD, highlighting significant gender differences and cross-country variations. Our findings suggest tailored interventions could be more effective in addressing the specific needs of at-risk groups.

Conclusions: By identifying specific risk profiles among European adolescents, this research contributes to the development of more targeted early intervention. This study emphasizes the need for gender-sensitive approaches and acknowledges the importance of cultural differences in shaping gambling behaviors.

Recommendations for Cognitive Behavioral Therapy (CBT): Given the identified risk patterns, CBT interventions should incorporate strategies that address the unique psychological and social dynamics associated with GD risk factors. Tailoring CBT approaches to consider gender-specific needs and cultural contexts can enhance their effectiveness in preventing GD among adolescents.

Keywords

gambling disorder; CBT; adolescents; risk factors

PO17 Parental Involvement in an Early Intervention for Anxiety-Prone Toddlers and Preschoolers

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Abstract

The high prevalence, negative outcomes, and ongoing nature of anxiety problems underscore the need for early and effective interventions. Already during toddler age, some children show signs of excessive anxiety. One of these signs is behavioral inhibition, in which a child exhibits withdrawn and shy behavior in unfamiliar or challenging situations and with unfamiliar people (e.g., Clauss & Blackford, 2012; Paulus, Backes, Sander, Weber, & von Gontard, 2014). Research has shown that behavioral inhibition can be reliably observed at an early age (e.g., Vreeke et al., 2012). Therefore, this temperament may play a crucial role in identifying children at increased risk of anxiety problems, who may benefit from early intervention. This intervention should focus in particular on the way parents deal with their anxious children. Parents of anxious children often exhibit anxious behavior themselves and can model this behavior for their

children (e.g., Bögels & Brechman-Toussaint, 2006). In addition, these parents tend to be overprotective of their anxious children, which can interfere with the development of autonomy (Ginsburg et al., 2017). The lack of exposure to challenging situations and thus the lack of learning opportunities for successful coping skills ultimately lead to increased anxiety (Beato, Pereira, Barros, & Muris, 2015).

Rapee and colleagues (2005; 2010) developed an early intervention program for anxious preschoolers. This program, called Cool Little Kids (CLK), is short-term and focuses on the anxious and over-controlling parenting behaviors of parents and on reducing anxious behaviors in the children. The program focuses on groups of about six parent couples and uses Cognitive Behavioral Therapy elements. Parents were psychoeducated about the nature of behavioral inhibition and anxiety and taught techniques to reduce these behaviors in their children. The studies of the CLK program in anxious Australian preschoolers have yielded positive results (Kennedy et al., 2009; Rapee et al., 2005; Rapee, Kennedy, et al., 2010). In this study, the effectiveness of the Cool Little Kids program was investigated in a first sample in the Netherlands. In a randomized controlled trial (RCT), parents of anxiety-sensitive children were randomly assigned to either the CLK intervention condition or the control condition.

The results of this study show that early intervention through parental training can reduce anxiety problems in young children and prevent further development of anxiety problems. Further implementation of this intervention program in the Netherlands seems promising.

Keywords

Childhood anxiety disorders; early intervention; disorder-specific intervention; blended therapy; parental involvement; exposure; cognitive-behavioral therapy

PO18 Improving Psychological Well-being: Introducing Rational Emotional Behavioral Therapy in Romanian High Schools

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Abstract

The current study focuses on implementing a group intervention based on Rational Emotional Behavioral Therapy in two high schools in Romania. Rational Emotive Behavior Therapy (REBT) was pioneered by psychologist Albert Ellis in the 1950s as a form of cognitive behavioral therapy. The primary objective of REBT therapy is to assist individuals in comprehending and effectively handling irrational thoughts and negative emotions that could be contributing to their psychological distress. REBT therapy is commonly used to address various psychological issues, including anxiety, depression, stress, anger, substance addiction, and more. This project focuses on 10th grade students from the National College "Traian Lalescu" Reșita Romania and the Theoretical High School "Traian Vuia" Reșita, Romania. The study aims to improve academic students' mental health and reduce stress using Rational-Emotive and Behavioral Therapy-based personal development programs. The research involved 90 tenth-graders from two western Romanian high schools. The intervention, led by an educational management masters-degree psychologist, who substituted psychology classes in the treatment groups, while control groups attended regular psychology lectures. The intervention in this study is conducted through four group sessions, each lasting 50 minutes. The first session introduces the program, focusing on the foundations of REBT and improving self-esteem. The second session delves into the ABCs of emotion, focusing on the difference between rational and irrational thinking. The third session focuses on anxiety, academic expectations, and coping strategies in anxious situations. The fourth and final session focuses on empowering change by mastering problem-solving and challenging irrational beliefs. This final session focuses on exposure to in vivo home tasks and practicing using REBT concepts. The goal is to help students understand and manage illogical thoughts and emotions that may be causing psychological suffering.

The study included a control group consisting of 10th grade students who were enrolled in psychology classes as part of their school curriculum. The experimental group, on the other hand, comprised students who were scheduled to take part in four group sessions that focused on the principles of Rational Emotional Behavioral Therapy.

Keywords

Rational Emotional Behavioral Therapy, REBT, students, intervention, control group

PO19 What do healthcare professionals need from CBT? Investigating LGBTQ affirmative attitudes and needs for better practice among Hungarian healthcare workers

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Abstract

Background: Attitudes related to LGBTQ (lesbian, gay, bisexual, transgender, queer) people were examined in several areas in Hungary, however, a comprehensive examination of health professionals' attitudes towards LGBTQ people has not yet been carried out. LGBTQ people often do not seek health care and do not identify as LGBTQ people because of fear of judgment, stereotyping, and discrimination by health professionals. All of this is a particularly worrying phenomenon, because various mental difficulties, risky behaviours, and certain types of somatic and psychosomatic diseases may appear in a higher proportion among them.

Methods: In a cross-sectional online survey, we asked healthcare professionals (medical doctors, nurses, other graduate healthcare professionals and medical university students) to fill out our questionnaire (N=377). The participants completed the Modern Homonegativity Scale and the Lesbian, Gay, Bisexual and Transgender Clinical Skills Development Scale.

Results: The majority of Hungarian healthcare professionals have LGB patients, but not transgender patients. When healthcare workers have LGBT patients, they have more positive attitudes toward LGBT people. Comparing the three groups of healthcare workers (medical doctors, psychologists, other healthcare professionals), Hungarian psychologists have the lower negative attitudes and higher affirmative skills towards LGBT people.

Conclusions: There is an urgent need to provide the appropriate affirmative knowledge material (such as AFFIRM CBT or LGBTQ Affirmative CBT) to Hungarian healthcare workers.

Keywords

LGBTQ affirmative practice, Hungarian healthcare workers, affirmative CBT

PO20 Overthinking, mind-wandering and maladaptive daydreaming: investigating similarities and differences into two case studies

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Abstract

Maladaptive daydreaming is associated with excessive fantasy that is not recognized by any major medical or psychological criteria, but it is considered as a dysfunctional coping strategy observed in several mental disorders (e.g., dissociative disorder, ADHD, Obsessive-Compulsive Spectrum Disorder, behavioral addiction, major depression and anxiety disorder) (Somer et al., 2016; Somer, 2018). We investigate two patients presenting excessive daydreaming (i.e., maladaptive daydreaming), which has caused them distress, and probably favored the risk of chronicity of their clinical psychiatric disorders (i.e., anxiety and depression). In order to control their maladaptive daydreaming, we have treated these patients by cognitive behavioral therapy (CBT), and we have investigated its efficacy by collecting patients' responses in the 16-item Maladaptive Daydreaming Scale (16-MDS; Somer et al., 2016), before and after the treatment. As data have shown, they have responded favorably to several CBT attention-focused and grounding techniques (e.g. mindfulness, body scan, five senses) (Wells, 1990, 2011; Fergus et al., 2014). We reviewed the available literature regarding similar phenomena such as overthinking and mind-wandering (e.g., Christoff et al., 2016; Matsu-moto & Mochizuki, 2018; Flaherty et al., 2022). However, the lack of extensive literature on the topic does not allow to clearly disentangle these phenomena which are cognitively similar and different at the same time.

Keywords

maladaptive daydreaming, cognitive models, grounding techniques

PO21 Trajectories of change in symptoms and interference among children and young people receiving psychotherapy for anxiety problems: a systematic review

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Abstract

Introduction:

Anxiety problems are among the most prevalent mental health difficulties in children and young people (Kessler et al., 2005) and, left untreated, can lead to adverse outcomes in adulthood. Effective interventions are available, with cognitive behavioural therapy (CBT) being the most widely used (James et al., 2020). However, there is heterogeneity in both response during treatment and treatment outcomes. One way of ensuring CBT and other psychotherapies are effective for as many children and young people as possible is to study trajectories of change during treatment. Identifying which particular groups of children and young people have a slower or poorer response during psychotherapy can allow treatments to be adapted and personalised to better meet the needs of these groups.

This systematic review aimed to investigate this area by answering the following research questions: 1) What trajectories of change in symptoms and interference are observed among children and young people receiving psychotherapy for anxiety problems? 2) What characteristics are associated with different classes of change trajectories?

Methods:

The review was prospectively registered on Prospero (CRD42024522248). Three electronic databases (PsycINFO, MEDLINE and Embase) were searched for peer-reviewed articles and grey literature using search terms relating to: 1) Children and young people; 2) Trajectory analysis; 3) Psychotherapy; 4) Anxiety. Hand searching was also conducted to identify any relevant articles missed by the database searches.

Studies were included in the review if: 1) The participants were children and young people aged up to 18 years (inclusive) receiving psychotherapy for problems with anxiety; 2) They used a longitudinal design that collects measures at three or more timepoints; 3) The measures collected at these timepoints are standardised measures assessing participants' anxiety levels (relating to symptoms or interference); 4) They used a trajectory analysis (for example, growth mixture modelling (GMM) or latent class growth analysis (LCGA)) with the aim of identifying more than one trajectory class.

Titles and abstracts were screened against the inclusion criteria. The full text was read for any identified studies. Studies included in the final sample had relevant data extracted and had their quality assessed using the GRoLTS-Checklist (Guidelines for Reporting on Latent Trajectory Studies; Van de Schoot et al., 2017).

Results:

Key information from the included studies will be presented, such as participant demographics, the type of psychotherapy received, analysis used, the different anxiety trajectories identified, and the characteristics that predict membership to different trajectories. The quality of the included studies will also be discussed.

Conclusions:

This is the first systematic review to explore trajectories of anxiety symptom and interference change among children and young people receiving psychotherapy for anxiety problems. Identifying the different trajectories experienced during psychotherapy is important for personalising treatment and improving outcomes.

Keywords

Anxiety; children and young people; psychotherapy

PO22 A review of cognitive behavioral therapy (CBT) interventions targeting problematic screen use in youths.

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Abstract

Background: The digital development of the past decades has resulted in remarkable changes in human behavior. Although the digitalization has brought important tools and many opportunities in an interconnected world, it is concerning that modern youths are spending a vast amount of their time on this passive, sedentary, and solitary activity and are missing out on social, vigorous, and creative experiences. A mounting body of research indicates an association between excessive screen time in youths and mental health problems. Despite the methodological challenges in this research field, and the challenges with the evolving technology as a “moving target”, research findings indicate that the impact of problematic screen use on youth mental health is substantial and suggests a need for intervention in cases where problematic screen use affect youth mental health. Thus, we aimed to identify randomized controlled trials (RCT) and other trials that evaluated cognitive behavioral therapeutic (CBT) programs targeting problematic screen use in youths with the purpose of reducing anxiety, depression, behavioral and addictive problems in youths. **Methods:** We performed a systematic literature search in Embase, Medline, PsychInfo and Cochrane Central using all known terms that indicated problematic screen use including e.g. “internet addiction”, “problematic use of social media” and “gaming disorder”. We included RCTs and non-RCTs testing a CBT intervention. Outcomes of interest were change in screen time, addiction severity, and symptoms of depression, anxiety, and conduct problems.

Results: Thirteen studies (5 RCTs and 8 non-RCTs) totaling 1137 participants (age range 9-24 years) were identified. The studies were published from 2010 to 2023. The intervention programs targeted solely Gaming Disorder (GD) (2 RCTs and 5 non-RCTs), or “social media addiction”, “internet use disorder”, “problematic gaming”, “internet addiction” or “excessive smartphone use” (2 RCTs and 2 non-RCTs), or a combination of these problems and disorders (1 RCT and 1 non-RCT) in school-based or clinical samples of youths. The interventions were based on cognitive-behavioral therapy methods and were delivered at schools or in a clinical context, group-based or individually with the youth and/or the parents. Durations of the intervention programs ranged from 4 weeks to 6 months. Preliminary results of the efficacy (between-groups differences in change of problematic screen use) and an evaluation of the quality of the 5 RCT studies will be presented on the congress.

Perspectives: The intervention manuals will be collected and potential promising common treatment elements will be identified and integrated into the Danish Mind My Mind program[1], which is an evidence-based, transdiagnostic, cognitive behavioral program for youths with emotional and behavioral problems.

References

[1] P. Jeppesen et al., ‘Effectiveness of Transdiagnostic Cognitive-Behavioral Psychotherapy Compared With Management as Usual for Youth With Common Mental Health Problems: A Randomized Clinical Trial’, *JAMA Psychiatry*, vol. 78, no. 3, Art. no. 3, Mar. 2021, doi: 10.1001/jamapsychiatry.2020.4045.

Keywords

Problematic screen use + emotional and behavioral problems + Transdiagnostic CBT

PO23 Mental health literacy in Serbian adult population

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Abstract

Background: The alarming results of cross-national analysis from 29 countries, published last year in *Lancet Psychiatry*, stated that one of two people worldwide is at risk of facing with mental health disturbances during their lifetime (McGrath et al., 2023). The fact that majority of the affected people never receive treatment, especially in low- and middle income countries, imposes great concern and call for public awareness about mental disorders. Hence, the first step might be to ascertain mental health literacy (MHL) which indicates knowledge about ability to recognize, manage, and prevent mental health issues and understanding the stigma associated with mental disorders (Jorm et al, 1997). Higher MHL indicates higher probability to seek professional help when needed.

Aim: This research is aimed for establishing MHL in Serbian general population and score prediction based on socio-demographic variables, resilience, coping strategies and help-seeking tendencies.

Methods: Overall, 209 participants of general population ($F = 50,2\%$, mean age 38.44 ± 10.57 , age range 19-68 y.) participated in survey conducted online. The exclusion criteria from study were participants who have a degree or are in the process of obtaining a degree in medicine and psychology. For measuring MHL, mental health literacy scale was administrated (MHLS, O'Connor & Casey, 2015). The scale comprised 35 items, which consisted of ability to recognize disorders, knowledge of where to seek information, knowledge of risk factors and causes, knowledge of self-treatment, knowledge of professional help available and attitudes that promote recognition or appropriate help-seeking behavior. Beside socio-demographic variables, as predictors were used short version of Connors-Davidson Resilience Scale (CD-RISC10; Campbell-Sills & Stein, 2007), Mental health seeking attitudes scale (MHSAS; Hammer et al, 2018) and Cognitive emotive regulation questionnaire – short version (CERQ-SF; Garnefski, Kraaij, & Spinhoven, 2001). Linear regression analysis was employed to analyze data.

Results: Mean score on MHLS was 96.72 ± 11.76 , ranging from 65-127. Internal consistency was satisfying - Cronbach's $\alpha .79$. The applied linear regression model was statistically significant ($F = 8.77$, $p = .000$). All predictors accounted for 26 % variance of MHLS score. Younger participants exhibits higher levels of mental health literacy ($\beta = -.18$, $p = .02$). There are no gender, educational or relationship status differences explaining variance of MHLS. Those who have more positive attitude toward help seeking when dealing with mental health problems have greater MHL ($\beta = .16$, $p = .02$). Superordinate factors from CERQ-SF – adaptive strategies (acceptance, positive refocusing, refocusing on planning, positive reappraisal, putting into perspective) and less adaptive strategies (self- and other blame, rumination, catastrophizing) also significantly predict MHLS score, albeit both in positive fashion – $\beta = .25$, $p = .00$ and $\beta = .16$, $p = .01$, respectively.

Conclusion: According to the results, establishing mental health literacy is reasonable starting point in designing intervention in order to prevent and alleviate mental health disorders and to increase care-seeking behaviors in Serbian population. Due to cross-sectional design, biased online sampling, and small sample size, results could not be generalized, and further researches are warranted.

Keywords

regression, resilience, coping strategies

PO24 Development and validation of the Japanese version of the Auckland Individualism and Collectivism Scale: Relationship between individualism/collectivism and mental health

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Abstract

Background: The association between cultural factors and mental health has been reported through cross-cultural studies. Shulruf et al. (2007) developed the Auckland Individualism and Collectivism Scale (AICS) based on the components of individualism/collectivism identified by Oyserman et al. (2002). In this study, we developed the Japanese version of the AICS (J-AICS) and examined its reliability and validity. Previous studies have revealed the relationships between individualism/collectivism and mental health (Germani et al., 2021; Nezlek & Humphrey, 2023). Therefore, we also examined the association between each factor of the J-AICS (competence, unique, responsibility, advice, and harmony) and variables related to mental health in the Japanese population.

Methods: We recruited 476 Japanese participants (mean age = 45.59, SD = 13.55, 235 males, 241 females) from the general population. Participants completed a set of questionnaires consisting of the J-AICS, Horizontal and Vertical Individualism and Collectivism (HVIC), Multidimensional Social Scale of Perceived Social Support (MSPSS), Self-determination and Responsibility factor in psychological independence (SDR), Multifaceted Cooperativeness Scale (MCS), Patient Health Questionnaire-9 items (PHQ-9), Generalized Anxiety Disorder-7 items (GAD-7), Short form of the UCLA Loneliness Scale (ULS-3), and Satisfaction With Life Scale (SWLS). Other than the J-AICS, these questionnaires measure vertical or horizontal individualism/collectivism, social support, self-determination and responsibility, cooperativeness, depression, anxiety, loneliness, and satisfaction with life.

Results: Confirmatory factor analysis showed that the correlated five-factor model showed an acceptable fit to the data (CFI=0.912, TLI=0.901, RMSEA=0.073, and SRMR=0.086). The McDonald's ω coefficients were high for the competence ($\omega = .86$), unique ($\omega = .78$), and advice factors ($\omega = .84$) and low for the responsibility ($\omega = .63$) and harmony factors ($\omega = .64$). Pearson's correlation coefficients between each factor of the J-AICS and HVIC, MSPSS, SDR, and MCS were computed to examine the criterion-related validity of the J-AICS. Results revealed a high positive correlation between the competence factor and vertical individualism, as well as a moderately positive correlation between the unique factor and horizontal individualism. Furthermore, the responsibility factor exhibited weak to moderate positive correlations with the horizontal individualism and SDR, while the advice factor displayed weak to moderate positive correlations with the horizontal collectivism and MSPSS. Additionally, the harmony factor exhibited a moderate positive correlation with the MCS. To examine the relationship between cultural factors and mental health, multiple regression analysis was performed with each factor of the J-AICS as independent variable and the PHQ-9, GAD-7, ULS-3, and SWLS as dependent variable. The results showed that the responsibility factor was significantly and negatively associated with the PHQ-9, GAD-7, and ULS-3, but positively associated with the SWLS. In addition, the harmony factor was significantly and positively associated with the PHQ-9 and GAD-7, but negatively associated with the SWLS.

Conclusion: These findings demonstrate the J-AICS has sufficient validity; however, reliability was insufficient for responsibility and harmony. Furthermore, the results showed that the responsibility was positively associated with mental health and the harmony was negatively associated with mental health. Longitudinal studies are warranted in the future.

Keywords

individualism; collectivism; cross-cultural difference; mental health

PO25 Online cognitive behavioral therapy (CBT-PAC) for dealing with parenting stress with autism spectrum tendencies: One-year evaluation of a single arm study

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Abstract

Introduction: Parents who raise children with autism spectrum disorder (ASD), compared with those without ASD, experience more difficulties in raising children and have higher parenting stress, which leads to development of depressive symptoms. Cognitive-behavioral therapy (CBT) has been used in many countries to reduce parenting stress among parents of children with ASD. On the other hand, there are no CBT programs in Japan to target stress reduction or promotion of parenting resilience in parents raising children with ASD. In addition, although CBT has been reported to be effective for depression and anxiety disorders as well as for long-term effects, few studies have examined the long-term effects of CBT on parents of children with ASD. In our prior study, a significant increase in parenting resilience (PREQ total=+15.5 (SD=9.70); Cohen $d=1.38$, $P<.0001$) was observed in the post-test compared to the pre-test. In the present study, we investigate whether this significant result is maintained in the study participants following a further one year.

Method: This single-arm phase-2 trial study aims to examine the long-term effects of a video conference health guidance CBT program on the parenting resilience of twenty-six parents with suspected autism spectrum children aged 2 to under 7. Participants were assessed at pre-, 6-weeks-post-, and 10-weeks-post follow-up, with the addition of a 1-year post-assessment examined in this report. The CBT-PAC program (CBT for Parents to Support Accepting Children's Uniqueness) consists of a 6-week intervention (6 sessions of online health guidance based on CBT, 50 minutes per session) and one follow-up session. The primary outcome is the amount of change in the Parenting Resilience Element Questionnaire (PREQ) score from week 0 (baseline) to 1 year. Secondary outcomes include the Japanese version of Parenting Stress Index (PSI), the General Health Questionnaire (GHQ-28), State-Trait Anxiety Inventory-JYZ (STAI), and Eyberg Child Behavior Inventory (ECBI). For primary and secondary outcomes, paired t-test was used to compare the scores before and 1-year after the program.

Results: A significant increase in parenting resilience (PREQ total=+15.8 (SD=11.74); Cohen $d=1.50$, $P<.0001$) was observed in the 1-year post-assessment compared to the pre-test. In addition to the analysis results for the secondary outcomes, significant increases were seen in all subscales of the PREQ score (knowledge of the child's characteristics, perceived social supports, and positive perception of parenting). Moreover, PSI score, GHQ-28 score, STAI-state, STAI-trait score, and EBCL (problem) score were significantly decreased.

Conclusions: Compared to before the program began, parents after one year of program participation showed a significant increase in resilience scores and improvement on the mental health scale.

Discussion: The decrease in the number of children's problem behaviors was significant, a factor that could be attributed to the improvement in children's mental development over the one-year period and a decrease in behaviors that irritated their parents. One study limitation was that a single-arm study. In the future, we will establish a control group to test the effects of the intervention.

Keywords

Parent stress, Cognitive behavioral therapy, Child developmental, Resilience, Public health nurse

PO26 Mindfulness and Psychological Distress: Mediator Roles of Deviance from Negative Time Perspective and Delay of Gratification

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Abstract

Mindfulness is a therapeutic technique that helps individuals to pay attention to the present moment in a nonjudgmental manner and change their relationship with inner events like thoughts and feelings. Trait mindfulness (dispositional mindfulness) refers to an innate personality characteristic that allows the individuals to remain fully focused on the present moment without getting distracted easily. Individuals with more mindful attention awareness have been documented to report lower levels of psychological distress. The aim of the current study is to examine the relationship of mindful attention with anxiety and depression by focusing on the mediator roles of deviance from a negative time perspective and capacity for delay of gratification, which are both resilience characteristics. Deviance from a negative time perspective is a concept that was relatively recently introduced to the literature and it refers to the individual's capacity for inhibiting thoughts related to negative time frames such as the negative events that took place in the past and the sense of loss of control over what the future may bring. Delay of gratification, on the other hand, refers to the ability to postpone immediate gratification considering the favor of better long-term future consequences. Higher levels of both deviance from negative time perspective and capacity for postponing pleasurable activities and rewards were found to be associated with more pleasant mental health outcomes. We expect higher levels of mindful attention to be associated with a greater capacity to remain focused on positive aspects of life. We expect this tendency to enhance the individual's capacity for delaying gratification, which is a significant predictor of psychological distress. The participants were 279 (200 women) between ages 18 and 71 ($M=31.51$, $SD=12.61$). All participants filled out online questionnaires assessing the levels of mindful attention, time perspective, capacity for delay of gratification, anxiety, and depression. Two separate serial mediation analyses were conducted with depression and anxiety serving as the outcome variables, respectively. The results indicated that both deviance from a negative time perspective and delay of gratification capacity were significant mediators in the relationship of mindful attention with depression. However, the results for anxiety indicated a different pattern. Notably, neither deviance from a negative time perspective nor delay of gratification were able to mediate the relationship between mindful attention and anxiety. The findings will be discussed under the light of recent literature.

Keywords

Mindful attention awareness, time perspective, delay of gratification, anxiety, depression

PO27 Thought speed and its effect on mood

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Abstract

Introduction

Thoughts are a central target in clinical interventions. Clinical research traditionally focused on thoughts' content (e.g., Beck, 1979). In recent years, there is a growing body of research regarding a different aspect of thought and its psychological effects—thoughts' speed (Yang et al., 2018).

Previous research has manipulated thought speed through tasks involving reading statements at different speeds, finding that faster reading leads to higher positive affect in both non-clinical and depressed populations (Yang et al., 2014; Pronin & Wegner, 2006). While Pronin and Wegner (2006) attribute the mood boost to thought speed itself, an alternative explanation is that reading functioned as an activating intervention, akin to behavioral activation approaches (Kanter et al., 2010). These effects may be also moderated by situational and personal factors (Pronin & Jacobs, 2008). The current study aims to investigate the role of thought speed in influencing mood and specifically to test whether faster thinking

increases positive affect. We wish to do so through a more ecological, less energy-consuming manipulation of hearing self-recordings of statements rather than reading them aloud. We will also assess whether personal motor rhythm, the level of repetitive negative thinking (RNT), and a thought speed manipulation affect mood. By examining these factors, we hope to gain a more nuanced understanding of the mechanisms underlying the thought speed-mood relationship.

Method

Participants will be 120 students. The design is a 2X2 - positive/negative statements x fast/slow listening speed. The procedure involves two sessions. At Time 1, participants answer questionnaires regarding RNT, mood and thought speed, measure personal rhythm, and then record themselves reading statements. At Time 2, after repeating baseline measures, they listen to their own recordings at the assigned speed condition, then complete measures again.

Aims

Participants are expected to show a difference in the effect of thought speed on mood as a function of the valence of statements. In addition, the interaction between RNT and personal rhythm is expected to determine the effects of the thought speed manipulation. Participants with high RNT will benefit (but those with Low RNT will suffer) from a change in speed towards the mean: slow participants in the fast condition and fast ones in the neutral will show more positive affect and lower RNT distress.

Our results may provide a better insight into thought speed's role across disorders, especially those including repetitive negative thoughts. Such understanding could facilitate accurate diagnosis and tailored treatments. Clarifying the thought speed-mood connection enables developing simple, cost-effective interventions targeting thought speed modification. It also allows enhancing existing therapies (e.g. guided imagery or meditation) by accounting for thought speed components within them.

Keywords

Thought speed, Mood, Repetitive negative thinking (RNT), Transdiagnostic processes, Cognitive behavioral therapy, Thought manipulation

PO28 Frameworks for cultural adaptations of CBT: Finding a way forward

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Abstract

Bearing in mind increasing rates of globalization and growing diversity of global communities, there is a clear need for cultural adaptations of psychological treatments and, by extension Cognitive behavioral therapy (CBT). Indeed, most of the evidence-based treatments reflect Western values, concepts, and explanatory models of illness. These might be quite different in diverse populations given that culture tends to shape the perception of health, as well as the rules, assumptions and beliefs associated to health, including acceptable treatment options and level of community involvement. Moreover, these may also interact with a broad range of risk and protective factors usually not accounted for in a traditional CBT conceptualization.

Interestingly, there is a growing body of evidence suggesting the effectiveness of culturally adapted treatments, contributing to an emerging field offering numerous implications for future research. That said, this process is complicated by the apparent absence of consensus on what cultural competence is. Some of the frameworks for cultural adaptation focus on the therapist's characteristics while others pertain to the therapy process itself. This research focused specifically on the characteristics of treatment. In general, cultural adaptation frameworks include efforts aimed at systematic modifications of service delivery, elements of therapeutic process or treatment components. Most of the empirical findings are promising but rarely include optimal study designs, active control, or detailed descriptions of the adaptations.

For this reason, one of the aims of this systematic review was to describe the process, relevant elements and frameworks used in the cultural adaptation of CBT. Specifically, our goal was to sum up the findings on the effectiveness of culturally adapted CBT in comparison to its classic form in an outpatient setting. The study was conducted in accordance with PRISMA-P guidelines and included randomized controlled trials published in English. The screening process included two electronic bibliographic databases - psychINFO and PubMed, primary study registers, the Cochrane Library CENTRAL and Gov.Trial database, and selected grey literature sources - www.opengrey.eu and DART. Web of Science was also included in the screening.

Despite the lack of detailed descriptions concerning the steps taken in the process or the frameworks used, all included studies emphasized the relevance of explanation or myth of illness, and mentioned accommodations made to the content and process of the treatment. Included studies inserted narrative reviews and elements of qualitative

research that preceded the accommodations of CBT protocols. Moreover, they included descriptions of both surface modifications (e.g., location, language, use of appropriate metaphors, family engagement, socialization to treatment) and deep modifications (e.g., adding culturally relevant modules linked with identity and spirituality, adaptation of therapy processes, or focusing on emotional constriction).

To conclude, a systematic approach including detailed documenting and resources used, is of outmost importance for future randomized controlled studies. Ideally, they would include information on the process, content and outcomes of the cultural adaptation of CBT interventions to facilitate validation and replication of said models. Both the body of research and clinical practice highlight the need for culturally adapted treatments to offer effective care in the changing world.

Keywords

Cognitive behavioral therapy, CBT, cultural adaptations, adaptation framework, cultural modifications, randomized controlled trials

PO29 Transdiagnostic Risk Factors and Sexual Satisfaction: A Serial Mediation Model

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Abstract

Transdiagnostic risk factors are factors connected with the development or maintenance of multiple mental disorders. Sexual satisfaction, which refers to one's evaluation of sexual relationships or activities that could have both positive and negative aspects, is an essential component of sexual health and sexual well-being; however, the relationship between transdiagnostic risk factors and sexual satisfaction is understudied. This situation prevents clinicians and researchers from gaining a holistic understanding of the complexity of sexual experience. The current study aims to investigate how certain transdiagnostic risk factors, such as perfectionism and repetitive negative thinking (RNT), interact with sexuality-related risk factors, such as sexual self-consciousness in the prediction of sexual satisfaction. In our model, we expected self-critical perfectionism to be associated with sexual satisfaction and we expect this relationship to be serially mediated by repetitive negative thinking and sexual self-consciousness, respectively, while controlling for age and gender. The data were collected from 356 sexually active participants (293 women, 82.3%) between ages 18 and 54 ($M_{age} = 27.9$, $SD = 7.10$) from Turkey. The data were gathered through self-report measures assessing perfectionism, RNT, sexual self-consciousness, and sexual satisfaction. Overall, the results show that our transdiagnostic model is statistically significant. Consequently, the link between self-critical perfectionism and sexual satisfaction is mediated by RNT and sexual self-consciousness. In other words, self-critical perfectionism is associated with more experiencing of negative thoughts in an uncontrollable and repetitive manner, which in turn leads to a feeling of self-consciousness in situations that involve sexual intimacy. Elevations in sexual self-consciousness in turn is associated with reduced levels of overall sexual satisfaction. These findings advance our understanding of sexual satisfaction and sexual well-being by providing insight into both clinical and research settings. In the clinical setting, the findings contribute to develop tailored interventions for improving sexual satisfaction by addressing self-critical perfectionism and the mediating role of RNT and sexual self-consciousness. From the research perspective, the finding expands the theoretical framework into the transdiagnostic approach for developing more comprehensive models for sexual satisfaction. Furthermore, the findings hold promise for improving the prevention and treatment interventions that target sexual dysfunctions as they identify the contribution and underlying mechanism of transdiagnostic risk factors.

Keywords

sexual satisfaction, sexual self-consciousness, repetitive negative thinking, self-critical perfectionism, transdiagnostic approach

PO30 Cognitive Behavioral Therapy-Based Midwifery Care for Perinatal Depression and Anxiety in High-Risk Preterm Pregnancies: A Prospective Case Series

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Abstract

Background: Pregnant women at high risk for obstetric complications may experience worsening depression and anxiety due to the management and outcomes of their pregnancies. These conditions can significantly impact children's development and childcare. In recent years, cognitive behavioral therapy (CBT) has proven effective in treating perinatal depression and anxiety. However, few midwife-led, CBT-based intervention trials have been conducted to prevent depression and anxiety in high-risk pregnant women.

Aims: This study aimed to evaluate the feasibility and effectiveness of a CBT-based midwifery care program for the prevention of perinatal depression and anxiety in high-risk pregnant women in Japanese clinical settings.

Methods: A single arm, prospective, open-label case series design was used (clinical trial registration no. UMIN000054078). Three patients with obstetric complications admitted to the center were included in the study. The midwifery care program comprised six individual 30-minute sessions addressing perinatal-specific anxiety and depression during pregnancy and the first month postpartum. The program is based on standard midwifery care models, such as antenatal education, birth planning, and birth review, and incorporates CBT elements such as psycho-education, cognitive restructuring, and behavioral activation. It focuses on anxiety regarding preterm birth and aims to promote positive acceptance of one's own birthing experiences that lead to preterm birth. Patients were assessed at baseline, prepartum, and postpartum until the end of the intervention at one month postpartum. The primary outcome was the State-Trait Anxiety Inventory (STAI), and the secondary outcomes were the Generalized Anxiety Disorder-7 (GAD-7), Patient Health Questionnaire-9 (PHQ-9), Edinburgh Postnatal Depression Scale (EPDS), Japanese version of the Mood and Anxiety Symptom Questionnaire, and the EuroQol 5-Dimensions 5-Level. Pre- and post-intervention findings were compared between individuals. **Results:** Three pregnant women met the inclusion criteria and were enrolled. They were admitted at 28–33 weeks of gestation for the treatment of hypertensive disorders of pregnancy, fetal growth restriction, and threatened premature labor. The presence of depressive and anxiety symptoms after hospital admission was assessed using the PHQ-9, EPDS, and GAD-7, respectively. None of these assessments met the clinical criteria. All participants completed all sessions at one month postpartum. The STAI scores for both state and trait anxiety decreased from baseline to the end of the program, and they accepted the intervention well. **Conclusion:** These results provide preliminary support for the feasibility of CBT-based interventions delivered by midwives. We plan to conduct a randomized controlled trial to assess the effectiveness of this intervention.

Keywords

anxiety; cognitive behavioral therapy; depression; high-risk pregnancy; pregnant women

PO31 The association between childhood adversities and cluster C personality disorders: A meta-analysis

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Abstract

Introduction. Studies suggest that adverse childhood experiences (ACEs) may contribute to the onset and development of cluster C personality disorders. However, the association between ACEs and these disorders remains unclear in terms of consistency across studies and effect magnitude, as well as generalizability within cluster C. The current meta-analysis aimed to examine the associations between ACEs and cluster C personality disorders based on the available literature. **Methods.** Systematic searches were conducted in Pubmed, Scopus, Web of Science and PsychInfo databases. Forty-eight eligible studies were included in the analyses, and pooled effect sizes were estimated both at the level of cluster C, and at the level of each corresponding disorder. Moderation and meta-regression analyses were also conducted. **Results.** ACEs were consistently associated with overall cluster C, as well as each of the corresponding disorders in this cluster. Sources of heterogeneity included type of instrument used to assess childhood adversities (interviews < questionnaires), and type of instrument used to assess the personality disorders (clinical interviews > questionnaires, as well as their combination with interview). Questionnaires used to assess ACEs and clinical interviews used to assess cluster C increased the investigated associations. The associations between ACEs and all investigated personality disorders decreased with age. **Conclusions.** ACEs are consistently associated with cluster C personality disorders. Future work could clarify whether this association is causal, using longitudinal designs which are currently scarce and considering the potential sources of effect variability identified in the present study.

Keywords

cluster C; personality disorders; childhood adversities; psychopathology

PO32 Emotion regulation difficulties in the relationship between childhood adversity and cluster C personality disorders

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Abstract

Introduction. Childhood adversity and cluster C personality disorders are associated, but the mechanisms that explain these associations are unclear. Emotion regulation could be a potential factor at play in these associations. So far, available studies in the case of cluster C focus on strategy implementation and no studies have investigated emotion regulation using ecological measures. This research focuses on the association between childhood adversity, emotion regulation goals and strategies, and cluster C symptomatology, across two studies. **Methods.** Study 1 employs a cross-sectional design, using data from a sample of 141 participants that present cluster C symptomatology. Study 2 employs a daily diary design that assesses childhood maltreatment, emotion regulation goals and strategies, cluster C symptoms and negative emotions. **Results.** In Study 1, findings suggest associations between facets of childhood adversity, emotion regulation, personality dysfunction and cluster C symptoms. The role of childhood maltreatment in the association between emotion regulation and cluster C was investigated. In Study 2, findings suggest associations between negative emotions, emotion regulation facets, and cluster C. We investigated the role of emotion regulation and childhood maltreatment in the association between negative emotions and cluster C symptoms. **Conclusion.** The results of this study point to significant associations between variables, taking both habitual and specific emotion regulation measures into account. The identified emotion regulation difficulties could have important implications for the improvement of assessment, prevention and intervention efforts for cluster C symptoms.

Keywords

cluster C personality disorders; childhood adversity; emotion regulation strategies; emotion regulation goals; negative emotions

PO33 Virtual reality exposure therapy for specific phobia in children: A pilot study exploring fear of heights

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Abstract

Cognitive behavioral therapy (CBT) with exposure as an active treatment component is a first-line, evidence-based intervention for anxiety disorders. Virtual reality (VR) presents potential advantages for psychologists treating anxiety disorders in children with the prospect of optimizing exposure-based treatments. This pilot study assessed the acceptability and feasibility of VR exposure therapy for children with specific phobias, focusing on acrophobia (fear of heights). We examined the system's usability and the likelihood of its adoption by children and clinicians. Participants included six children aged 9 to 15 and three clinicians. The children were exposed to a computerized VR environment - the Richie's Plank Experience. Data were gathered through interviews with both children and clinicians focusing on user experience. Results indicated that all children experienced heightened anxiety during the VR simulation, as expected in an exposure situation, but willingly used the VR headset, engaged with the environment, and tolerated the exposure well. Clinicians reported a favorable view of integrating VR exposure into therapeutic protocols for anxiety disorders. Further research is necessary to validate the effectiveness and explore the broader applicability of VR exposure therapy for treating specific phobias in children.

Keywords

Virtual reality; cognitive behavioral therapy; specific phobia; children; anxiety

PO34 Investigating the associations between metacognitive beliefs, cognitive avoidance, and anxiety symptomatology in clinically anxious children

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Abstract

Metacognitive therapy (MCT) demonstrates promising results for emotional disorders in adults. Some studies report superior effects of MCT when compared with traditional cognitive behavioral therapy. The metacognitive model postulates that different domains of metacognition and cognitive attentional syndrome are central in causing and maintaining psychological problems, including anxiety disorders. Understanding the mechanisms involved in etiology and maintenance of childhood anxiety could potentially lead to increased treatment outcomes. Tests of the metacognitive model in child populations are relatively scarce, however, a growing body of research supports the application of MCT in treatment of anxious children. The aim of the current study is to empirically investigate the links between metacognitions and cognitive avoidance as a constituent of the cognitive attentional syndrome (CAS) and anxiety symptomatology in 248 school-aged children with anxiety disorders. The associations between anxiety symptomatology and five domains of metacognition, including positive metacognitive beliefs, negative metacognitive beliefs, cognitive confidence, cognitive self-consciousness, and the need for controlling one's thoughts, as well as five cognitive strategies of avoidance comprising thought suppression, thought substitution, avoidance of threatening stimuli, transformation of images into thoughts, and distraction, were investigated in a cross-sectional design. The results of hierarchical regression analyses indicate that metacognitive beliefs accounted for a large proportion of variance in anxiety symptomatology, beyond age, gender, and cognitive avoidance. Further analyses investigating the specific domains of metacognition and cognitive avoidance strategies showed that negative metacognitive beliefs were the strongest predictor of anxiety symptoms, while negative metacognitive beliefs, need for control and cognitive self-consciousness emerged as significant metacognitive predictors of cognitive avoidance. Positive metacognitive beliefs did not emerge as significant predictors of anxiety symptomatology or cognitive avoidance in this sample of

clinically anxious children. The results provide preliminary evidence for the associations between specific metacognitions, cognitive avoidance strategies and anxiety levels in children with anxiety disorders. Clinical implications of the results will be presented.

Keywords

Metacognitions, Cognitive avoidance, anxiety disorders, metacognitive model of anxiety in children

PO35 Enhancing Engagement in Public Speaking Exposures through an Imaginal Supportive Other

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Abstract

Introduction: Various cognitive-behavioral therapies (CBT) utilize in-vivo and imaginal exposure techniques to alleviate anxiety symptoms. Although exposure-based interventions prove effective in reducing anxiety and improving well-being, they often evoke negative reactions, leading to avoidance behaviors, reduced adherence, and higher dropout rates. Supportive others, like therapists or loved ones, can aid during exposure, yet their assistance is not always readily available. This pilot study explores a novel technique, "imaginal supportive other," where individuals vividly imagine a supportive figure to boost their motivation and willingness to engage in anxiety-producing virtual public speaking tasks. This study assesses whether this approach enhances engagement in public speaking exposures.

Methods: A randomized controlled design is used to evaluate the impact of imagined supportive figures on public speaking exposures in individuals with significant public speaking anxiety. The study will randomly assign 20 adults, 10 participants in each condition: 1) an experimental group, who uses the imagined support of a significant other, or 2) a control group, which does exposure as usual. All participants will deliver four speeches to varying sized virtual audiences. The experimental group is guided through a visualization exercise before speaking tasks, imagining a supportive figure offering encouragement, while the control group starts the tasks directly. Anxiety levels are measured using the Subjective Units of Distress Scale (SUDS). Participants' willingness to engage in increasingly challenging tasks and their baseline and post-treatment anxiety levels will be assessed through standardized questionnaires.

Participants: Students aged 18 or older with high public speaking anxiety and fluency in English are eligible for the study. Exclusion criteria include severe mental health conditions, and other comorbidities that could affect the ability to complete the study.

Procedure: After informed consent and screening for eligibility, participants will receive psychoeducation on public speaking anxiety and the rationale behind exposure therapy. They will rate their SUDS, when considering various audience sizes and speaking topics. Topics range from personal, such as "How do you celebrate your birthday?" to collective, such as "How do you celebrate a major holiday?" Participants in the experimental group will undergo a guided visualization to imagine a supportive figure offering encouragement, while those in the control group proceed directly to their first speech task. All participants complete graded exposure tasks, progressing at their discretion through larger audience sizes.

Measures: The Public Speaking Anxiety Scale (PSAS) assesses baseline anxiety levels, while SUDS scores provide a quantitative measure of anxiety during exposure tasks. The primary outcomes are participants' willingness to engage in more anxiety-provoking audiences and the reduction of anxiety from baseline to the final speech task.

Conclusion: The study investigates the effectiveness of imagined supportive others in enhancing exposure to public speaking anxiety. If successful, this approach could offer a cost-effective, self-administered tool for motivating individuals to confront their fears. Further research should explore the applicability of this technique to other anxiety-provoking situations, potentially providing a novel intervention strategy in clinical practice.

Keywords

Social Anxiety, interpersonal emotion regulation, Imagination, Exposure, Engagement

PO36 The effects of bilateral stimulation on the installation of positive cognitions

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Abstract

Introduction: The protocol for Eye Movements Desensitization and Reprocessing (EMDR) of Shapiro (1995), forms the basis for one of the most widely used treatments for PTSD. The protocol consists of eight phases, among which an 'assessment phase', 'desensitization phase' which is followed by the 'installation phase'. During the assessment phase a target memory is identified, along with its sensory and affective components. Furthermore the patient is invited to express a negative cognition that they have about themselves regarding this situation. A positive alternative cognition is also formulated to be used during the installation phase.

In the desensitization phase a traumatic memory is retrieved, while applying bilateral stimulation (BLS), decreasing the negative emotions associated with it. In the installation phase that follows, the patient is asked to activate the negative memory and focus on the positive cognition, while BLS is administered. During this phase, the memory is brought into awareness together with the more adaptive self-appraisal statement (Leeds, 2009). The associative bond is strengthened by linking this positive cognition to the target memory (Shapiro, 2001). BLS is therefore used in both the desensitization phase as well as for the installation of positive cognitions.

In clinical practice BLS is still used during the installation phase, being part of standard EMDR protocols (Hase, 2021; Shapiro, 2001). However, empirical support for this practice seems to be lacking. In this context, some studies even suggest that the use of BLS during the installation of positive cognitions may need to be reconsidered.

Method: In this experiment a negative memory will be identified as well as a negative and alternative positive cognition. The experiment will, however, only include the installation phase and not the desensitization phase, as the focus lays on the role of BLS during the installation of positive cognition. Only participants without self-reported elevated scores of depression, anxiety, stress or trauma-related symptoms can participate. We aim to recruit a minimum of 60 participants (20 participants for each condition) and a maximum of 150 participants.

Results: Based on the Working Memory Hypothesis, we expect: H1: No beneficial effects of horizontal visual stimulation (BLS) compared to vertical visual stimulation on rated credibility of the positive cognition (i.e., no difference between both groups); H2: visual stimulation (horizontal/vertical) may hinder the installation of the positive cognition (limiting increases in credibility compared to the control group). We are currently collecting data. (Preliminary) results will be available for EABCT 2024.

Conclusion: This study evaluates the need for BLS during an important phase of the EMDR protocol, the installation phase. As such, this study will have immediate implications for treatment of PTSD.

Keywords

Trauma, EMDR, bilateral stimulation

PO37 PTSD symptomatology following events not meeting DSM-5 PTSD criterion A in a French spoken General Population during pandemic: Nosological issues between PTSD and Adjustment disorder.

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Abstract

Introduction

Exposure to traumatic events is particularly high in the general population and can lead in a small proportion to PTSD. The nosological criteria underpinning the definition of a traumatic event should then be rigorously screened as it plays an important role in the prevalence of PTSD. That definition has also changed over time and recent studies indicate that although not exposed to an event meeting the current criterion A, people can report DSM-5 B, D, E and F criteria for PTSD (which we call PTSD-Like). Kilpatrick et al (2009) considered that the prevalence of PTSD-Like was so low that the question was not relevant. However, to clarify this issue, we conducted a cross sectional study in a French speaking general population sample.

Method

594 participants (10% male, 87 % female) recruited online filled a set of questionnaires with the PCL-5 for clearly identified events that were either included or excluded from Criterion A, experienced for more than one month, and for which a psychological distress was reported. We differentiated 4 groups of participants according to two criteria: the participant has at least one significant PCL-5 for an event in criterion A (PTSD) and secondly, the participant has at least one significant PCL-5 for an event excluded from criterion A (PTSD-Like). We compared the frequency and the intensity of symptoms for the groups PTSD, PTSD-Like, PTSD+PTSD-Like, and no PTSD symptomatology.

Results

The results showed that PTSD-like symptomatology is more common than previously thought, unlike earlier findings by Kilpatrick et al. (2009). Notably, 58.6% of positive PCL-5 for events excluded from Criterion A were due to events not considered by Kilpatrick et al., such as moral harassment and sudden abandonment. Additionally, PTSD and PTSD-Like were found to be identical in symptom intensity and dispersion, challenging the notion of PTSD-like symptomatology being a weaker form of PTSD and questioning their classification within adjustment disorders. The study also identified individuals with mixed PTSD and PTSD-like symptomatology, suggesting potential underdiagnosis of multiple PTSD forms. These mixed profiles accounted for 11.4% of the sample, while 31.6% reported PTSD-like symptoms without associated PTSD.

Conclusion

This research highlights the need for further studies to evaluate the prevalence and nature of PTSD-like symptoms. It suggests that PTSD-like symptomatology is a significant symptomatic category within the population that warrants further exploration in the context of adjustment disorders, including risk factors, maintenance, and therapeutic approaches.

Keywords

PTSD, Adjustment disorder, PTSD-Like

PO38 The relation between parentification and mental health: the role of self-esteem and self compassion

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Abstract

Parentification occurs when children assume the responsibilities of an adult within the family, which are developmentally inappropriate and often include sacrifice on the part of the child in order to satisfy the parents' needs. Long term parentification can, therefore, be considered as a form of neglect and have profound consequences on children's wellbeing. The aim of this study was to examine the relation between parentification and mental health problems, and examine possible mechanisms for this relation. We assumed that parentification would affect mental health problems through self-esteem and self-compassion. A total of 235 university students completed Filial Responsibility Scale-Adult version (Jurkovic & Thirkield, 1999), Self-Liking/Self-Competence Scale-Revised (Tafarodi & Swann, 2001), Self-Compassion Scale (Neff, 2003) and Depression Anxiety Stress Scale (Lovibond & Lovibond, 1995). The results have shown that parentification predicted mental health problems, while self-esteem and self-compassion also contributed to mental health problems once the effect of parentification was controlled. Further analyses (Hayes Process) demonstrated that both self-esteem and self-compassion mediated the effect parentification on mental health problems, although the direct effect of parentification remained significant. Our results are consistent with other studies demonstrating negative effects of parentification on mental health. They also offer insight into possible mechanisms, which can prove useful as a target of therapeutic interventions with adult clients when changes in parenting style are not possible or meaningful.

Keywords

Parentification, self-esteem, self-compassion, mental health

PO39 Cognitive behavioral therapy for obesity management in patients with chronic kidney disease

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Abstract

Obesity is a major public health problem, that can lead to the onset and progression of chronic non-communicable diseases. Among these diseases, chronic kidney disease is particularly affected by obesity, that can impact the progression of the disease. Early diagnosis combined with appropriate treatment and lifestyle changes can limit the progression of the disease. The inclusion of clinical psychological and psychotherapeutic interventions in the management of overweight and obese patients enhance lifestyle changes and increase motivation for weight loss. Cognitive behavioural therapy and behavioural therapies are widely used and effective in the weight loss process in healthy populations. The impact and effectiveness of weight loss interventions in patients with chronic kidney disease are limited in terms of clinical effectiveness, and further research is needed with different approaches to weight loss in patients with chronic kidney disease.

The aim of our study is to help patients with chronic kidney disease to achieve appropriate weight management. The study intervention is based on the cognitive behavioral therapy model. A team of clinical psychologists, psychologist, medical doctors, kinesiologist and dietitian collaborated to develop an individualised intervention cognitive behavioral therapy intervention with nutritional and exercise counseling. 38 adult patients with chronic kidney disease (stages 2 – 4) were randomly assigned to two groups: the intervention group with a 16-week cognitive behavioral therapy program, diet and exercise counseling, or the control group with diet and exercise counseling.

The study protocol and the preliminary results of the ongoing study will be presented.

Keywords

cognitive behavioral therapy, obesity, chronic kidney disease, obesity management

PO40: Going online - Examining the preliminary effectiveness of a video-based group CBT on depression and therapeutic change factors

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Abstract

Background: Depression remains a major public health concern globally, with approximately half of all cases remaining untreated due to factors like misdiagnosis, societal stigma, and logistical challenges including long waiting times or extensive commuting therapy sessions. Given the rising demand for psychotherapy, there is a critical need for therapeutic approaches that tackle these issues. Video-based therapies, applicable for both individual and group settings, have emerged as a promising solution. However, video-based group therapies have not been as extensively researched compared to individual therapies. Therefore, we are currently conducting a two-arm randomized controlled trial to evaluate the effectiveness and therapeutic process of video-based (VB) versus traditional face-to-face (F2F) group cognitive behavioral therapy (CBT) for depression.

Methods: To date, the trial includes 17 adults (aged 19 – 63 years) from Magdeburg and Hannover, Germany, diagnosed with depression ranging from mild to severe. Participants have been randomly assigned to either F2F (n = 10)

or VB (n = 7) group, with both groups receiving 12 sessions of CBT. Sessions for the VB group are conducted via the certified platform Consularia Live. Primary outcomes are assessed by the Beck Depression Inventory II Revised and the Scale for Assessing Therapeutic Processes in Group Therapy at the start, during, and after the therapy. Linear mixed-effects models were fitted to compare treatment effects over time and between groups on the primary outcomes.

Results: Preliminary analysis revealed no significant effect of the treatment modality (F2F vs. VB) on depression scores, $\beta = -1.243$, $p = .823$. Neither group therapy modality – F2F nor VB – significantly reduced depressive symptoms. However, a noticeable trend toward symptom reduction was observed, $\beta = -7.300$, $p = .056$. No significant interaction effect between treatment modality and therapy effectiveness was found, $\beta = -1.986$, $p = .723$.

A significant effect of time on group therapeutic change factors was found, $\beta = 0.976$, $p = .012$, suggesting improvements over time, regardless of the group modality, $\beta = -7.760$, $p = .162$. Depression scores had no significant impact on the therapeutic change factors, $\beta = -0.005$, $p = 0.597$. No significant interaction effect was found between treatment modality and time, $\beta = -0.134$, $p = 0.813$.

Discussion: We provide first evidence that group therapeutic change factors, regardless of therapy modality (F2F and VB), improve throughout the therapeutic process. Currently, a trend toward reduction in depressive symptoms was observed in both groups which will be further investigated in larger samples. Nevertheless, the consistent improvement in group therapeutic change factors over time suggests that both modalities are capable of facilitating therapeutic progress. This underscores the potential of video-based interventions to serve as effective alternatives when traditional therapy is not accessible. These findings highlight the critical need to further refine and enhance digital therapy platforms and they encourage psychotherapists to embrace online group therapy as a means to meet the increasing demand for accessible mental health services effectively.

Keywords

cognitive-behavioural therapy (CBT), group therapy, video-based therapy, depression, therapeutic change factors, RCT

PO41: Mediators of the association between adult attachment and dispositional, interpersonal and relationship mindfulness

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Abstract

Background: Theoretical associations between attachment, mindfulness, interpersonal and close relationships, and emotion regulation suggest that adult attachment may be linked to mindfulness via self-regulatory abilities. The objective of this study was to assess the direct effect of attachment on dispositional, interpersonal and relationship mindfulness, as well as indirect effects through emotion regulation.

Method: The sample consisted of 458 individuals (72.5% female; 65.6% in a romantic relationship) with a mean age of 39.75 years ($SD = 13.81$; range: 18-76), recruited from the community. Participants completed self-reported measures assessing adult attachment (Experiences in Close Relationships – Relationship Structures), dispositional mindfulness (Mindful Attention Awareness Scale), interpersonal mindfulness (Interpersonal Mindfulness Scale), relationship mindfulness (Relationship Mindfulness Measure), and emotion regulation (Difficulties in Emotion Regulation Scale – Short-form).

Results: There was a significant direct effect of attachment-related avoidance on dispositional mindfulness (-1.80 , 95% CI $[-2.80, -0.79]$), interpersonal mindfulness (-2.54 , 95% CI $[-3.50, -1.58]$), and relationship mindfulness (-1.76 , 95% CI $[-2.24, -1.28]$). The direct effect of attachment-related anxiety on dispositional (-0.34 , 95% CI $[-0.98, 0.30]$), interpersonal (-0.12 , 95% CI $[-0.74, 0.49]$) and relationship (0.02 , 95% CI $[-0.31, 0.35]$) was not significant. Attachment-related anxiety was indirectly associated with dispositional, interpersonal and relationship mindfulness via emotion regulation. Attachment-related avoidance was indirectly associated through emotion regulation only with dispositional and interpersonal mindfulness.

Conclusions: Our results showed that different forms of mindfulness, mainly dispositional and interpersonal mindfulness, were linked to attachment insecurity dimensions (i.e., higher anxiety and/or avoidance) through increased difficulties in emotion regulation. Attachment dimension-specific differences were also observed: for anxiety-related attachment, difficulties in emotion regulation exerted a stronger mediating effect. In the context of insecure attachment, enhancing emotion regulation skills may increase a person's capacity for mindful awareness in individual and interpersonal contexts.

Keywords

attachment, mindfulness, interpersonal mindfulness, emotion regulation

PO42 Work Engagement and Flow Experiences: Online versus Face to Face psychotherapy for RE&CBT therapists

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Abstract

Introduction

The all-encompassing impact of the digital sphere, especially the Internet, deeply molds almost every aspect of our lives. Within the domain of psychotherapy, the Internet's sway is swiftly expanding. Since the outbreak of the COVID-19 pandemic, we have witnessed the growing popularity of online forms of counseling, and there is ongoing debate about whether this form is more beneficial than live sessions, both for patients and therapists. This paper aims to examine whether online psychotherapy sessions are as beneficial for therapists as face-to-face sessions. The focus was on therapists' sense of work engagement and work-related flow experiences during work.

Method

The methodology was quantitative research with participants anonymously completing online questionnaires after providing informed consent. The sample consisted of 83 RE&CBT therapists or therapists in training, the majority of whom were women (88%). Among the participants, 59% conducted their therapy mostly or entirely in-person, while the remaining 41% conducted theirs mostly or entirely online. Participants completed the short version Utrecht Work Engagement Scale and the Work-related Flow Inventory, along with open-ended questions regarding the barriers and benefits of online therapy.

Results

The independent samples t-test indicated no statistically significant difference between participants working in-person and those working online, neither in work engagement ($t(81) = -1.098, p > 0.05$) nor in work-related flow ($t(81) = .031, p > 0.05$). When examining the subscales of the Work Engagement Scale, the independent samples t-test indicated no significant difference between participants working online and in-person in terms of vigor ($t(81) = -1.112; p > .005$), dedication ($t(81) = -1.074; p > .005$), and absorption ($t(81) = -.860; p > .005$). Participants achieved high scores on the Work Engagement Scale regardless of the mode of work ($M(\text{online}) = 47.91; M(\text{in-person}) = 49.92$), as well as on the Work-Related Flow Inventory ($M(\text{online}) = 68.59; M(\text{in-person}) = 68.51$). Based on the qualitative analysis of open-ended responses, therapists perceive the primary advantages of online therapy as time-saving benefits, as well as increased accessibility for those unable to attend in-person sessions due to distance or physical limitations. However, they also identify technical issues, such as internet connectivity problems, and the challenge of incomplete nonverbal communication, as significant drawbacks.

Discussion

The findings of this study suggest that RE&CBT therapists achieve similar levels of work engagement and flow regardless of the mode of work. Specifically, therapists working online experience comparable levels of energy during work, a sense of importance, enthusiasm, and challenge, as well as being concentrated and happily occupied with their work. Additionally, the experience of flow, characterized by total immersion in an activity accompanied by intense enjoyment, did not significantly differ between these two groups of therapists. These findings imply that online psychotherapy may provide equally fulfilling experiences for therapists as traditional in-person sessions, thereby opening new avenues for therapy delivery in the contemporary digital age. However, it is important to note the limitation of this study, namely the small sample size, which may affect the generalizability of the findings. Further research with larger and more diverse samples is warranted to validate these results.

Keywords

work engagement, work-flow, online therapy, in-person therapy, RE&CBT

PO43: Cognitive Behavioral Therapy in the Treatment of Adolescent Anorexia Nervosa: An In-Depth Case Analysis

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Abstract

Anorexia nervosa (AN), a debilitating eating disorder characterized by severe food restriction, intense fear of weight gain, and distorted body image, poses significant challenges in its treatment and management. Over the years, the focus of interventions for anorexia nervosa has shifted from primarily medical approaches to encompass comprehensive psychotherapeutic strategies that consider both developmental and biological factors. Among these psychotherapeutic approaches, Cognitive Behavioral Therapy (CBT) has emerged as a prominent and effective intervention for various eating disorders, including anorexia nervosa. Cognitive Behavioral Therapy, specifically tailored to address eating disorders, has shown promise in treating adolescents with anorexia nervosa, demonstrating positive outcomes and predictors of change in real-world clinical settings. In this case report, we present the case of a teenager with AN who underwent CBT and additional psychopharmacological treatment.

A 17-year-old female patient presented to our clinic with complaints of persistent sadness, anhedonia, and fear of weight gain beginning approximately in December 2022. The patient's parents also reported that the patient had been eating very little, refusing to eat, feeling unhappy, and having crying attacks. As a result of the psychiatric evaluation at our clinic, the patient was diagnosed with anorexia nervosa. Medical treatment with fluoxetine 20 mg was prescribed, and CBT was planned.

The interviews with the patient initially aimed to establish a therapeutic relationship, followed by providing information about the physiology of the digestive system. The meaning of the term "anorexia" and its characteristics were studied, and the potential consequences and risks related to the disorder were deliberated as a part of psychoeducation. In the initial meetings, we discussed with our patient, who was unable to maintain a regular eating diary, the challenges of doing so and the potential benefits of an eating list. The patient's daily calorie goal was discussed, and any dysfunctional beliefs related to this goal were addressed. Together with the patient, the disease was formulated, and efforts were made to raise the patient's awareness of the vicious cycles that show the continuation of eating problems. The negative consequences of excessive weight loss were discussed together (Increased body hair, fatigue, osteoporosis, etc.), and tables regarding these were drawn and discussed with the patient. An attempt was made to concretize the disorder and related cognitions utilizing metaphors. Daily activation tasks were given, and the patient's participation was ensured.

During the interviews with the family, a detailed evaluation was made targeting the parents' difficulties and their knowledge about eating/weight, and comprehensive psychoeducation about the disease was given. In family sessions, inappropriate communication attitudes and the acceptance of emotions were also addressed.

A therapeutic relationship was established, and the patient started participating in social activities and was able to maintain a regular eating diary. The frequency of daily mirror checks and weighing was reduced. The goal of not dropping below the current weight was achieved, and there was a decrease in depressive symptoms.

This case report aims to illustrate the effectiveness of structured CBT and psychopharmacological treatment in an adolescent with AN.

Keywords

Anorexia nervosa, cognitive-behavioral therapy, adolescent

PO44: Navigating Changes: A Mixed-Methods Exploration of Therapists' Experiences with Video Based Therapy in Post-COVID-19 Outpatient Settings

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Abstract

The COVID-19 pandemic significantly accelerated the adoption of video-based therapy (VBT) due to the necessity for remote consultations. Initially eligible for compensation in Germany from October 2019, VBT became essential

for maintaining psychotherapeutic services during the lockdown periods. This study aims to identify the key factors influencing the adoption and continued use of VBT by German psychological psychotherapists in the post-pandemic era. A mixed-methods design was employed to comprehensively analyze the factors impacting the adoption and utilization of VBT.

A longitudinal quantitative survey was conducted with $N = 299$ licensed psychotherapists from the federal states governed by the East German Chamber of Psychotherapists (excluding Berlin). Conducted from March to May 2024, the survey employed a questionnaire adapted from Domröse et al. (2021), previously used in the same research project to examine attitudes toward and usage of VBT during the COVID-19 pandemic. The initial study revealed significant polarization among psychotherapists regarding the future use of VBT: 21.4% were undecided, 26.3% rejected its continued use, and 57% expressed willingness to continue employing VBT post-pandemic. These prior results highlighted the role of media affinity, underscored the need for training, and identified a discrepancy between empirical evidence supporting VBT's efficacy and therapists' perceptions of therapeutic relationships within VBT.

The current study aims to longitudinally analyze the usage of VBT during and in the first year following the COVID-19 pandemic, focusing on factors influencing its acceptance and sustained use. The study seeks to identify determinants and moderator variables affecting VBT acceptance and usage, and to understand therapists' perceptions of VBT's impact on their work. A mixed-methods design was used, integrating independently collected and analyzed quantitative and qualitative data. From June to September 2024, problem-centered interviews (Witzel, 2000) were conducted with both users and non-users of VBT to gather qualitative data. These interviews explored the causes, effects, and backgrounds of VBT, beginning with a narrative-generating question and followed by group-specific questions on VBT experiences or attitudes and intentions.

Data analysis has commenced, with the presentation of longitudinal quantitative results and initial qualitative findings scheduled for September. The analysis will initially focus on descriptive statistics to characterize the sample's technological affinity and VBT usage post-contact restrictions. ANOVAs will examine differences in technology acceptance, usage, and VBT satisfaction. Exploratory factor analyses will identify key predictors and barriers. Chi-square tests will compare usage behavior across survey waves. Correlations and regressions will explore the relationships between perceived barriers, predictors, and attitudes towards VBT, with multiple regression analysis predicting the intention to use VBT based on the Unified Theory of Acceptance and Use of Technology model. Problem-centered interviews will be recorded, transcribed, and analyzed using content analysis in MAXQDA.

Ultimately, the study seeks to develop a model illustrating how psychotherapists integrate VBT into outpatient practice and contrasts it to its use during the pandemic. The findings will provide an overview of VBT's practical applications, highlight approaches for its targeted future use, as well as the actual limitations of VBT, address therapists' concerns and explore potential barriers to its broader adoption.

Keywords

video-based therapy, longitudinal study, mixed-methods design, technology acceptance

PO45 Do negative emotions mediate the association of negative appraisals and responses to involuntary musical imagery? Testing an OCD-analogue cognitive model of distressing earworms

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Abstract

Background: Most people experience earworms or involuntary musical imagery (INMI) on a regular basis, but little attention has been paid to INMI that is experienced as distressing. Phenomenologically, distressing INMI shares some characteristics with obsessive thoughts or images. Both are intrusive and repetitive, interrupt ongoing thoughts and are often experienced as uncontrollable.

Research Question: In order to better understand the development of distressing INMI, we tested predictions from the cognitive model of obsessive-compulsive disorder. Specifically, we examined the assumption of a relationship between negative appraisals and responses to INMI, which is mediated by negative emotions. We expected a positive relationship between negative appraisals and responses and hypothesized that this is mediated by negative emotions.

Method: Individuals with OCD ($n = 79$) and students without OCD ($n = 298$) completed the Characteristics of Ear-

worms Questionnaire (CEAR). The main hypothesis was tested using a mediation analysis with the following CEAR subscales: negative appraisals as predictor, negative emotions as mediator, and reactions as outcome. Group (with vs. without OCD) was included as covariate.

Result: Analysis did not reveal a significant mediation effect. The direct effect of negative appraisals on responses to INMI remained significant, when negative emotions were included as a mediator.

Conclusion: While the hypothesized mediation was not confirmed, the results support the notion of a relationship between negative appraisals and unhelpful reactions to INMI. These findings are consistent with the prominent role of appraisals in the cognitive model of OCD, but challenge the assumption that their influence on dysfunctional reactions is mediated by negative emotions. If replicated, results may provide an initial starting point for the effective treatment of distressing INMI.

Keywords

involuntary musical imagery, negative appraisals, cognitive model of OCD, questionnaire

PO46: The Unified Protocol for adults in online group format: A single case study of a panic disorder and agoraphobia comorbid with depressive disorder

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Abstract

Group Transdiagnostic cognitive-behavioral treatments (CBT) have been developed to treat different patients with various mental disorders simultaneously. Although group-based interventions have been traditionally applied in face-to-face formats, when applied in online formats they can improve mental health access, particularly for patients with geographic and physical mobility limitations. Among the transdiagnostic approaches, the Unified Protocol (UP) has emerged as a flexible and effective intervention for treating comorbid conditions, such as anxiety and mood disorders. There is solid evidence of the effectiveness of the UP in both face-to-face individual and group formats worldwide, with more recent attention being directed toward its online implementation. The objective of this presentation was to present a case study that illustrates the application of a 12-week UP intervention, in an online group format, in a 49-year-old Portuguese woman with a primary diagnosis of panic disorder with agoraphobia, comorbid with major depressive disorder. At the end of the intervention, we observed a significant decrease in the severity and impairment of anxiety (as assessed by the Generalized Anxiety Disorder-7 [GAD-7] and the Overall Anxiety Severity and Impairment Scale [OASIS]) and depressive symptoms (as assessed by the Patient Health Questionnaire-9 [PHQ-9] and the Overall Depression Severity and Impairment Scale [ODSIS]), as well as improvements in emotional regulation difficulties (as assessed by Difficulties in Emotion Regulation Scale-Short Form [DERS-SF]). Likewise, improvements were observed across all transdiagnostic dimensions (e.g., neurotic temperament, depressed mood, somatic anxiety, avoidance) assessed by the Multidimensional Emotional Disorder Inventory (MEDI). The patient expressed high satisfaction (i.e., 3 out of 3) with the intervention program (overall), with its components in particular, as well as the online delivery format. These findings are consistent with prior research, particularly those that support the effectiveness of the UP in face-to-face groups addressing comorbid disorders. However, it is essential to highlight the need for additional research to examine the generalizability of the findings of this case study, particularly regarding the effectiveness of the UP delivered in an online group format.

Keywords

Unified Protocol; Transdiagnostic treatment; Group Intervention; Online Intervention; Comorbidity; Anxiety; Depression

PO47 Investigating modes of support and self-/therapist tailored content in ICBT for depressive symptoms - A factorial trial

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Abstract

Aim: While ICBT is an effective option for treating mental health problems in a regular care setting, the question remains about how best to provide support and content for patients in a way that promotes both clinical benefits and cost-effectiveness. The aim of the current study was to investigate the impact of two factors relevant for implementation of such interventions: First, whether a multiprofessional on-demand solution of support can produce comparable efficacy to regular support from a therapist. Second, whether there is a difference in efficacy between therapist-tailored and self-tailored content of the treatment (with a previous trial favouring self-tailored content).

Methods: A total of 248 participants were recruited and randomized to one condition of each factor. Questionnaires assessing symptoms of depression and other common psychiatric disorder were administered at pre- and posttreatment along with a measure of quality of life. Data were analysed using mixed-effects models.

Results: Data from the whole sample indicated large within-group reductions across all symptom measures and a large increase in quality of life during the treatment phase. Comparisons of the different factor levels did not indicate any significant differences between the factors, neither for the self-/therapist-tailored comparison nor the two modes of support. Gains were maintained two years after the conclusion of the treatment.

Conclusions: A team-based, on-demand support approach produced results comparable to regular therapist support. This novel mode of providing support may prove useful for integration into clinical practice and the multiprofessional nature of most healthcare systems. Who chooses the content of the intervention does not seem to matter for treatment efficacy.

Keywords

Factorial Trial; Depression; ICBT; Tailored treatment;

PO48 VR-SOAP: A Modular CBT Treatment in Virtual Reality for Social Functioning in Young Adults with Psychosis

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Abstract

Background

Young people (18-40) with a psychotic disorder have the same social goals as their healthy peers, but their social networks are smaller, they participate less often in leisure activities, and they are less successful in work and education. Causes of these problems are multifaceted but culminate in difficulties with interacting in daily life social situations. Current treatments have only moderate effects on social functioning and often target a single specific domain. We developed and piloted a modular VR treatment for social functioning and participation (VR-SOAP). Presently, we are conducting a clinical trial to investigate effectiveness.

Methods

Using an iterative scrum method with software engineers, clinicians, researchers, and individuals with lived experience of psychosis, we developed a modular CBT protocol and software prototype. A modular CBT treatment comprises multiple self-contained modules that can connect to other modules but also function independently. A modular

approach to CBT could be beneficial as it allows for a more inclusive approach, potentially increases patient engagement, and addresses the multifaceted nature of e.g., social interaction difficulties.

Subsequently, three therapists and five patients with a psychotic disorder aged 18-40 piloted VR-SOAP. Patients and therapists were interviewed to assess the acceptability of the intervention along the seven domains of the Theoretical Framework of Acceptability. Feasibility was assessed by means of interviews and session forms.

Results

The final protocol of VR-SOAP consisted of the following modules and targets: 1. Motivation and Pleasure (negative symptoms); 2. Understanding Others (social cognition); 3. Safety and Trust (paranoid ideations and social anxiety); 4. Self-Image (Self-esteem and self-stigma) 5. Communication (communication and interaction skills). Patients and therapists chose two out of the first four modules and always completed the Communication module.

Both participants and therapists found the therapy acceptable. They found the intervention simple to comprehend, beneficial, and aligned with their values. Participants expressed increased confidence in their social interactions and reported improvements in skills such as initiating conversations and maintaining a positive outlook.

No dropouts occurred during the pilot phase.

Discussion

The pilot phase of VR-SOAP demonstrated high acceptability across all dimensions of the acceptability framework. The intervention was well tolerated and perceived as effective. In the ongoing randomized controlled trial, VR-SOAP will be compared to an active control condition, VRelax, which targets daily reactivity and stress recovery. Participants can state their preference for either condition, and those without a preference will be randomized (i.e. patient preference trial)

If VR-SOAP proves effective, it could offer much-needed support for young adults with a psychotic disorder to engage in social activities and participate in society. Additionally, the modular nature of the treatment, targeting various transdiagnostic factors, may provide insights for new treatments to improve social functioning across a range of symptoms and disorders, including mood disorders, autism spectrum disorders, and anxiety disorders.

Keywords

Modular CBT, Psychosis, Social functioning, Virtual Reality, Pilot, Clinical Trial

PO49 Efficacy of Cognitive Behavioral Therapy Supported by the Therapeutic Chatbot (Fido): Therapy Acceptability and Effects on Depression, Anxiety, and Social Anxiety in a Randomized Controlled Trial

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Abstract

Introduction:

Traditional psychotherapy for common mental health conditions like depression and anxiety can be resource-intensive (burdening both therapists and the public health system) and may utilize outdated and unengaging therapeutic resources (such as paper-and-pen worksheets). Leveraging the promising evidence from recent meta-analyses of agent-guided cognitive-behavioral therapies (AG-CBT), an ongoing clinical trial investigates the efficacy of Fido, the first Polish-language chatbot specifically designed to complement traditional psychotherapy. While prior research suggests that the previous iteration of Fido may be beneficial for improving mental health in subclinical populations, this RCT investigates Fido's efficacy in reducing the severity of depression, anxiety, and social anxiety symptoms in a clinical sample of adult participants. We also study Fido's acceptability as a conversational agent in a therapy setting.

Method:

We are conducting a 3-arm, open-label RCT with 5 time points: before the intervention, after the intervention, and at one-, three- and six-month follow-ups. Participants complete screening surveys and undergo clinical interviews. We enroll individuals aged 18-40 meeting the criteria for depression, generalized anxiety, social anxiety, or adjustment disorder (with depression or anxiety symptoms). They are randomized in a 1:1:1 allocation ratio into 3 arms: experimental, active control, and waitlist control. Participants in the experimental arm receive a set of exercises via a web-based chatbot with the addition of five online therapy sessions of approximately 15 minutes with a human therapist. The active control arm is given five traditional 50-minute online sessions (with a human therapist) and also includes

homework assignments (matching the chatbot exercises). Each intervention follows the same set of standard CBT topics, including general psychoeducation, the ABC model, cognitive distortions identification, Socratic questioning, as well as gratitude practice. Symptom severity is assessed at each time point using self-report instruments for measuring depression (PHQ-9, CESD-R), generalized anxiety and worry (GAD-7, PSWQ), social anxiety (LSAS, SAD-D based on DSM-V), life satisfaction (SWLS), generalized self-efficacy (GSES) and loneliness (R-UCLA). We also utilize the Theoretical Framework of Acceptability (TFA) items and the Negative Effects Questionnaire (NEQ) as well as the Working Alliance Inventory-Short Revised (WAI-SR) to extend patient-reported outcomes.

Results and discussion:

Primary data collection and analyses will be completed by August 2024 ($N_{\text{target}} = 75$). We will compare changes in depressive, generalized anxiety, and social anxiety symptoms after the therapy (or waiting period) and at a one-month follow-up. Special attention will be given to participants' perceived therapy acceptability, potential adverse effects of each intervention, and therapeutic alliance and bond formed with the chatbot (in the experimental arm) and with their therapist (in the active control arm). Qualitative patient feedback regarding the strengths and weaknesses of each intervention will be summarized. We will discuss the benefits and risks of Fido use as a supplementary AG-CBT solution alongside traditional clinical interventions.

Keywords

agent-guided CBT, chatbot, depression, anxiety, social anxiety, RCT, mHealth

PO50 Perception of Students' Exam Anxiety From the Point of View of Elementary and High School Teachers

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Abstract

This research aims to find out how elementary and high school teachers perceive exam anxiety in their students who have it. We are interested in what symptoms lecturers notice exam anxiety by, then, their opinion on the factors that cause exam anxiety. Furthermore, our field of interest is what the lecturers do when they notice that a student has exam anxiety, with the aim of alleviating its symptoms, but also, what behaviors of the lecturers themselves contribute to intensifying the symptoms of exam anxiety. Finally, our goal is to investigate what are the lecturers' recommendations when it comes to reducing symptoms, or preventing exam anxiety. This research included 20 lecturers, 10 of whom teach in elementary school, and 10 teach in high school. All respondents work in schools in Nikšić, Montenegro. This is a qualitative research and semi-structured interview was used to obtain data. The data analysis was done through thematic analysis, and the results indicate that lecturers notice exam anxiety by psychophysiological symptoms, such as stiffness, tremor, facial redness etc. Regarding the causal factors of exam anxiety, the respondents believe that those are student's nature, student's personality traits such as perfectionism, the ambitions of parents who redirect them to their children, student's ambition, prejudices about lecturers, fear of teachers, the impact of corona virus, fear of subjects, etc. Lecturers use various techniques to reduce exam anxiety in their students, such as encouragement, help and humor, but they often tend to criticize students when they show nescience, and that can negatively affect the students, in the sense of exam anxiety. In order to reduce the symptoms of exam anxiety, or to prevent this phenomenon, lecturers believe that students should consult with professionals (psychologists, pedagogues), talk to their parents, lecturers and peers. Also, they believe that certain changes should be introduced in the educational system of Montenegro, such as cancelling the grades on some of the trimesters and reduction of the amount of study material. This research shows that lecturers in Nikšić, Montenegro, know well and recognize exam anxiety as a phenomenon and try to alleviate its symptoms when they notice them in their students, but they themselves tend to negatively influence their students with some of their behaviors, when it comes to exam anxiety, and that it is possible that because of this, they gave some socially desirable answers on interviews. Such data enable further research to be carried out, which would examine, for example, lecturers' awareness of their own ways of behavior that negatively affect their students. Also, students' perception of the existence and effectiveness of interventions used by lecturers to help them with their exam anxiety could be examined.

Keywords

exam, anxiety, factors, lecturers, perception

PO52 Intervention mapping of E:REMEDI

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Abstract

Background: Digital interventions, such as websites, have been proposed to address society's demand for psychological health support in the digital space. However, many existing applications lack professional input and may not cater to specific demographics, possibly due to poorly described intervention development processes. This study aims to accurately describe the intervention mapping for the E:REMEDI website, tailored for Latvian-speaking young adults. The intervention focuses on enhancing emotion regulation skills to improve psychological well-being.

Objective: This study details the development of E:REMEDI, an evidence-based self-help program aimed at improving emotion regulation skills. Using the Intervention Mapping (IM) method, the program incorporates psychoeducation, compassion-focused techniques, and interactive tasks. E:REMEDI is delivered via computers, with potential future delivery via mobile devices.

Methods: The study employed four steps of Intervention Mapping: 1. Needs assessment: Based on this assessment, a logic model was developed; 2. Identification of intervention objectives: Determinants and objectives of the intervention were identified; 3. Theory-based methods and practical strategies: The theoretical framework of change was used to inform the design, additional content, and functionality of the interactive E:REMEDI intervention; 4. Development of the intervention.

Conclusions: The theoretical framework was used to inform the design, additional content, and functionality of E:REMEDI. Thirteen emotion regulation-affecting behaviours were identified, leading to improved outcomes such as increased psychological health, enhanced emotion regulation skills, and greater participation in psychological health-related activities for individuals with low emotion regulation skills. Based on these findings, the E:REMEDI intervention was developed.

Results: The program consists of a 7-week course with 11 sessions. Each session lasts up to 20 minutes. Homework is assigned between sessions, which the user must complete for six consecutive days to access the next session. The session schedule is based on the Adaptive Coping with Emotions Model (Berking & Whitley, 2014) and includes: Psychoeducational components; 1 to 2 interactive tasks from compassion therapy; Feedback; Homework.

Keywords

digital (psychological) intervention; intervention mapping; digital health; website; technology; psychological health; emotion regulation; emotion regulation skills; the Adaptive Coping with Emotions Model (ACE Model); Compassion-Focused Therapy (CFT)

PO53 The relationship between burnout and depression: Can self-compassion be an antidote for depression in CBT therapists and trainees?

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Abstract

A study conducted by Australian psychologists has shown that self-compassion moderates the relationship between burnout and depression, suggesting a protective potential against developing depression (McCade, Frewen, & Fassnacht, 2021). The primary aim of the current research was to explore the relationship between burnout and depression among CBT therapists and trainees in Serbia, Croatia, and Bosnia and Herzegovina. Additionally, this research investigated the role of self-compassion in this relationship to determine if the findings from the aforementioned study could be replicated among CBT psychotherapists and trainees in our region. Three hypotheses were proposed: there will be a significant negative association between self-compassion and burnout, as well as between

self-compassion and depression, and that self-compassion will moderate the relationship between burnout and depression. The sample consisted of 120 CBT psychotherapists and trainees under supervision from Serbia (75.8%), Croatia (16.7%), and Bosnia and Herzegovina (7.5%). The following instruments were used: The Self-Compassion Scale – Short Form SCS-SF (Raes, Pommier, Neff, & Van Gucht, 2011), Copenhagen Burnout Inventory CBI (Kristensen, Borritz, Villadsen, & Christensen, 2005), Depression Anxiety Stress Scales - depression subscale of 7 items (DASS-21; Lovibond & Lovibond, 1995). All correlations were statistically significant ($p < .01$). A negative association was found between self compassion and burnout ($r = -.297^{**}$) supporting the hypothesis that higher levels of self compassion are associated with lower levels of burnout. Similarly, a negative association was found between self compassion and depression ($r = -.373^{**}$), supporting the hypothesis that higher levels of self-compassion are associated with lower levels of depressive symptoms. Also, a positive association was found between burnout and depression ($r = .522^{**}$). Hierarchical linear regression was performed to test the moderating effects of self-compassion on the association between burnout and depression. A multiple regression was undertaken to determine whether self-compassion moderated the relationship between overall burnout and depressive symptoms. The effect of burnout on depression was positive and significant [$b = 0.25$, 95% CI (0.175, 0.324), $t = 6.656$, $p = .000$]. When burnout was entered as the only predictor, the regression model explained 26.7% of variance in depression scores. However, the interaction between burnout and self-compassion wasn't found to be statistically significant [$b = 0.001$, 95% CI (-0.008, 0.011), $t = 0.264$, $p = .792$], opposed to the hypothesis that self-compassion moderates the effect of burnout on depression, meaning that it can't be considered a protective factor against depression in people experiencing high levels of burnout. Nevertheless, self-compassion was once again confirmed as an important factor of wellbeing, since significant negative correlations were reported with both depression and burnout. Further research may consider exploring reasons why burnout happens and how it could be prevented in the first place, as in this study self-compassion couldn't be considered a protective factor against developing depressive symptoms in individuals suffering from burnout. Further replications should also be conducted, as it is possible that different results would be obtained with other samples.

Keywords

depression, burnout, self-compassion

PO54 Investigating a mindfulness intervention for eating disorder symptoms and body dissatisfaction: negative affect and interoceptive awareness as mediators

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Abstract

Background: Body dissatisfaction and symptoms of eating disorders are relatively common, and yield significant individual and societal costs. First line treatments like CBT show good results for some individuals, more than others, suggesting the need for additional research. Mindfulness interventions seem promising as they might target certain mechanisms, leading to symptom and body dissatisfaction reduction. Studies so far focused mostly on mindfulness psychotherapy interventions, but less is known about self-administered online interventions and their mechanisms of change.

Objective: In this randomised controlled study, we aimed to (1) investigate the effectiveness of an online mindfulness intervention in reducing body dissatisfaction and eating disorder symptoms, and to (2) test the mediating role of negative affect and interoceptive awareness for the effectiveness of the intervention, at post-test and at 1 month follow-up.

Methods and preliminary results: Eligible participants ($N = 100$, aged 18-52, with self-reported eating disorders symptoms) were recruited via online ads on social media platforms in Romania and randomly assigned to two groups: mindfulness and an active placebo. Thirty participants completed the intervention and 24 responded at follow-up. Preliminary results on participants recruited thus far showed that eating disorder symptoms decreased. The mean score for the intervention group ($M = 2.238$, $SE = .330$), was lower than the placebo group at post-test ($M = 2.932$, $SE = .317$), $F(1, 29) = 1.299$, $p > .05$. Scores remain lower for the intervention group at follow-up ($M = 2.055$, $SE = .363$), compared to active placebo ($M = 2.609$, $SE = .349$), $F(1, 23) = 1.217$, $p > .05$. Both groups showed reduced body dissatisfaction, with lower follow-up scores for the intervention group ($M = 47.500$, $SE = 5.087$) compared to the placebo ($M = 53.538$, $SE = 4.887$), $F(1, 23) = 1.464$, $p > .05$. Interoceptive awareness had an effect on eating disorder symptoms, but results were not statistically significant at post-test ($b = -1.993$, $p = 0.056$, 95% CI [-.513, .171]) or at follow-up (b

= -3.170, $p = 0.004$, 95% CI [-3.921, 2.487]). The direct group effect was not significant. Results were similar for body dissatisfaction.

Discussion: Our preliminary results suggest that an online mindfulness intervention might have an effect on decreasing eating disorder symptoms and body dissatisfaction. Eating disorder symptoms were lowered at post-test and might be maintained at follow-up. Body dissatisfaction seems to decrease as well. The effect could be mediated by interoceptive awareness. Considering our small sample size, some results were not statistically significant. Because of this, the power of the study is lowered, so results should be interpreted with caution. Despite study limits, results of this study are important. The mindfulness intervention is simple and easy to administer, even online. It also shows results in lowering key eating disorder symptoms and body dissatisfaction.

This research was supported by the Student Research Fellowship at STAR-UBB Institute, Babeş-Bolyai University.

Keywords

eating disorders, body dissatisfaction, online intervention, mindfulness intervention, online intervention, interoceptive awareness, negative affect

PO55 Relationship among emotional regulation strategies, mindfulness and creativity focusing on both self-reported creativity and creative behaviors

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Abstract

Introduction: This study investigates the relationship among emotional regulation strategies (ERS), mindfulness, and creativity, focusing on self-reported creativity and creative behaviors. Expressive creative activities in therapy are positively associated with mental health, suggesting that creativity's therapeutic effect might be linked to emotional suppression. Research on the third wave of CBT, based on mindfulness, emphasizes the positive relationship between full awareness and cognitive reappraisal, improving therapeutic outcomes. Including multidimensional measures of these constructs in research could enhance therapeutic practices by supporting interventions that improve mental health both within and outside the therapeutic context.

Method: This study used a sample of 235 participants, aged 18 to 59 (age: $M = 32.69$, $SD = 9.40$; 73.2% female, 26.8% male), recruited online. We employed the Emotion Regulation Questionnaire (ERQ), the Five Facet Mindfulness Questionnaire-Short Form (FFMQ-SF), and Questionnaire of self-assessment of creativity and the Questionnaire of self-assessment of creative behavior (Ljubotina et al. 2015).

Results: Significant positive but relatively low correlations were found between the ERS of reappraisal and emotional suppression with self-assessments of creativity ($r = .140$, $p < .05$; $r = .240$, $p < .01$). Low to moderate correlations were found between dimensions of mindfulness, Describing and Observing with self-assessed creativity ($r = .182$, $p < .001$; $r = .387$, $p < .01$), as well as between Describing ($r = .273$, $p < .01$), Observing ($r = .528$, $p < .01$), Nonjudging ($r = -.262$, $p < .01$), Nonreactivity ($r = .309$, $p < .01$) and emotional suppression. No significant associations were found with ERS or overall mindfulness regarding creative behavior.

Stepwise multiple regression analysis identified four mindfulness dimensions as key predictors of the emotional suppression: Describing ($t = 5.574$, $p < .01$), Observing ($t = 9.994$, $p < .01$), Nonreactivity ($t = 6.469$, $p < .01$), and Nonjudging ($t = -8.524$, $p < .01$). In terms of the reappraisal strategy, Nonreactivity emerged as a significant predictor ($t = 4.974$, $p < .01$). Conversely, for self-assessment of creativity, emotional suppression and overall mindfulness were significant predictors ($t = 3.139$, $p < .01$ and $t = 2.669$, $p < .01$). However, emotional suppression lost its predictive power when mindfulness dimensions were included in the predictive model with Describing and Observing becoming key predictors of creativity ($t = 2.187$, $p < .05$; $t = 6.599$, $p < .01$).

Discussion: The unexpected positive correlations between emotional suppression and self-assessed creativity might suggest that classification of ERS into adaptive and maladaptive is overly simplistic and that contextual factors need to be considered. The absence of correlation between creative behavior, mindfulness and ERS, should be reconsidered using a different, more elaborate questionnaire. Our results support Baas et al. Differential Hypothesis (2014), suggesting that only the ability to consistently observe and attend to stimuli predicts creativity.

Conclusion: These findings have practical implications for therapeutic interventions, emphasizing the importance of targeting specific dimensions of mindfulness and adaptive ERS to enhance creativity and emotional well-being. Integrating creativity-enhancing techniques and open-monitoring type of meditation practice into clinical practice may offer novel avenues for promoting psychological health. Further research is warranted to clarify the underlying mechanisms and refine therapeutic approaches aimed at harnessing the potential of mindfulness and ERS in fostering creativity and overall well-being.

Keywords

mindfulness, emotional regulation strategies, reappraisal, emotional suppression, creativity, CBT third wave

PO56 The role and utility of attachment styles and emerging technology in CBT

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Abstract

Recent studies have shown the importance of attachment style tendencies in the treatment outcome as well utility in enriching the therapeutic alliance. As there is limited research on how attachment styles are used or can be used in the CBT framework, this study served as an exploratory device for uncovering this question considering various factors. Additionally, we live in an ever-changing environment and it seems that the use of AI technology is on the rise. As such we explored how this tool could be used by both clients and practitioners. Participants were recruited into two groups, the first consisted of 153 members of various internet groups, while the other of 39 CBT/REBT practitioners. We examined how both groups scored on several questionnaires and analyzed their answers on open-ended questions regarding attachment style and AI use. Preliminary results show that both groups' attachment style is significantly associated with emotional intelligence, where more anxious or avoidant individuals score consistently lower on various dimensions of Emotional intelligence. Categorizing participants into four distinct styles gave a more nuanced overview of these and other associations. The first group had a more even distribution of attachment styles with 31% being secure, 19% anxious, 27% avoidant, and 23% fearful avoidant. Practitioners as expected fell largely into the securely attached group with 80%, followed by 12% anxious and 8% avoidant. Some attachment styles seem to be more prone to specific coping strategies than others, most notably fearful avoidant participants had a greater tendency towards denial, behavioral disengagement and substance abuse which was associated with lower life satisfaction and greater distress. An interesting find is that practitioners under supervision seem to be less anxiously attached than certified therapists. Practitioners with higher attachment anxiety had significantly lower scores across all EI facets, while the same did not apply in case of the avoidance dimension. Practitioners seem to not focus on attachment styles as much as they would like to and have not explored AI use in their practice. On the other hand 8% of the first group seem to be using AI during emotional distress in some capacity. When asked what could be improved on in therapy, former and current CBT clients cited the therapeutic alliance and therapeutic style. The implications can be quite broad, therapists can identify their clients' attachment traits and focus on coping strategies that are more beneficial for them. When dealing with attachment styles CBT practitioners seem less likely to explore educating clients, teaching social skills, and using the working alliance as a safe space where clients can explore their attachment style tendencies in the form of irrational beliefs and maladaptive behavior towards the therapist. The growing need for AI in the context of emotional distress, as noted here and in other studies is also something practitioners can be made aware of and be more willing to explore in practice. Some potential uses so far are emotional support in the form of validation, psychoeducation and general help regarding homework.

Keywords

CBT, REBT, attachment styles, emotional intelligence, coping strategies, chat-GPT

PO57 The Power of Perception: Unpacking the Role of Negative Thinking in High School Students' Test Anxiety

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Abstract

Introduction: Test anxiety is a term with emotional and cognitive components. Negative cognitions are an important factor in test anxiety. Although there are studies supporting the relationship between negative cognitions and test anxiety in the literature, some of the cognitive components may be shaped by the influence of culture. Therefore, the aim of this study is to determine the factors that contribute to the formation and maintenance of negative cognitions about taking an exam among adolescents using a qualitative approach.

Method: The study used the Consensus Qualitative Research (CQR) method. In this study, purposive sampling was used; firstly, the Test Anxiety Inventory (TAI) was applied to the students who applied, and fifteen students who scored above the average were randomly invited to the study. Fifteen students participating in the study were administered an inventory including semi-structured interview questions prepared using cognitive and behavioral therapy literature and expert opinions.

Results: Students' negative cognitions about the exam were categorized into four areas: self-oriented, other-oriented, future-oriented, and test-oriented. The self-orientated domain had three themes: self-criticism, lack of confidence, and high self-expectations. The other-oriented domain contained two themes: blaming others and concern about the social consequences of failing. The future-orientated domain had two themes: reading the future and intolerance to uncertainty. Three themes of the test-oriented domain were identified: distraction during the exam, inefficient test-taking strategies, and negative study skills evaluation. According to the study's findings, it was revealed that students had negative cognitions that can be expressed as thoughts about themselves, others, the future, and the exam itself.

Discussion and Conclusion: In this study, it was aimed to examine adolescents' test-related negative cognitions based on a qualitative research method. The study results reveal that students have negative cognitions, which are thoughts about themselves, others, the future, and the test itself, and that these negative cognitions may impact students' test anxiety levels, self-confidence, academic performance, and well-being. Mental health professionals and educators can contribute to improving students' academic performance and well-being by addressing these negative cognitions.

Keywords

Test anxiety, negative cognitions, adolescent, dysfunctional thinking

PO58 Exploring health anxiety in long COVID survivors: a qualitative analysis

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Abstract

Health anxiety, encompassing a spectrum from mild concern to excessive worry about having or developing a disease, has drawn heightened attention in the wake of the COVID-19 pandemic. The pandemic has not only heightened the risk of developing health anxiety but also triggered underlying health anxiety in many individuals. Long COVID, often termed post-COVID syndrome, significantly impacts individuals who endure persistent symptoms following acute COVID-19. Research suggests that up to 80% of severe COVID-19 patients experience prolonged physical and psychological symptoms. In light of the evolving landscape of post-COVID health complications, there remains a noticeable gap in research concerning health anxiety among long COVID survivors.

Our study aimed to investigate the phenomenon of health anxiety among adult survivors of severe COVID-19 during the post-acute period (within one year of hospital discharge). This research forms part of a broader project spanning Bulgaria, Slovakia, Croatia, and Romania, employing a biopsychosocial public health perspective. We conducted in-depth, semi-structured interviews with 30 adult survivors (15 women and 15 men, aged 21-78), analyzing the data thematically.

Our findings reveal that individuals who have survived serious COVID-19 identified several triggers for health anxiety. These triggers include physical symptoms, medical appointments, exposure to illness-related stimuli, changes in health status, and physical exertion or activity. These triggers activated their core beliefs and thoughts about health, which were often negative. Participants reported various reassurance-seeking behaviors, bodily symptom preoccupations, avoidance behaviors, and security behaviors. Some participants indicated pre-existing health anxiety, while others experienced heightened health anxiety after hospitalization. Those displaying higher health anxiety symptoms tended to be more preoccupied with bodily sensations and exhibited maladaptive coping behaviors.

The findings underscore the necessity for tailored interventions to address health anxiety and its consequences in the context of post-COVID syndrome. Healthcare providers should consider these insights when developing support strategies for individuals experiencing health anxiety following severe COVID-19.

Keywords

health anxiety, long COVID, qualitative analysis

P059 Cognitive model of perceptual anomalies: The role of source monitoring, top-down influence and inhibitory control processes in hallucinations in schizophrenia and hallucinatory-like experiences in the general population

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Abstract

Background: Cognitive models emphasize that top-down processes, source monitoring, and inhibitory control contribute to mechanisms of perceptual anomalies such as auditory hallucinations (AHs) and hallucinatory-like experiences (HLEs). The prevalence of perceptual abnormalities is not restricted to the clinical population and represents a continuum ranging from illusions to distressing hallucinations. Still, there is little evidence to confirm that these processes explain mechanisms of perceptual anomalies on the entire continuum of different perceptual phenomena. The study aims to investigate a gradual pattern in the number of errors made on tasks assessing top-down processes, source monitoring, and inhibitory control. Patients diagnosed with schizophrenia spectrum disorders who are currently experiencing hallucinations are expected to make the most errors, followed by non-hallucinating patients, individuals with frequent HLEs, and finally, healthy controls, who are expected to make the fewest errors. Moreover, the study aims to examine the relationship between perceptual anomalies, cognitive processes, self-disturbances, and social functioning on the entire continuum of perceptual phenomena.

Methods: Eighty-nine patients with schizophrenia spectrum disorders (SSD) were divided into two groups based on AHs presence - 46 with AHs and 43 - non-hallucinating, 43 matched healthy controls, and a sample selected from

the general population of 40 participants with high HLEs and 43 with low HLEs performed three experimental tasks assessing top-down processes (False Perception Task - FPT), source monitoring (Action Memory Task - AMT), inhibitory control (Go/No-Go Task). Patients were assessed with the Positive and Negative Syndrome Scale (PANSS), and all groups were screened using the Mini International Neuropsychiatric Interview (MINI) for the presence of mental disorders. Exclusion criteria were: age 18-45 years, neurological disorders, alcohol dependence in the past 12 months, hearing and intellectual impairments. Additionally, for the non-clinical groups, the presence of the current mental disorders was the exclusion criterion. All patients were stable during the assessment and had no major changes in pharmacological treatment two weeks before the study. Group differences were calculated with Kruskal-Wallis ANOVA. Correlational analyses were performed with Spearman's rho correlations with the Holm correction for multiple comparisons. Then, a hierarchical regression model was created to search for possible predictors of self-reported perceptual anomalies in the entire sample.

Results: Both clinical groups committed significantly more false perceptions in the FPT and committed more source monitoring errors than HC. However, there were no significant differences between clinical groups (SSD with AH vs SSD without current AH) and non-clinical groups (high HLEs vs low HLEs). No significant group differences were found for false alarms in the Go/No-Go Task. However, there was a significant relationship between self-reported perceptual and all the cognitive processes, as well as self-disturbances and social functioning. Regression analysis showed that all three tasks significantly predicted self-reported perceptual anomalies in the entire sample.

Discussion: Although this study shows some discontinuities in cognitive mechanisms of perceptual anomalies in clinical and non-clinical populations, the investigated processes are connected with self-reported perceptual anomalies. Addressing the impact of cognitive processes on perception could be an important aspect of future studies investigating interventions directed at perceptual anomalies.

Keywords

perceptual anomalies, hallucination continuum, source monitoring, top-down processes, inhibitory control

PO61 Coping with economic strains: Reliability and validity of the European Portuguese version of the Dyadic Coping Inventory for Financial Stress

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Abstract

Background: Couples fighting over money is common within families and there is ample evidence suggesting that financial stress can negatively affect a couple's relationship. The Dyadic Coping Inventory for Financial Stress (DCIFS) is a 23-item self-report measure that was recently developed to assess the way couples cope with financial stress. The aim of this study was to present the psychometric properties of reliability and validity of the European Portuguese version of the DCIFS.

Method: The sample consisted of 215 individuals (77.2% female) with a mean age of 39.58 years ($SD = 12.25$; range: 19-79), recruited from the community. All participants were in a romantic relationship, on average for approximately 15.56 years ($SD = 12.45$). In addition to the DCIFS, participants completed self-reported measures assessing dyadic

adjustment (Revised Dyadic Adjustment Scale), communication (ENRICH), psychological distress (Depression Anxiety Stress Scales), relationship mindfulness (Relationship Mindfulness Measure), and work-family conflict (Work-Family Conflict and Family-Work Conflict scales).

Results: The Confirmatory Factor Analysis (CFA), at item-level, indicated that the 11-factor model yielded an acceptable fit to the data (CFI = .952; RMSEA = .066; 90% CI for RMSEA = [.056; .077]; SRMR = .056). Intercorrelations between DCIFS subscales were all in the expected direction and consistent with the original validation study. Acceptable values of internal consistency were found for nearly all subscales, with Cronbach's alphas ranging between .72 (Negative DC by the partner) and .96 (Joint Problem-focused DC). Stress communication by oneself (Cronbach's alpha = .55), Stress communication by the partner (Cronbach's alpha = .63) and Negative DC by oneself (Cronbach's alpha = .62) were below the .70 threshold. Correlations with self-reported measures assessing dyadic adjustment, dyadic communication, relationship mindfulness, psychological distress, and work-family conflict supported the convergent and discriminant validity of the 11 subscales of the DCIFS.

Discussion: These preliminary results generally attest the reliability and validity of the European Portuguese version of the DCIFS and establish its applicability in research and clinical settings, particularly among couples and families struggling with financial issues.

Keywords

dyadic coping; financial stress; reliability; validity.

P062 Neurodevelopmental traits and Chronic pain

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Abstract

Introduction: The high prevalence of chronic pain is one of the major problems in developed countries, and a considerable number of cases remain incurable partly due to psychological and social problems. In recent years, a high rate of patients with pain problems have been diagnosed with attention deficit hyperactivity disorder (ADHD) and autism spectrum disorder (ASD). Therefore, it is important for practitioners who approach chronic pain to consider those neurodevelopmental traits. In this study, we investigated the frequency of people with chronic pain who have a probable neurodevelopmental disorder and found neurodevelopmental characteristics related to chronic pain. The aim of this study is to obtain empirical data for the development of cognitive behavioral therapy for chronic pain patients with a neurodevelopmental disorder.

Methods: A cross-sectional case-control study through an anonymous online survey was conducted from August 31st to September 20th, 2022. Individuals with somatic pains as their main concerns for more than 6 months and a score of 23 or higher on the Somatic Symptom Disorder – B Criteria Scale (SSD-12) were included in the probable chronic pain group, and individuals with no somatic symptoms who scored 0 on the SSD-12 and were age and sex-matched to the chronic pain group were included in the healthy control group. Individuals diagnosed with cancer, alcohol or substance use disorder, incarceration, cardiovascular disease, or cerebrovascular disease were excluded. We used the Adult ADHD Self-Report Scale-V1.1 (ASRS-V1.1) as a measure for ADHD and the Autism Spectrum Quotient (AQ) for ASD. We compared the two groups regarding neurodevelopmental traits using the Mann-Whitney U test and examined the association of neurodevelopmental characteristics and chronic pain using logistic regression analysis (SPSS, version 29.0).

Results: Among the 34,060 individuals aged 18-85 who participated in this study, 1,583 (4.6%) were considered to have probable SSD and 851 (2.5%) to have chronic pain. After excluding individuals with the conditions mentioned above and with invalid responses to questionnaires, we included 523 individuals in the chronic pain group (mean age 52.3±13.4) and 542 in the control group. In the chronic pain group, 115 (22%) rated higher than the cutoff point on ASRS-V1.1 and 83 individuals (16%) rated higher than the cutoff point on AQ, while only 5 (1%) and 14 (3%) in the control group rated higher than the cutoff point on each scale, respectively. Individuals in the chronic pain group had significantly higher scores on all subscales of ASRS-V1.1 and AQ. Significant associations between chronic pain and

inattention (ASRS-V1.1), attention switching, and attention to details were observed (OR, 0.79; 95% CI, 0.75-0.83, OR, 0.86; 95% CI, 0.77-0.96, OR, 0.9; 95% CI, 0.83-0.97, respectively). A significant association between chronic pain and attention switching disappeared in the model with personality traits included as independent variables exploratory. Conclusion: This study illustrated a high frequency of the probable comorbidity of neurodevelopmental disorder and chronic pain. Inattention, attention switching, and attention to details were related to chronic pain. Specific protocols for chronic pain with neurodevelopmental disorder which focuses on attention would be helpful for those patients.

Keywords

Neurodevelopmental traits, Chronic pain, Cognitive Behavioral Therapy

PO63 Psychotherapists' Misconceptions About CBT**Olga Bradić**

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Abstract

Cognitive Behavioural Therapy (CBT) is a widely respected and evidence-based approach to mental health treatment. Despite its proven effectiveness, several misconceptions persist about what CBT entails and who can benefit from it. Dispelling these myths is crucial to ensure that individuals can make informed decisions about seeking therapy and fully take advantage of its benefits.

According to (Tovilovic,2021) there are nine common myths surrounding CBT: CBT Requires High Intelligence; It Ignores Emotions; It Focuses Only on Positive Thoughts; CBT is a Quick Fix; CBT is Only Focused on Symptom Relief; CBT is Not Interested in The Client's Past; CBT Neglects The Role of Client-therapist Relation as a Factor of Change; CBT Doesn't Perceive Social and Environmental Factors as Important; CBT is Just Common Sense. The goal of this study was to explore how psychotherapists in Serbia perceive these myths. Our expectations were that not CBT oriented psychotherapists would show a higher level of belief in above mentioned myths about CBT.

By using a descriptive type of research we have collected data from therapists and trainees of CBT and other psychotherapeutic modalities (Transactional Analysis (26,7%), CBT (20%), Systemic Family Therapy (13,3%), Psychodynamic Therapy, Integrative Therapy, Constructivist Therapy, Psychodrama Therapy, Gestalt Therapy, and others) from Serbia. They have all been contacted through a collective mailing list throughout March and April of 2024. The sample consisted of 120 people (98 female and 22 male) with a range of therapeutic experience from 0 to 49 years, the most represented were those with 10. Based on the CBT myths mentioned by Tovilovic, 2021., we have created a questionnaire with 9 items ($\alpha=0,78$) representing each myth with a Likert-type scale (1 = strongly disagree, 5 = strongly agree). The findings of the study indicate that CBT psychotherapists are the least ones prone to believing in myths, which was somewhat expected. Psychotherapists from other modalities: Psychodynamic; Systemic and Psychodrama were the ones who showed the highest rate of belief in these misconceptions. Based on the results, It cannot be predicted if psychotherapists would have a positive or a negative score (believing/not believing) based on their years of experience and their psychotherapeutic modality of choice. The only significant difference in attitudes towards these myths, based on the psychotherapeutic modality, was shown in case of the myth: CBT is Not Interested in The Client's Past. Psychodynamic, psychodrama and systemic psychotherapists (exactly in this order) were the ones who showed the highest belief in this myth.

The findings highlight the need to promote CBT and enhance awareness about the misconceptions and myths that have developed around it. Increased education and accurate information are crucial to ensure that both therapists and the general public understand the true nature and benefits of CBT. By addressing these myths, we can help therapists provide more accurate guidance to their clients, ultimately improving the quality and effectiveness of mental health treatment. Raising awareness and correcting these misconceptions will enable individuals to make more informed decisions about their therapeutic options and maximise the benefits of CBT.

Keywords

Misconceptions, Myths, Psychotherapists, CBT

PO64 Screen Time And Mental Health Among Serbian-Speaking Children and Adolescents: Parents' Perspective

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Abstract

Introduction: The use of digital media, especially social media, among teens, has become a recognized public health issue. Some studies have found associations between smartphone and social media use and depressive as well as internalizing symptoms (Silva Santos et al, 2023) while hourly screen time was found to increase depressive symptoms in adolescent populations through interferences with problem-focused coping (Hokby et al, 2023). There is a growing need for data from the developing world to better understand generalizability of these findings. Here we build on the findings of Višnjić et al (2018) who discovered a relationship between stress levels and nighttime smartphone location among Serbian and Italian students and Ružić-Baf et al (2022) who have found, in a sample of Croatian students, that late time smartphone use was related to sleep disturbance and morning fatigue.

Aim: To investigate a relationship between smart phone use and mental health among Serbian-speaking children and adolescents.

Method: We have been surveying Serbian-speaking adults using a snowball method. Respondents are asked to fill out an online questionnaire consisting of demographic questions, their digital habits as well as digital habits of their children, their sleep habits, parent's personality, anxiety and depression symptoms of children (parent's version of the 47-item RCADS-P scale), as well as addiction indicators (modified Bergen Facebook Addiction Scale-BFAS).

Results: Our preliminary results, based on a sample of 191 parents, point out to the significant correlation between parents' and childrens' screen times. We found no significant differences in total anxiety between groups of children having less than four (<4 hours $m=13.85$, $SE=1.31$; >4 hrs $m = 14.50$, $SE=1.74$), and more than four hours of screen time. However, we found a statistically significant difference in major depression, with children who had more than 4 hours of screen time scoring significantly higher. Modified BFAS scores showed the same pattern and also reached statistical significance. We did not find gender-related significant differences in either screen time or total anxiety (females $m=14.71$, $SE=1.45$; males $m = 3.46$, $SE=0.54$) or major depression (females $m=3.19$, $SE=0.46$; males $m = 13.26$, $SE=1.61$).

Conclusion: Our preliminary results suggest a positive relationship between screen time and depression among Serbian-speaking children and adolescents.

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Keywords

depression, anxiety, screen time, online, social media, adolescent, child, parent

PO65 Standpoints of final-years REBT trainees towards CBT interventions

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Introduction

This study aims to explore the perspectives of final-years Rational Emotive Behaviour Therapy (REBT) trainees on various Cognitive Behavioural Therapy (CBT) interventions. As they approach the end of their formal education, their insights are invaluable for understanding the practical application and perceived efficacy of different CBT techniques.

Methods

We conducted a qualitative study with 10 final-year REBT trainees who work with clients under supervision. Data collection was carried out through online interviews. The interviews focused on trainees' perceived effectiveness, frequency, preferences, and the importance of the therapeutic relationship compared to specific interventions.

Preliminary Results

Preliminary findings indicate that trainees prefer cognitive interventions. In contrast, behavioural interventions are less commonly used. The reasons for these preferences are multiple, involving personal confidence and observed outcomes.

Trainees consistently appreciate cognitive interventions for their structured approach and direct impact on clients' thought processes. These interventions help clients identify and challenge irrational beliefs, which are seen as empowering and effective in promoting rational thinking. However, some trainees find these techniques can sometimes appear too "robotic," particularly when they are still under supervision. There is also a concern that clients who are highly emotionally aroused may resist cognitive interventions due to the difficulty of challenging deeply held beliefs. Emotional-imaginative interventions are valued for their ability to facilitate emotional change by allowing clients to re-experience and reframe their issues from different perspectives. The effectiveness of these interventions largely depends on the client's ability to visualise and remain focused during sessions. However, some clients have difficulty engaging in imaginative exercises.

Behavioural interventions are praised for their applicability in real-life situations and their gradual exposure techniques, which help clients confront and overcome problems. Trainees find these interventions particularly effective in facilitating tangible changes in behaviour. Additionally, trainees often feel that designing appropriate behavioural tasks requires a level of creativity that may be daunting for those with less experience.

Mindfulness interventions are generally well-received by trainees who have observed significant benefits in clients' increased awareness and ability to manage bodily sensations and thoughts. However, mindfulness is not universally effective. Therefore, the suitability of mindfulness interventions varies significantly among different clients. Some of the issues that were revealed during our research were: ability of the trainees to adapt the voice to the technique; some clients struggle to remain present or find these exercises irrelevant.

Discussion

The data suggests a significant emphasis on cognitive techniques among trainees, reflecting perhaps both their training focus and the immediate cognitive restructuring benefits they observe in clients. The less frequent use of behavioural interventions may stem from either a lack of confidence in applying these techniques or perceived barriers in client engagement and compliance.

Conclusion

This study contributes to the field by providing a better understanding of the practical applications and preferences of REBT trainees towards CBT interventions. The findings highlight the need for broad training in various techniques to ensure effective therapy. This abstract serves as a preliminary overview of an ongoing study, with final results and analyses to be presented upon completion.

Keywords

Trainees, Cognitive Interventions, Behavioural Interventions, Emotional-Imaginative Interventions, Mindfulness Interventions

PO66 COGNITIVE BEHAVIORAL THERAPY OF YOUNG ADULT WITH HYPERKINETIC DISORDER – A CASE REPORT

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Abstract

INTRODUCTION: Attention Deficit Hyperactivity Disorder (ADHD) is neurodevelopmental disorder characterized by inattention and hyperactive impulsive behaviour, which is more frequent and more intense than in a typical person of the same developmental level. There is a traditional understanding that most children outgrow ADHD, but recent systemic reviews have estimated prevalence of persistent ADHD in 2.58% of adults and of symptomatic ADHD in 6.76% of adults.

CASE PRESENTATION: This is a case report which presents case of 23-year-old female who was referred to the assessment by a multidisciplinary team (psychiatrist, psychologist, neurologist, EEG). The client was diagnosed with hyperkinetic disorder and associate anxiety/depressive disorder and has been included in cognitive behavioural therapy (CBT). CBT interventions addressed executive function deficit and motivation deficit, as well as the depression and anxiety disorders. As a supportive measure, mindfulness training was also included in treatment regimen. After the first cycle of treatment regimen, reevaluated T.O.V.A., BG-II, WB-II verbal scales, Wb-sp. MMPI, PIE, WZT, interview answers, and behaviour ratings have considerably improved. Considering improvements, medication was reduced and continuation of cognitive-behavioural therapy was prescribed.

CONCLUSION: The presented therapeutic work with a young adult client indicates the effectiveness of the CBT approach in working with adults with difficulties caused by hyperkinetic disorder circle.

Keywords

Hyperkinetic disorder; Attention Deficit Hyperactivity Disorder (ADHD); Adults; Cognitive-behavioural therapy

PO68 Intolerance of uncertainty, worry and sleep quality in adolescents

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Abstract

Intolerance of uncertainty (IU) is defined as "a predisposition to react negatively to an uncertain event or situation, independent of its probability of occurrence and of its associated consequences" (Ladouceur et al., 2000, pp. 934). It is reciprocally related to worry and anxiety in adult population, as well as in young people. A few studies also showed that IU is related to sleep quality, but nature of that relationship is not completely clarified. This is especially relevant for high school student's samples. In this research we wanted to examine if IU contributes to sleep quality in high school students and if worry has a mediator role in relationship of IU and sleep quality. High school students of one high school in Croatia (N = 206) between the ages of 14 and 19 took part in the research during regular classes in school. Participants filled out the questionnaires on their mobile phones and computers during class in the presence of the researcher. The constructs were assessed using The Penn State Worry Questionnaire for Children, The Intolerance of Uncertainty Scale-Short Form and The Pittsburgh Sleep Quality Index. The results showed that all three constructs are significantly interrelated, with moderate correlation between IU and worry and weak correlations of IU

and worry with sleep quality. Hierarchical regression analyses with age, gender, IU and worry as predictors entered in three steps showed that no model contributes significantly to sleep quality, but IU showed to be significant predictor of sleep quality in the second step of analyses. This research showed that IU could have a significant role in high school student's sleep quality, although variables included in this research haven't explained significant proportion of sleep quality variance. Further research should include participants from different high schools, as well as other measures, like objective measure of sleep quality. Also, longitudinal methods of research of this topic are recommended.

Keywords

Intolerance of uncertainty, worry, sleep quality, high school students

PO69 What do adolescents think of an App designed to reduce cognitive risk factors for eating disorders?: a mixed-methods study

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Abstract

Background. In recent years, there has been a growing scientific interest in the potential of eHealth to reduce risk factors for eating disorders, and outcome research suggests that they may offer a promising approach. However, there is a need for studies to identify methods to improve adherence and attrition, as high dropout rates have been reported. Nevertheless, despite the number of eHealth interventions available, there is currently a lack of usability, acceptability, and feasibility studies. Furthermore, the perspectives of end users have rarely been reported. It is therefore important to assess these variables to ensure that eHealth interventions are effective and meet the needs of users.

Objective. This study aimed to examine the usability and acceptability of GGED-AD, the first mobile app-based intervention designed to reduce cognitive risk factors for eating disorders in adolescents.

Method. 42 adolescents (61.9% female) with a mean age of 13.98 years ($SD = 0.51$) participated in the study. The sample was obtained from a randomized controlled trial, and the target group included participants who had completed the use of GGED-AD as a part of the experimental group. We conducted a study based on a convergent mixed-methods approach, and participants completed open-ended questions as part of a semistructured interview, and self-report measures (i.e., System Usability Scale, SUS, and the Usefulness, Satisfaction, and Ease of Use Questionnaire, USE). Descriptive statistics and coding template analysis with a pre-established set of themes were used to analyze the interviews and questionnaires.

Results. The average SUS score was 73.33 ($SD = 11.60$), and the mean score on the USE was 4.18 on a 7-point scale. Thus, indicating that the app has satisfactory usability and acceptability. The qualitative data was organized according to the pre-established themes into: usability, visual design, user engagement, content, therapeutic persuasiveness, therapeutic alliance, and usefulness. The analyses of the initial three themes indicated that the app is straightforward to use, attractive, and engaging for users. However, about the "content" of the intervention, participants highlighted some issues regarding feedback provided by the app. Regarding the categories "therapeutic persuasiveness" and "therapeutic alliance", data showed that the app encourages users to engage in positive behaviors and fosters an alliance with them. Additionally, users found the app to be highly useful.

Discussion. The findings of this study indicate that GGED-AD has satisfactory usability and acceptability. Moreover, the integration of qualitative and quantitative data allowed for better data mining and better insights into the experiences of adolescents, who highlighted the usability and visual design of the app, as well as the need to review how feedback is provided. Furthermore, the study also provides valuable information on how to best design eHealth interventions to increase their likelihood of adoption in the 'real world'.

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Keywords

Usability, acceptability, eHealth, eating disorders, mixed methods, GGED-AD, risk factors, app-based interventions.

PO70 An app to challenge obsessional beliefs in adolescents: pre-post intervention efficacy and a one-and six-month follow-up study.

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Abstract

Introduction. Adolescence is a high-risk period for the development of psychological disorders such as obsessive-compulsive disorder (OCD). Cognitive explanatory models posit that dysfunctional beliefs have an essential role in the etiology and maintenance of obsessive-compulsive disorder. In this sense, it could be of interest to address OCD-related dysfunctional beliefs in adolescents to improve their mental health through a widely accessible and tailored intervention such as the app GGOC-AD. It is an adaptation for the adolescent population of GGOC, an app specifically developed to challenge OCD-related beliefs.

Aim. This study aims to examine the efficacy of the use of the app GGOC-AD on OCD-related beliefs and symptoms. Additionally, we sought to assess if the changes produced after de use of the app (i.e., post-treatment) are maintained at one- and six-month follow-ups.

Method. A parallel two-armed randomized controlled trial was conducted. A group of 67 students ($M = 15$ years; $SD = 0.60$; 68.7 % women) were recruited from a public school in the Valencian Community (Spain) and were randomly allocated to either the experimental (usage of GGOC-AD) or the control (usage of GGN-AD; an app with neutral content) group. Participants were required to use their respective app for 14 days and complete a set of questionnaires before (T1; pre-treatment) and after the app usage (T2; post-treatment). Additionally, they completed assessments at one month (T3) and six months follow-up (T4). Data on obsessive-compulsive symptomatology (OCI-R-CV), and OCD-related dysfunctional beliefs (OBQ-CV) was collected. A 2 (group: experimental vs. control) \times 2 (time: T1 vs. T2) mixed model repeated measures analysis (ANOVA) was conducted to assess the pre-post intervention effect and paired t-tests were performed to analyze the maintenance of the results (T2 vs. T3; T2 vs. T4).

Results. The ANOVA revealed a significant interaction effect for OCI-R-CV ($F_{1,65} = 10.41$; $p = .002$; $\eta^2 P = .14$) and OBQ-CV ($F_{1,65} = 13.61$; $p < .001$; $\eta^2 P = .17$). Paired t-tests for the experimental group showed no significant changes in OCI-R-CV between T2 and T3 ($t_{29} = 0.57$; $p = .285$) or between T2 and T4 ($t_{29} = -1.26$; $p = .11$). Likewise, there were no significant changes in OBQ-CV between T2 and T3 ($t_{29} = 0.42$; $p = .341$), nor T2 and T4 ($t_{29} = -0.05$; $p = .481$).

Discussion. After the intervention with GGOC-AD, OCD-related beliefs and symptoms decreased significantly, and this improvement was maintained even six months after having finished the intervention. Thus, this app is a promising tool for enhancing the mental well-being of the adolescent population by reducing risk factors such as obsessional beliefs. Future studies should aim to study its effectiveness on clinical adolescent samples.

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Keywords

Obsessive-ompulsive disorder, Maladaptive beliefs, mHealth application, Adolescence, Randomized controlled trial, follow-up

PO71 The mediating role of self-compassion in the relationship between perfectionism and rumination

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Abstract

Introduction

Self-compassion, perfectionism and rumination, which belong to individual cognitive category, are important factors related to depression and anxiety among students. According to the diathesis-stress model for students with high perfectionism, external and internal sources of anxiety and stress during studies can be even more distressing, as the exceedingly high expectations for themselves and others are unlikely to be met. Perfectionism is considered to explain increasing levels of negative repetitive thinking, such as worry and rumination. In the recent studies, rumination has been studied extensively as a transdiagnostic variable in depression and anxiety. The aim of this study is to examine the perfectionism-rumination relationship and mediating role of self-compassion within university students, as a potential target for future interventions, aimed at reducing perfectionism-driven rumination, as well as depression and anxiety symptoms consequently.

Method

The methodology was based on quantitative analysis of students' responses to the online questionnaire. The questionnaire consisted of Frost Multidimensional Perfectionism Scale (FMPS), Ruminative Response Scale (RRS) and Self-Compassion Scale (SCS). The study was performed with a total of 180 university students in Serbia, with the mean age of 22.5 years and the majority being women (82.8%). The data was statistically analyzed using Pearson correlation method in SPSS and mediation analysis in PROCESS macros for SPSS.

Results

The correlation analysis of the main variables in the research show that there is a statistically significant positive correlation between Perfectionism and Rumination ($r=0.540$, $p<0.01$.), as well as a negative correlation between Self-compassion on the one hand and Perfectionism ($r=-0.503$, $p<0.01$.) and Rumination ($r=-0.471$, $p<0.01$.), on the other. Thus, it has been shown that people with more expressed perfectionism are more prone to a ruminative reaction style, and that people with more compassion towards themselves are less prone to rumination and have less intensive perfectionist tendencies. The data, furthermore, confirm that self-compassion partially mediates the relationship between perfectionism and the ruminative reaction style. It has been shown that people who are prone to perfectionism are less prone to rumination, the more self-compassion is expressed. The study also examines the relationship of Concern over mistakes as maladaptive perfectionism in relation to rumination, self-compassion and its subscales.

Discussion

The findings of our study show that perfectionists tend to have low self-compassion, as well as that perfectionism and self-compassion are positively and negatively associated with ruminative response style, respectively. What is more, perfectionism positively correlates with rumination via low self-compassion. In other words, the latter acts as a partial mediator in that relationship, suggesting it may have a protective role in preventing ruminative response style in highly perfectionist students. However, it is important to note that larger and more diverse sample would better support the generalization of the study findings. The findings underline self-compassion's relevance in perfectionism-driven rumination prevention and management, supporting its use as an intervention target in depression and anxiety treatment. Future studies should also focus on investigating the efficacy of those interventions in CBT practice.

Keywords

self-compassion, perfectionism, rumination

P073 Exploratory study on dissociative experiences in a community sample: Exploration of the factor structure of dissociation.

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Abstract

Dissociation is a complex and multifaceted construct that remains poorly understood and assessed, particularly in French-speaking populations. While 26 validated assessment scales exist in English, only three self-assessment scales are available in French (Cernis et al., 2021). The most widely used scale in French-speaking population is the DES (Dissociative Experience Scale: Bernstein & Putnam, 1986). Several validation studies of the French versions of the DES have been proposed (Darves-Bornoz et al., 1999; Larøi et al., 2013), demonstrating good psychometric properties and satisfactory internal consistency, according to the authors. However, despite these findings, several criticisms can be levelled at the DES, in both French or English version. These include a failure to consider recent conceptions of dissociation (Cernis et al., 2021), a lack of stability in the factor structure observed across studies (Kennedy et al., 2004) and unsatisfactory test-retest reliability, partly linked to the response format (expressed in %) but also to the very content of the items, which is easily open to interpretation (Trujillo et al., 2022). These criticisms are in part due to the lack of conceptual clarity surrounding dissociation. There is no consensus on its definition or on theoretical models explaining its development and maintenance. Despite numerous attempts to define, assess and conceptualize dissociative experiences, reconciling heterogeneous theoretical standpoints in the field remains a challenge.

The preliminary results of a data-driven study exploring the factorial structure of a set of 166 items, which aims to capture dissociation, will be presented. These items were inspired by existing scales, translated in French, and refined to assess dissociative experiences in an exhaustive way. The study sought to answer the following questions. Is dissociation a multidimensional construct, encompassing various distinct yet interrelated dimensions, each representing specific symptom sets but collectively viewed as a unified concept? If dissociation is indeed a multidimensional construct, what are the factors representing those different symptoms dimensions? The aim of the study was to identify the underlying factors of dissociation, through a diverse set of items representing dissociative experiences from various theoretical frameworks, thereby providing a clearer understanding of this complex construct. Preliminary results from an exploratory factor analysis on 570 French-speaking participants from a community sample recruited via social networks, will be presented. Factorial structure will be discussed in the light of current models of dissociation.

Keywords

dissociation, dissociative experiences, assessment, exploratory factor analysis

P074 Development of UP-Prevent: Results from two focus group with mental health professionals with training in applying the Unified Protocol

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POSTER PRESENTATIONS

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Abstract

Introduction/Aim: Emotional disorders (EDs), particularly anxiety and mood disorders, are highly prevalent worldwide. Likewise, the proportion of individuals with subclinical symptoms of anxiety and/or depression (i.e., those who report significant clinical symptoms, but do not fulfill the criteria for having a disorder) is higher and a current concern. The subclinical symptomatology also negatively impacts individuals' lives, affecting their functioning, quality of life and increasing the risk of having a diagnosis of ED in the future. Thus, it is of utmost importance to intervene preventively with this population to avoid the exacerbation of the symptoms and, consequently, the onset of an ED diagnosis. The Unified Protocol (UP) is a CBT-based transdiagnostic treatment that intervenes in EDs and that presents several advantages (e.g., applied different application formats). The UP has proven effective in different formats (e.g., group, online) and for different populations (e.g., eating disorders, borderline personality disorder). Recently, brief versions of the UP have been developed, and the available results reinforced its potential as a preventive intervention. Accordingly, the aim of this study was to present the results obtained from two focus group sessions with Portuguese mental health professionals with training in applying the UP, held to understand which content and characteristics a brief and preventive version of the UP (UP-Prevent) should encompass.

Methods: Two focus group sessions were carried out with 9 mental health professionals (all psychologists) with training and experience in applying the UP. A discussion guide was developed by the researchers beforehand and included topics such as challenges, barriers, and facilitators of applying a brief version of the UP, advantages and disadvantages of applying the UP, receptiveness of the population with subclinical symptoms to receive a preventive intervention, as well as structure (e.g., number of sessions, duration, etc.) and content (e.g., nuclear modules, modules to be reduced or eliminated) of the UP-Prevent. Qualitative analyses (thematic analysis) were conducted with the assistance of MAX-QDA software, by two independent researchers.

Results: The results of the thematic analysis suggested three themes and nine subthemes. The first theme was concerned with the Challenges of implementing a preventive version, which presented two subthemes: External challenges to the intervention and Internal challenges to the intervention. The second theme was Facilitators of implementing a preventive version, which included four subthemes: Recruitment, Implementing the intervention, Population characteristics, UP characteristics. The third theme was related to the Adaptations for the UP-Prevent, composed of three subthemes: Structure, Content and Evaluation.

Conclusions: These results suggest important principles that will be crucial to develop a brief preventive intervention based on the UP, which may be particularly useful for the population with subclinical symptoms of anxiety and/or depression and ultimately may prevent the development of Emotional Disorders.

Keywords

Focus group; Unified Protocol; Subclinical symptoms; preventive intervention

PO75 How can I evaluate the effectiveness of my therapeutic intervention?

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Abstract

This poster aims to raise awareness among clinicians about evaluating their therapeutic interventions, in the spirit of evidence-based practice (EBP). EBP is now prescribed in the medical sectors, particularly in medicine and psychology. Following this practice, an evaluation of the effects of the therapeutic intervention is essential. However, this evaluation cannot be limited to clinical impressions, which are influenced by various biases potentially responsible for errors in judgment. Assessment using pre- and post-intervention tools is a more objective method often considered by therapists. However, this does not allow for the intra-individual variability of the targeted measures. An alternative to this limitation is the use of repeated measurements as prescribed by multiple baseline protocols (Krasny-Pacini & Evans, 2018). In addition, the inclusion of transfer and control measures in this protocol makes it possible to verify the specificity of the effects of the proposed intervention. To illustrate these key points, a clinical case is presented.

Krasny-Pacini, A., & Evans, J. (2018). Single-case experimental designs to assess intervention effectiveness in rehabilitation: A practical guide. *Annals of Physical and Rehabilitation Medicine*, 61(3), 164–179. <https://doi.org/10.1016/j.rehab.2017.12.002>

Keywords

EBP, assessment, case study, multiple baseline design

PO76 Promoting self-efficacy in a brief virtual reality-based exposure (VRE) for acrophobia

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Abstract

Exposure therapy for phobic fear and anxiety disorders is highly efficient. However, some patients show only a partial remission of symptoms or do not profit from exposure. Evidence from our lab indicates that self-efficacy enhancement (SEE) in combination with VRE administered after the exposure session can be a promising add-on treatment to further decrease fear and avoidance in height phobia. The present study builds on these previous findings and examined whether SEE during versus after a brief VRE is more beneficial to promote VRE effects in height-fearful participants. Height-fearful participants received a brief VRE in combination with a SEE which was operationalized by retrieval of specific mastery experiences. SEE was administered either during the VRE session or after the VRE session. Effects of different conditions of VRE and SEE administration were assessed on various treatment outcome measures. The latter included treatment-induced changes in i.) subjective height-related fear and avoidance, ii.) behavioural approach towards a real height-scenario and iii.) psychophysiological indices of fear. Immediate (24 hours after VRE) as well as long-term assessments (3 months after VRE) of therapy outcome were performed. We present preliminary study findings on differences in treatment outcome between the respective conditions containing SEE in combination with VRE.

Keywords

fear of heights; self-efficacy; virtual reality; exposure; mastery experience

PO77 Comparative efficacy of different cognitive-behavioral therapy protocols for procrastination: a randomized controlled trial

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Abstract

Procrastination is a behavior characterized by the voluntary delay of intended tasks or actions despite knowing that this postponement may lead to negative consequences. CBT has been widely recognized as an effective intervention for reducing procrastination and mitigating associated mental health issues such as depression and anxiety. However, it is crucial to investigate whether different CBT protocols vary in their efficacy, which necessitates rigorously designed and suitably powered studies.

The current study aimed to compare the efficacy of two CBT protocols for procrastination against active and waitlist control groups. The 5-week-long programs were delivered online in a group setting and conducted by pairs of therapists. All three active protocols included identical psychoeducation and cognitive interventions, with variations in behavioral techniques. The behavioral module in the first protocol focused on realistic planning and timely beginning (RPT), while the second protocol employed working time restriction (WTR). The active control group used the Pomodoro technique (PT). It was hypothesized that RPT and WTR protocols would be more efficacious in reducing procrastination levels than the control conditions (PT, waitlist). Furthermore, it was expected that RPT and WTR protocols would demonstrate greater efficacy in reducing depression and anxiety compared to the control conditions. The study included 222 high-procrastinating students (nRPT = 50, nWTR = 58, nPT = 56, nwaitlist = 58), who were assessed four times: before, during, immediately after the intervention, and six months post-intervention.

The intention-to-treat analysis using linear mixed models demonstrated significant intervention effects on procrastination (Aitken Procrastination Inventory) reduction from baseline to post-treatment, with large between-group effect sizes for active protocols compared to the waitlist control group (Cohen's d : RPT = -1.34; WTR = -1.41; PT = -1.53). The same analysis for secondary outcomes revealed that the active protocols were more effective than the waitlist in reducing depression (Patient Health Questionnaire-9, Cohen's d : RPT = -0.57; WTR = -0.73; PT = -0.86). Additionally, WTR and PT significantly reduced anxiety (General Anxiety Disorder-7, Cohen's d : WTR = -0.58; PT = -0.61) compared to the waitlist, which showed increased scores for depression and anxiety. There were no significant differences in the reduction of procrastination, depression, or anxiety between active conditions (RPT, WTR, PT). The follow-up measurements showed no significant differences in procrastination, depression, and anxiety scores from post-test to six months later in all three active conditions.

To our knowledge, this is the first study directly comparing the efficacy of different CBT protocols targeting procrastination. All three active conditions (RPT, WTR, PT), as compared to the waitlist, showed high and similar efficacy in the reduction of procrastination. Importantly, the six-month follow-up demonstrated the stability of these effects, indicating long-term benefits. The interventions also showed partial efficacy in reducing depression and anxiety, highlighting their potential for improving overall well-being. The lack of differences between the protocols that varied in behavioral modules may indicate the comparable efficacy of the assessed psychotherapy components. However, further studies are needed to verify how specific cognitive, behavioral, and psychoeducational elements contribute to the effectiveness of CBT treatment for procrastination.

Keywords

procrastination, psychotherapy efficacy, randomized controlled trial

PO78 RE&CBT for Children and Adolescents Who Stutter**Mirjana Marković**

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Abstract**Introduction**

This study is based on previous findings [1] that shows a higher rate of spontaneous recovery from stuttering in younger children (ranging from 40 to 80%), whereas spontaneous recovery in children older than six years is less likely. In this work, we postulated that psychotherapy aimed at assisting children in recognizing their thoughts and emotions as well as teaching them about the connection between cognition and emotions (re&cbt) could significantly influence their speech and result in their recovery, either temporary or permanent.

Objectives

The main objective of the study was to examine efficiency of re&cbt with stuttering children over the age of six. The psychotherapeutic process included re&cbt sessions with each child, as well as parental journaling and required psychoeducation for parents.

Method and Procedure

The type of research design is pre-test /post-test without a control group.

Six stammering children and adolescents, and six mothers, participated in the study. The entire process lasted for a period of 9 months. The age range of participating children was from six to thirteen. There were three methods used to evaluate the efficacy of re&cbt. In order to assess any changes in the severity of stuttering following re&cbt treatment, firstly the parents kept a notebook documenting the daily frequency of stuttering in their children in shared situations. Secondly, the speech therapist assessed the degree of stuttering of the children both before and after the completed re&cbt treatment using the Riley test (Stuttering Severity Instrument Riley). Thirdly, the psychotherapist reviewed all of the recordings of the sessions and reflected on changes in acceptance and anxiety level related to stammering. Acceptance of stuttering was measured as a binary variable that was obtained by assessing cognition using three assessment methods: Standardized self-report survey: The Child and Adolescent Scale of Irrationality (Bernand., M. E & Cronan, F. 1999.); Inference chaining; and The sentence completion technique. The data processing method was descriptive.

Results

After one month which included 4 CE&REBT sessions all participants' percentage of stuttering syllables dropped by more than half. Also, intensity of the stuttering dropped for all participants during same period: one month, i.e. 4 RE&CBT sessions. According to the speech therapist's assessment, the first participant's stuttering completely disappeared after nine sessions, or two months following active re&cbt implementation. Between the third and sixth month of the study, three participants were no longer stuttering; two children continued to stammer nine months later, albeit in fewer circumstances and with more syllable repetitions than blocks. This outcome is associated with ac-

cepting stuttering and lowering anxiety related to stuttering, allowing the use of re&cbt as well as relaxation breathing techniques, according to an examination of audio recordings. Positive improvements in the degree or intensity of stuttering were reported by every individual.

Conclusion

RE&CBT has been shown to be an effective psychotherapy strategy for treatment of stuttering in children and adolescents.

Reference

[1] A. Laiho, A. Klippi, „Long- and short-term results of children’s and adolescents’ therapy courses for stuttering” Int J Lang Commun Disord. 2007 May-Jun;42(3):367-82

Keywords

re&cbt, children, adolescents, stuttering

PO79 The impact of group cognitive behavioral therapy for parents of children with autism and behavioral insomnia

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Abstract

Autism spectrum disorder (ASD) is a developmental neurological disorder that often co-occurs with other conditions. The prevalence of sleep disorders in children with ASD ranges from 40 to 80%. In the present research, we designed and studied the effectiveness of a group CBT intervention for parents of children with autism who had associated behavioral insomnia. A total of 26 children with ASD and their parents participated in the research, who were divided into an intervention group and a control group. The inclusion criteria were as follows - a confirmed diagnosis of ASD according to the ICD-10, made by a suitably qualified specialist (e.g. clinical psychologist, pediatrician, specialist in child and adolescent psychiatry), the child’s age from 2 to 11 years, problems must be related to sleep to falling asleep in the evening or frequent night awakenings or a combination of both (i.e. behavioral insomnia) and last for at least 3 months. To measure changes in sleep in children with ASD, we used the modified Sleep Habits of Children with Autism Questionnaire (CSHQ-A). After completing the program, parents of children in the intervention group reported a statistically significant reduction in sleep anxiety, night awakenings/parasomnias, and overall sleep problems that persisted 3 months after the program was completed.

Keywords

autism spectrum disorders, sleep disorders, behavioral insomnia, children

PO80 Meaningful or Meaningless? Do gender and PhD-related factors influence symptoms of anxiety, depression and work-related stress among doctoral students?

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Abstract

Background: Recent evidence suggested that PhD students have an increased risk of developing a mental health disorder when compared with the qualified general population. PhD students frequently experience high levels of anxiety and depression, with studies showing prevalence rates ranging from 20% to 60%. In the scientific context, this

symptomatology tends to be more prevalent among women and can lead to lower productivity and higher drop-out rates. Factors related to the doctorate may also be associated with student's mental health, however, this evidence is more limited. This study aimed to analyze the prevalence of symptoms of anxiety, depression, and work-related stress in doctoral students, as well as to study whether there are differences in symptoms and stress according to gender and variables related to the doctorate (i.e., stage of PhD, funding, satisfaction with the supervision, progress and doctoral trajectory).

Methods: A sample of 286 PhD students (69.6% female; mean age = 35.06 years) completed a web-based questionnaire that collected sociodemographic, clinical, and PhD-related data, as well as self-report questionnaires assessing symptoms of anxiety (GAD-7), depression (PHQ-9) and work-related stress (Health & Safety Executive Management Standards Work-Related Stress Indicator Tool).

Results: Our results showed that 57.3% of PhD students exhibited clinically significant anxiety symptoms, while 41.6% had clinically significant depressive symptoms. A total of 11.2% reported poorer work-conditions (i.e., higher work-related stress). There were no significant differences in anxiety and depression symptoms, nor work-related stress, concerning gender. Regarding the stage of PhD, there were no significant differences in anxiety symptoms. However, our results indicated that PhD students in the final stage of their studies exhibited more depressive symptoms and work-related stress. No differences in anxiety and depressive symptoms were found in relation to the existence of funding, but PhD students without funding reported significantly more work-related stress. Results also demonstrated that lower satisfaction with the scientific supervision, progress and PhD trajectory were significantly associated with increased symptoms of anxiety and depression as well as work-related stress.

Conclusions: Our findings show concerning data about the prevalence of mental health problems among doctoral students, which is particularly high, as well as important information about the factors that are associated with increased psychological symptoms and work-related stress. This information is important to help identify doctoral students who may need psychological support, either preventively or for treatment, and the best time to do so. Moreover, our results highlight the importance of considering this diversity of factors when developing interventions tailored specifically to the unique characteristics, challenges, and stressors inherent to the doctoral context.

Keywords

anxiety symptoms; depression symptoms; work-related stress; PhD students; gender; PhD context

PO81 Predicting treatment outcome for anxiety and depression using SLaM NHS Talking Therapies

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Abstract

Introduction: Anxiety and depression affect 1 in 6 adults every week in England. They are characterised by similar symptom patterns and shared risk factors and present challenges in their accurate diagnosis and effective treatment. In 2008, the NHS Talking Therapies program was launched aiming to provide evidence-based psychological treatments for common mental health conditions in England, with an emphasis on routine collection of patient outcomes. However, annually reported outcomes show that only half of patients meet standard recovery definitions following treatment. Analysing patient demographics, clinical history, and symptom severity before treatment starts can reveal insights to improve therapy effectiveness and allocation strategies. While previous studies have identified some predictors of recovery, further analysis with larger and more ethnically diverse samples is necessary. By leveraging a large and diverse sample collected until 2023, this study aimed to develop and validate a multivariable prediction model to predict outcomes following NHS Talking Therapies treatment.

Methods: This study analysed data from the NHS Talking Therapies service within South London and Maudsley NHS Foundation Trust collected from 2018 to 2023. We included patients who had 3-21 total sessions, defined as 'high intensity' treatment in the NHS Talking Therapies manual. We considered standard NHS outcomes that are reported annually based on predefined thresholds, including reliable improvement, recovery, and reliable recovery assessed using PHQ-9 and GAD-7 scales independently. We also assessed functional impairment using the WSAS scale to explore the impact of patient mental health on their day-to-day lives. We considered a range of demographic and clinical predictors measured at baseline. Predictors had at least two-thirds of data completion. Missing predictor information was imputed using the KNN algorithm. Multivariable models were developed using logistic regression elastic net, LASSO,

and random forests models. Optimism-corrected model performance was assessed using bootstrapping. All modeling steps such as feature selection and imputation were repeated in each bootstrap resample to avoid data leakage. Results: After data cleaning, the sample included 23,772 patients who completed a course of high intensity treatment, with 58% identifying as White, 22% as Black, 9% as Mixed, and 7% as Asian. Elastic net logistic regression tended to outperform the other models. Overall, model performance tended to be moderate to very good (e.g., AUC from 0.62 to 0.77, depending on the outcome), with models for functional impairment and reliable improvement achieving the best predictive accuracy. Key predictors included caseness, severity, and socio-demographic factors such as employment status, medication, and receiving benefits.

Discussion: This is one of the first studies to use advanced machine learning methods to develop models to predict outcomes following NHS Talking Therapies treatment. By incorporating demographic, clinical, and longitudinal symptom data, we developed robust and well-calibrated prediction models with very good performance for identifying patients at risk of poor outcomes. Key predictors at baseline aligned with clinician expertise. Future research should assess the generalisability of these models across diverse populations and other NHS Trusts. Reliable outcome prediction will enable screening tools to guide treatment adaptations and resource allocation, ultimately leading to improved patient outcomes following therapy.

Keywords

Anxiety, Depression, Treatment Outcome, Predictors, NHS Talking Therapies

PO82 Mapping Emotional Memories in Depression: An Exploratory Analysis

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Abstract

Childhood maltreatment is an important predictor of the development and relapse of adult depression. While current CBT-based treatments commonly target more proximal causes of depression such as maladaptive cognitions and biases, memory-focused interventions like EMDR and Imagery Rescripting directly target emotional memories of adverse childhood experiences, offering promising new avenues to treat depression. Few studies, however, have systematically investigated what aspects of emotional memory relate to psychopathology, and could thus be key targets for these interventions. We explored the relationship between childhood maltreatment, phenomenological aspects of negative autobiographical memories and current depressive symptoms in a cross-sectional study. In an online questionnaire, 119 first-year university students reported a formative negative emotional memory from childhood or adolescence and rated various aspects of this memory, such as the vividness, intrusiveness, and coherence. We also introduced the aspect of “emotional impact” that indexed effects of the memory on current mood, emotions, and identity. After correcting for multiple comparisons, only childhood maltreatment (CTQ-SF) and emotional impact predicted current depressive symptoms (PHQ-9), and emotional impact scores partially mediated the relationship between childhood maltreatment and depression. These findings suggest that emotional impact could be a potential pathway through which negative memories affect current depression, and thus a key target for memory-focused treatments. Further study of the construct “emotional impact” is a critical next step in developing a clinically relevant measure of emotional memory.

Keywords

Depression, Emotional Memory, Imagery Rescripting, EMDR, Childhood Maltreatment

PO83 Relationship between Frustration Intolerance and Burnout among Healthcare Workers and Mental Health Workers

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Abstract

As burnout is a leading problem of modern times and healthcare workers are a particularly sensitive group, the idea emerged that frustration tolerance might be a good predictor of the occurrence of this phenomenon in this population. Numerous studies show that high frustration tolerance is positively associated with resilience to various mental health issues, making it reasonable to assume that the same correlation will appear in the case of burnout.

The aim of this research is to examine to what extent and in what way frustration tolerance is related to burnout among healthcare workers and mental health professionals. Additionally, a secondary goal is to assess the prevalence of burnout among healthcare workers and mental health professionals.

The research is exploratory and correlational in nature, using the following questionnaires: The Frustration Discomfort Scale (Harrington, 2005) and the Copenhagen Burnout Inventory (CBI). The sample consists of healthcare workers and mental health professionals. The projected sample size is about 500 respondents, with the current sample size being around 100 respondents. Preliminary results indicate a positive correlation between high frustration tolerance and low levels of burnout. More detailed results will be available once the research is completed.

The practical implications of this research can be used for the further development of preventive programs aimed at preventing burnout among healthcare workers and mental health professionals.

Keywords

Burnout, Frustration Intolerance, Healthcare workers

PO84 Psychological symptoms and test anxiety among freshmen: Are there gender differences?

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Abstract

BACKGROUND: The transition to university encompasses several new challenges that may impair students' psychological adjustment. Those who struggle with this transition are more likely to develop mental health problems, which are increasingly prevalent and may impact their personal and academic lives. In the university context, academic evaluations are also stressful moments for the majority of university students, with many experiencing high anxiety. Since the transition to university is critical for freshmen, assessing their mental health and identifying those most at-risk of experiencing mental health problems, including in academic evaluations is crucial. Gender, which is being considered a central variable in research, may play an important role in this context. In Portugal, few studies focused on freshmen mental health and test anxiety and, to the best of our knowledge, no study has explored the prevalence of psycho-

logical symptoms and assessed test anxiety considering gender differences. The aim of this study was to assess the prevalence of clinically significant anxiety and/or depression symptoms and to examine gender differences in these symptoms as well as in test anxiety among freshmen before, during, and after academic evaluations.

METHODS: A sample of 189 freshmen (75.7% female; mean age = 18.56 years) recruited at a Portuguese university completed self-report measures of symptoms of anxiety (GAD-7) and depression (PHQ-9) and test anxiety (Automatic Thoughts Questionnaire in Test Situations, QPAST).

RESULTS: Most participants (64%) reported clinically significant anxiety and/or depression symptoms. Statistically significant gender differences were found on anxiety and/or depression symptoms and in their prevalence (female: 81.8% vs. male: 18.2%), as well as in test anxiety before, during and after evaluations (total scores and subscales). Overall, female students experienced significantly more clinically significant levels of anxiety and/or depression symptoms, as well as higher test anxiety before, during and after academic evaluations than male freshmen.

CONCLUSIONS: Our findings show concerning data about the prevalence of psychological symptoms among freshmen, which is particularly high, as well as a noticeable role of gender in this prevalence. These results suggest a critical need to promote students' mental health as they transition to university, with a focus on addressing their mental health needs on academic evaluations, particularly for female students, who appear to be more vulnerable to mental health problems and test anxiety.

Keywords

Transition to university, Freshmen, Anxiety symptoms, Depression symptoms, Test anxiety, Gender differences

PO85 The potential of Future Event Specificity Training (FEST) to decrease anhedonia and dampening of positive emotions: A randomised controlled trial

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Abstract

Impaired episodic future thinking (EFT), reflected in reduced specificity, low levels of detail and less use of mental imagery, is associated with depressive symptomatology. Recently, the beneficial impact of Future Event Specificity Training (FEST) on impaired EFT has been demonstrated, as well as on anhedonia, the core symptom of depression which reflects positive affective impairment. This study aimed to replicate these previous findings, and to examine the potential of FEST to reduce engagement in dampening. Dampening is a maladaptive response style characterized by reducing the intensity and/or frequency of positive emotional states which is linked to depressive symptoms and anhedonia. An RCT (FEST vs. waitlist control) was conducted in a large sample of Dutch-speaking undergraduate students (N = 155). In line with prior research, FEST resulted in significant improvements in the majority of the EFT features of interest. However, likely related to limited room for change detection, no significant improvements were found for anhedonia and dampening. Given the positive impact of FEST on multiple EFT features and prior evidence, future studies should address methodological issues to create optimal conditions for potential change detection. In addition, further examination of the explored proposed theoretical change mechanisms is warranted.

Keywords

future episodic thinking; depression; Future Event Specificity Training; anhedonia; dampening

PO86 Mental health in the transition to university: Prevalence of psychological symptoms of anxiety and depression and associated transdiagnostic dimensions

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Abstract

BACKGROUND: The transition to university is a critical period for the onset of emotional disorders as well as for increased symptoms of anxiety and/or depression, with evidence showing high prevalence rates, often comorbid. One approach to effectively address anxiety and/or depression symptoms focuses on the common risk and maintenance factors of these symptoms, that is, the transdiagnostic dimensions proposed by Brown and Barlow (2009). The aim of this study was to assess the prevalence of clinically significant anxiety and/or depression symptoms and to examine which transdiagnostic dimensions of Brown and Barlow's model for emotional disorders are associated with these symptoms and test anxiety on freshmen.

METHODS: A sample of 140 freshmen (74.3% female; mean age = 18.69 years) recruited from a Portuguese university completed self-report measures assessing symptoms of anxiety (GAD-7) and depression (PHQ-9), test anxiety (Automatic Thoughts Questionnaire in Test Situations, QPAST) and transdiagnostic dimensions (Multidimensional Emotional Disorder Inventory, MEDI). Multiple linear regression was computed.

RESULTS: The majority of the participants (63.6%) showed clinically significant symptoms of anxiety and/or depression (clinically significant anxiety: 60%; clinically significant depression: 48.6%). Overall, all transdiagnostic dimensions were significantly associated with higher levels of symptoms of anxiety and depression as well as higher test anxiety. The regression models indicated that the transdiagnostic dimensions depressed mood, autonomic arousal and intrusive cognitions were associated with increased symptoms of anxiety ($R^2 = .54$), and that depressed mood, autonomic arousal and traumatic reexperiencing were the dimensions significantly associated with higher symptoms of depression ($R^2 = .65$). Depressed mood and traumatic reexperiencing were the dimensions more consistently associated with increased test anxiety before ($R^2 = .40$), during ($R^2 = .40$) and after evaluations ($R^2 = .34$).

CONCLUSIONS: Our results suggest that depressed mood is a common predictor of higher symptoms of anxiety and depression, as well as of test anxiety. Autonomic arousal, traumatic reexperiencing and intrusive cognitions also seem to be relevant transdiagnostic dimensions in the mental health of freshmen. These results highlight the need to properly address these transdiagnostic dimensions when screening and intervening with students during their transition to university.

Keywords

Transition to university, Freshmen, Transdiagnostic dimensions, Anxiety symptoms, Depression symptoms, Test anxiety

PO87 What are the effects of CBT for insomnia on insomnia, depression and abstract rumination ? A preliminary study

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Abstract

Introduction: Sleep difficulties are commonly reported by patients with depression and can have a detrimental impact on mood. Abstract rumination are a predictor of depression but are also related to insomnia. According to pre-

liminary data Cognitive Behavioural Therapy for Insomnia (CBT-I) is an effective treatment for insomnia which seems to have an impact on depressive mood and abstract rumination. The aim of the present pilot study is to investigate the acceptability and feasibility of a CBT-I with a group format and to test the effects on insomnia, depressive symptomatology and abstract rumination.

Methods: The CBT-I consisted of five 2-hours group psychotherapy sessions. Two groups of 10 and 12 people respectively underwent five treatment sessions with traditional cognitive behavioral therapy techniques, including stimulus control, sleep restriction, sleep hygiene and a cognitive module of dysfunctional beliefs identification. Insomnia, depressive symptomatology and abstract rumination were assessed using self-reported measures, before and after the treatment period. We computed a change score assessing the proportion of individuals showing reliable change (RC) at post-treatment, relative to pre-treatment to rule out the possibility that a difference between two scores was due to a measurement error rather than to the intervention.

Results: Fourteen of the 22 participants completed the entire intervention (4 in the first group and 10 in the second). The fourteen participants were adults aged between 25 and 61 (10 women and 4 men). Pre-post RC analyses suggested significant improvement in insomnia in six participants (43%), significant improvement in depressive symptoms in four participants (28%) and significant improvement in abstract rumination in two participants (14%). Two participants responded to all measures, 4 participants only responded to insomnia and 2 participants only responded to depressive symptoms. Four participants did not respond to the intervention at all (43%). Twelve participants reported satisfaction regarding the intervention but two of them would not recommend this intervention - one of them did not respond to the intervention but the second have reported a significant improvement in depressive symptomatology. **Discussion:** A minority of participants reported significant changes in the variables measured - including insomnia which is however the main therapeutic target of the intervention. CBT-I effect on depressive symptoms and abstract rumination does not seem to concern a majority of participants. A high rate of non-response to treatment was observed but this rate is similar to previous studies (approximately 50%). No data on medication were reported; the intervention was short (5 sessions); we have no feedback from people who have stopped the intervention, we have no medium to long term follow-up data and we only have two assessment measures which do not informed us about the variability of the measure. It would be appropriate to reiterate this study with a larger number of clinical subjects and sessions, to multiply the number of assessments over time and to monitor medication intake and include follow-up assessment points.

Keywords

CBT-Insomnia, Insomnia, depression, abstract rumination

PO88 Homework Compliance Observational Form for Cognitive Behavioral Therapy- HOMCOM: Psychometric properties of the measure and implications for research and clinical work in cognitive behavioural therapy with anxious children

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Abstract

The application of homework tasks is an integral and important part of cognitive behavioural therapy for children with anxiety disorders. Homework in cognitive behavioural therapy is a crucial component that enables children to increase their mastery of the different skills covered in the therapeutic session, by practicing these newly acquired skills in different contexts (Hudson and Kendal, 2002; Klein et al, 2024).

In the current study, we present a newly developed observational schema called Homework Compliance Observational Form (HOMCOM). The HOMCOM is a 25-item measure used to assess both the child's homework compliance, the working alliance between the child and the therapist, the child's motivation and involvement, as well as the therapist's fidelity including assigning and following up on homework in the cognitive behavioral therapy treatment for childhood anxiety. The aim of the study was to investigate the psychometric properties of the HOMCOM. The results of the two-way random effects inter-rater reliability test of the measure showed good to excellent reliability.

The final measure and its psychometric properties will be presented and discussed in light of potential clinical and research applications.

Keywords

CBT; Childhood Anxiety; Homework; Compliance; Fidelity; Psychometric properties

PO89 INFLUENCE OF MOBBING ACTIVITIES ON DEVELOPMENT OF CHRONIC PAIN SYNDROME AS A FORM OF PSYCHOSOMATIC ILLNESS

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Abstract

Objectives: Reactions to mobbing at a working place begin with initial self-blame, loneliness, shame and personal devaluation. The intensity and type of consequences depend on the intensity of the mobbing, the duration and personality traits of the victim. Changes are noticeable on an emotional and social level, and with the duration of the pressures, changes on the physical and health level are recorded, along with the development of mental and physical disorders.

Aim: To show the gradual disintegration of the personality and the development of severe psychological and physical symptoms in a person exposed to long-term mobbing.

Methods: In this work we present a person who has been mobbed for many years. The development of anxiety, depression, and later a severe psychological disorder in the form of exhaustion depression is described. Parallel to the psychological consequences and the duration of the pressure from the mobbing activities, we describe the development of psychosomatic consequences (chronic pain syndrome). Complex family dynamics and the development of mental disorders in other family members up to a complete breakdown are showed.

Conclusions: Mobbing is a widespread phenomenon, and its consequences are reflected on the individual, the work environment, the social environment and the family. Systematic prevention, education, and in the case of the development of mental disorders, psychotherapeutic procedures (cognitive behavioral techniques) can be used to reduce its impact on mental and physical health.

Keywords

mobbing, psychosomatic reactions, chronic pain syndrome, CBT

PO90 The Influence of Attachment Quality on Adolescents' Internalizing Problems: The Role of Automatic Thoughts

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Abstract

According to a large body of literature, insecure attachment in adolescents is linked to internalizing problems. However, the mechanism connecting insecure attachment and internalizing problems is not well understood. This study explores whether automatic thoughts could be a mechanism in the relationship between attachment to parents and peers and internalizing problems. The sample consisted of 105 Romanian adolescents (mean age = 16.60), who had been diagnosed with internalizing disorders. Analyses were conducted using R software via the RStudio interface and Partial Least Square Structural Equation Modeling, allowing us to specify complex models without facing convergence problems and with increased statistical power. Our hypotheses were supported, indicating that automatic thoughts partially mediate the relationship between insecure attachment and internalizing problems. Attachment to mother, father, and peers had distinct effects on automatic thoughts and internalizing problems. We also showed a substantial overlap in the predictive power of attachment to mother and father.

Keywords

Adolescents; Internalizing disorders; Insecure attachment; Automatic thoughts

PO91 Cognitive-behavioural therapy of insomnia – effective but not sufficiently accessible treatment. In search of new ways to deliver the treatment.

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Abstract

Introduction

The prevalence of insomnia is constantly increasing. In Europe, it is about 10% of the adult population, another approximately 30% of European adults suffer from insomnia symptoms or short-term sleep problems. There is an effective therapy that responds to this medical problem and is considered the standard and first line treatment for insomnia - cognitive-behavioral therapy for insomnia (CBT-I). Unfortunately this treatment is not enough accessible mostly due to the lack of trained professionals, wide spread knowledge of the treatment's standards and general health care policy problems. In this situation, many patients rely exclusively on pharmacotherapy. Practitioners and researchers in the field of sleep medicine make efforts to increase availability of CBT-I. One of the currently proposed solution is 'Stepped care model', developed by Collin Espie. Using two dimensions – availability and the level of expertise it tailors the CBT-I therapeutic offer according to complexity of the disorder. The interventions included in the model vary from widely spread simple ones in a form of leaflets, self-help guides, videos up to specialized services with limited access.

The aim of this study is to present effective solutions inspired by the model. An example of educating and treating through simple leaflets will be given on a basis of materials developed during an on-going European project Be-Safe. On the other hand an innovative approach from the area of highly specialized CBT-I conducted in a Psychiatric Day Ward of Institute of Psychiatry and Neurology in Warsaw will be presented. The effectiveness of the programme will be discussed in details. The innovation in the treatment was accelerating the protocol – 10 working days instead of standard 8 weeks - and adding intensive chronobiological interventions. It was inspired by the work and of Tatiana Croenlein team and latest findings showing the impact of chronobiology on the effectiveness of the CBT-I treatment.

Method

10 days CBT-I programme was evaluated during one year study and proofed to be an effective treatment. The medical records of patients who participated in the programme were analysed. The sample size was 60 patients.

At baseline, patients completed a set of scales and questionnaires.

Patients then followed 10 days therapy programme based on the CBT-I protocol. Follow-up visits were conducted 2 weeks and 6 weeks after completing the programme. Symptom severity was measured again at these times. The change was assessed by test t-Student, Wilcoxon test.

Results

Preliminary results indicate that the proposed insomnia treatment program is effective with a potency of at least moderate effect.

Conclusions

In the time of growing needs for supporting mental health we need to look for flexible approaches. The study shows how to use an approach tailored to the patient needs in the area of insomnia treatment. The results confirming the effectiveness of the created solutions could become a contribution to their wider dissemination.

Keywords

insomnia, Cognitive-Behavioural Therapy of Insomnia (CBT-I), stepped care model, insomnia treatment recommendations, chronobiology, day care unit

PO92 A case of Rumination Disorder – A common yet unheard disorder

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Abstract

Introduction

This case study presents a woman with the diagnosis of rumination disorder referred to a tertiary CBT centre. Rumination disorder/syndrome is a poorly understood Functional Gastrointestinal or Feeding and eating disorder marked by repeated regurgitation of food with subsequent spitting or re-mastication and swallowing (American Psychiatric Association, 2013). Though it has community prevalence of 0.8-10.6 %, it is often inaccurately diagnosed or missed due to limited awareness, and results in delay in treatment, leading to protracted symptoms and functional impairment (Murray et al., 2019). In this study we aim to highlight these aspects along with how a simple CBT approach could be helpful in reducing the symptoms and improving functioning of such individuals.

Presenting Problems

34-year-old woman presented with frequent, effortless, involuntary regurgitation of food after most meals, not associated with nausea or retching. It had resulted in significant weight loss, and avoidance of social situations. She had received extensive evaluation and input from primary care, secondary mental health services and specialist gastroenterology services over the years, with little benefit.

Case Conceptualisation and Interventions

Though exact aetiology is unknown; it is postulated that in rumination disorder food intake is followed by subconscious contraction of the abdominal wall muscles. This leads to increased intragastric pressure which overcomes the pressure at the gastroesophageal barrier resulting in retrograde movement of gastric contents into the oesophagus and mouth. Stress is a priming factor for this.

A formulation developed with the client, noted her having high expectations of self with prominent self-criticism. Self-criticism exacerbated stress and contributed to further rumination episodes. The resultant shame from perceived social embarrassment fuelled the self-criticism thus maintaining the vicious cycle.

Interventions:

1. Psychoeducation about rumination syndrome.
2. Diaphragmatic breathing - A first line treatment for rumination disorder was introduced to the client. It involves breathing by expanding and contracting the abdomen, with one hand placed on front of the chest and other on the abdomen (Sasegbon et al., 2022). This simple and easy to learn technique is thought to work by acting as a competing response to habitual contraction.
3. Behavioural experiments - were conducted to challenge her negative beliefs about the social impacts.
4. Self-compassion interventions were used to manage self-criticism.

Outcome

The qualitative data from the patient revealed an overall improvement of 60-70% in symptom severity and functioning. She was able to delay the rumination, managing to have full meals occasionally and snacks and drinks mostly without rumination. The number of rumination episodes had reduced considerably. Her quality of life also improved with a more compassionate view about self.

Discussion

Rumination syndrome is a common disorder which could be managed with simple, low-cost interventions even in primary care. But the lack of awareness amongst health-care professionals leads to delayed or incorrect diagnosis and treatment resulting in protracted symptoms, impaired quality of life and unnecessary use of resources. Increased awareness and training of healthcare professionals may improve outcomes and reduce burden on the health care system.

Keywords

Rumination disorder, Rumination Syndrome, Diaphragmatic breathing

PO93 The therapeutic alliance: What behaviors favor and hinder agreement between therapist and client?

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Abstract

A substantial body of research has demonstrated that the therapeutic alliance is a good predictor of treatment outcome. Indeed, most treatment manuals and professional guidelines in psychology place a strong emphasis on the importance of developing a robust therapeutic alliance. However, these same manuals and guidelines do not provide specific evidence-based guidelines on how to achieve it. This is in part because most studies employ self-report measures to assess alliance strength, rather than external observational measures that help to describe which verbal interaction behaviors enhance the therapeutic relationship. Given the importance of mutual agreement between therapist and client on matters such as therapeutic tasks and goals for the establishment of a strong alliance, the present study aimed to identify which verbal behaviors and interactions facilitate and hinder this. Video recordings of 95 individual therapy sessions with adults belonging to 20 clinical cases treated by 16 cognitive-behavioral therapists were analyzed. These were selected from a total sample of 72 cases, with the 10 cases with the best and the 10 cases with the worst scores on the Working Alliance Inventory being included. To analyze the recordings, a system of categories was developed to study the therapeutic relationship through systematic observation of the therapist-client interaction. Therapeutic interactions were analyzed using sequential analysis. The results indicate that there were significant differences in the frequency of several behaviors, including the expression of optimism or the proposal of tasks/techniques without justification. Moreover, significant differences were observed in certain behavioral sequences, including explaining behavior or collecting feedback. Based on the results, we propose a set of guidelines and recommendations to facilitate the agreement between therapist and client. It is hoped that the results of this study will help to make psychological interventions more effective and efficient. In addition, the findings may prove useful in the training of novice therapists.

Keywords

Therapeutic relationship; Sequential analysis; Cognitive-Behavioural Therapy; Observational methodology; Therapeutic Agreement

PO94 Assertive Behavior in Adolescence – Role of Personality Traits and Irrational Beliefs

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Abstract

Introduction. A lack of assertiveness in adolescence can have significant negative impacts on various aspects of a young person's life, influencing their relationships, self-esteem, mental health, academic success, and overall personal development. Beside personality traits, irrational beliefs can significantly hinder an adolescent's ability to be assertive. These beliefs are often rooted in cognitive distortions and negative thought patterns that lead to maladaptive behaviors and emotional responses. **Objective.** The goal of the research is to examine extent of assertive behavior among adolescents from Serbia and to determine the role of personality traits and irrational beliefs in the manifestation of assertive behavior. **Methods.** The sample included 318 adolescents ($M = 19.73$, $SD = 5.84$), 67.5 % females. For collecting data, we applied Assertiveness scale, Mini IPIP-6, General attitude and belief scale (GABS) and questionnaire for demographic variables. Data were analysed using the IBM SPSS Statistics 21 Software. For data analysis, descriptive

statistics, linear correlation and hierarchical regression analysis were used. Results. Serbian adolescents assess their assertiveness predominantly as low (44.9%) or moderate (38.1%). Assertiveness correlate positively with Extraversion ($r=.525$, $p<.01$), Conscientiousness ($r=.268$, $p<.01$) and Openness ($r=.217$, $p<.01$) while correlation with Neuroticism ($r=-.363$, $p<.01$) and Agreeableness ($r=-.124$, $p<.05$) are negative. Furthermore, assertiveness correlate negatively with Self-depreciation ($r=-.428$, $p<.01$), Demands for love and approval from others ($r=-.344$, $p<.01$), Demands for comfort ($r=-.338$, $p<.01$) and Perfectionist demands toward oneself ($r=-.140$, $p<.05$). Assertiveness was not associated with Demands for other persons' correctness, as well as, Other-depreciation. A hierarchical regression analysis revealed that both personality traits ($R=.644$; $\Delta F=44.118$; $p\Delta F=0.000$) and irrational beliefs ($R=.709$; $\Delta F=9.062$; $p\Delta F=0.000$) can predict assertiveness. However, personality traits explain 41.4 % of variance ($R^2=0.414$) while irrational beliefs explain only additional 8.9 % of variance ($R^2=0.089$). Result indicate that a lower degree of neuroticism ($t=-4.735$; $p=.000$) and agreeableness ($t=-2.731$; $p=.007$) predict a higher degree of assertive behavior while a higher degree of extraversion ($t=10.149$; $p=.000$), conscientiousness ($t=2.991$; $p=.003$) and openness ($t=2.857$; $p=.005$) predict a higher degree of assertiveness. When it comes to irrational beliefs, results indicate that less expressed Self-depreciation ($t=-3.651$; $p=.000$) and less expressed Need for love and approval ($t=-3.475$; $p=.001$) predict a higher degree of assertiveness. Conclusion. As CBT attempt to provide a comprehensive framework for helping adolescents develop assertiveness, the results on how certain personality traits, irrational beliefs influence the expression of assertiveness provide useful guidelines for the application of CBT in working with adolescents. In addition to adolescents with neuroticism trait of personality, it is necessary to pay attention during CBT intervention with agreeable adolescents, who are also less inclined to stand up for themselves. Although irrational beliefs influence the expression of assertiveness to a lesser extent than personality traits, the obtained results indicate the necessity of working on unconditional self-acceptance.

Keywords

assertiveness, adolescents, personality traits, irrational beliefs, CBT

PO95 Perceptions of self-readiness, barriers and specifics in psychotherapy with adults with Asperger syndrome from the perspective of CBT therapists in Czech Republic

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Abstract

Background: The number of individuals with Asperger's syndrome (AS) is increasing worldwide and although there is no cure for AS, therapy can be an effective tool to help individuals with AS manage secondary comorbid difficulties (Motlani, 2022). However, therapists rate the level of their education in formal training as the lowest compared to other disorders. Outdated information and misconceptions about AS are also common in the therapeutic community (Lipinski, 2022). Lack of information coupled with unwillingness or inability to accommodate therapeutic style to clients with AS is the most common barrier to providing therapeutic care (Adams, 2021). Therapists then describe a greater need to adapt their therapeutic style when working with people with AS (Doody, 2020; Spain, 2019). They also perceive a feeling that they are in a one-sided or non-reciprocal relationship and also reflect frustration when working with this target group (Doody, 2020).

Aims: This pilot study aims to explore therapists' perceptions of their readiness to work with adults with AS and their subjective perceptions of the barriers and specifics they encounter when working with this target group. At the moment, there is no study that addresses this issue in the context of the Czech Republic and the local system of therapist training.

Method: Semi-structured interviews will be conducted with at least 20 therapists from the Czech Republic who have therapeutic training in CBT and at least three years of experience working with clients. Subsequently, coding of the interview transcripts and thematic analysis of the text will take place.

Results: It will be possible to identify themes that therapists in the Czech Republic perceive as important when working with adults with Asperger syndrome. Based on these, it will be possible to draw implications for further research.

Keywords

Asperger's syndrome, self-readiness, barriers, Czech Republic, Cognitive behavioral therapy (CBT), thematic analysis

PO96 Knowledge and misconceptions about OCD: an exploratory study

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Abstract

Introduction: Obsessive-Compulsive Disorder (OCD) is a chronic mental disorder characterised by obsessive thoughts and compulsive behaviours that can have a significant impact on the quality of life of those who suffer from it. The experience of self-stigma and public stigma can become significant barriers to seeking and accessing appropriate treatment.

Aim: The principal objective of the present study is to assess the misinformation component of OCD-related public stigma. This encompasses two principal areas: (1) the lack of knowledge about OCD in the general population; and (2) the dissemination of misinformation about OCD through popular discourse. This would represent a preliminary step in developing preventive actions aimed at improving society's knowledge of the disorder, reducing associated stigma and self-stigma, and promoting access to effective treatments.

Method: A total of 92 individuals from the general population (73.9% female) with a mean age of 23 years ($SD = 1.5$) participated in the study. In order to gain insight into the general population's knowledge, lack of knowledge, and misconceptions about OCD, a questionnaire entitled the OCD Knowledge Stigma Assessment Scale (OKSAS) was developed. The instrument comprises 24 items, which are answered using a 5-point Likert-type scale, ranging from 1 = Strongly Disagree to 5 = Strongly Agree. These items were selected from a preliminary version that initially included 49 items.

Results: Up to 45.7% of the participants were aware that obsessions were not simply everyday concerns, while 35.9% incorrectly believed that they were. In terms of understanding of OCD symptoms, 33.7% recognized that having unwanted urges about assaulting someone could be a symptom, while 40.2% indicated that they were unaware of this information. Additionally, a considerable proportion of participants, 44.6%, were unaware that sexual obsessions could be a symptom of OCD. Furthermore, a significant proportion, 50%, indicated that they were unsure whether ignoring intrusive thoughts could lead to the development of obsessions. Concerning the treatment and management of OCD, 54.3% of the participants acknowledged that compulsions were not effective in overcoming OCD, while 43.5% indicated that they had no knowledge of this. Similarly, 56.5% of respondents were uncertain as to whether cognitive-behavioral therapy was the most effective therapy for OCD. With regard to the causes and consequences of OCD, 56.5% of participants indicated that they were aware that weakness of character was not a cause of OCD, while 35.9% expressed uncertainty. Finally, with regard to the perception of dangerousness associated with OCD, 43.5% of respondents indicated that they believed that OCD could not make a person dangerous, while 28.3% indicated that it could, and another 28.3% expressed uncertainty about this.

Discussion: The findings of this study indicate that, although there is some general awareness of OCD among the general public, there are still significant areas of lack of information and misinformation. In light of this, there is a clear need to develop educational and awareness-raising interventions to improve knowledge and reduce the stigma associated with OCD in society.

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Keywords

Knowledge, misinformation, OCD, public stigma, scale, stigma.

PO97 Psychological aspects of sleep problems

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Abstract

Insomnia is a common sleep disorder, with 30% to 50% of adults experiencing this problem at some point in their lives. Approximately 10% of the population suffers from chronic insomnia, which significantly worsens the quality of life. Most often, the causes of insomnia are not organic; its occurrence is not related to a medical problem but rather has an emotional nature and includes psychological determinants such as stress, poor sleep hygiene, depression, anxiety, etc. Chronic insomnia influences all aspects of the lives of those affected, impacting their overall functioning. CBT-I is considered a first-line treatment approach for sleep problems, with several studies proving its effectiveness. We plan to conduct a survey that includes patients with different sleep problems and healthy controls. We will examine personal traits, levels of anxiety, depression, and stress. We will use Beck's Depression Inventory, General Anxiety Disorder-7, Toronto Alexithymia Scale, Mini-Multi-R, and the Pittsburgh Sleep Quality Index. We aim to determine the psychological factors that are related to different sleep problems. The results will be used for prevention and setting treatment goals when working with patients.

Keywords

insomnia, cognitive-behavioral therapy, personality, mood disorders

PO98 Efficacy of cognitive training through a mobile app to address eating disorder cognitions in adolescents: A Randomized Controlled Trial with a one-month follow-up.

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Abstract

Introduction: Eating disorders (ED) are a complex mental health issue that affects a significant proportion of adolescents, with prevalence rates ranging from 0.3% to 1.7%. Information and communication technologies offer a unique opportunity to develop strategies to address these disorders. With this aim the mobile app GGED-AD was created to tackle maladaptive beliefs related to eating disorders (ED) in adolescent population.

Aim: The objective of the present study was to analyze if the benefits of the GGED-AD app are maintained for one month after their use.

Method: A parallel randomized clinical trial with 93 students ($M_{age} = 13.93$; $SD = 0.58$; 60,2% women) of a public school in the Valencian Community was carried out. They were randomly allocated to experimental or control groups. The experimental group used the GGED-AD app, while the control group employed another neutral app with an identical interface, called GGNeutral. All participants completed the following questionnaires: Eating Disorder Beliefs Questionnaire (EDBQ), Eating Disorder Examination Questionnaire (EDE-Q), Body Appreciation Scale-2 (BAS-2), The Patient Health Questionnaire (PHQ-4), The Single-Item Self-Esteem Scale (SISE) and interpersonal insecurity and perfectionism factors of the Eating Disorder Inventory (EDI-3). The questionnaires were completed before (T1) and after using the apps (T2), and one month after the end of the app (T3). A mixed model repeated measures analysis was conducted to assess the intervention effect on the outcome variables. This analysis involved the study group (experimental or control) x time interaction. Gender and baseline punctuation were controlled. **Results:** When T2 was compared between both groups, the variables of food concern (EDE-Q) ($p = 0.05$), figure concern (EDE-Q) ($p = 0.03$) and weight and shape as a means to acceptance by others (EDBQ) ($p = 0.02$) demonstrated significant differences. The remaining eating symptomatology, eating concerns, body satisfaction, emotional symptomatology, and self-esteem variables did not demonstrate a statistically significant change. Results obtained at T3 showed no statistically significant differ-

ences compared to T2 in both groups. This means that the changes obtained between T1 and T2 in the experimental group were maintained one month after the end of the app.

Discussion: GGED-AD represents a novel approach to adolescent eating disorder (ED) prevention. The results obtained are limited, although they are maintained over time. This may be due to the fact that this is a universal prevention study, not a selective one, where the results are usually modest. Future studies should analyze the efficacy of the GGED-AD App in the adolescent population at risk of developing an ED.

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Keywords

Adolescence, apps, ED, follow-up, maladaptive beliefs, mHealth, RCT.

P099 De Jong-Gierveld Loneliness Scale – Description of Student Loneliness and Psychometric Properties of the Scale

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Abstract

Loneliness is a common issue among university students that may negatively affect their physical and mental health, as well as their academic performance. This research intended to explore loneliness among students, describe its incidence, and examine its relation to sociodemographic characteristics.

The study was conducted online during the fall of 2023. Students were invited to participate through student groups on social media and group mailing lists. Out of 320 university students who accessed the survey, 228 completed it. The final sample consisted of 228 students, predominantly female (82%), from various years and faculties. A total of 67.5% students report an average socioeconomic status, 24.1% above-average, and 11.9% below-average.

The measure of loneliness was The Loneliness Scale (de Jong-Gierveld & van Tilburg, 1999), translated into Croatian. The scale consists of 11 items and provides a total score and scores on the subscales of emotional and social loneliness. Among several possible response formats, a Likert scale was applied (1-Strongly Disagree, 5-Strongly Agree), with the result formed as average response score after recoding the reverse items.

The scale demonstrated good reliability of total score ($\alpha=.890$) and subscales of emotional ($\alpha=.885$) and social ($\alpha=.821$) loneliness. Both subscales were highly correlated with the total score ($r=.834-.923$, $p<.001$) and moderately intercorrelated ($r=.557$, $p<.001$). Good internal consistency is also indicated by inter-item ($r=.177-.651$) and item-to-total ($r=.580-.772$) correlations. Confirmatory factor analysis (CFA) in the Mplus confirmed the presumed two-factor structure (CFI=.933, TLI=.915, SRMR=.050, RMSEA=.09, 90% CI RMSEA [.072, .109]), as did exploratory factor analysis in SPSS (principal axis component, direct oblimin rotation), according to which both factors explained 54.23% of the variability in loneliness. Convergent validity is indicated by correlations of total score with anxiety ($r=.200$), depression ($r=.478$) and stress ($r=.331$), measured by DASS-21 (Lovibond & Lovibond, 1995).

With slightly positively skewed distributions, the overall results were below the theoretical average of the scale for total score ($M=2.53$, $sd=.92$, $C=2.36$) as well as emotional ($M=2.62$, $sd=1.12$, $C=2.5$) and social ($M=2.42$, $sd=.94$, $C=2.4$) loneliness. Loneliness was not found to be associated with socioeconomic status and academic performance. There were no gender differences in loneliness nor differences based on the level of study, place of study, or accommodation during studies. This result was unexpected - previous research has shown higher loneliness in females, freshmen students and students with lower socioeconomic status. Given the excellent psychometric characteristics of the scale, such a result can be attributed to non-probability sampling. It is possible that students who responded to the survey and participated to the end had different characteristics comparing to the general population. Therefore, we can conclude that the scale's psychometric suitability was confirmed in the sample, but more extensive research with a representative sample is needed for more detailed information on student loneliness.

Keywords

loneliness, students, De Jong-Gierveld Loneliness Scale, psychometric properties

PO100 Social Anxiety: Challenge Accepted - Empowering Social Confidence Through Cognitive Behavioral Therapy

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Abstract

Social anxiety disorder (SAD) is a prevalent and debilitating condition that significantly impacts individuals' quality of life, especially young people. The "Social Anxiety: Challenge Accepted" program is a group intervention designed to address social anxiety by integrating principles of Cognitive Behavioral Therapy (CBT). This poster presentation outlines the development, implementation, and preliminary outcomes of the program, highlighting its efficacy in reducing symptoms of social anxiety and enhancing social functioning. The "Social Anxiety: Challenge Accepted" program consists of 10 weekly sessions (120 minutes each), each focusing on key CBT techniques such as psychoeducation, cognitive restructuring, exposure exercises, and social skills training and additionally some mindfulness and ACT techniques. Participants engage in both individual and group activities that foster a supportive environment, encouraging peer interaction and mutual support. In order to maintain the impact of the intervention outside the program, the participants had to do their homework regularly. There were a total of 9 participants in program, which was carried out in Society for Psychological Assistance. Preliminary data from participant self-reports indicate significant improvements in anxiety symptoms and social engagement. The participants rated the program as useful, well organized and average score on general satisfaction with the program was high. The structured yet flexible format allows for personalized interventions, addressing the unique challenges faced by each participant. Additionally, the group setting provides a safe space for practicing new skills, receiving feedback, and building confidence. The success of the "Social Anxiety: Challenge Accepted" program underscores the effectiveness of CBT in treating social anxiety within a group context. This poster presentation will discuss the program's framework, therapeutic techniques, and outcome measures, providing valuable insights for clinicians and researchers dedicated to improving mental health outcomes for individuals with social anxiety symptoms.

Keywords

Social Anxiety, Cognitive Behavioral Therapy, Group Intervention

PO101 Functional Impairment in Young People with Features of Borderline Personality Disorder

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Abstract

This study aimed to comprehensively understand functional impairment in adolescents with Borderline Personality Disorder (BPD) features, ranging from one or two symptoms to subthreshold or threshold levels, in the community. Additionally, we examined whether the number of symptoms and the duration of untreated BPD features were associated with functional outcomes. In this cross-sectional study, 35 young people were assessed using broad measures of functioning, including Health-Related Quality of Life (HRQoL), general capability, and social/occupational functioning. Results indicated functional impairment across all domains compared to normed data from non-clinical samples. Individuals with threshold BPD features had significantly lower HRQoL compared to those with just one or two BPD features, based on measures of general functioning and HRQoL. However, no significant differences in functional impairment were found between subthreshold and threshold participants. Additionally, no relationship was identified between the duration of untreated BPD features and functional impairment. These findings highlight the importance of incorporating broad functional assessments into the evaluation and intervention strategies for young people presenting with BPD features.

Keywords

Adolescence, Borderline Personality Disorder, Functioning

PO102 Understanding Attentional Bias Among Individuals Across the Bipolar Spectrum: A Meta Analysis

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Abstract

Bipolar Disorder (BD) is characterized by significant functional and cognitive impairment and stands as a leading contributor to disability worldwide, with the World Health Organization (WHO, 2011) surveys ranking it as the second most impactful factor on day-to-day functioning (Grande et al., 2016). As such, the following meta-analysis is being conducted at present to address dysfunctional information processing of emotional information (Scot & Pope, 2003 as cited in Leyman, 2009), more so attentional bias, which is a preferential allocation of attention towards specific information (Crombez et al., 2013) being linked to the development and maintenance of mood disorders and other psychopathologies (Pine et al., 2005; Sinclair et al., 2016; Faunce, 2002). The aim of this study is to investigate the magnitude of positive & negative attentional bias in those affected or at risk of developing BD. This meta-analysis adhered to the PRISMA guidelines. A systematic search for relevant published search was conducted by searching the following electronic databases: PsycINFO, ProQuest, Scopus, Web of Science, PubMed and supplementing with Google Scholar for peer-reviewed articles, written in English. Initial search was conducted on 2nd February 2024. Only published, peer-reviewed, studies were included in our meta-analysis. The study included either individuals diagnosed with BD or at-risk for BD (whether this be familial risk or screening-based risk e.g. HPS). Studies included a conclusive affective attentional bias probe / task such as Emotional Stroop Task, Affective Go /NoGo and other similar tasks or variations of the ones already mentioned. In the case that a study included an intervention (e.g. pharmaceutical drug), only pre-intervention data was extracted. Studies were required to report data related to positive or negative emotions (e.g. "positive images", "happy target"). Articles were excluded if BD (or at risk) individuals were pregnant, peri- or post-partum, had significant cognitive deficits or impairments (e.g. dementia), additional schizophrenia diagnosis or Autism Spectrum Disorder. Our initial search yielded 2925 references, 1261 were eliminated due to being duplicates. The first reviewer screened the titles and abstracts of the retrieved studies for our keywords of interest. As such, 266 references were included in our full-text retrieval and were read for relevance by a second reviewer as well. Diverging viewpoints over inclusion were resolved by consensus. 234 articles were excluded due to not meeting our criteria. Articles were excluded if they did not offer data separately or a comparison that could be used for positive/negative bias, such as a cumulative response time. Our final sample included 32 studies. For an integrative view, we've included at-risk individuals, whether offspring of BD or screened using validated methods such as the Hypomanic Personality Scale (Eckblad & Chapman, 1986) and pediatric populations. Subgroup analyses will be used for a clearer and robust understanding in these populations. We've coded bipolar type, current state, experimental task, whether the study is pediatric or risk-related, the type of presentation of stimuli, exposure time, task design, age, gender, country, illness duration, age of onset, number of mood episodes and medications. As such, a mixed-effects analysis is to be conducted.

Keywords

Bipolar Disorder, Attentional Bias, Meta-analysis

PO103 Effects of Positive Psychology Interventions on Loneliness: A Systematic Review and Meta-Analysis of Randomized Controlled Trials

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Abstract

Objective: Loneliness is a widespread phenomenon associated with both mental and physical health concerns. Positive psychology interventions (PPIs), which are interventions designed to enhance well-being through methods con-

sistent with positive psychology principles, have been proposed as a means to mitigate loneliness. While previous systematic reviews and meta-analyses have demonstrated the effectiveness of PPIs for various psychiatric and somatic conditions, none have investigated their impact on loneliness. Therefore, this systematic review and meta-analysis aim to assess the efficacy of PPIs in alleviating loneliness across diverse populations by synthesizing evidence from randomized controlled trials (RCTs).

Methods: This study, pre-registered in PROSPERO (CRD42024540283), adhered to Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. A systematic search was conducted across four major databases (PubMed, PsycINFO, Web of Science, and Scopus) for RCTs comparing PPIs aimed at reducing loneliness to any kind of control group. We found 1467 articles. Inclusion criteria encompassed RCTs of PPIs conducted on healthy or clinical populations of any age, published in peer-reviewed English-language journals, utilizing validated measures of well-being and loneliness. Two independent reviewers will conduct the screening, data extraction, and quality assessment of the included studies, resolving disagreements through consultation with a senior researcher. The primary outcome will be the changes in loneliness score post-PPI and/or follow-up, while the secondary outcomes will be changes in well-being scores. The study quality will be assessed based on the Cochrane collaboration tool for assessing risk of bias (RoB 2) in randomized controlled trials (Sterne et al. 2019). For data processing, Comprehensive Meta-Analysis software (Borenstein et al., 2013) will be used, employing a random-effects model and Hedges' adjusted g as an effect size indicator. Heterogeneity is anticipated due to the broad definition of PPIs, and it will be quantified using Q and I^2 statistics. Publication bias will be assessed via funnel plots and Egger's test. Moderator analyses will examine PPI characteristics, control group types, and participant characteristics, employing meta-regression for continuous variables such as study quality, age, and percentage of females.

Results: Building upon prior meta-analyses (e.g. Carr et al., 2021; Bolier et al., 2013; Chakhssi et al., 2018), we expect small to medium post-intervention effects on reducing loneliness and improving positive outcomes (e.g., well-being, quality of life). We anticipate some maintenance of these gains at follow-up. Drawing from Carr et al.'s mega-analysis (2024) we foresee three key moderators: longer and face-to-face PPIs may be more effective, studies with inactive controls and lower methodological quality may show larger effects, and PPIs may benefit individuals with mental or physical health issues.

Conclusions: This meta-analysis will shed light on the impact of PPIs on loneliness. Future research should delve into the mechanisms underlying their effectiveness and optimize delivery methods for greater impact.

Keywords

Positive Psychology Interventions, Loneliness, Systematic Review, Meta-Analysis, Randomized Controlled Trials

P0104 Exploring the interplay of difficulties in emotion regulation, repetitive negative thinking, and distress: A two-wave longitudinal mediation study using a transdiagnostic approach

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Abstract

Sexual distress is a critical factor in diagnosing sexual dysfunction, with recent cross-sectional research supporting a transdiagnostic approach for its understanding. This exploratory study aimed to investigate the mediating role of repetitive negative thinking between difficulties in emotional regulation and both sexual and psychological distress within a community sample. Utilizing a quantitative longitudinal design, the study surveyed 64 partnered individuals. The survey included a sociodemographic questionnaire, the Difficulties in Emotion Regulation Scale – Short Form, the Persistent and Intrusive Negative Thoughts Scale and, as interrelated outcomes, the Sexual Distress Scale-Revised and the Kessler Psychological Distress Scale. Correlational analysis over time showed significant associations between difficulties in emotion regulation, repetitive negative thinking, psychological distress, and sexual distress. Controlling for sexual activity frequency, a positive total effect of difficulties in emotion regulation on sexual distress was observed. Longitudinal mediation analysis revealed a significant negative indirect effect of difficulties in emotion regulation on sexual distress through repetitive negative thinking, which acts as a buffer, but this effect was not observed for

psychological distress. These findings underscore the importance of recognizing difficulties in emotion regulation and repetitive negative thinking as coping strategies when examining sexual distress. They emphasize the necessity to explore the efficacy of therapeutic interventions that address these cognitive processes to reduce adverse sexual outcomes. The results suggest that repetitive negative thinking might have adaptive effects, highlighting a nuanced role for these cognitive processes in coping strategies within the study's context.

Keywords

difficulties in emotion regulation; repetitive negative thinking; sexual distress; psychological distress; longitudinal study; transdiagnostic approach

PO105 Cognitive behavioral therapy for anxiety disorders in children and adolescents with autism spectrum disorders

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Abstract

Background: Approximately 1-2% of all children and adolescents have an autism spectrum disorder (ASD). ASD is characterized as a pervasive developmental disorder marked by deviations and delays in the development of social interaction and communication patterns, as well as limited, stereotyped, and repetitive behaviors. Children and adolescents with ASD often experience an elevated risk of comorbid conditions such as ADHD, conduct disorders, anxiety, and OCD. Studies have found that 44-60% of children and adolescents with ASD also have an anxiety disorder. This number is much higher compared to the 3-5% prevalence of anxiety in children without an ASD diagnosis. The combination of ASD and comorbid conditions has been shown to have an even greater impact on the behavior and well-being of the child than the ASD diagnosis alone. Therefore, treating these comorbid conditions is crucial for improving the child's well-being and overall functional level.

Purpose: To present experiences with cognitive behavioral therapy (CBT) for anxiety disorders in children and adolescents with ASD using the Cool Kids autism spectrum adaptation. This is a 10-session program aimed at helping autistic children and adolescents manage anxiety. Another purpose is to present and discuss some of the common difficulties in treating this population, such as inclusion criteria, differential diagnosis, treatment format (group vs. individual), manualized treatment, parental involvement, and challenges related to autism spectrum disorder such as cognitive inflexibility, insistence on sameness, and sensory sensitivity. This poster will primarily have a clinical perspective and be case-based.

Keywords

Autism spectrum disorders, ASD, anxiety disorders, cognitive behavioral therapy, CBT, children, adolescents

PO106 The level of emotional intelligence among adolescent with delinquent behavior

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Abstract

The objectives of the research is to study the impact of emotional intelligence as a personal trait and skill on delinquent behavior. To discover which areas and aspects of emotional intelligence should be paid attention to in order to reduce delinquent behavior. 207 respondents have participated in the research. The target group was selected from regional bureaus of the LEPL-National Agency for Crime Prevention, Execution of Non-custodial Sentences and Probation - 100 respondents, and the control group - 107 people, also from schools, colleges and university pupils and students from different regions of Georgia.

On the basis of the research, most of the hypotheses were confirmed. Which means that adolescents with non-delinquent behavior have higher emotional intelligence than adolescents with delinquent behavior. All survey components had a high reliability index with Cronbach's alpha of 0.84. Adolescent boys with delinquent behavior have low levels of empathy, happiness and social intelligence, and high levels of emotion perception and expression.

It has been found out that success in school is positively correlated with the level of emotional intelligence. Among the interviewees, the higher the school success rate was, the higher was the overall emotional intelligence index. The consequences of the study confirmed that teenagers with delinquent behavior have high self-motivation and high level of optimism. In addition, the research showed that the level of emotional intelligence was significantly influenced by factors such as school success, nuclear family, the presence of siblings in the family, and the place of residence.

Keywords

delinquent behavior, adolescents, emotional intelligence, emotionality, sociality, self-control, well-being

PO107 An example of CBT in an adolescent with social anxiety and test anxiety and important points

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Abstract

16 years 5 months female patient was admitted to the child and adolescent psychiatry outpatient clinic with the complaint of having too much anxiety. The patient was very anxious before the exams, started crying a week before the exams, and was afraid of "what if I can't do it, what if I embarrass my family". She would try to prove herself to her parents. The interviews revealed that she also had difficulty making friends. She did not make friends quickly and preferred people like herself, people she could manipulate and get close to. She felt like an outcast in public and wanted to cry. She thought they would laugh at her, that they would insult her. She didn't like talking on the phone and kept the conversation short. She was afraid she wouldn't have anything to say and there would be silence. When she went to stores, she wanted to buy what she wanted and leave immediately. When she met new people, she would get very excited and her heart would race. The newness and changes in her life made her restless. It was learned that the patient, who had no symptoms of anxiety before elementary school, started to be shy in friendships and anxious in social settings after changing her teacher 3 times in the first grade of elementary school. In high school, when her father's kidney disease progressed, they decided to move to another city and she entered a school with a different teaching style. It was difficult for her to enter an environment where everyone knew each other. It was noted that the pre-existing anxiety symptoms continued to worsen after this process. The patient, who had been suffering from anxiety for about 10 years, came to our clinic for treatment because she felt like fainting one day at school due to intense anxiety and was diagnosed with social anxiety disorder and another defined anxiety disorder (test anxiety). During the follow-up and treatment process, in-depth interviews were conducted with the patient and her family to identify individual and family factors leading to the anxiety disorder. The patient refused medication due to cognitive distortions. The patient's treatment was continued without medication, using cognitive behavioral therapy, problem-solving and communication skills, and family-focused approaches. The patient's functionality improved significantly. In this case report, the CBT-based treatment approach applied to an adolescent patient who had been untreated for many years and refused medication is presented in detail to highlight points that may be important in adolescent therapies.

Keywords

Adolescent, Anxiety Disorders, CBT

PO108 Candidate mechanisms of change in therapy for procrastination: a randomized controlled trial with different cognitive-behavioral protocols

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Abstract

Procrastination is a self-regulatory failure that involves voluntarily delaying intended tasks despite the negative consequences. As procrastination negatively affects a considerable number of individuals by impairing many aspects of psychological well-being, psychotherapeutic interventions aimed at treating excessive and chronic procrastination are developed. While CBT interventions are currently recognized as the most promising procrastination treatment methods, little is known about the mechanisms underlying their effectiveness. In order to better understand factors responsible for therapeutic change, in this randomized controlled trial we aimed to assess a variety of constructs, including self-efficacy, self-regulation, emotion-regulation, perceived task value and time perspective to identify candidate psychological mediators of successful treatments for procrastination.

Two intervention groups with CBT protocols for procrastination (Realistic Planning and Timely Beginning, RPT, and Working Time Restriction, WTR) were compared with an active control intervention protocol (Pomodoro Technique, PT) and with a waitlist control group (WL). All active protocols consisted of 5 online weekly meetings in a group setting and included the same elements of psychoeducation and cognitive interventions, but differed in the implemented behavioral interventions. To identify the candidate mechanisms of therapeutic change, we considered per protocol results of participants who completed the allocated treatment (nRPT = 36, nWTR = 43, nPT = 41, nWL = 53). First, we assessed the effect of treatment on changes in related constructs, and second, their mediating role in the relationship between treatment and the primary treatment outcome (change in Aitken Procrastination Inventory). We initially hypothesized that RPT would prove to be more effective than WTR in changing several aspects of self-regulation, emotion regulation and time perspective, while WTR would affect self-efficacy and perceived value of tasks stronger than RPT.

In comparison to WL, both experimental intervention protocols (RPT, WTR) and the active control intervention (PT) improved temporal orientation towards the future, planning, and proactive control, and with tentative effects for RPT and WTR, influenced the perceived value (or meaningfulness, enjoyableness) of one's tasks. Moreover, RPT and WTR decreased some aspects of fear of failure and increased self-efficacy, while only WTR affected emotion regulation by increasing access to emotion-regulation strategies.

For all active conditions, only the change in temporal orientation towards the future mediated the influence of treatment on procrastination tendency (RPT: 19% of the effect of treatment was explained by the mediator, CI95%: 7%-26%; WTR: 37%, CI95%: 23%-44%; PT: 32%, CI95%: 19%-39%). However, for PT also the change in the perceived value of one's tasks had a mediating effect (16%, CI95%: 5%-23%).

Contrary to a priori hypotheses, the results suggest that regardless of the varying behavioral modules of the interventions, in comparison to waitlist control all active psychotherapy protocols caused comparable changes in several of the initially assumed candidate mechanisms. Only the change in temporal orientation towards the future (RPT, WTR and PT groups) and the change in the perceived value of one's tasks (PT group) partially mediated the effect of treatment on procrastination tendency. No mediation model fully accounted for the therapeutic change, suggesting the need for further research.

Keywords

procrastination, mechanisms of change in psychotherapy, randomized controlled trial

PO109 A daily diary study of cancer-related pain and associated difficulties: The role of Psychological Flexibility

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Abstract

Introduction: Approximately 40% of cancer patients/survivors develop chronic cancer-related pain (CRP), which is associated with greater levels of fatigue, cancer worry, poorer treatment response, overall functioning and well-being. Psychological Flexibility (PF) refers to one's level of openness to experiences, awareness of circumstances, and engagement in value-based action. A large body of research, based on group data, has shown that PF is positively correlated with better day-to-day functioning and general well-being, despite the presence of chronic pain symptoms. However, the relationship between PF, symptoms, symptom-specific impairments, and overall functioning within individuals over time is less well understood. **Objective:** This study aimed to investigate the relationships between daily variations in PF, the severity of CRP, fatigue, and cancer worry, and the impact of these individual symptoms on functioning in cancer patients/survivors. **Methods:** Fifteen participants with chronic CRP completed bi-daily diary recordings of the severity of pain, fatigue, cancer worry, interference from these symptoms, overall functioning and the six facets of PF via a smartphone application, for 21 days, resulting in a total of 574 data points. Using mixed-level models, we investigated whether daily variation in PF contributes to symptom interference, while controlling for symptom severity and between-participant variability. We conducted three separate symptom-specific mixed model analyses; one for each symptom (pain/fatigue/cancer worry). Furthermore, we investigated the contribution of PF on overall functioning, while still controlling for between-participant differences, and controlling for all three symptom levels in the same model. **Results:** For all three symptom-specific models, model fit parameters improved by adding symptom severity and PF. In all models, symptom severity was the strongest predictor of symptom interference, while controlling for between-individual variation. In all models, adding PF had a significant effect and improved model fit, indicating that PF can explain variance in symptom impact beyond symptom severity, with a small to medium effect sizes (.11 - .21). In the model predicting overall functioning, pain and fatigue severity added significantly to the model, while cancer worry did not, with a medium effect size (.20) of symptom severity added together. PF added significantly with a small effect size (.12). **Conclusions:** Consistent with other patient groups, PF appears to moderate the relationship between chronic pain, fatigue, and illness worry, and the functional impacts of these symptoms in cancer patients/survivors. Thus, treatments specifically targeting PF may yield similar improvements in pain and associated difficulties in cancer patients/survivors as found in other pain groups. **be of use to cancer patients/survivors suffering from these types of difficulties, particularly if the interventions can be tailored to specific deficits in the six aspects of PF and strong symptom-impairment relations that may vary within individuals.**

Keywords

Cancer, Chronic Pain, Fatigue, Cancer Worry, Psychological Flexibility

PO110 Efficacy of cognitive-behavioral therapy for insomnia and pain and therapy focused on trauma in physical symptoms: A pilot study in patients with fibromyalgia

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Abstract

Introduction

Fibromyalgia (FM) is a syndrome that involves chronic widespread musculoskeletal pain of unknown cause. In addition to pain, FM is currently diagnosed by the presence of nonrestorative sleep, fatigue, mood disturbances (i.e., depression and anxiety), cognitive difficulties, and a variety of heterogeneous somatic complaints. Some studies have highlighted the presence of physical trauma or injury as triggers that precede FM. Apart from physical trauma, several retrospective studies have found a higher self-reported incidence of physical or sexual abuse in FM patients versus non-FM controls. Due to insomnia is the most common sleep disorder in chronic pain patients a psychological treatment based on cognitive-behavioral therapy focused on insomnia and pain (CBT-IP) was developed for FM patients. The objective of this pilot study was to analyze the efficacy of cognitive-behavioral therapy for insomnia and pain (CBT-IP) compared to trauma-focused therapy (TT) at improving sleep, pain, FM impact and fatigue, in women with FM.

Method

Twenty-two participants with FM were randomly assigned to one of the two conditions: TT (n= 10) or CBT-IP (n = 12). The research protocols received ethical approval from the University of Granada Ethics Committee, and patients signed an informed consent form prior to their inclusion in the study. Patients will recruit from AGRAFIM (an association of FM patients) and the Rheumatology Service Virgen de las Nieves University Hospital, both in Granada (Spain). A semi-structured interview was conducted in two sessions. Participants completed several self-report questionnaires at pre and post-treatment (1 week after the completion of the intervention). The assessment and treatment sessions were conducted in the Psychology Clinic of the University of Granada. The measures were: McGill Pain Questionnaire, short-form, MPQ-SF; Pittsburgh Sleep Quality Index, PSQI; Multidimensional Fatigue Inventory (MFI) and Fibromyalgia Impact Questionnaire (FIQ).

Treatment Protocols

The protocol-based psychological treatments (CBT-IP and TT) were provided by therapists with a high level of professional training, and experience in the domain of chronic pain and sleep disorders. Ninety-minute sessions were conducted in a group format (5–7 participants) once a week for 9 weeks. During the study all participants were required to follow their usual medical care.

Data analysis

IBM SPSS Statistics were used. Groups were compared via Mann-Whitney's U test

Results

Patients receiving CBT-IP and TT showed significant improvement in pain intensity, general fatigue, and functional impairment in daily life at post-treatment, although these favorable changes were more pronounced in the group that received TT. The CBT-IP was associated with significant improvements in sleep-related variables between pre- and post-treatment.

Conclusions

The aim of this trial was to evaluate the effects of CBT-IP compared TT in patients with FM. The findings demonstrated differential responses among treatments.

Funding: This study is part of the I+D+i project/aid PID2019–109612GB-I00, funded by MCIN/AEI/10.13039/501100011033

Keywords

Fibromyalgia, cognitive-behavioral therapy for insomnia, compared with a therapy focused on trauma

PO112 Long-term pain and health economic outcomes in adults receiving multidisciplinary CBT for chronic pain

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Abstract

Introduction: The first-line evidence-based treatment for chronic pain is multidisciplinary treatment involving pain-focused CBT. Studies have shown that changes in psychological flexibility (PF) during pain-focused CBT positively mediates outcomes, even when the treatment does not specifically target PF. While CBT and PF-based treatments for chronic pain yield small to moderate, but clinically meaningful improvements in chronic pain and associated difficulties, less is known about their impact on healthcare utilization and the social cost of missed work due to illness. The present study aims to address this gap in the literature using pain outcome data from a large multidisciplinary pain clinic in Sweden, combined with healthcare and employment data from national registries. In an exploratory fashion, we also examine the role played by changes in psychological flexibility during treatment on long-term outcomes. **Methods:** Pain-related and health economic outcomes at post-treatment and one, two and three years after discharge were examined in 232 consecutive referrals to the Pain Rehabilitation Unit at Skåne University Hospital. In an exploratory fashion, we investigated whether sociodemographic characteristics, pain-related variables, and psychological inflexibility, predicted and/or mediated long-term pain-related and health economic outcomes. **Results:** Moderate sized improvements in pain, pain interference, and depression observed at post-treatment were all maintained at both the 1- and 3-year follow-up. A very similar pattern was observed for the health economic outcomes, with gains attained by post-treatment being maintained at follow-up. The largest improvements were found for the total number and costs of healthcare visits, with moderate effect sizes by 1-year follow up and remaining stable at both the 2-year and 3-year follow-ups. Healthcare costs declined by 48% during treatment and by the time of the 3-year follow-up, by 59% relative to the year up to commencement of treatment. There was a slight worsening in sick pay and the costs of sick pay at the 1-year follow-up, with small gains not observed until the 2-year- and 3-year follow-ups. While the decline in the number of days with sick pay and associated costs was in the small range, this nonetheless represented a 39% reduction in the cost attributable to days with sick pay by the time of the 3-year follow-up. Psychological inflexibility predicted and/or mediated both long-term pain-related and health economic outcomes. **Conclusions:** The present findings add to a small body of literature indicating that the improvements for pain and related difficulties in multimodal, pain-focused CBT programs have a durability of at least three years following treatment. There are also meaningful improvements in health economic outcomes up to three years post-treatment. Reductions in psychological inflexibility appears to be an important treatment process for achieving reductions in impairment from chronic pain and the associated costs of healthcare usage and sick days from work.

Keywords

Chronic Pain, Health Economic Outcomes, Psychological Flexibility

PO113 Efficacy of the therapy focused on trauma and combined cognitive-behavioral therapy for emotional distress and pain appraisal in patients with fibromyalgia: A pilot study

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Abstract**Introduction**

Fibromyalgia (FM) is a condition of centralized pain that entails a notable disability. Previous research in several chronic pain conditions including FM has documented the negative influence of affective distress in the pain experience. In FM patients, anxiety and depression scores have been associated with a poorer subjective rating of general health, higher pain intensity, poor sleep quality, and worse functioning. Several factors of pain appraisal contribute to the pain experience. The most outstanding ones are pain catastrophizing, fear of pain, acceptance, self-efficacy for coping and vigilance to pain. Previous evidence shows that FM patients often present traumatic life histories and post-traumatic stress disorder (PTSD). Thus, the presence of traumatic events has been related to greater symptoms. The objective of this pilot study was to analyze the efficacy of the trauma-focused therapy (TT) compared to that of the cognitive-behavioral therapy for insomnia and pain (CBT-IP) at the cognitive-affective appraisal of pain (pain catastrophizing, pain anxiety, chronic pain acceptance and self-efficacy coping), and distress emotional (anxiety and depression) in women with FM.

Method

Twenty-two participants with FM were randomly assigned to one of the two conditions: TT (n= 10) or CBT-IP (n = 12). Patients were recruited from the Rheumatology Service and Pain Unit of Virgen de las Nieves University Hospital (Granada, Spain) and the AGRAFIM (an association of FM patients) and referred to the Clinical Psychology Unit of the University of Granada, where the psychological assessment and treatment sessions were conducted. A semi-structured interview was conducted in two sessions. The questionnaires were applied at pre-, post-treatment: Chronic Pain Self-Efficacy Scale; Pain Catastrophizing Scale; Hospital Anxiety and Depression Scale;; Pain Anxiety Symptoms Scale-20 and Chronic Pain Acceptance Questionnaire. All patients signed informed consent to participate in the research. The study was approved by the Ethics Committee of the Universidad de Granada.

Treatment Protocols

The protocol-based psychological treatments (CBT-PI and TT) were provided by therapists with a high level of professional training, and experience in the domain of chronic pain, cognitive-behavioral therapy, and trauma therapy. All sessions were conducted in group format (5–7 participants) once a week for 9 weeks and lasted about an hour and a half. Patients in CBT-IP and TT groups continued with their usual medical care for FM (on stable doses of medication) during the study.

Data analysis

IBM SPSS Statistics were used. Groups were compared via Mann-Whitney's U test

Results

The results regarding emotional distress variables and other clinical parameters showed a significant improvement in self-efficacy for coping, positive changes about pain catastrophizing, pain acceptance after TT. Patients receiving CBT-PI also improved in post-treatment, but such improvements were less pronounced compared to the trauma group.

Conclusions

The aim of this trial was to evaluate the effects of TT compared to CBT-IP in emotional distress and pain appraisal in patients with FM. Considering clinical improvements, the findings demonstrated positive changes in depression and parameters of cognitive appraisal, with differential responses among treatments.

Funding: This study is part of the I+D+i project/aid PID2019–109612GB-I00, funded by MCIN/AEI/10.13039/501100011033

Keywords

Fibromyalgia, distress emotional, therapy for trauma, pain appraisal

PO114 Research on the Relationship Between Cognitive Distortions, Stigmatization, and Motivation to Seek Psychological Help

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Abstract

The concept of cognitive distortions, first proposed by Aaron T. Beck (1976), involves processing information in a predictable, problematic manner, leading to identifiable errors in thinking (Beck, 1995). These distortions produce automatic negative thoughts, which evoke or strengthen early symptoms of psychological distress and emotional or behavioral disorders (Leung & Poon, 2001; Najavits et al., 2004). Individuals often act according to these distorted thoughts, treating them as rules for behavior, which can lead to a limited behavioral repertoire, increased emotional distress, and persistent maladaptive behavior (Torneke, Luciano, & Valdivia, 2008).

Stigma, as defined by Goffman (1963), is "an attribute that is deeply discrediting." It refers to the devaluation of individuals who possess a characteristic different from the norm. Stigmatization leads to the exclusion of these individuals from certain social interactions (Kurzban & Leary, 2001). Stigma is a significant barrier to seeking psychological services, causing individuals to avoid or delay seeking help for mental health issues. Stigma involves labeling, separation, stereotype awareness, stereotype endorsement, prejudice, and discrimination, often reinforced by social, economic, or political power (Link & Phelan, 2001).

The study sample consists of 117 students (100 females), aged 19 to 48. Among them, 75 are undergraduate students, 38 are master's students, and 3 are doctoral students. The research was conducted using a questionnaire via Google Forms, filled out independently by the respondents. The questionnaire included the Scale of Stigmatization When Seeking Professional Help (Sanders, 2011) and the Cognitive Distortions Questionnaire (CD-Quest) by Irismar Reis de Oliveira. The stigma scale was adapted by excluding irrelevant issues (race and ethics) and incorporated insights from Vogel et al. (2013) on the cross-cultural validity of the Self-Stigma of Seeking Help (SSOSH) scale.

Preliminary results show no connection between stigma and cognitive distortions. However, there is a significant correlation between self-stigma and general stigma. The research aims to explore the connection between cognitive distortions and stigmatization regarding seeking psychological or psychotherapeutic help. It is hypothesized that higher scores on the Cognitive Distortions scale will correlate positively with higher scores on the Stigmatization scale. Additionally, it is anticipated that individuals scoring high on the Stigmatization scale will be less likely to seek psychological or psychotherapeutic help.

The lack of a significant connection between stigma and cognitive distortions suggests that these two factors may operate independently in influencing individuals' behaviors and attitudes towards seeking help. However, the significant correlation between self-stigma and general stigma highlights the critical role of self-perception in the reluctance to seek psychological services. These insights can help therapists better understand the barriers their clients face and tailor interventions to reduce self-stigma, thereby potentially increasing the likelihood of individuals seeking the help they need. Furthermore, the research underscores the importance of addressing stigmatization in mental health campaigns to improve the utilization of psychological services.

Keywords

Cognitive distortions, stigmatization to seeking psychological help, students

PO115 Irrational Beliefs in Suicidal Youth

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Abstract

Suicide is the fourth leading cause of death in the age group of 15 to 29 years, with estimated lifetime prevalence rates of suicidal ideation ranging from 12.1% to 33%, and suicidal behaviors ranging from 4.1% to 9.3%. When considering risk factors for suicidality, studies often point to both internal and external circumstances directly increasing the likelihood of suicidal behavior. However, rational-emotional cognitive behavioral therapy suggests that people are not disturbed by events themselves, but by the way they interpret those events. Irrational beliefs represent the most relevant cognitive processes for interpreting events, which consequently results in specific emotions and behaviors. Research on the role of irrational beliefs in individuals prone to suicide has indicated that people with suicidal ideation tend to have a higher number of irrational beliefs compared to those without such ideation, and those beliefs are: seeing oneself as a victim of past and future circumstances, demands for success, acceptance, and perfection, and evaluating every failure as terrible because it indicates the person's worthlessness. However, according to re-

searchers' knowledge, similar studies have not been conducted with adolescents. Therefore, this study examines the role of irrational beliefs in suicide proneness in adolescents. All participants in our study were matched in terms of the severity of depression, in order to discover specific beliefs related to suicidality and not caused by depression, the most common predictor of suicide. Beck's Depression Inventory and modified version of The General Attitude and Belief Scale (GABS) – GABS-37 were completed by 100 adolescents and young adults clinically diagnosed with major depressive disorder. They were divided into three groups: without suicidal thoughts and attempts, with only suicidal thoughts, and with suicidal attempts. The results of our research indicate that self-devaluation permeates through all three groups, representing an integral part of depression. However, in the group with suicidal attempts the derivative related to self-devaluation was present in extremely high values. The demand for comfort emerged as the most relevant variable in assessing suicidal tendencies, with higher values being associated with a greater inclination towards suicidal attempts. The demand for comfort represents an aspect of the frustration intolerance, related to tendency towards short-term pleasures at the expense of long-term gains. That often results in avoidant coping strategies that prolong problems and consequently increase the likelihood of depression and suicidal ideation. Global devaluation of others is another variable highlighted by the model in predicting suicide. This belief often accompanies feelings of anger and aggression, which are established factors of vulnerability to suicide.

Keywords

youth, depression, suicide, irrational beliefs

PO116 The Impact of Educational Video Material on RE&CBT Therapy on Willingness to Seek Psychological Help: A Study on a Convenient Sample

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Abstract

This study explores individuals' readiness to seek psychological help, focusing on the influence of educational video material about the RE&CBT (Rational Emotive & Cognitive-Behavioral Therapy) approach on that readiness. To investigate changes in responses based on received therapy education, we chose a methodology that includes a questionnaire, an educational video, and a follow-up questionnaire.

Our study is conducted in three main steps. First, participants will complete the Fisher and Farina ATSPPHS_SF questionnaire, measuring their current readiness to seek psychological help. They will then be divided into two groups: a control group that will watch a neutral video about psychotherapy in general, and an experimental group that will watch a video providing specific information about the RE&CBT approach. After viewing the video, participants will again complete the same questionnaire on their readiness to seek psychological help.

Additionally, before the questionnaire on help-seeking readiness, we will collect basic demographic data about the participants, including gender, age, income, and previous therapy experiences.

We plan to use a convenient sample of approximately 200 participants. Furthermore, we intend to exclude those participants who already have experience with RE&CBT therapy to avoid potential confusion or bias.

We expect that short education through video material will increase the readiness to seek psychological help in both groups of respondents. In particular, the group viewing the RE&CBT-based material was predicted to show greater readiness compared to the control group. We expect this because we think that greater availability of information, including information about the effectiveness of RE&CBT, will make clients more open to trying the therapy themselves and achieving such results.

We chose this topic because we believe it is insufficiently researched in our area, and we think it is important to have local findings that will contribute to a better understanding of people's readiness to seek psychological help. The results of this research would provide guidelines for CBT psychotherapist-beginners for working with clients at the beginning of their psychotherapy practice.

Keywords

willingness to seek psychological help, RE&CBT, educational video materials

PO117 A Case of Post-Traumatic Stress Disorder in an Adolescent with a History of Developmental Multiple Trauma Treated with Cognitive-Behavioral Therapy

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Abstract

Introduction: Posttraumatic Stress Disorder (PTSD) is defined as the development of specific symptoms following exposure to a traumatic stressor. While many traumatic experiences can cause psychological difficulties in children, childhood sexual abuse is known to be a particularly potent type of trauma that can lead to the development of PTSD. According to the DSM-5 diagnostic criteria, PTSD symptoms are categorized under four main headings as hyperarousal and inability to calm down, avoidance of stimuli reminiscent of the trauma and social withdrawal, re-experiencing the traumatic event, and negative changes in cognition and mood. The most common psychiatric comorbidity in children with PTSD is major depressive disorder (MDD). In this case report, we present a female adolescent with PTSD and MDD who was treated with structured cognitive-behavioral therapy (CBT) in addition to psychopharmacologic treatment.

Case: A 17 years and 1 month old female patient was admitted to our clinic with complaints of self-injurious behavior, inability to enjoy activities she used to enjoy, unhappiness, and inability to control her anger. The patient had symptoms such as frequent intrusive memories, nightmares, difficulty concentrating, overstimulation, anger outbursts, inability to experience positive emotions, self-harming behavior, negative self-perception, and inability to enjoy her activities for the past 2 months; she had presented to the psychiatry clinic with similar complaints 2 months ago and was treated with sertraline 50mg/day, olanzapine 2.5 mg/day and alprazolam 0.5 mg as needed. The patient who continued the medication was admitted to the day clinic unit for close follow-up and intensive treatment after 2 months of outpatient follow-up. The patient was diagnosed with PTSD and comorbid MDD. CBT was used for the PTSD and MDD diagnoses in the sessions. Initially, psychoeducation about PTSD and the cognitive model were introduced. PTSD symptoms and physical signs were explained using imagination technique, relaxation and breathing exercises, and safe place exercises. Cognitive distortions and thought traps were identified and replaced with functional thoughts. Clinical sessions revealed that the patient was beginning to perceive and make sense of her traumatic childhood experiences of sexual and physical abuse. Relationship and emotional regulation skills were practiced. Interventions to increase flexible thinking and resilience were applied to the patient. Emotional changes and triggers for self-injurious behavior were explored in detail. Discussions were held about managing self-injurious behaviors. Basic social communication skills and problem solving methods were discussed. Inappropriate communication styles and acceptance of emotions were discussed in family sessions. Medication was adjusted to sertraline 100 mg/day and aripiprazole 10 mg/day, and the patient was discharged in remission.

Conclusions: As a result, with the application of CBT and psychopharmacotherapy, it was observed that our patient's complaints clinically decreased, scale scores dropped, and functionality improved. The aim of this case report was to share the application of structured CBT and psychopharmacological treatment in a female adolescent with developmental multiple trauma and to discuss the treatment process.

Keywords

post-traumatic stress disorder, cognitive-behavioral therapy, adolescent

PO118 Marital compatibility, the success of conflict resolution, and perception of fairness in marriage and unmarried union in women of different maternity statuses from the perspective of cognitive-behavioral therapy

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Abstract

Disagreements and conflicts are part of marriage and any other close relationship. One of the central features of a successful marriage and partner relationship is the ability to manage conflicts, and poorly managed conflicts are the risk factor for dissatisfaction and even for ending the relationship. This research compared 400 women of different maternity statuses in their marital compatibility, satisfaction, resolution of conflict, and perception of fairness. In this research, 80 women without kids, 94 pregnant women, 111 postpartum women, and 115 mothers of 7-year-old children who were married or in an unmarried union from 1 to 10 years participated. A questionnaire on marital compatibility, a Scale of the success of marital conflict resolution, and a Scale of perception of marriage fairness were used for data collection. The results showed that women without children and pregnant women tend to rate their marital compatibility and conflict resolution ($p < .05$) higher than postpartum women and mothers of 7-year-old children. Women without children perceive higher fairness of relationship ($p < .05$) with their partner or spouse than mothers of 7-year-old children, and pregnant women also perceive higher fairness of relationship than postpartum women and mothers of 7-year-old children. These results follow previous research about the growth of marital disagreements and conflicts after childbirth because of customization with new obligations and responsibilities and inequality in the distribution of obligations between partners. In this sample, employed women also rate their happiness and marital compatibility ($p < .05$) higher than unemployed. Happiness and marriage compatibility correlate with efficiency in conflict resolution and perception of fairness in marriage and relationships. Based on these results, cognitive-behavioral therapy might focus on feelings, behavior, and cognition using direct skill-based methods and communication skills to decrease problematic behavior and increase mutual emotional support between the spouses.

Keywords

Marital compatibility, conflict resolving, perception of fairness, transition to parenthood, cognitive-behavioral therapy

PO119 Psychological difficulties of parents of children with a rare genetic disorders: the contribution of intolerance of uncertainty, intolerance of distress and tendency towards worry

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Abstract

Objective: Research has indicated that parents of children with chronic health conditions frequently suffer from deteriorating life quality and stress-related disorders. However, we have not found any study investigating anxiety, depression and stress in a heterogeneous group of rare genetic disorders, which are complex, lifelong, and often progressive. We formulated the following hypotheses: (1) parents of children with rare genetic disorders would be more likely to develop anxiety, depression and stress compared to healthy controls, and (2) parents' cognitive vulnerability (intolerance of uncertainty, intolerance of discomfort and a tendency towards worry) would predict depression, anxiety and stress above and beyond that which is achieved by knowing the child's health status. In addition, we wished to explore the possible role of gender, i.e. mother-father roles in predisposing individuals to develop mental health difficulties.

Method: The sample consists of 92 mother-father pairs in the target group (Mparent age = 38, Mchild age = 6) and 94 participants in the control group (28 pairs and 66 parents who were not in pair Mparentage = 34, Mchild age = 4). Measures were taken of worry, intolerance of uncertainty and distress, as well as depression, stress and anxiety. Measures were also taken of the child's health status.

Results: There were significant differences between the target and control groups, with parents in the target group reporting substantially higher rates of psychological distress, especially those parents whose children have moderate-to-severe chronic health problems. The severity of the child's health issues was positively related to increases in worry, intolerance of distress and uncertainty, and depression, anxiety and stress. A moderating effect of gender was recorded, with mothers' mental state worsening more severely in comparison to the fathers as the child's health status worsens. Mothers in the target group reported higher rates of psychological distress compared to fathers in the target group. There were no significant differences between mothers and fathers in the control group. Finally, psychological factors allowed researchers to predict depression, anxiety and stress above and beyond that which is achieved by knowing the child's health status. Worry, intolerance of distress and uncertainty were much more strongly related to depression, anxiety and stress in the target group in comparison to the control group.

Conclusion: Mothers of children with genetic disorders are at particular risk of developing anxiety, depression and stress. Cognitive vulnerability in the form of intolerance of uncertainty, distress and tendency to worry contributes to these reactions beyond the evaluation of the child's health status alone. These findings indicate that cognitive-behavioral therapy and prevention strategies for parents, especially mothers, would be beneficial.

Keywords

parents, genetic disorders, worry, intolerance of distress, intolerance of uncertainty

PO120 Music, Psychology, and Awe: The Psychological Effects of Classical Music Combined with REBT

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Abstract**Introduction**

The present study investigates the impact of exposure to a cultural event, specifically a classical music performance interspersed with Rational Emotive Behavior Therapy (REBT) psychoeducation, on participants' emotions and rationality. The primary focus is on the emotion of awe, measured by the Awe Experience Scale (AWE-S), and its subsequent effects on positive and negative emotions, assessed pre- and post-intervention using the Mood Wheel experience sampling instrument. The study also examines changes in rational and irrational beliefs, measured with the short form of the Attitudes and Beliefs Scale-2. Our main hypothesis is that the combined intervention leads to positive changes in subjects' emotionality and cognitions, mediated by an increased sense of awe. Additionally, we seek to evaluate the effectiveness of the combined intervention compared to its virtual format, a psychoeducation-only version, and a waitlist control to explore potential unique ingredients for the emergence of the awe experience and its effects on emotion and cognition.

Methods

Participants were given the choice to join one of three groups: (1) live event attendance, (2) virtual event attendance from home, (3) virtual attendance of only the psychoeducational portion. The first condition involved attending a classical music concert with REBT psychoeducation segments between musical pieces. Emotional responses were measured at four points: pre-intervention, post-intervention, and two follow-ups (2 and 4 weeks after the post-intervention measurement). The Reality Judgement and Presence Questionnaire, adapted to exclude the Internal/External Correspondence subscale, was used to control for the immersive quality of the event. This measurement facilitated a more precise identification of potential mechanisms for the emergence of positive psychological outcomes, such as the sense of shared experience with fellow participants at the live event or the differentiated psychological impact of music and psychoeducation.

POSTER PRESENTATIONS

Discussion and Implications

At the between-subjects level of analysis, the delivery format (live vs. virtual) significantly influenced emotional and cognitive outcomes. In terms of mechanisms of change, the experience of awe was significantly associated with increased positive outcomes, especially in the live event condition. Future research may consider designs that involve randomization to better gauge the effectiveness of the interventions and obtain higher internal validity. Understanding these dynamics could inform future interventions and their implementation in non-clinical settings and personal development contexts, as the relationship between awe-inducing experiences and positive psychological outcomes continues to be more rigorously examined.

Conclusion

By exploring the interplay between awe, emotions, and rationality, this research seeks to contribute to the literature on the psychological benefits of musical events and psychoeducation. It also represents an attempt to bridge theoretical gaps between positive psychology concepts, REBT, and music therapy. The findings will have implications for the design and delivery of mental health programs, particularly those leveraging cultural and educational components to enhance emotional and cognitive well-being.

Keywords

Awe, Classical Music, Rational Emotive Behavior Therapy, Emotional Well-being, Psychoeducation, Immersive Experience

PS1 The connection between dysfunctional beliefs related to personality disorders and adverse psychological outcomes such as stress, anxiety, and depression

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Abstract

Background: According to the cognitive theory of personality disorders, each person has a specific set of dysfunctional beliefs. These core beliefs are associated with tendencies toward certain personality disorders, which influence the way people feel, react, and behave. The aim of this study was to examine the relationship between dysfunctional beliefs related to personality disorders and adverse psychological outcomes such as stress, anxiety, and depression.

Methods: The research was conducted through a cross-sectional study that included a nonclinical sample of 117 young people aged between 20 and 30 years. The 65-item Personality Belief Questionnaire (PBQ-SF) was used to measure Z scores for avoidant, dependent, obsessive-compulsive, histrionic, passive-aggressive, narcissistic, paranoid, schizoid, antisocial and borderline personality characteristics. On the other hand, the Depression, Anxiety and Stress Scale - 21 Items (DASS-21) was used to estimate scores for depression, anxiety and stress. Both PBQ-SF and DASS-21 were anonymously filled out. Correlation coefficients were measured for the correlation between Z scores of each PBQ-SF scale and for the correlation between DASS-21 scores and different PBQ-SF Z scores.

Results: The Z score for borderline type showed the strongest positive correlation with DASS-21 scores for depression ($r=0,562$; $p<0,01$), anxiety ($r=0,522$; $p<0,01$), and stress ($r=0,545$; $p<0,01$). Intercorrelation between different Z scores showed the strongest positive correlation between dependent and borderline types ($r=0,855$; $p<0,01$). Participants who attended sessions of individual Cognitive Behavioral Therapy (CBT), Rational Emotive Behavior Therapy (REBT), or Schema psychotherapy, had lower Z scores for schizoid type ($p<0,05$) compared to participants who did not attend individual sessions.

Discussion: The strongest positive correlation between stress, anxiety, and depression in individuals with borderline personality traits highlights the importance of prevention programs to identify these individuals in a nonclinical population and the importance of access to psychotherapy services to mitigate these issues.

Keywords

dysfunctional beliefs; stress; anxiety; depression; cognitive-behavioral psychotherapy

PS2 The Relationship Between Rejection Sensitivity and Social Anxiety: Mediator Role of Post-Event Processing and Moderator Role of Difficulties in Emotion Regulation

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Abstract

Introduction: Social anxiety disorder is one of the most prevalent anxiety disorders worldwide. Socially anxious individuals experience significant distress, interpersonal disability, and impairment in daily functioning. Therefore, it is crucial to explore factors that play a role in the etiology of social anxiety. Growing evidence shows that rejection sensitivity (RS), a cognitive-affective bias toward anxiously expecting rejection, is robustly linked to social anxiety. However, the exploration of the mechanisms underlying this association has been scarce. This research aimed to examine the relationship between RS and social anxiety among emerging adults and further investigate the roles of post-event processing (PEP) and difficulties in emotion regulation (ER) in this relationship. PEP is a disorder-specific ruminative

process where individuals excessively and negatively review social interactions after they occur, often focusing on perceived mistakes or negative aspects. In comparison, ER difficulty refers to a transdiagnostic process involving the challenges that individuals face in managing and responding to their emotional experiences, frequently associated with heightened emotional distress. We expect PEP to significantly mediate the relationship between RS and social anxiety. Furthermore, we expect the strength of the relationship of RS with both PEP and social anxiety symptoms to change depending on the level of ER difficulty reported by the participants.

Method: Data were collected cross-sectionally through convenience sampling. A total of 392 participants (%74.7 female) aged 18 to 25 years ($M = 20.94$, $SD = 1.63$) completed an online battery of self-report measures for social anxiety, depression, ER difficulties, PEP, and RS.

Results: Results indicated that RS is positively associated with PEP and symptoms of social anxiety. Besides, PEP is positively linked to social anxiety. PEP partially mediated the association between RS and social anxiety. There was no significant moderating effect of difficulties in ER in the association between RS and either PEP or social anxiety.

Discussion: These findings illustrate that high-RS individuals are more likely to engage in a negative and prolonged review of their past social interactions, which is in turn linked with increased symptoms of social anxiety. The current findings deepen our understanding of the psychological processes underlying the link between RS and social anxiety by highlighting PEP as an important vulnerability for high-RS and socially anxious individuals.

Keywords

rejection sensitivity, social anxiety, difficulties in emotion regulation, post-event processing

PS3 The role of irrational beliefs in paranoia: a network approach

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Abstract

Paranoia is relatively common, both among individuals with psychotic disorders and within the general population. Recent studies suggest that paranoia is the most central node among delusional beliefs, as well as the most central of all psychotic symptoms in network analyses. These findings suggest that changes in paranoia may have the highest impact on the overall network and could significantly influence other associated psychotic symptoms. However, despite the development of promising interventions aimed at reducing paranoia, the etiological factors that could enhance their effectiveness remain relatively unclear.

In this study, we aimed to (1) construct a network of symptoms and cognitive factors potentially relevant to paranoia and (2) identify the central nodes. We recruited 72 participants with and without a psychotic disorder ($m\text{ age} = 42.96$; 65.75% female). Participants filled in self-report measures of paranoia, depressive and anxiety symptoms, interpersonal sensitivity, and irrational beliefs. We estimated a regularized Gaussian Graphical Model (GGM) using the graphical Least Absolute Shrinkage and Selection Operator (lasso). Network analysis results indicated that irrational beliefs represent the most central node in the network ($p < .05$). Bootstrapped CIs estimates supported edge and centrality stability, with narrow 95% CIs. The clinical relevance of our findings is discussed.

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Keywords

paranoia; irrational beliefs; network analysis

PS4 The Link Between Depression and Perfectionism, Self-Esteem and Self-Acceptance Among High School Students in Serbia

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Abstract

In this research, the extent to which perfectionism, self-esteem, and unconditional self-acceptance are expressed in high school-aged adolescents was examined, as well as the extent to which these factors contribute to the appearance of depressive symptoms in this target group. The secondary goal is implementing a workshop based on the theory of CBT, aimed at alleviating depressive symptoms and related factors, in order to determine the effects of such an intervention on the level of expression of the aforementioned constructs in adolescents.

In the first phase of the study, the data were collected from 75 students over the course of several days through an online platform.

The results of the first test phase show that the level of depression, measured by the Beck Depression Inventory (BDI), is moderate on average, but with high dispersion ($M=12$, $SD=11.43$). Additionally, 20% of the students scored 24 or above, indicating severe depression in one-fifth of the respondents. Correlation analysis showed that both the level of self-esteem, measured by the Rosenberg Self-Esteem Scale (RSE), and the level of unconditional self-acceptance, measured by the Unconditional Self-Acceptance Questionnaire (USAQ), were significantly negatively correlated with the BDI score ($r = -.761$, $p < .01$; $r = -.722$, $p < .01$, respectively). In contrast, perfectionism, measured by the corresponding subscale of the Dysfunctional Attitudes Scale (DAS), showed a significant positive correlation with the BDI score ($r = .649$, $p < .01$). Multiple linear regression analysis revealed a significant predictive contribution of low self-esteem and high perfectionism to depression ($F = 48.278$, $p < .01$, $R^2 = .671$), while the level of unconditional self-acceptance did not show a significant contribution in this analysis. Based on these results, a workshop for students is being prepared, and the effects of the intervention will be measured by retesting with the same questionnaires. The final results of the study will be presented at the Congress. If suggested workshop proves to be effective, the study confirms short CBT interventions can be beneficial at school preventive programs.

Keywords

depression, perfectionism, self-esteem, self-acceptance, high school students

PS5 Probing the effectiveness of an online gratitude intervention on anxiety symptoms. The moderating role of maltreatment.

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Abstract

Background: Anxiety disorders are highly prevalent, cause significant impairment, and are associated with increased negative affect and decreased positive affect. Despite effective interventions exist, access to them is somewhat limited, and a significant proportion of those receiving such interventions remain symptomatic. While gratitude interventions are an interesting, easily accessible alternative, their effectiveness in anxiety symptoms, as well as their effect modifiers are unclear. Objectives: We sought to (1) investigate the effectiveness of an online gratitude intervention in anxiety symptoms, negative affect, and positive affect, and to (2) investigate the moderating role of maltreatment for this intervention. Methods: Following eligibility screening (aged 18-65, with self-reported anxiety symptoms), 90 participants ($m\ age = 30.20$; $SD = 10.33$), were randomly assigned to either a gratitude intervention or an active placebo. Results: Intent-to-treat analyses indicated that while both groups evolved similarly in terms of anxiety symptoms and positive affect, negative affect decreased in the gratitude intervention only. Moreover, findings supported the moderating role of maltreatment for the effectiveness of the intervention on both positive and negative affect, but not on anxiety symptoms. Discussion: Following intervention, findings of this randomized controlled trial, indicated that anxiety symptoms and negative affect decreased, while positive affect increased, in both groups. While specific effects of gratitude were documented for negative affect only, our findings underscore the importance of maltreatment for these interventions in both positive and negative affect. Notably, the gratitude intervention was more effective in re-

ducing negative affect and increasing positive affect among those with high levels of maltreatment. As such, findings indicated that it is an accessible, feasible intervention in this highly vulnerable population.

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Keywords

anxiety symptoms; negative and positive affect; gratitude interventions; maltreatment

PS6 Školski uspeh i razlike u iracionalnim i racionalnim uverenjima učenika

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Abstract

Jedan od osnovnih teorijskih principa racionalno-emotivne bihejvioralne terapije postulira da je kognicija najznačajnija proksimalna determinantna ljudske emocije. Jezgro funkcionalnih i disfunkcionalnih emocija i ponašanja čine evaluativne kognicije, tj. uverenja osobe. Racionalna uverenja predstavljaju evaluacije koje su fleksibilne i neekstremne, realistične, logične i funkcionalne, tj. samopomažuće u odnosu na ciljeve i vrednosti osobe. Iracionalna uverenja su rigidne, ekstremne evaluacije koje su nerealistične, nelogične i disfunkcionalne, odnosno, samoosujećujuće u odnosu na važne ciljeve i vrednosti osobe.

Glavni cilj istraživanja bio je utvrđivanje razlika u iracionalnim i racionalnim uverenjima učenika s obzirom na pol i školski uspeh. Istraživanje je sprovedeno na prigodnom uzorku od 127 učenika završnog razreda osnovne škole „Dule Karaklajić“ (68 dečaka i 59 devojčica), tehnikom upitnika koji je zadan elektronskim putem. Korišćeni metod je neeksperimentalno deskriptivno istraživanje. Za potrebe istraživanja, u skladu sa predmetom, ciljem i hipotezama rada, primenjena je Skala racionalnih i iracionalnih uverenja (IRU-16; Tovilović i Popov, 2009), koja je na ovom uzorku pokazala zadovoljavajuće metrijske karakteristike. Skala sadrži 16 stavki; 8 stavki na supskali racionalnih i 8 stavki na supskali iracionalnih uverenja. Ispitanici su odgovarali tako što su na petostepenoj skali Likertovog tipa procenjivali učestalost (od 0=nikada do 4=veoma često) javljanja iracionalnih i racionalnih uverenja definisanih REBT teorijom. Pored skale, upitnik sadrži pitanja o polu učenika i školskom uspehu. Rezultati ukazuju na postojanje statistički značajnih razlika u pogledu racionalnih uverenja, kao i u pogledu iracionalnih uverenja, s obzirom na uspeh učenika. Takođe, utvrđena je statistički značajna razlika u pogledu iracionalnih uverenja s obzirom na pol ispitanika, dok na skali racionalnih uverenja s obzirom na pol ispitanika nisu utvrđene statistički značajne razlike.

Istraživanje predstavlja doprinos proučavanju temeljnih principa REBT teorije u populaciji adolescenata, kao i u školskom kontekstu. Nalazi o razlikama mogli bi da podstaknu dodatna istraživanja, edukaciju i primenu određenih REBT tehnika u školskom okruženju, u cilju osnaživanja učenika za promenu njihovih iracionalnih uverenja u uverenja koja bi bila racionalna i samopomažuća u ostvarivanju važnih ciljeva, među kojima je i bolje obrazovno postignuće.

Keywords

racionalna uverenja, iracionalna uverenja, školski uspeh

PS7 Assertiveness in Center for social work employees from Serbia

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Abstract

In Republic of Serbia there is around 2600 employees which is far from a sufficient number of workers having in mind that there is an enormous workload for them. Thus, this kind of organization might impact workers efficacy and could

hamper the interactions with clients. Adequate communication with users/clients of the Centre for Social work is of great importance since they belong to a sensitive population and the key in this process is assertiveness. The aim of this work was to estimate assertiveness in Center for social work employees from Serbia using two questionnaires. In this study a total of 54 examinees working in one of the Center for social work in South Serbia were included in the study, which was conducted using online questionnaires. The initial part of the online questioner was designed to collect data related to examinees age, gender, background education and work experience. One questioner was designed for examinees to evaluate their assertiveness ('How assertive am I?'), while the second one was designed to recognize distinct types of communication (passive/assertive/aggressive). Out of all subjects 96% were females, with an average of 9.7 years of work experience. According to the background education distribution of examinees was almost equally divided to psychologists (n=18), sociologists (n=17) and pedagogists (n=19). The level of assertiveness determined using a self-rated scale revealed that 81.4% of examinees in this study have high level of assertiveness. On the other hand, using a questionnaire designed to determine the ability of the examinee to discriminate different types of communication we found that the most of subjects (70.4%) had poor ability to discriminate different communication modalities. These results might point out to the fact that although examinees are referring high level of assertiveness, they still have poor ability to discriminate different communication modalities suggesting that their true communication might not be assertive as they refer. Finally, assertive trainings are necessary for workers in these types of institutions in order continuously educate new workers and increase/perfect the skills of the already trained ones.

Keywords

assertiveness, social workers, communication modalities

PS8 Conceptualization based on needs and cognitive map for needs-based therapy

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Abstract

Needs-based psychotherapy is a development of concepts from the cognitive behavioral psychotherapy, aimed at improving the quality of the diagnostic and therapeutic process through further scientific research into the genesis and potential for change in the human belief system's genetic, epigenetic, phenotypic, psychophysiological, neurosemantic, and cultural-historical factors.

Conceptualization based on human needs is intended to incorporate human needs as a part of the model for the formation of core beliefs and schemas. An important aspect of the model is the division of needs into three domains within the context of G. Engel's biopsychosocial model. This model allows us to understand the genesis and development of dysfunctional thoughts and beliefs at all levels, in close connection with unsatisfied (or frustrated) needs during sensitive periods of development (significant childhood events and data) and throughout life.

There is an accurate collection of information about the context of different systems at various levels, including super-systems, which include the personal system (family system) and the macro-system (collective, ethnic, country, humanity, and civilization). The biological domain includes needs for survival (including the consumption of nutrients, water, oxygen, etc.), and the preservation of physiological well-being. The psychological domain includes the need for cognitive development, emotional needs (such as pleasure, love, and play), and other psychological needs. Finally, the social domain encompasses the need for interaction and communication, as well as belonging (recognition and acceptance), and other social needs.

The originality of this conceptualization lies in its use of a biopsychosocial model that integrates these needs into a complex framework for cognitive therapy. This allows us to view the human experience as a complex and dynamic system that is constantly evolving and changing. Conceptualization forms the basis for a therapy plan. In terms of needs-based therapy, this strategy involves the formation of methods to realize the main needs and skills required for their fulfillment. When this goal has been achieved, the mechanisms underlying the etiopathology of disorders and the origin of problems associated with maladaptive ways of meeting needs that led the patient or client to seek help are eliminated.

A practical approach to using the conceptualization is by creating a cognitive map. There are two options for filling in the map – either in the form of a table or a network graph.

The client's cognitive map, in needs-based cognitive behavioral therapy, is a method and means of clarifying and recording representations of the client's subjective experience in the form of ideas about themselves, others, and the world; elements of their belief system; and relationships and needs. The basic parts of cognitive map are complaints, problems and hypotheses about beliefs, targets and values, client's goals and meanings of achieving goals, analysis of relevant problems via ABC, beliefs, coping strategies, needs and quasi-needs, maladaptive and adaptive environmental factors, history, resources, therapy goals, strategy and tactics of therapy, action plan. The cognitive map assists the client in collecting important, relevant, and necessary information to form a case formulation based on their needs and to develop a systematic treatment plan.

Keywords

cognitive conceptualization, biopsychosocial model, conceptualization based on needs, needs-based therapy, client's cognitive map

PS9 Stressors and Irrational Beliefs as Predictors of Therapists' Well-being

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Abstract

This study examines the relationship between stressors, irrational beliefs, and therapists' well-being, focusing on 29 practitioners of Rational Emotive and Cognitive Behavioral Therapy (RE&CBT), comprising 7 males and 22 females. Data were collected anonymously online. Preliminary results are reported here, with the main findings to be presented at the forthcoming Congress.

By employing standardized measures, we seek to explore how irrational beliefs correlate with negative affectivity and life satisfaction among psychotherapists. Additionally, we examine the potential moderating effect of supervision hours on the experience of negative affectivity. The findings from this research shed light on the importance of addressing irrational beliefs to enhance therapists' emotional well-being and suggest avenues for future research to develop effective interventions aimed at improving life satisfaction among psychotherapists.

Utilizing standardized measures, we investigated the correlation between irrational beliefs, negative affectivity, and life satisfaction among psychotherapists. The results indicate a significant positive correlation ($p < 0.01$) between irrational beliefs and negative affectivity, highlighting that higher levels of irrational beliefs are associated with increased negative emotions. Conversely, no significant correlation was found between irrational beliefs and life satisfaction, suggesting that irrational beliefs do not directly influence overall life contentment. Additionally, there was no correlation observed between therapists' hours of supervision and the experience of negative affectivity.

This study underscores the importance of addressing irrational beliefs in enhancing therapists' emotional well-being. By identifying factors that predict well-being among psychotherapists, this research contributes to the development of interventions aimed at promoting mental health within the therapeutic community. Further exploration of these findings may yield insights into effective strategies for improving therapists' life satisfaction and overall well-being.

Keywords

RE&CBT psychotherapist, Stressor, Irrational beliefs, Well-being

PS10 Cognitive-behavioural psychotherapy in clinical work with female patients struggling with endocrine disruption

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Abstract

Introduction

The health situation of patients struggling with endocrine disorders, such as polycystic ovary syndrome (PCOS), is complex, and their health-related quality of life (HRQoL) is significantly reduced in various areas of their lives. This experience can negatively affect the psychosexual health of a significant number of women of reproductive age. They may need not only medical but also psychological care. Many times, they seek specialist help in the offices of sexologists. While medical treatment and the psychological disorders occurring in female patients from this population are the subject of numerous scientific studies and analyses, psychotherapeutic management with proven efficacy still leaves room for exploration.

Material and methods

A review of the literature and clinical observations of guided interventions in a cognitive-behavioural approach directed at patients with an endocrinopathy such as PCOS was conducted with regard to their effectiveness in improving the psychosexual health of women in this population.

Results

According to current guidelines for the treatment of women with endocrinopathies, specialists recommend a multifaceted approach, providing interdisciplinary care. Due to their diversity, individually tailored medical and psychological management is important for the individual patient (Teede et al, 2018). In order to improve mental health in women with an endocrinopathy such as PCOS, it is recommended to consider behavioural or cognitive-behavioural interventions. The results of the analyses conducted to date using different protocols suggest that short-term structured CBT is likely to be effective in improving mental health, particularly in working with anxiety disorders, mood disorders, eating disorders, and HRQoL in adolescent and adult women with PCOS (Jiskoot et al. 2020, 2022). The protocols used in the clinical trials were aimed at developing coping skills (e.g., emotional disturbances, disturbed body image) by means of psychoeducation, e.g., about PCOS and its accompanying physiological and psychological symptoms, cognitive restructuring, learning to solve problems, behavioural activation, e.g., by increasing physical activity and implementing a proper diet, or relaxation and mindfulness techniques. The patients' own work between sessions and the regular self-observation they carried out were important. In the case of adolescent girls, sessions with parents were also held (Abdollahi et al., 2018; Cooney et al., 2018; Correa et al., 2015).

Conclusions

Despite the small number of studies conducted to date on the effectiveness of CBT among patients with endocrinopathies such as PCOS, it can be concluded that the results are promising. CBT, either as a monotherapy or as a component of implemented interventions, seems to be an effective method for reducing the symptoms of experienced disorders and contributing to improving women's quality of life. Further randomised clinical trials are needed to better understand the impact of the implemented interventions on the sexual health of women in this group, the mechanism of change, and the persistence of the achieved effects over time, or taking into account the use of third-wave CBT approaches and new technologies.

Keywords

cognitive-behavioural psychotherapy, endocrine disruption, polycystic ovary syndrome, mental health, psychosexual health, health-related quality of life

PS11 The combined influence of Attention Deficit Hyperactivity Disorder and childhood Trauma on the Substance Use Disorder severity

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Abstract

Context: Attention Deficit Hyperactivity Disorder (ADHD) and childhood trauma (CT) are identified in 23% and up to 63% of patients suffering from substance use disorder (SUD), compared with 2.5% and 28%, in the general population, respectively. A growing body of evidence suggests a negative impact of both CT and ADHD on SUD, including an increased severity of the SUD. Yet, the combined influence of CT and ADHD on SUD remains poorly understood. Notably, the type and number of CT could elicit different effects on SUDs in ADHD patients.

Objective: To investigate the frequency of combined ADHD and CT in treatment-seeking SUD outpatients and to characterize their combined influence on the severity of SUDs.

Methods: outpatients seeking treatment for SUD were consecutively recruited and evaluated for the main SUD diagnosis and severity (number of criteria) using the MINI-S SUD module. ADHD was assessed using the MINI-S ADHD module. CT was assessed using the Childhood Trauma Questionnaire (CTQ), allowing us to consider five trauma types and their cumulative number. In the whole sample and in ADHD vs. non-ADHD patients, we compared the number of DSM5 criteria of the main SUD according to the presence vs. absence of any CT, of each CT type, and as a function of the total number of CT types. We performed Kruskal-Wallis tests, considering statistical significance at $p < 0.05$.

Results: From 65 outpatients, 44 (68%) were male and 52 (80%) suffered from severe SUD. Thirty-six (55%) were diagnosed with ADHD, 30 (46%) reported at least one CT type and 19 (30%) reported multiple CT types. The number of CT types were as follows: one, $N = 11$ (37%); two, $N = 8$ (27%), three, $N = 5$ (17%); four, $N = 5$ (17%) and five, $N = 1$ (3%). Emotional neglect was the most reported CT type ($N = 18$, 28%), followed by physical abuse ($N = 16$, 25%), sexual abuse ($N = 14$, 22%), emotional abuse ($N = 13$, 20%) and physical neglect ($N = 6$, 9%). In individuals with ADHD, we observed a clear increase in the number of SUD criteria between patients without CT, with one or two CT types and with more than two CT types ($p = 0.045$).

Discussion: The present study underlines the high prevalence of CT and ADHD in patients suffering from SUD. These findings demonstrate how the presence of both ADHD and multiple CT in SUD patients leads to increased SUD severity. This greater severity of SUD could be the result of a maladaptive response adopted in an attempt to better manage ADHD symptomatology and the symptoms engendered by exposure to multiple CT. This study confirms the need for systematic screening for CT and ADHD in the context of SUD management to optimize subsequent treatment.

Conflicts of interest: The authors declare no conflict of interest.

Keywords

Addictions; Substance Use Disorders; Psychotraumatism; ADHD; Assessment; Childhood Trauma; Addictology

PS12 Physical activity patterns in fibromyalgia and other central sensitization syndromes

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Abstract**Background and aims**

Central sensitization implies that the brain amplifies or even “creates” pain in the absence of nociception in response to a wide variety of stimuli. Central sensitization syndromes (CSS), such as fibromyalgia (FM), are characterized by symptoms including fatigue, muscle pain, and functional limitations, leading to physical deconditioning. Prolonged inactivity due to these symptoms results in reduced physical activity (PA) and diminished aerobic fitness, exacerbating dysautonomia and other clinical manifestations. Psychological factors related to pain also significantly influence PA engagement in chronic pain patients.

The aim of this cross-sectional study was to compare PA parameters obtained with actigraphy over a week among healthy subjects, FM patients, and women with other CSS, and to explore their relationship with clinical features and pain self-efficacy.

Methods

Sample. A total of 68 women with FM, 35 women with others CSS, and 27 healthy controls (HC) were included in this study.

Instruments. Participants were evaluated using actigraphy. Additionally, they completed a set of self-report measures that collected sociodemographic and clinical data, pain, fatigue and pain self-efficacy. PA parameters were obtained with actigraphy over a week, including sedentary time (ST), low activity time (LAT), moderate activity time (MAT), and vigorous activity time (VAT).

Statistical analysis. Patients and healthy controls were compared regarding clinical and pain self-efficacy variables using ANCOVA. Bivariate analyses were used to explore the relationship between PA parameters and self-report measures among patients with FM and CSS.

Results

FM patients and participants with other SSC showed higher ST and lower LAT, MAT, and VAT compared to HC. However, significant differences were found only for FM patients in pairwise comparisons. Neither were significant differences observed between FM and SSC participants regarding these variables.

Bivariate analyses showed that in FM patients, higher ST was associated with increased fatigue and lower pain self-efficacy. Conversely, they engaged in more hours of low activity when they experienced less fatigue and higher pain self-efficacy. In the SSC group, higher pain self-efficacy contributed to performing more hours of low activity.

Conclusions

This study underscores the need for tailored interventions aimed at enhancing low and moderate activity levels, with a focus on improving pain self-efficacy and reducing fatigue.

Keywords

central sensitization, fibromyalgia, physical activity

PS13 Behavioral Sleep Intervention for a Junior High School Student with Difficulty in Attending School: A Case Study

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Abstract

Cognitive-behavioral approaches are used to treat delayed sleep-wake phase disorders; however, existing studies on it are inadequate. This study presents a case in which an administration of a cognitive-behavioral intervention for sleep problems improved the delayed sleep-wake phase of a junior high school student who had difficulty attending school because of a lack of stable sleep pattern. Oral and written consent were obtained from the patient and her parents to present the case.

Case Summary: The patient, referred to as “A,” is a Japanese junior high school girl. At the time of intake, she experienced anxiety regarding interpersonal relationships and learning, disorganization of her daily rhythm, and faced difficulty in sleeping. She had a tendency to be absent from school since the end of summer vacation (August, year X). At the time of the initial interview, A’s daily routine as reported by her, was as follows: “I get up around 11-12 a.m. After

eating, I watch videos and study on my smartphone. I go to bed around 23:00-00:00, but sometimes I have trouble falling asleep and staying up until approximately 04:00. After going to bed, I wake up two to three times in the middle of the night. I often have trouble sleeping because I remember unpleasant memories." During the intervention, the therapist asked A to maintain a sleep diary. Sleep hygiene education was provided with an emphasis on no naps and limited smartphone use. The waking time gradually advanced on a two-week to one-month basis. Although there were periods of sleep phase regression and difficulties in waking up due to heightened anxiety about attending school, A gradually began to achieve full night's sleep, helping her to increase the frequency of her school attendance. This increased school attendance was thought to have enhanced her enjoyment of school and motivation to wake up more consistently.

Review and Evaluation: Counseling sessions with A were conducted in a manner that encouraged her to generate her own ideas and gain self-control, rather than receiving one-sided instructions and advice. Consequently, owing to an efficient intervention, even when her sleep-wake rhythm was temporarily disrupted, she could regain it independently. These findings suggest that a cognitive-behavioral intervention for sleep problems may be a clue to help improve school refusal due to difficulty waking up.

Keywords

Delayed Sleep-Wake Phase Disorders, School refusal, Sleep disorders

PS14 Unconditional Self- Acceptance: The Silent Hero of Emotional Well-Being**Stanislava Popov**

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Abstract

The philosophy of unconditional self-acceptance in RE & CBT represents an alternative to global self-evaluation, more popularly-self-esteem. It is characterized by non-judgment of oneself while maintaining an evaluative attitude toward one's individual experiences, actions, thoughts, feelings, and traits. More broadly, as people are seen as active participants rather than passive recipients in expressing their emotions, psychologists are particularly interested in individuals' strategies to influence their emotional responses. Emotion regulation is an individual's conscious or automatic effort to influence the subjective experience of emotions and how they are expressed. Finally, one of the most researched concepts in positive psychology, considered an essential indicator of mental health, is subjective well-being, characterized by life satisfaction, positive affect, and a low negative affect. The question arises: What is the relationship between unconditional self-acceptance and subjective well-being when considering the usual emotional regulation strategies that the individual adheres to? Does unconditional self-acceptance make an independent or moderating contribution to the relationship between emotional regulation and subjective well-being? This research aims to answer those questions.

The study involved 1061 participants from the general population, with a majority being women (67%) and an average age of 26.05 years. The data was collected through an online questionnaire using a Google form as part of a comprehensive research project on the correlation between physical activity and mental health. Unconditional acceptance was measured using the Serbian version of the Unconditional Self-Acceptance Questionnaire- short form (USAQ-short), emotion regulation was assessed through the Serbian adaptation of the ERQ scale, and subjective well-being was gauged using the Short Scale of Subjective Well-Being (SWBS). A hierarchical regression analysis was conducted to explore the predictive role of emotion regulation strategies and unconditional self-acceptance on subjective well-being. The first model included cognitive reformulation and emotional suppression as predictors, along with the score on the scale of unconditional self-acceptance. The second model examined the interaction between individual emotion regulation strategies and unconditional self-acceptance in predicting subjective well-being.

The study's findings reveal that emotion regulation strategies and unconditional self-acceptance are significant individual predictors of subjective well-being. Specifically, cognitive reformulation in a positive direction contributes to subjective well-being ($\beta = .301$; $p < .001$), while emotional suppression has a negative impact ($\beta = -.168$; $p < .001$). Unconditional self-acceptance has a strong positive influence on subjective well-being, making the most significant independent contribution among all predictors ($\beta = .420$; $p < .001$). Furthermore, unconditional self-acceptance moderates the relationship between emotion regulation and subjective well-being, mitigating the effect of emotional suppression and amplifying the impact of cognitive reformulation on subjective well-being.

Keywords

unconditional self-acceptance, emotion regulation, subjective well-being

PS15 Systematic review of clinical prediction models for developing post-traumatic stress disorder following a traumatic event

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Abstract

Post-traumatic stress disorder imposes substantial burdens on individuals, significantly impacting their functionality and overall quality of life. Accurately predicting who will develop the disorder after experiencing a traumatic event would enable early interventions to prevent its onset.

In recent years, scientific efforts have focused on developing prediction models to estimate individual risk for PTSD. However, few of these models undergo external validation, leaving their real-world applicability uncertain.

There is a significant need for scientific studies that synthesize existing literature and guide research development in this area. To date, this study would be the first systematic review dedicated to analyzing externally validated prediction models for PTSD. The focus of the study is identifying the best prediction models for informing clinical decision-making, including the deployment of preventive interventions.

Keywords

Multivariate prediction models, PTSD, external validation, clinical utility

PS16 CBT-based Psychological Interventions for Depression in Gynecological Cancer Survivors: A Systematic Review and Meta-Analysis

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Abstract

Background: Global demographical trends, progress in cancer early detection, and medical treatment contribute to an increase in the cancer survival rate, leading to significant rise in the prevalence of cancer survivors (53,504,187

globally in 2022). Facing a cancer diagnosis, the burden of medical treatment, and changes in life are highly stressful and challenging, leading to psychological distress, and a deterioration in quality of life and mental health. Helping individuals to cope with cancer by developing and implementing evidence-based, feasible, and effective psychosocial interventions have become important problem to be solved.

Aim: The primary aim of this study is to systematically review all the studies that investigated the efficacy of Cognitive-Behavioral Therapy (CBT)-based interventions for treating psychological distress (depression, anxiety) in population diagnosed with some type of gynecologic malignancy. Moreover, our aim was to meta-analyze the clinical effectiveness of CBT-based interventions for distress, evaluate their comparative effectiveness, and identify specific factors (intervention-related, patient-related, setting-related) that contribute the most to the intervention effectiveness.

Methods: The search was conducted in PubMed, ScienceDirect, Web of Science, PsycInfo, EBSCO, Cochrane, and Google Scholar databases. A total of 1021 records were screened for eligibility, and 42 intervention studies, both randomized and quasi-experimental intervention studies were included. We extracted data for all reported measured outcomes, such as depression, anxiety, any mental health symptoms (ex. sexual functioning, trauma, sleep disorder) and quality of life to gain a comprehensive overview, and here we present preliminary meta-analysis on the effect of interventions on depression symptoms.

Results: For calculating the depression effect score, we included 11 randomized controlled trials with a total of 1081 subjects, comparing the post-test mean differences between control and intervention groups. We calculated Hedges's g and found an indication of a medium combined effect size (-0.51 , $p < 0.01$; 95% [CI]: -2.09 ; -1.07). In the subgroup analysis for the cancer cite (mixed, ovarian, cervical), results showed significant difference of subgroup effect sizes. Results show smaller effect size for mixed gynecologic cancer cite ($g = -0.38$, $p < 0.01$), indicate higher effect size for cervical cancer ($g = -0.86$, $p < 0.05$) while the effect size for ovarian cancer subgroup didn't show significant difference ($g = -0.52$, $p > 0.05$) from combined effect size.

Conclusion: Based on preliminary results, CBT-based intervention for treating depression symptoms in gynecologic cancer survivors is promising, especially when delivered to a homogeneous sample (by cancer type and age). Previous meta-analysis found that CBT-based interventions improve the overall well-being and quality of life of cancer survivors, increase self-care, lessen depression, anxiety, insomnia and emotional distress in general. However, further moderator analysis of intervention-related factors (type, length, delivery) is needed to provide more specific clinical conclusions and identify research gaps.

Keywords

Systematic review, Meta-analysis, Gynecological cancer, Cognitive-Behavioral Therapy, CBT-Based Intervention, Depression

PS18 Effect of group cognitive-behavioral therapy on the quality of life and negative emotional states in parents of children with developmental disabilities

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Abstract

Parents of children with developmental disabilities (C-DD) face many challenges on a daily basis and risk experiencing lower well-being and negative emotional states. Many studies showed negative outcomes, like chronic sorrow, depression, high levels of stress, increased divorce rates, and a lack of free time. Parenting programs are recognized as important for the successful outcome and cognitive behavioral therapy (CBT) as part of it.

The aim of this study was to examine the efficacy of group CBT, like a part of interdisciplinary „Drama“ programe for treatment C-DD and family support. We used Satisfaction with Life Scale (SWLS) and Depression Anxiety and Stress Scale (DASS 42) to measure life satisfaction and negative emotional state, at the beginning and after the end of the targeted program. Sessions were organized twice a month with 4 parent groups (31 participants in total, mostly female), for one year. The protocol of programe focused mainly on psychoeducation, cognitive restructuration, exposure and relapse prevention. Also it used experiential group technique, reinforcement, and social support. The topics of the sessions were semi-directed, they related to important life events, recognized stressors and resources, as overwhelming feelings.

At the beginning, most participants expressed dissatisfaction with the quality of life, average with an moderate level of anxiety, depression and stress. Scores on SWLS were correlated with D –DASS 42. The values on the scales A-DASS

42 and S-DASS 42 were mostly uniform. Several of parents (16,1%) with a pronounced level of complaints were registered, and they received psychiatric treatment. After the end of program, most of participants become „slightly satisfied“, with mild level of depression, and threshold values (mild to normal) for anxiety and stress. It was noted that more active participants in group achieved more significant improvements on the scales.

The results of this study confirm the effectiveness of CBT in the treatment of negative emotional states and indicate the possibility of applying a group approach within the framework of support for parents of C-DD. Group techniques, experiential learning and social support can enhance the power of the CBT approach, and facilitate professional support in conditions of limited resources.

Keywords

group CBT, parents of children with developmental disabilities, quality of life, negative emotional states

PS19 The Comorbidity of Adult's Attention Deficit Hyperactivity Disorder and Generalized Anxiety Disorder

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Abstract

Background and aims: Adult Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder characterized by inattention, hyperactivity, and impulsivity with documented brain abnormalities and marked associated symptoms that affect various aspects of daily functioning (APA, 2013; Curatolo et al., 2009). Generalized Anxiety Disorder (GAD) is an anxiety disorder characterized by excessive worry, restlessness, fatigue, and impaired concentration (APA, 2013). There is increasing evidence that anxiety disorders are more common in individuals with ADHD (Fuller-Thomson et al., 2016; Safren et al., 2001; Van Ameringen et al., 2010). However, studies are insufficient in terms of number and quality. In this study, it was aimed to investigate the frequency of co-occurrence of adult ADHD and GAD. Materials and Methods: Between September 2023 and May 2024, clinical interviews were conducted by psychiatrists in two different private practices with 52 patients diagnosed with ADHD, GAD or both using the SCID-5-CV and MINI. Informed consent was obtained from all participants and a Sociodemographic Data Collection Form was completed. Adult ADHD Self-Report Scale (ASRS-v1.1), Wender-Utah Rating Scale (WURS), Generalized Anxiety Disorder-7 (GAD-7) and Beck Anxiety Scale (BAI) were administered to each patient in order to determine the distribution and severity of symptoms. Data were analyzed using SPSS 25.0. Ethics Committee Approval dated 04/09/2023 and numbered 87274 was obtained for the research.

Results: Of the patients (N=52), 39 were female (75%) and 13 were male (25%) and the mean age of the patients was 31.23±9.87 years. Regarding the educational level of the participants, 2 (3.8%) were high school graduates, 29 (55.8%) were university graduates and 21 (40.4%) were Master's/Doctorate graduates. When the SCID-5-CV results were analyzed, ADHD was diagnosed in 45 (85.4%) of 52 individuals. According to the MINI results, 50 of 52 (96.2%) were diagnosed with GAD. Of the 50 individuals with GAD, 43 (86%) had a predominant pattern of attention deficit, 37 (74%) had a predominant pattern of hyperactivity/impulsivity, and 34 (68%) had a composite pattern of ADHD. A significant, positive correlation was found between the SCID-5-CV total score for ADHD and Beck Anxiety Scale total scores ($p<0.01$, $r=0.497$). As can be understood from this result, as anxiety increases, inattention and hyperactivity/impulsivity increases. A significant, positive correlation was found between Beck Anxiety scale and Wender-Utah Rating scale total scores ($p<0.01$, $r=0.117$).

Conclusion: Although the prevalence of ADHD in adults is estimated to be between 2.5% and 5% of the general population (Simon et al., 2009; Willcutt, 2012), the lifetime prevalence of GAD in the USA is estimated to be approximately 5.7% (Kessler, 2008) and the 12-month prevalence is estimated to be 3.1% (Kessler, 2005). In the data obtained in our study, the prevalence of ADHD (85.4%) and GAD (96.2%) was found to be high compared to the normal population. In our study, high comorbidity was found between ADHD and GAD.

Keywords

Adult, Attention Deficit Hyperactivity Disorder, Comorbidity, Generalized Anxiety Disorder

PS20 The efficiency of visual search depending on the subject's preference towards music

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Abstract

The main aim of the research was to explore the distracting effect of music on performing a visual search task, depending on the subject's preference towards music. The distracting effect of music was measured in two ways - time that was needed to complete the task and the number of mistakes.

This paper is a result of original research and describes results from two experiments, out of which one includes the task of a simple visual search, while the second one includes the task of a complex visual search. Both experiments were conducted while participants were listening to specific music, preferred, not preferred and neutral. All participants were included in all situations. Experiments were performed in a laboratory environment, using computer software for displaying stimuli and registering responses, "SuperLab".

The first experiment contained a simple visual search task and the criteria was - color. Participants were instructed to press the "Yes" or "No" button, depending on the presence of the target stimulus, while listening to music from each preference group. The target stimulus was a red line in the group of green lines. Data on average RT was analyzed through ANOVA for repeated measures, $F(2,57) = 0,047$, $p > 0,05$, and the post hoc Tukey HSD test shows that there were no statistically significant differences between the three situations. For the number of mistakes, ANOVA shows $F(2,57) = 0,788$, $p > 0,05$. No statistically significant results. The second experiment was identical to the first one except that it contained a complex visual search task and the criteria were color and position of the target stimulus. Data for average RT was analyzed through ANOVA for repeated measures, $F(2,57) = 0,664$, $p > 0,05$, and the post hoc Tukey HSD test shows that there were no statistically significant differences between the three situations. For the number of mistakes, ANOVA shows $F(2,57) = 0,684$, $p > 0,05$. No statistically significant results.

The sample of participants consists of 20 active members of dance groups in Nis, selected based on preliminary research, age range between 19 - 39. The main criteria was that the participant is an active dance group member for a time period longer than one year. All participants had normal or corrected to normal vision.

Experiments showed that the music the subject listens to while performing the visual search task does not have an effect on efficiency, regardless of the subject's preference towards music. The analysis of the results indicated areas that could be the subject of some future research to additionally explore the given topic.

The significance of this research would be better understanding if listening to music would have effects on performing the visual search task.

Keywords

visual attention, visual perception, visual search, preference towards music, distractors

PS21 Psychological distress and willingness to seek professional help in university environment

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Abstract

Background: Although, in general, students represent a healthy population when it comes to physical health, the results of numerous studies clearly indicate that they are at high risk of experiencing pronounced symptoms of psychological distress. Decision to start therapy is largely determined by willingness to seek professional assistance, namely by the attitudes toward professional psychological help.

Aim: Determining the level and quality of psychological distress in students population and exploring the relationship of psychological distress with attitudes toward professional psychological help and current use of counselling and psychotherapy services.

Method: Total of 794 students from University of Belgrade were selected using a stratified multiphase sample design. Psychological distress was measured using CCAPS-SR, Serbian version of Counselling Centre Assessment of Psychological Symptoms 62 (CCAPS-62). The willingness to seek professional psychological help was examined by the Attitudes Towards Seeking Professional Psychological Help scale (ATSPPH-SF). Current use of professional psychological services was assessed by single question „Are you currently using counselling or psychotherapy services?“ with dichotomous yes/no response options. Statistical analysis comprised descriptive statics, univariate and multiple linear regression analysis and Firth's logistic regression analysis.

Results: Symptoms of Academic distress ($M=1.84$, $SD=1.08$) and Social anxiety ($M=1.37$, $SD=1.06$) appear as the most pronounced symptoms, followed by Eating Concerns ($M=1.18$, $SD=1.02$), Hostility ($M=1.16$, $SD=1.01$) and Family Distress ($M=0.91$, $SD=0.86$). The least pronounced were Alcohol Abuse ($M=0.69$, $SD=0.94$) and Generalized Anxiety ($M=0.64$, $SD=0.84$). Overall, students had moderately positive attitudes towards seeking professional psychological help ($M=3.03$, $SD=0.56$), while lower hostility ($\beta=-0.13$, $p<.05$) and higher social anxiety ($\beta=0.14$, $p<.01$) emerged as significant predictors of the willingness to seek help. Still, only 4% ($n=32$) of the respondents currently were using professional psychological services, and present use of counselling and psychotherapy was associated only with higher levels of academic distress ($OR=1.66$, $p<.01$).

Conclusion: The results indicate that interventions should primarily be aimed at increasing motivation for academic activities and reducing social anxiety. In this sense, in order to increase well-being, it is possible to apply a wide range of techniques and methods arising from cognitive-behavioural approaches, including motivational interviews and other interventions to increase motivation intended for students and social skills training. The finding that, although students' attitudes towards psychotherapy or counselling are moderately positive very scarce number of them actually use the services, gives room for the mental health promotion in university environment. Additionally, this result suggests that the availability of psychotherapy and counselling services should be increased.

Keywords

Psychological distress; Psychological help; University students

**PS22 Relations between professions (helping and non-helping),
perfectionism, personality traits, coping strategies, and burnout syndrome**

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Abstract

Burnout syndrome can be closely associated with helping professions in various ways (Maslach & Leiter, 2016). Helping professionals, such as healthcare workers and educators, often face high levels of emotional and physical demands, which can contribute to the development of burnout. The aim is to explore the relationship between occupation type (helping vs. non-helping professions), coping strategies, personality traits, and perfectionism with burnout syndrome. Understanding how these factors interplay can provide valuable insights for developing effective interventions. Previous research has shown that individuals in helping professions are more susceptible to burnout due to the nature of their work (Schaufeli, Leiter, & Maslach, 2009). Additionally, coping strategies and personality traits significantly influence how professionals manage stress and prevent burnout (Carver, Scheier, & Weintraub, 1989).

This study will investigate how different coping strategies, personality traits, and perfectionism interact with occupational type to influence burnout levels. By identifying these relationships, we aim to develop preventive programs utilizing principles of Rational Emotive Behavior Therapy (REBT) to reduce burnout among helping professionals. In total, out of 275 participants, there were 141 from non-helping professions and 134 from helping professions (age 20-65). The measurement tools applied in this study were Frost Multidimensional Scale (FMPS) which measures four dimensions of perfectionism, a longer version of the Big Five Plus Two Questionnaire (BigFive +) that measures seven factors of personality: 5 core factors and 2 supplementary factors, Brief Cope Inventory (BCI) was used to assess the coping strategies people use when they face problems and Copenhagen Burnout Inventory (CBI) that consists of three scales measuring personal burnout, work-related burnout and client-related burnout. The research was a descriptive correlational study and the statistical analysis was done through SPSS (version 22). The current analysis indicates, that in the context of helping and non-helping professions, the correlation between coping strategies and burnout syndrome highlights religion. For helping professions, behavioral disengagement and self-blame (brief COPE) stand out. The correlation between perfectionism and burnout syndrome, both for helping and non-helping professions, emphasizes concern over mistakes and doubts about actions. In non-helping professions, parental criticism and parental expectations are prominent. The non-helping model explains 52% of the variance through the following variables: neuroticism, negative affectivity, behavioral disengagement, and concern over mistakes. The helping model explains 32% of the model through the following variables: extraversion, substance abuse, and doubts about actions.

The practical aim of this research is to determine whether there are differences between helping and non-helping professions regarding the prevalence of burnout syndrome, and consequently, to identify which factors contribute to its development. The further aim is to develop preventive programs to reduce burnout among professionals in helping professions, using principles of Rational Emotive Behavior Therapy (REBT). These programs will be based on research findings that explore how coping strategies, personality traits, and perfectionism affect the relationship between occupation type and burnout. By incorporating REBT techniques, the programs will help identify and modify the irrational thoughts and beliefs contributing to stress and burnout, creating targeted interventions to enhance emotional resilience and overall well-being.

Keywords

burnout syndrome, perfectionism, coping strategies, Big Five plus Two, professions (helping and non-helping)

PS23 To provide a case study of the effectiveness of Cognitive Behavioral Sex Therapy based on the Sexual Tipping Point model for Compulsive sexual behavior disorder (CSBD)

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Abstract

Introduction:

Compulsive sexual behavior disorder (CSBD) is acknowledged by a persistent pattern of failure to control intense, repetitive sexual impulses or urges resulting in repetitive sexual behavior. Compulsive sexual behavior has negative consequences, including but not limited to distress or impairment in personal, family, social, educational, occupational, or other important areas of functioning, but also depression, anxiety, and a high risk of sexually transmitted diseases.

The Sexual Tipping Point® (STP) model is an integrated approach to the etiology, diagnosis, and treatment of men with CSBD. Men with CSBD have various bio-psychosocial-behavioral and cultural predisposing, precipitating, maintaining, and contextual factors which trigger, reinforce, or worsen the probability of CSBD occurring.

Objective:

To provide a case study of the effectiveness of Cognitive Behavioral Therapy (CBT) based on the Sexual Tipping Point model for Compulsive Sexual Behavior Disorder (CSBD).

Methods:

The patient is a 29-year-old male a student who at pre-treatment presented a diagnosis of CSBD. The patient was initially complaining about anxious symptoms—feeling tense and frightful in the past weeks. He reported a daily pattern of extreme frequency of masturbation related to the use of pornography. A pattern of repetitive, uncontrollable, daily sexual behavior was found, with compromised functional capacity and high repercussions on personal life—the incapability of finding a partner, academic failure, and incapacity for work.

For this patient, the interplay between excitatory and inhibitory factors were in dysbalance. In this context, social factors, such as negative attitude to sexuality are important, but biological correlates, also have a role.

Therapeutic approach was based on the Dual – Control Model and the Sexual Tipping Point Model. The patient received CBT once a week for a period of 50 minutes per session for a period of 12 weeks. Individual therapy sessions were focused on important issues such as impulse control, emotional regulation, internalized stigma, strategies for coping with stress, reacquiring control of sexual behavior and fostering a healthier approach to sexuality.

Results:

At termination the patient presented decreases in hypersexual symptoms at post-treatment. Patient's overall psychiatric well-being also improved significantly. CBT has been shown to improve the imbalance between sexual inhibition and excitation into a more flexible balance. This was achieved by improving sexual self-control and self-regulation. The changed understanding patient's sexuality allowed him to use sexuality as a resource without having to forego sex. The results also showed acquisition of a more adaptive thinking style and healthy coping mechanisms to support the patient post-therapy.

Conclusions:

This approach emphasizes the utility of a biopsychosocial-cultural perspective. Cognitive Behavioral Therapy have shown great promise in reducing excessive sexual behavior, emotional regulation, and improving sexual relationship, supporting the hypothesis that CBT based on the Sexual Tipping Point model may be a promising treatment for CSBD.

Keywords

Compulsive sexual behavior disorder (CSBD); Sexual Tipping Point (STP); Cognitive Behavioral Therapy (CBT)

PS24 Validation of negative automatic thoughts questionnaire in the Serbian population

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Abstract

Automatic thoughts were first defined by Aron Beck and are considered to be the basis of cognitive therapy. These thoughts are defined as spontaneous, fast, and frequent and represent a connection between thoughts and emotions. In the case when these thoughts have a negative context, they are considered to be part of the Becks triad, which describes the cognitive bases of depression. Negative automatic thoughts are a consequence of errors in information processing and lead to the formation of cognitive distortions in the perception and interpretation of everyday events. This study aimed to validate for the first time the questionnaire for negative automatic thoughts (NATQ) in the Serbian population and to correlate the obtained score values with Patient Health Questionnaire-9 (PHQ-9) for the severity of depression. A total of 513 examinees completed an online questionnaire comprised of three sections: the first section was designed to collect general subjects' data, the second section was a negative automatic thoughts questionnaire, and the third was PHQ-9. The average age of subjects was 38 (± 11.9), with 76.6% of subjects being female, and more than 57% of them having a high level of education. The obtained mean value on NATQ was 49.1 (± 20.1), with minimal and maximal scores of 30 and 140, respectively. Cronbach alpha for NATQ was found to be 0.971. Regarding PHQ-9 results, around 80% of subjects could be considered as minimally and mildly depressed, while only around 2% were severely depressed. Cronbach alpha for PHQ-9 was found to be 0.842. Correlation between the NATQ and PHQ-9 was found to be both strong (0.778) and statistically significant ($p > 0.001$). The scores for NATQ in the general population are very similar to those obtained in the general population of a neighboring country, and the values of Cronbach alpha indicate high reliability. Also, the correlation between the two scales indicates that the occurrence of negative automatic thoughts is indeed associated with a higher degree of depression. Finally, we can conclude that the validated NATQ might be used in the Serbian population for the estimation of negative automatic thoughts.

Keywords

negative automatic thoughts, depression

PS25 Development of learning content based on cognitive behavioral therapy for psychiatric home visit nurses: A feasibility study.

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Abstract

Introduction

While the need for home visit care for people with disorders has been receiving a lot of attention, nurses and practitioners do not have enough opportunity to learn the skills based on the evidence for emotional support and how to interact with patients. In the field of psychiatric home-visit nursing, which is the subject of this study, there are problems with patients and their families, such as a lack of staff knowledge and experience regarding psychiatric nursing, the risk of psychiatric symptoms and suicide, and confusion about communication unique to patients with mental illness. Communication difficulties have been cited as an issue. Cognitive-behavioral therapy (CBT) skills are currently used as communication skills, not only treatment. Therefore, we developed the content that home visit nurses can learn the communication methods based on cognitive behavioral therapy.

Method

First, we asked six psychiatric home visit nurses about their problems with patient support for patients and their demands on nursing. Secondly, we conducted a single-arm study to examine the effects of the learning contents on the seven psychiatric home visit nurses. Participants were assessed at pre-(0week) and post-(4week: 1week after intervention). The learning program consists of a 3-week intervention (6 topics of counseling and CBT skills; each topic comprises 7 minutes of lecture and 7 minutes of role-play). The primary outcome is the change in the Communication skills scale for nursing for patients and families score from week 0 (baseline) to week 4. Secondary outcomes include the competence of interpersonal communication scale, Patient Health Questionnaire-9 (PHQ-9), and Generalized Anxiety Disorder-7 (GAD-7). For primary and secondary outcomes, the Wilcoxon signed-rank test or paired t-test was used to compare the scores before and after the program. In addition to these scales, we searched for satisfaction with the Japanese version of the Client Satisfaction Questionnaire 8 (CSQ-8J).

Results

A significant decrease in Patient Health Questionnaire-9 (PHQ-9 total= 1.00, $P<.005$: Median (IQR) 3(1-6)0week-2(0-3)4week) was observed in the post-assessment (1week after intervention) compared to the pre-test. Although there was no significant difference except for PHQ-9, the total score of the Communication skills scale for nursing for patients and families and the competence of the interpersonal communication scale were increased. In the CSQ-8J, Participants answered "mostly satisfied" or "very satisfied" in this program.

Discussion

This study aims to develop practical content for psychiatric home visit nurses. The decrease in depressive symptoms in them was significant. It would suggest that they got self-care skills because of CBT learning. On the other hand, there was no significant difference in other scales, including the Communication skills scale for nursing for patients and families. Small numbers of participants might cause this situation. In the future, we need to investigate with large numbers.

Keywords

nurse, e-learning, home visit care

PS26 Spanish version of the "Emotional Processing Scale-25": Psychometric study in healthy people and people with central sensitization syndromes

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Abstract

Background and aims

Emotional processing plays a critical role in well-being of the person as it relates to the ability to identify, evaluate,

regulate, and express emotions in an adaptive manner. Emotional dysregulation is present in various pathologies such as substance abuse, eating disorders, borderline personality disorder, etc. Furthermore, the influence of the difficulty of affective regulation on conditions of chronic pain and central sensitization has been raised, although this is an issue that still requires more support. Having tools that evaluate these emotional processes in this type of population can be of great clinical interest. The “Emotional Processing Scale-25” (EPS-25) is a recognized instrument for examining this characteristic, but there are very few studies on its validation in the general Spanish population. This study analyzed the psychometric properties of a Spanish version of the EPS-25 in healthy people and people with central sensitization syndromes (CSSs).

Methods

A cross-sectional study was performed in 1542 adults from the general population who completed a battery of instruments applied online through the LimeSurvey platform, and disseminated on social networks. The battery included a Spanish version of the EPS-25, and several self-report about central sensitization, pain, sleep, emotional distress, and perceived stress. In this sample, 861 healthy individuals and 467 participants with CSSs were selected. Data were computed with IBM SPSS Statistics. At health sample, a principal components analysis (PCA) with oblique rotation was applied. At CSSs sample, a confirmatory factor analysis (CFA) was applied with the Robust ML method and goodness-of-fit indexes were computed. To analyze the internal consistency Cronbach's alpha was calculated. Convergent and divergent validity was established through the Pearson correlation coefficient. A ROC curve examined the predictive value in identifying individuals with maladjusted levels of central sensitization. The cut-off score with the best sensitivity and specificity was established.

Results

The PCA in the healthy sample indicated that a four-factor structure with 24 items was more appropriate than the original five-factor composition. The scale showed strong internal consistency ($\alpha = 0.94$) and adequate convergent, divergent and predictive validity. The best cut-off point was 17.84. The CFA in the CSSs sample suggested, with reservations, a moderate fit of the tetra-factorial model.

Conclusions

The Spanish version (EPS-24) has sufficient psychometric guarantees to be applied in community samples from our sociocultural context. The inclusion of this instrument in the psychological exploration of patients with CSSs can contribute to the identification of “risk” emotional patterns in this population.

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Keywords

Emotional processing, central sensitization, psychometric study

PS27 Trauma, psychological impact and emotional dysregulation in patients with fibromyalgia and other central sensitization syndromes

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Abstract

Background and aims

Traumatic experiences and of high adversity are relatively common in the general population and can cause psychological distress and reduced quality of life. This type of experience seems to have a particularly accentuated presence in central sensitization syndromes (CSSs), which constitute a heterogeneous set of conditions that share various man-

ifestations, including allodynia and generalized hyperalgesia. Fibromyalgia (FM) is often considered a prototypical expression of CSSs. From a neuropsychological perspective, in recent years there has been an increase in interest in analyzing the role of traumatic events and post-traumatic stress disorder (PTSD) in CSSs, considering that the emotional processes associated with trauma can sensitize the neural pathways of pain. However, there is still little knowledge about these links and possible differential patterns between CSSs. The objectives of the study were to examine: 1) the presence of trauma, PTSD symptoms, and emotional regulation difficulties in FM patients, compared to patients with other CSSs and healthy controls; and 2) the relationship between PTSD, emotional dysregulation and severity of the clinical conditions (pain, sleep, anxiety, depression and daily functioning).

Methods

Sample. This cross-sectional study included 32 women with FM, 31 women with other CSSs (e.g., chronic fatigue syndrome, irritable bowel syndrome and migraine) and 29 healthy women. The clinical groups were recruited in the Rheumatology Service and Internal Medicine Service of the Virgen de las Nieves University Hospital and in AGRAFIM (an association of FM patients), both in Granada (Spain). The healthy group was recruited in non-care community settings.

Instruments. All participants were evaluated through: Clinical Interview for the Psychological Evaluation of FM and other CSSs (except the healthy group), Global Evaluation of Posttraumatic Stress (EGEP-5), Emotional Processing Scale-25 (EPS-25), another series of self-report measures of CS, pain, fatigue, sleep, cognitive-affective appraisal of pain, emotional distress, psychopathology, daily functioning, and several objective measures.

Statistical analysis. IBM SPSS Statistics was used. Data were analyzed via one-factor ANOVA and Tukey and Tamhane as post-hoc tests. The relationships between clinical variables were analyzed using the Pearson correlation coefficient.

Results

The characteristics of the traumatic events (type, age, duration, etc.) most frequently reported by the participants in the study groups were described. The FM and other CSSs groups reported a greater number of traumas, more severe manifestations of PTSD, and more deficits in emotional regulation than the healthy group. The severity of PTSD symptoms was significantly associated with more intense and disabling symptomatology in both clinical groups (FM and other CSSs), with this relationship being of greater magnitude in FM.

Conclusions

Knowing the experiences of adversity and psychological consequences suffered by people with CS pain can help better detect their individual needs and address trauma processing as part of multidisciplinary intervention.

Funding. This study was part of the I+D+i Project/aid PID2019-109612GB-I00, funded by MCIN/AEI/10.13039/501100011033.

Keywords

Trauma, post-traumatic stress, emotional dysregulation, fibromyalgia, central sensitization

PS28 Self-reflection, Self-Insight, and Countertransference as Predictors of Professional Quality of Life among RE/CBT Trainees and Psychotherapists

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Abstract

Self-reflection, defined as a therapist's ability to introspectively analyze their thoughts and feelings, is considered a key aspect and predictor of professional well-being, reducing burnout and enhancing therapist effectiveness in the therapeutic process. Bennett-Levy and Thwaites emphasize the importance of therapists' self-awareness and self-reflection in recognizing and managing countertransference reactions. They suggest that inability to manage countertransference can damage the quality of life.

This study aimed to examine the role of self-reflection, self-insight, and countertransference as predictors of profes-

sional quality of life and secondary traumatization among RE/CBT trainees and psychotherapists in Serbia and the Balkan region. Participants were 72 RE/CBT psychotherapists and trainees who completed the online questionnaire. The predictor variables used in the model are the frequency of self-reflection, the need for self-reflection, self-insight (SRIS subscales), countertransference (Therapist Response Questionnaire), experience as a psychotherapist, time spent in personal therapy, the number of clients seen per week, incorporating mindfulness techniques into work, and completed mindfulness course. The criterion variables are secondary traumatization (STSS scale) and professional quality of life (scale PROQOL 5, subscales compassionate satisfaction, burnout, and secondary traumatic stress). While the PROQOL provides a more comprehensive assessment of various aspects of well-being in helping professionals, the STSS offers a more focused evaluation specifically on secondary traumatic stress symptoms. Multiple regression analyses were conducted. The results of multiple regression analysis showed that countertransference ($\beta = 0.375$, $p < 0.05$), completed mindfulness course ($\beta = -0.311$, $p < 0.05$), and incorporation of mindfulness techniques into work ($\beta = -0.269$, $p < 0.05$) significantly predict secondary traumatic stress (STSS) in psychotherapists. Self-insight ($\beta = -0.355$, $p < 0.05$) and countertransference ($\beta = 0.299$, $p < 0.05$) are significant predictors of secondary traumatic stress subscale from PROQOL. Statistically meaningful predictors for burnout are countertransference ($\beta = 0.420$, $p < 0.05$), self-insight ($\beta = -0.281$, $p < 0.05$), and engagement in self-reflection ($\beta = -0.279$, $p < 0.05$). Time spent in personal therapy significantly predicts compassion satisfaction ($\beta = -0.297$, $p = 0.025$).

Findings indicated that developing and incorporating mindfulness skills into work could prevent secondary traumatization. Learning how to manage countertransference and gain self-insight can reduce secondary traumatic stress. Similar to previous studies, results show that engagement in self-reflection, more self-insight, and managing countertransference can reduce burnout as well. Little or no time spent in personal therapy can lead to feeling less satisfied regarding the ability to be an effective caregiver. The results of this research highlight the skills and activities that both trainees and experienced psychotherapists should develop and incorporate into practice in order to protect themselves from secondary traumatization and maintain a higher professional quality of life.

Keywords

RE/CBT; Self-reflection; Countertransference; Self-insight; Mindfulness; Secondary traumatic stress; Professional quality of life

PS29 Looking at artworks as a method for self-reflection with different conditions: laypeople, identified depression in the background, different languages

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Abstract

Introduction: People have sometimes trouble expressing themselves verbally. This is especially challenging for people with emotional moods, especially depressive. One possibility to enhance verbal expression is to discuss e.g. around metaphors or artworks with someone. This can improve people's – especially persons with mental health issues – verbal skills and activate them in their daily life. The study examines benefits of the slow looking technique when viewing artworks with special emphasis on depression. The study was conducted in the Ostrobothnia in West-Finland and as initiated partly by the wellbeing services between 2020 and 2023.

Method: There were three Finnish speaking voluntary people with formerly identified depression (person group 1; pg1) and six laypeople (person group 2; pg2) with three languages (Finnish, Swedish, East-European language). They were asked to look at by them chosen visual artworks at Kuntsi Museum of Modern Art for 5-10 minutes each work and discuss any thoughts the artworks evoked. One pg1-person and two pg2s did the exercise longitudinally, visiting all six (pg-1.1), five (pg-2.1) and four (pg-2.2) exhibitions respectively, while the rest visited only the 5th exhibition. The data from two pg1s. was gathered by their permission with an audio recorder during the museum visit by a therapist and later transcribed by to them a blind researcher, otherwise participants themselves wrote about the experience. Data was analysed with reflexive thematic analysis first by coding the texts, then creating themes and sub-themes.

Results: Six themes were created from the data which describe wide topics reflected by the viewers' discussions at the six exhibitions, 42 smaller sub-themes were made to reflect details of the topics. Individuals approach artworks in different ways, but most people seem to find easiest connections with artworks that touch personal interests and/or encourage personal discussions. Longitudinally it shows that art-related discussions deepen and become more reflective as viewers become familiar with the exercise. Depression affects interest and ability to notice details. Once depression loses its hold,

interest in art-discussions increases. It is also visible, that even when depression was present, art as a stimulating and activating activity, influences on the variability of verbal associations, also new ones. This in its turn gives rise to more, also personal, material to be used in therapeutic discussions. During general discussions, it deepens the personal interaction between people by releasing more individual contents, which guides the discussion further. There are some variations, how different language groups handle the contents.

Conclusion: The study shows that artworks stimulate thinking and be a valuable tool for unlocking different contents in the discussions. It is however important to choose the exhibitions carefully to suit the individual situations. It is advisable to balance between positively and negatively affecting artworks. One thing that is important in this respect is the language and its role in handling the observed elements. Therapeutically art, artworks and visiting in art museums seem to increase possibility in cognitive and emotional flexibility, which in its turn increases therapeutic possibilities to balance the individual's lives.

Keywords

Art, depression, wellbeing, language

PS30 REBT Education: Challenges and Attitudes From the Trainees Perspective

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Abstract

Introduction: The decision to become a REBT psychotherapist entails a lot of work and overcoming numerous challenges. Although REBT therapy is supported by a significant body of research, the information available about the process of education for REBT is limited. Many psychologists and professionals in related fields begin the education process, but many of them do not complete it. However, there is still no direct answer to the question of how we choose the psychotherapeutic direction we will pursue, what are the most common challenges faced by trainees, and what motivates them to complete the education fully and become licensed REBT psychotherapists.

Objective: The study was designed to explore the motivation of trainees for training and the challenges they encounter, as well as the challenges faced by licensed REBT therapists during their education.

Method: The sample consisted of 73 trainees (the first group consisted of 52 trainees who are on their first and second year of education, the second group consisted of 21 trainees who are on their third and fourth year of education) and 8 licensed REBT psychotherapists, who completed an online questionnaire. The questionnaire was designed to explore the trainees' motivation to choose this therapeutic approach, their expectations from the training, the greatest challenges during the training (for beginner and advanced course participants), motivation to complete the education, reasons for possible dropout (for final course participants), and the obstacles faced during education (licensed REBT therapists).

Results: 82,7% of the respondent were women, mostly psychologists by education (75.3%), who attended education online (64.4%). As the main reason for choosing this therapeutic approach, 79.5% of respondents stated that they liked this approach, and 65.8% believed that it could quickly lead to change in clients. Most beginner and advanced course participants found peer counseling (71.2%) and comments of educators (63%) most useful during the education, while final course participants found independent work with clients (47.6%) and supervision (38.1%) to be most useful. Although 93.1% of respondents plan to continue education and practice it, the biggest potential problem for continuing education is coordination of education with their regular job (53.4%) and the cost of education (46.6%). Licensed psychotherapists most frequently cited "session recording" and its supervision as the biggest challenges during REBT training. Other

major obstacles included regular job duties, changes in conditions and requirements of the education itself, finances, and preparation for the final exam. The most common reasons psychotherapists continued with the training were the efficiency, speed, and structure of the therapeutic modality.

Discussion and Conclusion: The results indicate that most trainees are women, psychologists by education, who attend education online. Although most respondents plan to continue their education, the biggest potential problems on this path are coordination with their regular job and the cost of training. Future research on this topic will be welcome.

Keywords

education, motivation, challenges

PS31 Good I, Bad I: A CBT-inspired intervention for reducing overconfidence and superiority bias

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Abstract

Overconfidence bias involves overestimating our own abilities and knowledge, while superiority bias refers to overestimating oneself relative to other people. Due to inaccurate self-perceptions, these biases can result in negative outcomes, including lower academic and work performance, poor interpersonal relations, and discrimination. Recently, attempts have been made to mitigate the effects of cognitive biases using different debiasing techniques. Our study was inspired by Blanton et al. (2001), who aimed to reduce overconfidence bias by decreasing cognitive dissonance in participants. They proposed that participants would realistically assess their task performance if an affirmation manipulation first enhanced their self-worth. However, the study reported weak effects. In our study, we compared the effects of reduced cognitive dissonance and balanced self-image on overconfidence and superiority bias. We introduced a CBT-inspired intervention, "Good I, Bad I", that included listing three positive and three negative characteristics of oneself together with specific behavioral examples. This intervention was expected to result in a more balanced self-perception, leading to more realistic evaluations of one's abilities, thus reducing the overconfidence and superiority bias. The study included three groups: the first experimental group underwent the "Good I, Bad I" intervention; the second experimental group had only the "Good I" intervention; and the control group had a neutral activity. The "Good I" intervention aimed at reducing cognitive dissonance by listing three positive self characteristics with corresponding behavior. Participants completed 18 tasks from Raven's Progressive Matrices (Pallier et al., 2002), expressing confidence in their performance after each task. The sample consisted of 182 participants recruited through social networks - 65 participants in the control group, 57 in the first experimental group, and 60 in the second experimental group. While our expectations were not entirely met, the results suggest a trend toward reduced overconfidence bias. Scheffe's post hoc test results revealed that the group subjected to the "Good I, Bad I" intervention demonstrated lower levels of overconfidence bias than the control group (mean difference was 1.59, SD = 0.59, $p = .03$). This trend was not observed in the "Good I" group (mean difference was -0.49, SD = .62, $p = .73$). Our results provide preliminary evidence that eliciting a balanced self-image is a more effective debiasing mechanism than merely reducing cognitive dissonance, at least for overconfidence bias. Further research is needed to elucidate the underlying processes and optimize debiasing strategies, with potential applications of CBT-inspired interventions in non-clinical contexts.

Keywords

debiasing, overconfidence bias, superiority bias, self-image, "Good I, Bad I"

PS32 Fear of Failure, Depression, and Anxiety Symptoms: Insights from a Large-Scale Screening Study

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Abstract

This study presents findings from a screening assessment involving 5399 participants, forming part of a larger investigation into the efficacy of imagery therapeutic techniques. During the screening, participants completed an online set of questionnaires and scales measuring psychopathological symptoms, fear of failure and childhood experiences of violence. A comprehensive series of analyses was conducted to test the role of fear of failure and diverse anxiety symptoms in predicting depression. The results showed that fear of failure (PFAI) predicts the level of depression (BDI) ($b=.645$, $p<.001$). Further, mediation analysis revealed that fear of failure predicts depression not only directly but also indirectly ($b=.339$, $p<.001$): with increasing fear of failure the level of generalized anxiety, panic and social anxiety also increases, which is partially responsible for higher levels of depressiveness. The study also examined differences in fear of failure among individuals who experienced psychological violence, other forms of violence, or no violence during childhood. Repeated measures ANOVAs revealed that individuals who did not experience violence had significantly lower levels of fear of failure than those who experienced psychological violence or other forms of violence ($F(2,5395)=78.309$, $p<.001$, $n2=.028$). There were no significant differences in fear of failure between groups experiencing psychological violence and other forms of violence. Overall, this study emphasizes the multifaceted nature of the interplay between fear of failure and depression, and it sheds light on the pivotal mediating roles of different types of anxiety. These insights are crucial for developing targeted therapeutic interventions aimed at addressing the underlying mechanisms linking fear of failure to depression.

Keywords

Fear of failure, depression, anxiety disorder, mediation analysis

PS33 Improving Emotional Wellbeing of University Students Using Cognitive and Dialectical Behavioural Psychotherapeutic Approaches in Group Settings (UniWELL): A Protocol

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Abstract

Global estimates indicate that approximately one-third of students enter university exhibiting symptoms suggestive of a common mental disorder, with many experiencing these during late adolescence, a developmental phase associated with a heightened risk for the onset of mental disorders. Research indicates that group-based cognitive and behavioural therapies, such as Cognitive-Behavioural Therapy (CBT) and Dialectical Behaviour Therapy (DBT), can significantly enhance the mental health and overall wellbeing of university students.

While some studies with Turkish university students have explored the effectiveness of group CBT for various conditions, these studies often feature small sample sizes, focus solely on statistical significance rather than clinically significant change, and neglect the feasibility of future randomised controlled trials. Furthermore, to our knowledge, no studies have been conducted in Turkey with university students to investigate the effectiveness of DBT-based groups for emotion regulation.

This project, consisting of three stages within a four-step framework, named "Improving Emotional Wellbeing of University Students Using Cognitive and Dialectical Behavioural Approaches in Group Settings" (UniWELL), aims to enhance the emotional wellbeing of university students, specifically focusing on anxiety management and emotion regulation. This will be achieved by adapting and localising evidence-based group therapy intervention programmes based on CBT and DBT, and assessing their feasibility and effectiveness.

Following adaptation and localisation by a panel of experts led by the project lead, these group therapy programmes will be offered to Bogazici University students through the Bogazici University Student Guidance and Psychological Counselling Centre (BUREM) and the Translational Clinical Psychology Lab (T-ClinPsyLab) at Bogazici University, Istanbul.

bul, Turkey. A total of 32 to 120 volunteers who meet the inclusion criteria will be recruited to participate in either a group-based CBT psychotherapy intervention for anxiety management or a group-based DBT-informed psychotherapy intervention for emotion regulation.

The feasibility and effectiveness of these interventions will be assessed using a mixed-methods approach. Quantitative data on anxiety, depression, stress, borderline symptoms, general wellbeing, and service evaluation will be collected and analysed using descriptive and inferential statistics. Additionally, qualitative data will be gathered from 12 to 40 participants post-intervention to explore their experiences and perspectives on the group interventions received. This qualitative data will be analysed using Thematic Analysis.

The findings from this study will be disseminated through various channels, including journal publications and conferences.

Keywords

anxiety management, emotion regulation, university student mental health, student mental health, culturally adapted CBT, culturally adapted DBT

PS34 Therapists' reservations in using mindfulness techniques in anxiety treatment.

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Abstract

The aim of this study is to explore how frequently CBT practitioners in Serbia use mindfulness techniques in their daily practice and potential reservations in using it when it comes to treating anxiety. Mindfulness cognitive therapy represents a psychotherapeutic approach that emphasizes directing attention to the present moment without judgment, with an attitude of acceptance towards what is observed in the present moment. In this way, mindfulness facilitates coping with internal sensations, thoughts, feelings, and emotions, excluding the demand for circumstances to be different from what they are. It is employed within the framework of traditional cognitive-behavioral therapy as a potent tool in the treatment of anxiety disorders, reducing worries, sadness, and many other dysfunctional feelings. Mindfulness offers a unique strategy for addressing fear and anxiety in both the mind and body. By engaging in advanced mental processes like attention, awareness, and positive attitudes such as kindness, curiosity, and compassion, mindfulness can assist in controlling emotional responses by inhibiting the limbic system through cortical control (Greeson & Brantley, 2009, as cited in Kabat-Zinn, 2005, 1994, 1990). In addition, while positive effects of mindfulness have been reported in some of the outcomes research for anxiety disorders (Vollestad, Nielsen, & Nielsen, 2012), other research studies have not found mindfulness to be effective for treating anxiety disorders (Canadian Agency for Drugs and Technologies in Health, 2015; Strauss, Cavanagh, Oliver, & Pettman, 2014; Toneatto & Nguyen, 2007). Data from available literature do not provide sufficient information on the frequency of use of the mentioned technique by CBT therapists in their daily practice.

This paper presents reports from CBT therapists and trainees (N=62) from Serbia contacted through EABCT membership association in Serbia (ACBTS). We have used an online survey with 18 items (Likert scale) to check potential therapist's reservations in using mindfulness in anxiety treatments. We have adapted the scale previously used in research (Brett et al., 2013). Additionally, scale has sociodemographic variables which were used to see potential difference between groups. Data collection started in April 2024 and is currently ongoing.

Preliminary results suggest that most practitioners (51,6 %) sometimes use mindfulness techniques in their everyday

practice and 16 % use them very often. The most frequent techniques used are Breath Awareness, Body Scan and Thought Awareness.

Furthermore, there are indications that therapists under supervision have significantly more negative attitudes towards the use of mindfulness compared to certified psychotherapists. The difference is observed in items related to fear of client abandonment, the belief that client resistance will increase, and the impression of being inadequately trained to apply mindfulness techniques. Generally, it is evident that therapists who use mindfulness techniques less frequently also have more negative attitudes towards them.

Our findings suggest that therapists with limited knowledge and experience in utilizing mindfulness techniques may exhibit more negative attitudes towards incorporating them into anxiety treatment. The practical significance is that beginners have reservations about using these techniques, indicating a need for further education to reduce resistance among therapists who are starting to engage in therapy.

Keywords

mindfulness anxiety CBT practitioners education

PS35 Assessing Chronic Social Role-Related Stress: Validation of the Turkish Chronic Stress Scale

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Abstract

Stress is a ubiquitous aspect of human life, with individuals facing various challenges daily. Chronic social role related stress plays a significant role in the development and progression of mental and medical disorders. Despite the knowledge about the effects of stress and social factors' role on dynamic changes in human behavior, tools about measuring social role stressors are limited and better scales to measure and follow social role stress is needed. Chronic Stress Scale developed by Turner et al, was developed for this purpose, however due to its limited use in the literature, it has not been used in different cultures and countries. As social role related stressors can vary based on the community attributed roles, it is important to assess its assessment in different countries. This study aims to assess chronic social role-related stressors, focusing on the translation and validation of the Chronic Stress Scale (CSS) to Turkish and describing the role of social role stressors on depression and anxiety.

Methods:

A total of 524 participants, including 260 from the general population and 264 with psychiatric diagnoses, were recruited from Koç University Hospital and Başakşehir Cam Sakura Hospital (Mean age of 31.59 years, 68% women. Clinical group: 116 with depressive disorders, 148 with anxiety disorders.). Inclusion criteria were ages 18-65, literacy, and primary education. Exclusion criteria included bipolar disorder, schizophrenia spectrum disorders, dementia, head trauma, brain surgery, intracranial lesions, and substance use disorders. The study involved translating the CSS into Turkish and validating it through reliability and validity analyses, using Cronbach's alpha, exploratory factor analysis, and correlations with the Beck Depression Inventory (BDI), Beck Anxiety Inventory (BAI), and Perceived Stress Scale (PSS-14).

Results:

The CSS demonstrated good internal consistency with a Cronbach's alpha of 0.90. Exploratory factor analysis revealed 13 dimensions of chronic stress. These factors were partner-related stressors, children-related stressors, work-related stressors, loneliness-related stressors, financial stressors, workload-related stressors, debt-related stressors, lack of romantic relationship-related stressors, family health-related stressors, residence-related stressors, family-related

stressors, ex-partner related stressors and a general factor. Convergent and divergent validity showed significant correlations of CSS with BDI ($r: 0.611, p < 0.001$), BAI ($r: 0.558, p < 0.001$), and PSS-14 ($r: 0.222, p < 0.001$). The correlation of CSS with BDI and BAI were significantly higher compared to PSS-14 scale. Discriminative validity indicated significant differences in CSS, BDI, BAI, and PSS-14 scores between clinical and healthy populations.

Conclusion:

The Turkish version of the CSS is a reliable and valid instrument for assessing chronic social role-related stressors. This tool can be effectively used in both clinical and general population settings to identify and address chronic stress, contributing to better mental health outcomes. This tool can also be used as a measure to document social role stressors during a therapy process and target the stress related to social role factors.

Keywords

stress, social role, depression, anxiety

PS36 Emotional Awareness and Expression Therapy for trauma in patients with fibromyalgia: A qualitative approach to patient subjective experience

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Abstract

Background and aims

Fibromyalgia (FM) is a chronic pain disorder characterized by widespread musculoskeletal pain, associated fatigue, sleep disturbances, and other cognitive and somatic symptoms. It is classified as a central sensitization syndrome (CSS), where a hyperreactive pain neuromatrix is observed. CSS, such as fibromyalgia, have been linked to traumatic experiences and symptoms of post-traumatic stress disorder (PTSD).

Treatment approaches for fibromyalgia have often overlooked the impact of unresolved trauma. Recently, Emotional Awareness and Expression Therapy (EAET) has emerged as a promising approach, helping patients identify, understand, and express trauma-related emotions, to reduce pain and improve overall functioning. Despite promising results of the few studies existing, much more research is needed to validate its effectiveness. Our team is conducting a randomized controlled trial currently in progress combining psychoeducation, CBT and emotional awareness and expression techniques. Before having the final results of the clinical trial, the objective of this work is to analyze some clinical outcomes and the subjective experience of patients who have already completed the treatment.

Methods

This study consists of a qualitative analysis of the EAET component within an ongoing randomized controlled trial. The participants were referred from the Rheumatology Service of the Virgen de las Nieves University Hospital and received evaluation and treatment at the Psychology Clinic of the University of Granada. The treatment consisted of 12 weekly sessions, each lasting 90 minutes, conducted both in groups and individually. The EAET techniques included therapeutic writing supported by the therapist, and 1 to 3 individual sessions focused on emotional processing of a patient-chosen topic.

Results

The sample included 36 women, mean age 55 ± 7.5 years, mostly married (97%) and with a low education level (61%). 55% were retired, unemployed, or on sick leave. 64% had been diagnosed with fibromyalgia for over 5 years, and the mean pain intensity in the past week was 8 ± 1.35 (VAS 0-10). Trauma analysis showed that 25 women experienced a severe ($n=11$) or extreme ($n=14$) stressful event. In 10 cases, this began in childhood or adolescence. Trauma was single event in 8 cases, multiple in 3 cases, and repeated or ongoing in 15 cases. At the time, 20 women completed therapy. Common trauma themes included domestic abuse, abandonment, neglect, and physical violence. Emotions of loss, sadness, fear, anger, guilt, and shame were the most frequently addressed. After 1-3 sessions, 7 patients report complete emotional processing, 6 patients report having deepened their understanding of the traumatic situation, and 4 women enhanced their knowledge of FM and the mind-body relationship. The main clinical results of these patients and an analysis of their subjective experience during therapy are presented.

Conclusions

The preliminary clinical results and the subjective experience reported by the patients regarding overcoming the trauma and its impact on the rest of the FM symptoms are promising. Possible mechanisms are suggested by which post-traumatic stress symptoms and fibromyalgia could be connected.

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Keywords

Chronic pain; trauma; approach to treatment; assessment

PS37 The impact of teenage bullying experiences on a person's mental well-being in adulthood

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Abstract

Bullying exists across geographical boundaries and is highly damaging to a person's mental health. The purpose of the study was to determine the relationship between the experience of bullying during adolescence and the psychological wellbeing of the individual later in adulthood and to understand if bullying has a detrimental effect on an individual later in life, in terms of their mental health and wellbeing.

Among the countries where the issue of bullying is currently being actively addressed are Russia and the UK. Russia was one of the top 10 countries in terms of bullying among children of both genders (Craig et al., 2009). Particularly in the UK, a 2017 UK Department for Education regulation requires all schools to take legal action to prevent and tackle bullying among pupils and to inform teachers, pupils and their parents about these measures (Arseneault, 2018). The fact that the government is allocating money to tackle the last issue shows that the topic of bullying is relevant to the UK. UK citizens and Russian citizens between the ages of 16 and 70 were invited to take part in a questionnaire comprised of the Mental Health Continuum Short Form (MHC-SF) and the Child Adolescent Bullying Scale (CABS). Participants completed the questionnaires electronically, via the Qualtrics platform. A total of 223 participants took part in the study.

The results suggested that an increase in the level of bullying by one on average decreases the participant's level of mental health by 0,202. This hypothesis is consistent with past research in the field. Therefore, children who have experienced bullying subsequently have higher levels of stress, tend to be mentally ill, have difficulties building relationships in society and are prone to drug use, alcohol abuse and delinquency. The current research perfectly underscores the idea that that bullying can have different types as well as lasting temporal effects, i.e. persisting over the years (Arsenault et al., 2018). The study thus adds to the existing literature on the correlation between childhood bullying experiences and their impact on mental health in adulthood.

The study has a number of strengths. Firstly, the MHC-SF and CABS scales were developed and validated in a number of different countries. Secondly, the number of participants allowed a quantitative analysis of the data. Thirdly, the study focused on two countries where resources are spent on this type of research. The limitation of the study is the cross-sectional design which is an obstacle to the establishment of causal relations.

In the future, smaller sub-themes may be the focus of research on bullying. The topic of the relationship between mental health and bullying is crucial to the development of anti-bullying programs and to identify the most problematic aspects of bullying. The future research should also focus on developing and improving the quality of antibullying programmes, using a variety of techniques from cognitive behavioural therapy.

Keywords

Bullying

PS38 Examining the Relationship Between Psychological Mindedness and the Big Five Personality Traits in Adults

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Abstract

Psychological mindedness is a concept that includes the motivation and ability to understand and explain an individual's behaviors, emotions and thoughts. This concept corresponds to concepts such as insight, introspection and self-awareness. Five Factor Personality Theory defines personality with five main traits and sub-traits of these traits: Extraversion, Agreeableness, Openness to Experience, Neuroticism and Conscientiousness. While psychological mindedness involves noticing details and connections about an individual's emotions, thoughts, and behaviors, the Five-Factor Model of Personality is a widely used model to describe personality traits. This study aims to examine the relationship between the subdimensions of the Five-Factor Personality Model and psychological mindedness. While the hypotheses predict a correlation between psychological mindedness, positively correlated with Agreeableness and negatively correlated with Neuroticism, no significant correlation is expected between the factors Extraversion, Conscientiousness, and Openness to Experience. From 232 participants aged 18-65 whose native language is Turkish; The data collected with Depression Anxiety and Stress Scale-21 (DASS-21), Psychological Mindedness Scale, Quick Big Five Personality Test and demographic form were analyzed by data entry via SPSS. Participants scored highest on Agreeableness ($M = 5.38$, $SD = 1.13$) and Openness to Experience ($M = 5.06$, $SD = 1.10$). The mean scores for Conscientiousness, Extraversion, and Neuroticism were 4.58 ($SD = 1.27$), 4.17 ($SD = 1.31$), and 3.95 ($SD = 1.22$), respectively. Stress and Mindedness had mean scores of 1.93 ($SD = 0.58$) and 2.91 ($SD = 0.32$). Positive correlations were found between psychological mindedness and Agreeableness ($r = .278$, $p < .01$), Extraversion ($r = .169$, $p = .01$), and Openness ($r = .338$, $p < .01$). No significant relationships were found with Neuroticism ($r = -.119$, $p > .05$), Conscientiousness ($r = .056$, $p > .05$), or Stress ($r = -.097$, $p > .05$). These results contribute to our understanding of the connections between psychological mindedness and personality, emphasizing the importance of agreeableness, extraversion, and openness to experience. Further research is warranted to explore these relationships in more depth and to investigate the potential mechanisms underlying these associations.

Keywords

psychological mindedness, neuroticism, extraversion, openness to experience, agreeableness, conscientiousness

PS39 Cognitive-behavioural therapy and the level of hope in patients with schizophrenia

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Abstract

Introduction

Schizophrenia significantly affects the patient's functioning in all areas of life. The course of schizophrenia is often associated with reduced functioning in the professional, family, and social spheres (Heszen and Sęk, 2020). Nowadays, a distinction is made in schizophrenia between positive and negative symptoms. Accordingly, sufferers may need professional care that is not only pharmacological but also psychological.

The APA, in its 2020 recommendations, recommends for adults experiencing schizophrenia pharmacological treatment with antipsychotic drugs. The recommended psychotherapeutic interactions are mainly based on CBT and pay

attention to psychoeducation, cognitive rehabilitation, and social skills training. In contrast, NICE's 2014 recommendations recommend a combination of family or individual CBT psychotherapy and pharmacological treatment as the treatment of choice for adults experiencing a first episode of psychosis and subsequent acute episodes of psychosis or worsening in schizophrenia.

Material and methods

The study used a battery of self-report tests with verified psychometric properties. People with schizophrenia - participants of community self- help centres, the Patient's Club and the Occupational Therapy Workshop in Poland - were surveyed.

Results

The results of the study suggest that higher levels of hope increase the ability to share one's difficulties with loved ones. However, it is difficult to formulate conclusions regarding therapeutic indications due to the lack of a uniform definition of hope and the few studies related to these issues. For the practice of psychology, it would be valuable to develop research towards assessing factors that enable higher levels of these psychological variables in people with schizophrenia.

The results of our own research indicate that people with schizophrenia who are participants in community self-help homes receive the most emotional support, which is an important resource in coping with the disease. It is noteworthy that there is a deficiency in the information support received, according to the subjects, which refers to the exchange of information that promotes a better understanding of the situation, life situation, and problem. This type of support also responds to the need to understand the meaning of stressful events and their causes, as well as the attribution of causation (Sęk and Cieślak, 2024). As such, it appears to be an important element that can stimulate hope and provide a greater sense of agency for this group of patients.

Conclusions

These results also suggest that psychoeducation should be an important element of support in community-based forms of treatment for patients. The results obtained may provide valuable guidance in psychological work, especially in therapy with people with schizophrenia, and in this regard, cognitive-behavioural therapy, including metacognitive training, psychoeducational interactions about the disease, its symptoms, causes, and learning to recognise relapses and how to deal with them appropriately, seems to be an important part of working with people with schizophrenia. Conducting further research on the relationship between hope and the support received could help establish guidelines for professionals working with people with schizophrenia, which could help improve functioning.

Keywords

cognitive-behavioural therapy, psychoeducation, hope, social support

PS40 Challenges that RE&CBT trainees encounter in the process of becoming psychotherapists

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Abstract

Introduction. Trainees in Rational Emotive & Cognitive Behavioral Therapy (RE&CBT) face various challenges as they work towards becoming competent psychotherapists. These challenges often involve mastering complex theoretical concepts; bridging the gap between theoretical knowledge and practical application; becoming proficient in applying a variety of cognitive, behavioral and emotive techniques; building and maintaining a therapeutic relationship with clients; dealing with ethical issues, confronting their own irrational beliefs and biases, etc. Supervision is a critical component of training for RE&CBT. It provides a structured and supportive environment where trainees can develop their skills, integrate theoretical knowledge with practice, and grow professionally and personally. Trainees may find it difficult to accept and integrate critical feedback from supervisors without feeling discouraged or defensive. Additionally, balancing training with other responsibilities such as jobs and family or managing the financial requirement of training can be stressful for RE&CBT trainees. **Objective.** The aim of this study is to explore how RE&CBT trainees perceive the importance of various challenges that they encounter during supervision and psychotherapy work with clients. **Method.** RE&CBT trainees (n = 55) completed an online questionnaire aimed at identifying challenges encountered during their educational process. The questionnaire was designed specifically for this study and encompassed

assessing challenges related to therapist skills, completing educational requirements, and addressing technical obstacles (e.g. client acquisition). Results. Regarding therapy skills, the greatest challenge lies in the ability to structure therapy sessions. As much as 56% trainees face moderate to high difficulties in maintaining a focus on a single problem/goal within a session (51% encounter this issue across multiple sessions). Difficulties in structuring the sessions also occur in initiating by reviewing the previous homework task(s) and concluding with an agreement on future homework task(s) (40%). One of the challenges involves exploring resistances when clients do not complete homework activities (35%). Trainees also struggle to achieve the optimal level of directiveness (40%). The greatest challenges concerning educational requirements are selecting material for individual supervision sessions (60%), finding time for additional literature reading (55%), and preparing case studies (47%). Other notable difficulties involve balancing education with professional (73%) and family (53%) obligations, securing funds for education expenses (65%) and personal therapy (49%). Trainees face challenges in acquiring new clients (49%) and finding certified RE&CBT therapists for personal therapy (38%). Conclusions. Although the results were obtained on a relatively small and convenient sample, they are significant because they provide an insight into the perspective of trainees, and point to some possible directions for improving the education process. For example, emphasizing the significance of structuring sessions in RE&CBT therapy and providing additional assistance to trainees in cultivating the necessary skills to accomplish the needed structure. It is important to reiterate the importance of homework assignments and the necessity to explore the reasons why clients may have failed to complete them. Trainees could benefit from examples which illustrate different levels of directiveness and their outcomes. Some of the issues could be ameliorated by creating a directory of certified RE&CBT therapists and negotiating discounted rates for trainees.

Keywords

Training, supervision, professional development, challenges, CBT

PS41 Who's at Risk? Key Predictors and Prevalence among Youth at the "MoSt" Support Center in Croatia

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Abstract

According to some studies, the prevalence of anxiety disorders in children ranges from 10% to 20% (UNICEF, 2021). They are represented in both sexes, although they are more common in girls and occur more frequently after the age of six (Poljak & Begić, 2016). The MoSt Association's Support Center for Children and Youth with Behavioral Problems is designed as an intervention that includes individual counseling, individual psychosocial counseling, treatment groups, leisure activities, work-occupational workshops, and learning assistance activities for children and youth with behavioral problems. The sample consisted of 28 children (50% girls) aged 10 to 18, with an average age of 14.32 (SD=2.056), who participated in activities at the Support Center. Children included in the sample reported externalizing (28.6%) and internalizing (71.4%) symptoms. The research included the results of respondents who completed the Fear and Anxiety Scale for Children and Adolescents (SKAD-62; Vulić-Prtorić, 2004) from 2016 to 2024. The study aimed to examine the prevalence of anxiety symptoms in adolescents and predictors of somatization. The results of the study show a high level of worry, moderate levels of performance, and social anxiety symptoms, as well as obsessive-compulsive symptoms, low levels of separation anxiety, and anxiety sensitivity/panic attacks/agoraphobia. Additionally, significant predictors of somatization in this study were female gender, older age, performance and social anxiety, anxiety sensitivity/panic attacks/agoraphobia, and worry. No differences in the severity of the symptoms investigated were found in children and adolescents before and after the COVID-19 pandemic. The results were discussed within the framework of the biopsychosocial health model.

Keywords

anxiety, somatization, children, adolescents

PS42 Psychotherapists' attitudes towards treatment outcome measures and the relationship between these attitudes and professional self-doubt

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Abstract

Psychotherapists mostly rely on unstructured diagnostic interviews and their clinical judgement when assessing and monitoring clients. Research data shows discrepancies between the conclusions obtained through unstructured interviews and those obtained through standardized questionnaires. Additionally, data points to psychotherapists' tendencies to overestimate their efficacy, and to underestimate the number of clients whose state deteriorates and of those that don't show any progress. Routine administration of self-report measures has been shown to both reduce therapists' self-assessment bias and to lead to more favorable therapeutic outcomes.

The purpose of this study was to determine the attitudes of Serbian psychotherapists towards treatment outcome measures. The differences in these attitudes regarding ones psychotherapy orientation, level of psychotherapy education and professional background was also examined, as was the connection of said attitudes with professional self-doubt and general self-efficacy.

The sample consisted of 125 psychotherapists, certified and uncertified, between 25 and 63 years of age, with 0 to 30 years of experience. The sample included 95 psychologists and 30 members of other professions (pedagogues, general practitioners, and others), and it consisted of therapists of various orientations, with the majority being CBT and Gestalt oriented therapists.

The research was conducted online, using a questionnaire for the collection of selected professional and sociodemographic data, Outcome Measure Questionnaire – OMQ, Professional Self-Doubt - PSD scale and a General Self-Efficacy scale – GSE. All four questionnaires were combined into a single online form.

The results show that Serbian psychotherapists have positive attitudes towards outcome measures, similar to those recorded in samples in other countries. Most therapists are familiar with outcome measures, but don't have experience using them. Although outcome measures seem to be perceived as useful tools for improving certain elements of treatment, respondents also expressed doubts related to their comprehensiveness and relevance, as well as some hesitation regarding their implementation. CBT therapists have more experience with the use of measures as well as a more positive attitude towards them, compared to psychotherapists of other orientations. More experienced therapists have less favorable attitudes towards outcome measures. Therapists that score higher on self-efficacy show more positive attitudes towards outcome measures.

Keywords

psychotherapy, outcome measures, attitudes, treatment evaluation, clients progress, general self-efficacy, professional self-doubt

PS43 Effectiveness and Uptake of a Transdiagnostic Emotion Regulation Mobile Intervention among University Students: A Superiority Randomized Controlled Trial

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Abstract

Background and Objectives: The transition to university can be stressful and negatively impact mental health. However, it also provides an opportunity to lay the groundwork for positive life trajectories. Emotion regulation (ER), a key factor underlying various mental health issues, is crucial for students, a group particularly vulnerable to mental health problems. A mobile transdiagnostic (ER) intervention has been developed to support university students, offering universal and targeted preventative support. It includes 26 ER exercises rooted in a variety of therapeutic approaches,

including ACT, CBT, Positive Psychology, Mindfulness, and Self-Compassion so that (almost) every student can find exercises that suit them. The exercises include transfer elements (i.e., tools for applying ER techniques in real-life settings), a self-assessment module, a mood tracker, and an intelligent recommendation system tailoring exercises to users' needs and preferences. This study aims to evaluate the impact of the mobile intervention on students' distress levels, ER skills, resilience, and user engagement with the intervention.

Methods: This superiority parallel-group RCT involved 208 participants randomized to either the intervention group (full access to the mobile intervention, $n = 104$) or a waitlist control group ($n = 104$). Primary outcomes included ER skills and stress symptoms. Secondary outcomes encompassed mental health parameters (anxiety, depression), resilience, and intervention uptake (engagement, and real-life application of ER skills). Assessments occurred at baseline and weeks 3, 8, and 12, with continuous log-data collection for user engagement.

Discussion: The study began on February 5th and $n = 140$ participants completed the last follow-up. We expect the intervention group to report improved ER skills and reduced distress compared to the waitlist group. As users become proficient in the skills, real-life application will increase, leading to decreased app usage, with the app used mainly for additional support or refreshing techniques. This study will validate our intervention approach and show if focusing on learning transfer and personalisation enhances the real-world application of skills and intervention impact.

Keywords

Mobile intervention, Transdiagnostic approach, Mental health, Emotion regulation, University students, Randomized controlled trial

PS44 Intolerance of Uncertainty and Resilience as Pathways from Adverse Childhood Experiences to Psychopathology in Emerging Adults

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Abstract

Background:

Adverse childhood experiences (ACEs) are defined as stressful and potentially traumatic events that occur before the age of 18, which can have lasting negative effects on health and well-being. Numerous studies have examined the relationship between exposure to ACEs and later physical and mental health, concluding that ACEs can negatively affect both. However, the mechanisms underlying this relationship remain unclear. This study is part of a broader project aimed at validating the Adverse Childhood Experiences Questionnaire in a Croatian sample. The aim of this study is to explore the mediating roles of intolerance of uncertainty and resilience in the relationship between the extent of adverse childhood experiences and levels of psychopathology (anxiety, depression, and stress) in emerging adulthood. Additionally, the study compares the mediating effects of these potential mediators.

Methodology:

The research was conducted via the online platform SurveyMonkey, with a sample of 287 participants aged 18 to 29 years (emerging adults). Participants were recruited by psychology students based on specific criteria, ensuring equal gender distribution and education level. The participants completed the following instruments: Adverse Childhood Experiences Questionnaire, the Depression, Anxiety, and Stress Scales (DASS), the Intolerance of Uncertainty Scale, and the Brief Resilience Scale.

Results:

The results indicated significant associations between the extent of adverse childhood experiences and levels of anxiety, depression, and stress in emerging adulthood. Intolerance of uncertainty and resilience were statistically significant mediators. Higher levels of adverse experiences were associated with greater intolerance of uncertainty, which in turn was linked to higher levels of stress, anxiety, and depression. When resilience was the mediator, higher levels of adverse experiences predicted lower resilience, which then predicted higher levels of psychopathology. Comparisons of the indirect effects revealed that intolerance of uncertainty was a stronger mediator than resilience across all three associations.

Limitations:

As a cross-sectional study, causal relationships between variables cannot be inferred. Additionally, various other potential mechanisms may influence these associations. Future research, particularly longitudinal studies, is needed to further elucidate the complex relationship between early adverse experiences and later mental health outcomes.

Conclusion:

This study highlights the importance of understanding the link between adverse childhood experiences and levels of psychopathology in early adulthood. The validated Adverse Childhood Experiences Questionnaire allows for more

accurate identification of individuals at high risk for anxiety, depression, and stress. Individualized therapeutic plans and early identification of high-risk individuals enable timely interventions. Enhancing resilience and tolerance of uncertainty through tailored cognitive-behavioral strategies can potentially reduce symptoms of anxiety, stress, and depression.

Keywords

adverse childhood experiences, anxiety, depression, stress, intolerance of uncertainty, resilience

PS45 Understanding the Role of Education in the Link Between Psychological Flexibility and Religiosity: A Focus on Values and Acceptance

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Abstract

This study examines the association between psychological flexibility—specifically acceptance and value alignment—and the centrality of religiosity. Previous research has linked psychological well-being with spirituality and religiosity (Koenig, 2019), but the role of religiosity in specific components of psychological flexibility remains unexplored. A total of 183 participants ($M = 27$, 90% female) completed an electronic survey that included the Psychological Flexibility Scale and the Centrality of Religiosity Scale, alongside demographic questions. Two multiple linear regression analyses were conducted, controlling for key demographic variables such as gender, age, economic level, and education. The first regression model was not significant, $F(6, 176) = 1.87$, $p = .08$, explaining 3% of the variance, with no significant link found between religiosity and acceptance ($\beta = .14$, $p = .07$). After splitting the data based on education level, religiosity was significant for participants with a university education ($\beta = 1.13$, $p = .05$) but not for those with less than a university education ($\beta = 2.44$, $p = .09$). The second model, however, was significant, $F(6, 176) = 5.46$, $p < .001$, explaining 13% of the variance, showing a significant association between religiosity and value alignment ($\beta = .37$, $p < .001$). After splitting the data based on education level, religiosity was significant for participants with a university education ($\beta = 3.58$, $p < .001$) but not for those with less than a university education ($\beta = -2.47$, $p = .41$). While religiosity did not significantly predict acceptance, it was significantly associated with value alignment, indicating that individuals with higher religiosity tend to align their behaviors with their personal values. Education played a crucial role, with religiosity predicting both acceptance and value alignment for university-educated participants but not for those with less education. This suggests that higher education levels may enhance the integration of religiosity and psychological flexibility, particularly in aligning personal values, possibly due to greater cognitive complexity or critical thinking skills. These findings highlight the potential for well-being interventions to focus on culturally sensitive value alignment, especially for those with higher education levels. Future research should further explore these intersections to develop more tailored and effective interventions for promoting well-being across different demographic groups.

Keywords

Keywords: psychological flexibility, religiosity, value alignment, acceptance, education level

PS46 Integrating Religion/Spirituality into Psychotherapy Practice

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Abstract

Introduction and objectives: In the ever-evolving landscape of mental health treatment, the incorporation of religion and spirituality (R/S) into psychotherapy has emerged as a topic of significant interest and debate. As individuals seek

holistic approaches to healing, understanding the perspectives of psychotherapists on the relevance and integration of these aspects becomes very important. Conducted survey aims to explore the perspectives of RE&CBT psychotherapists (both certified and in training) in Serbia on the integration of R/S into psychotherapy practice. The survey seeks to understand the opinions of psychotherapists regarding how incorporating these aspects can potentially benefit or hinder therapeutic outcomes. Additionally, the aim is to investigate the extent of knowledge and training that psychotherapists believe is necessary to effectively incorporate R/S into psychotherapy practice.

Method: For this purpose, online questionnaire survey was conducted among RE&CBT psychotherapists (both certified and in training) in Serbia. The questionnaire comprised three sections: psychotherapists' views towards R/S, their attitudes about the importance of having knowledge in the field of R/S and attitudes about introducing elements of R/S into psychotherapy practice.

Results: According to preliminary results 85% of survey participants think that R/S can play a significant role in mental health and well-being. If they thought it could be useful for the client, as well as if they possessed enough necessary knowledge, 75% would include elements of R/S in their therapeutic practice. At the same time, 66% of survey participants believe that they do not have enough knowledge and skills to include R/S in their psychotherapy practice, and 90% of respondents think that training and education about cultural and religious diversity is important for therapists who incorporate R/S into therapy. Among our sample, only 14% of the respondents have participated in specific training or education to improve their knowledge of incorporating R/S into psychotherapy, and only 3% received formal training in the field. Incorporating R/S into therapy is believed to be beneficial for clients by 73% of respondents. Opinions about the benefits and hinders of introducing R/S into the psychotherapy process are almost divided, 60% think that the benefits outweigh the hinders, up to 40% that think the opposite.

Final and more detailed results will be presented at the conference.

Conclusions: The insights gathered from this survey could provide valuable information on the current attitudes of RE&CBT psychotherapists towards integration of R/S into psychotherapy practice and highlight the required knowledge, skills and additional educational programmes needed for successful implementation.

Keywords

religion, spirituality, psychotherapy, psychotherapist, REBT, CBT

PS47 Low-intensity mindfulness-based smartphone interventions to improve self-compassion in working women: a randomized controlled trial

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Abstract**Objectives**

Mindfulness is defined as the awareness that emerges through paying attention on purpose, in the present moment, and nonjudgmentally to the unfolding of experience moment by moment (Kabat-zinn, 2003). Golden et al. (2021) indicated that self-compassion has been implicated as one of the processes of change in mindfulness-based programs (MBPs). Self-compassion is defined as the recognition that suffering, failure, and inadequacies are inherent in the human experience and that everyone, including oneself, deserves compassion (Neff, 2003). It has also been connected to a range of beneficial mental health outcomes (Kirby et al., 2017). Golden et al. (2021) reviewed the evidence for the effect of MBPs on self-compassion and suggested that MBPs can increase self-compassion in nonclinical populations. However, recent studies have shown barriers to participation in such programs (Bégin et al., 2022). A

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lot of programs ask participants to engage in a group session of several hours and to meditate for quite a long time each day, for the duration of the program (Neff & Germer, 2013). These general face-to-face mindfulness programs are too burdensome, especially for working women with the stress of the dual role of balancing family and work. The use of digital technologies such as smartphone applications and web-based platforms is a way of overcoming these obstacles. Mrazek et al. (2019) indicate digital mindfulness-based interventions could potentially be more accessible due to their low cost, flexibility, and availability from anywhere and anytime. Golden et al. (2021) report only one app study and further empirical studies using applications are required. Therefore, the current study examined whether an 8-week mindfulness-based meditation intervention using a smartphone app would improve self-compassion in working women.

Methods

209 healthy working women (mean age \pm SD 36.8 ± 10.7) fulfilling the conditions were included in the study. The SCS (Self-Compassion Scale; Raes et al., 2011; Arimitsu et al., 2016) was measured before and after the 8-week intervention. Participants were randomly assigned to either a mindfulness group (N = 105) or a waitlist group (N = 104). The study was approved by the Life Science Research Ethics and Safety, the University of Tokyo (reference number: 23-144, 23-227, 24-020) and registered in the University Hospital Medical Information Network (UMIN) Clinical Trials Registry (UMIN000051796).

Results

150 participants who responded to both the pre-assessment and post-assessment were included in the analysis. ANCOVA was carried out to determine the effects of intervention, controlling for baseline values. There was a significant intervention effect on SCS ($b = 1.60$, $p = .05$).

Conclusion

The 8-week mindfulness intervention using our smartphone app improved the self-compassion in Japanese healthy working women. Future research of low-intensity intervention needs to replicate the findings in other samples and examine the underlying mechanism. It is also necessary to examine how improvements in self-compassion through meditation interventions are related to other mental health factors. (This study was supported by JP19K03278, 22H01091, 22K18582, AL150003, and JPMJSP2108)

Keywords

mindfulness, self-compassion, online intervention, randomized controlled trial (RCT)

PS48 The Mediating Role of Trait Mindfulness in Academic Stress: A Cross-Sectional Study Among Italian University Students

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Abstract

Background: Stress can be the most predominant factor influencing the mental well-being of students, yet mindfulness strategies have proven effective in reducing academic stress. Nevertheless, there is a limited body of research investigating stress and trait mindfulness in a sample of Italian university students. This study aimed to explore the relationship between academic stress, effort-reward imbalance and trait mindfulness.

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Methods: Perceived stress, effort-reward imbalance, and trait mindfulness in 442 Italian university students (mean age = 23.37 ± 4.33) were assessed through the Perceived Stress Scale (PSS), Effort-Reward Imbalance – Student Questionnaire (ERI-SQ) and Five Facet Mindfulness Questionnaire (FFMQ).

Results: Pearson correlation analysis showed that PSS negatively correlates with FFMQ, positively correlates with ERI-SQ, and that FFMQ negatively correlates with ERI-SQ. Furthermore, mediation analysis revealed that FFMQ facets partially mediates the effect of ERI-SQ on PSS.

Conclusions: This is the first study to examine the relationship between PSS, ERI-SQ, and FFMQ in Italian university students. These preliminary findings suggest potential clinical and therapeutic relevance of these factors, especially in relation to MCBT. To a broader extent, it provides insights into how trait mindfulness mediates academic stress, which could influence policymakers, health experts and academic institutions in developing targeted interventions to enhance student well-being.

Keywords

Academic Stress; Effort-Reward Imbalance; Mindfulness; Trait mindfulness; Mindfulness Based Cognitive Behavioral Therapy (MBCBT)

PS49 Effectiveness of Cognitive Behavioral Group Therapy in the Treatment of Somatic Symptom Disorder: A Systematic Review

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Abstract

This study aimed to review the effectiveness of the treatment in experimental studies applying cognitive behavioral group therapy in the treatment of somatic symptom disorder. For this purpose, English and Turkish articles published at all times in Wiley Online Library, PubMed, EBSCOhost, YÖK Tez and ULAKBİM databases were scanned and studies conducted between 1997-2023 were accessed. A German study published in the search was also found and included in the study. Studies that were not completed as a result of the screening, those that did not include group CBT intervention, those that did not apply the intervention to adult groups, and those that did not have an effectiveness study were not included. 10 studies that met the inclusion criteria were compared in terms of the methods used and the applications performed. As a result, cognitive behavioral group therapy in the treatment of somatic symptom disorder has been shown to be effective in reducing the symptoms of both the disorder and accompanying disorders such as depression and anxiety.

Keywords

somatic symptom disorder, cognitive behavioral therapy, group therapy

PS50 An integrative approach of help-seeking attitudes in a sexual minority sample. The role of self concealment.

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Abstract

This paper focuses on the construct of self-concealment, the active concealment from others of personal information related to sexual identity or sexual orientation that one perceives as negative or distressing based on previous meta-analysis identified. We propose a working model for the psychology of SC and the mechanisms of action for its effects on well-being and how self-concealment could influence the addressability to professional help among sexual minorities. A dual-motive conflict between urges to conceal and reveal is seen to play a central role in these health ef-

fects. The main results we expected for are that Self-Concealment can affect both, mental and physical health through maladaptive emotion regulation processes which in turn affects the intention to seek for professional help. We hypothesize that high levels of SC increase dysfunctional emotion regulation processes. These, in turn, affect health through direct and indirect pathways, including inauthentic behaviors and reduced social well-being. Although it is too early to draw any solid conclusions from intercultural studies, researchers note the relevance of SC for Asian culture and psychology (e.g., Masuda & Boone, 2011), and the possibility that SC may be less injurious in certain cultural groups (Constantine, Okazaki, & Utsey, 2004). Finally, initial findings (e.g., Mohr & Kendra, 2011; Pachankis & Goldfried, 2010; Potoczniak, Aldea, & DeBlaere, 2007) suggest a valuable role for SC in the study of LGBT persons and others with concealable stigmatized identities. Future research can investigate the validity of this working model, examine how SC produces negative health effects, and test predictions based on our dual-motive conflict theory. Longitudinal studies may reveal whether SC levels change throughout the lifespan, particularly in response to negative life events or varying social constraints.

Keywords

self-concealment, secrets, suppression, mindfulness, help seeking

PS51 Effects of the 8-week app-based mindfulness interventions on trait anger in working women: A randomized controlled trial

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Abstract

Objectives:

According to the American Psychological Association (2023), women have higher stress levels than men and tend to have more difficulty coping with them. Furthermore, in working women, the stress of the dual role of balancing family and work has a negative impact on their physical and mental health (Poms et al., 2016). Since psychological distress is one of the causes of angry feelings in daily life (Kashdan et al., 2016) and anger have been shown to predict child abuse (Hien et al., 2010), preventive interventions that reduce anger in working women not only improve their own wellbeing but also help to improve the mental health of the next generation. This study focused on mindfulness meditation. Mindfulness-based interventions have been shown to be effective on depression, anxiety, and perceived stress (Khoury et al., 2015; Galante et al., 2021). However, the effects of mindfulness interventions on anger are inconsistent. While the effects of mindfulness interventions on state anger have been shown (Xu et al., 2016; Bergman et al., 2016), few studies have examined the effects on trait anger (the tendency to experience intense feelings of anger) and the two subfactors for this trait anger (temperament and reaction). In addition, general face-to-face mindfulness programs are too burdensome for healthy workers to implement for mental health prevention. Therefore, we used a smartphone application to enhance accessibility. This study examined whether mindfulness meditation can improve trait anger in working women.

Methods:

209 healthy working women (mean age \pm SD 36.9 ± 10.8) fulfilling the conditions were included in the study. "Trait anger (T-Ang)," the subscale of the State-Trait anger expression inventory (STAXI-2; Spielberger, 1999; Mine & Ohki, 2001; Mine & Sato, 2005) was measured before and after the 8-week intervention to assess traits anger reaction. T-Ang has 2 subfactors: T-Ang/Temperament (T-Ang/T; trait of feeling anger with or without stimulus) and T-Ang/Reaction (T-Ang/R; frequency of experiencing feelings of anger in situations involving irritation or negative evaluation). Participants were randomly assigned to either a mindfulness group (N = 105) or a waitlist group (N = 104). The study was approved by the Life Science Research Ethics and Safety, the University of Tokyo (reference number: 23-144, 23-227, 24-020) and

registered in the University Hospital Medical Information Network (UMIN) Clinical Trials Registry (UMIN000051796).

Results:

192 participants who responded to both the pre-assessment and post-assessment were included in the analysis. Both ANCOVA (A)controlling for baseline values and (B)controlling for baseline values and demographic data (age, employment status, psychiatric history, education, and marital status) were revealed that significant group effect on Trait Anger/R (A: $b = -0.59$, $p = .04$; B: $b = -0.75$, $p = .012$).

Conclusion:

The 8-week mindfulness intervention reduced reactive anger in Japanese healthy working women. Future research should examine the mechanism of the effect to increase the effectiveness of the intervention and develop interventions to manage angry temperament. (This study was supported by JP19K03278, 22H01091, 22K18582, AL150003, and JST SPRING, Grant Number JPMJSP2108)

Keywords

mindfulness, randomized controlled trial (RCT), mental health

PS52 Metacognitive therapy of an adolescent with major depressive disorder – a case report

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Abstract

This case report delves into the implementation of metacognitive therapy as an intervention for the adolescent diagnosed with depression. Metacognitive therapy targets metacognitive processes and regulatory strategies, and diverges from traditional cognitive therapies by focusing on cognitive processes rather than content. The subject of this study, a 16-year-old male, exhibited symptoms consistent with major depressive disorder, including pervasive sadness, anhedonia and feeling of despondency. Through a series of structured metacognitive therapy sessions, the therapist engaged the adolescent in identifying and challenging dysfunctional cognitive processes underlying his depressive state.

The therapeutic intervention aimed to enhance the adolescent's metacognitive awareness and control over rumination and worry, as well as other maladaptive cognitive strategies that perpetuated his depressive symptoms. The sessions involved psychoeducation, metacognitive restructuring, attention training techniques, detached mindfulness and behavioural experiments tailored to the individual's cognitive profile. Throughout the course of treatment, the adolescent demonstrated improvements in his mood, cognitive flexibility and overall functioning, as evidenced by standardized assessments and clinical observations (BAI, BDI, MMPI-A, MDD-S).

This case report underscores the potential efficacy of metacognitive therapy as a targeted intervention for adolescent depression, shedding light on the importance of addressing underlying cognitive processes in addition to symptom reduction. The findings contribute to the growing body of literature supporting the utility of metacognitive therapy in the treatment of depression among adolescents, emphasizing the need for further research and clinical exploration in this area.

Keywords

metacognitive therapy, adolescent, major depressive disorder

PS54 The Role of Reinforcement in Cognitive Behavioral Therapy for Chronic Pain

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Abstract

The aim of this poster is to illustrate the role of operant conditioning in chronic pain therapy and the regulation of pain-related behaviors, as well as to identify ways in which an approach based on operant conditioning can enhance the effectiveness of cognitive-behavioral therapy (CBT) in pain treatment.

Cognitive-behavioral therapy is a method successfully used in the treatment of chronic pain, offering patients a range of techniques to help cope with and alleviate pain (Niknejad et al., 2018). This approach considers the influence of

psychosocial and behavioral factors on the experience, maintenance, and intensification of pain (Bao et al., 2022). Operant conditioning principles are widely used in chronic pain therapy, and their effectiveness has been confirmed by scientific research (Gatzounis, 2016). Consequences (in the form of positive and negative reinforcements), such as attention received from loved ones or withdrawal from unpleasant activities, can reinforce pain behaviors and thus affect the pain experience itself (Fordyce, 1976). The goal of behavioral therapy is to reduce the frequency of undesirable behaviors and increase those that are beneficial from the patient's well-being perspective.

To illustrate the impact of reinforcements on pain modulation, experimental research findings on the influence of various types of reinforcements on the intensity of perceived pain will be presented on the poster (Adamczyk et al., 2019; Bieniek & Bąbel, 2023). These findings indicate that the type of reinforcer matters, with social reinforcers seeming to have the strongest influence on pain (Bieniek & Bąbel, 2023).

Effective pain therapy is crucial for improving patients' quality of life. By incorporating principles of operant conditioning, cognitive-behavioral therapists can enrich their therapeutic repertoire, offering more comprehensive and effective pain management strategies.

Keywords

pain therapy, operant conditioning, reinforcement, chronic pain

PS55 Gender-Specific Pathways from Childhood Experiences to Adult Mental Health

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Abstract

Introduction:

Childhood adversity, encompassing a wide range of stressful and traumatic experiences (ACEs), is a recognized public health concern with demonstrably negative consequences for long-term mental and physical well-being (Armitage, 2021). Research consistently links exposure to ACEs to a heightened risk of developing mental health problems in adulthood (Kessler et al., 2010).

However, whether the long-term impact of ACEs is uniform remains unclear. Growing evidence suggests that protective and compensatory experiences (PACEs) during childhood can buffer the negative effects of adversity, promoting resilience and fostering positive mental health outcomes (Masten, 2007). These PACEs encompass a variety of factors, including strong social connections with family and friends, positive role models outside the home, and opportunities for participation in enriching activities.

Specifically, research suggests that males and females may respond differently to adversity and may benefit from distinct protective factors (Sun & Steward, 2012). This study aims to address this gap by investigating the influence of various ACEs and PACEs on adult psychological distress between genders, considering the potential role of adverse experiences.

Method:

A longitudinal study with data collected every three months, including demographics and Adverse Childhood Experiences (ACEs; Felitti et al., 1998) at wave 1, Protective and Compensatory Experiences Scale (PACEs; Morris et al., 2018) and Kessler Psychological Distress Scale (Kessler et al., 2002; K6 >12) at wave 2. The final sample included 2420 participants (1472 females, 948 males; mean age 36.25 ± 8.52). The study protocol was approved by the ethics committee at the University of Tokyo (No. 23-476). To identify patterns within the complex dataset, we leveraged a supervised machine learning approach with a Logistic Regression algorithm, for each gender.

Results:

Results indicated gender-specific patterns toward adult mental health, with distinct predictors for males and females. For females, unconditional love ($p=.011$, $OR=.597$) and having an intimate friend ($p=.001$, $OR=.551$) significantly im-

pacted future psychological health, while sports-related activity ($p=.008$, $OR=.662$) was prominent for males. The presence of a non-parent significant adult ($p=.015$, $OR=.674$) emerged as important for both genders. Unexpectedly, helping others or volunteering was associated with increased psychological distress in males ($p=.008$, $OR=2.261$). Bullying experiences, both as a victim ($p=.002$, $OR=1.607$) and perpetrator ($p=.043$, $OR=1.366$), were significant only in males, whereas psychological abuse ($p=.009$, $OR=1.632$), sexual abuse ($p=.026$, $OR=1.441$), lack of attachment ($p=.048$, $OR=1.431$), and early alcohol-related household disfunction ($p=.013$, $OR=1.783$) were prevalent for females.

Conclusion:

The significant role of positive social connections in childhood is well-supported by existing research (Steward & Sun, 2004). However, this study aligns with emerging research suggesting that males and females may navigate adversity and build resilience through distinct pathways. The good model fit ($p=.942$) suggests promise for utilizing a gender-specific approach in risk assessment for adult mental health problems. By accounting for the unique vulnerabilities and protective factors associated with each sex, we can develop more accurate assessments and tailor preventative and treatment strategies to maximize effectiveness. (This study was supported by JP19K03278, 22H01091, 22K18582, AL150003.)

Keywords

Childhood Adversity, Protective and Compensatory Experiences, Resilience, Bullying, Gender-Specific

PS56 Complex movement in Tic Disorder: illustration and treatment.

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Abstract

Objective: We present an adult single-subject study of a complex movement in Tic Disorder (TD) and the implementation of Habit Reversal (HRT).

Background: The systematic study of individuals with TD can be traced back to the 19th century with the reports of Jean-Marc Itard and George Gilles de la Tourette. In his classic study of 1885, Gilles de la Tourette documented nine cases of chronic TD characterized by motor tic(s). The term tic or tique (in French) for centuries denoted an 'unpleasant gesture'. Later, the term referred to distasteful motor acts. Contemporarily, a tic can be defined as a sudden, rapid, recurrent, non-rhythmic, stereotyped movement or vocalization. Further classification takes the form of determining whether the tic is simple or complex. Potentially due to the expansion of knowledge pertaining to TD, the argument can be made that the spectrum of type of tic is often not recognized or fully appreciated.

Method: A twenty-five-year-old male with a childhood onset of motor tic presented to a tertiary-care neuropsychiatry outpatient clinic. At intake, reported were a variety of bothersome tics but sought was specific input for a particular tic. The tic took the form of initially pushing the tongue out of the mouth toward the right whilst extending and tensing the cervical spine toward the right. Whilst in this movement, the individual would exhale whilst attempting to build up a 'shiver' like sensation in his pharynx. This build up would continue until it 'felt right' after which a final exhale was produced - thus marking the end of the tic sequence. Temporarily and with significant restlessness, purposeful suppressibility of the tic for a few minutes at a time was achievable. However, an inner tension of discomfort built up which was relieved only by a consistent and repetitive bout of tic. Over the past year, following a considerable increase in tic frequency and severity, fifty-minute weekly one-to-one and in-person sessions were agreed.

Results: By the end of a six-week intervention window, standardised self-reported assessments displayed a tic reduction score of forty percent. The tic reduction was attributed to the competing-response training which was geared around disrupting the negative reinforcement cycle that was produced by the performance of tics (i.e., individuals completing a physical behaviour that is incompatible with the expression of their tic).

Conclusion: Notwithstanding the limitations of a single-subject study design, an attempt has been made to draw attention to the effectiveness of HRT. This attempt may well serve as a model for the effectiveness of HRT for the management of tics which go beyond what is commonly described as complex tics, where the reduction of symptoms can be seen in a relatively short period of time. Future research on complex tics should include comparisons of the relative efficacy of HRT versus pharmacotherapy. Additional research should be conducted on treatment sequencing and decision-making and for which clinical profile of TD particular sequences of treatment are most effective.

Keywords

Tic Disorder, Movement Disorder, Tourette Syndrome, Tic Disorder, Habit-Reversal

PS57 Group Based Metacognitive Therapy for Alcohol Use Disorder

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Abstract

Alcohol use disorder (AUD) is a profound clinical condition that has been linked to 5.3% of global mortality. Despite the development of multiple interventions to enhance the symptoms of AUD, the treatment outcomes were only moderately effective, and a subset of patients experienced a worsening of symptoms after the completion of therapy. Furthermore, the availability of outpatient treatment placements is diminishing, which requires the implementation of more efficient treatment alternatives. Hence, the objective of this study was to examine the effectiveness, feasibility, and acceptability of a recently developed, brief, group-based metacognitive treatment (MCT) for individuals diagnosed with Alcohol Use Disorder (AUD). A total of seven patients underwent treatment consisting of eight sessions of group-based Metacognitive Therapy (MCT), following a single case series approach. The treatment was applied across patients using an A-B replication methodology. Patients underwent assessments at four time points: one month and one week prior to treatment initiation, one week and three months following treatment completion. Patients experienced significant improvements in dysfunctional metacognitive beliefs, desire thinking/craving, and depressed symptoms for up to three months after treatment termination. The symptoms of AUD, as well as positive and negative metacognitive beliefs showed improvement after treatment. However, these changes were not sustained during the follow-up period. All patients who were part of the study completed the treatment and expressed a high level of satisfaction. The present findings provide evidence supporting the effectiveness, feasibility, and acceptability of the group-based MCT treatment for AUD. Conducting extensive randomized controlled trials (RCTs) is necessary to validate the efficacy of the designed program for patients diagnosed with AUD.

Keywords

metacognitive therapy, CBT, group therapy, alcohol use disorder

PS58 Acceptability Study of the Blended Version of the Unified Protocol for Transdiagnostic Treatment of Emotional Disorders in Children

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Abstract

This study aimed to examine the acceptability of a Blended version of the Unified Protocol for the Transdiagnostic Treatment of Emotional Disorders in Children (UP-C) using mixed methods. The sample included 39 Portuguese children (Mage = 9.84, 61.5% female) with a primary diagnosis of anxiety disorder enrolled in UP-C and their parents. Session-to-session data was collected, including the child's assessment of the session and the child's in-session and out-session involvement. A semi-structured interview was conducted with a subsample of parents (n = 14) to collect their perspectives concerning the program. The results show a low dropout rate and a moderate to high involvement in the intervention. Most of the parents interviewed considered that their objectives for participation in the program were fulfilled and identified the main changes in the child (e.g., improved emotional regulation, acknowledgment of cognitions, global competencies) and for themselves (e.g., improved capacity to manage the child's problems, more close relations). In conclusion, the results indicate high acceptability of the blended version of the UP-C.

Keywords

Acceptability Study; Blended therapy; Unified Protocol for Transdiagnostic Treatment; Emotional Disorders in Children

PS59 Depressed and non-depressed persons across the lifespan: changes in personality and (ir)rational beliefs

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Abstract

Objective: Studies indicate that with advancing age people generally become more emotionally stable, agreeable, and conscientious, but less active and less open to new activities and ideas than younger individuals. There are nonetheless substantial benefits for those who remain open to novel ideas and unconventional values. Much is still unknown in this area, especially when it comes to aging-related changes in cognitions, such as core beliefs and schemes, and the aging trajectories of those who suffer from clinical problems, such as depression.

Method: The sample consists of 403 healthy control participants (age from 16 to 60) and 223 inpatients (age from 16 to 69) who were diagnosed as having Major Depressive Disorder (127 patients with first depressive episode and 96 patients with recurrent depressive disorder). Measures were taken of (ir)rational beliefs with the General Attitude and Belief Scale (GABS) and personality dimensions were measured with NEO-PI-R five factor model.

Results: There were significant differences between the target group and control group, with depressed individuals reporting higher scores on neuroticism and agreeableness, and lower scores on extraversion, openness and conscientiousness. Depressed participants also had on average higher scores on irrational beliefs. In the healthy control group, significant negative correlations were found between age and scores on neuroticism and scores on self- and other-downing; positive correlations were found between age and scores on openness, agreeableness, conscientiousness, and rationality. In both inpatient groups irrational beliefs were not related to age, while openness decreased in the function of time. In the first depressive episode group, age was related to low scores on extraversion and high scores on conscientiousness; in the recurrent depression group age was related to high scores on agreeableness.

Conclusion: Changes across the lifespan in the personality and rational and irrational beliefs are different among the depressed participants compared to the healthy control group. In the inpatient groups, irrational beliefs are stable during time while openness decreases. In the healthy control group, irrational beliefs decline, as well as neuroticism, while openness increases. These findings point to the protective role of openness in preventing the development of depression with age. In addition, fostering rational beliefs is also of great importance in preventing depression during the course of aging.

Keywords

irrational beliefs, personality, aging, depression

PS60 Aid Representatives' Perception of the Issue of Sexual Violence Among Palestinian Female Youth in Israel

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Abstract

Sexual violence is a global and historical problem that affects all levels of society, including the Palestinian community in Israel. Studies have shown that cultural, ethnic, religious, racial, and gender differences impact the rates of sexual violence and the reporting of such crimes. Rates of this issue among ethnic minority groups compared to other groups are influenced by social and ethnic factors. Sexual violence tends to be more common among communities with indigenous minority groups compared to non-indigenous communities.

Researchers have highlighted the common challenges that many victims, including those from ethnic minority groups, face in accessing the criminal justice system. These challenges arise from the fear of stigma, the fear of being wrongly accused, reluctance to accuse and involve a community member in the legal process, prevailing stereotypes and accusatory environments, lack of cultural sensitivity in intervention strategies, and the absence of specialized professional training.

Palestinian society in Israel is considered an indigenous minority. The issue of sexual violence is influenced by social, cultural, and political factors. These factors contribute to the silencing of victims, concealment of the problem, resolving issues within the family, and the low social status of the victims in the family hierarchy. The political situation and discrimination faced by the Palestinian population in Israel are evident in the lack of resources, societal oppression, victims' lack of trust in formal systems, and the incompatibility of services with the cultural characteristics of Palestinian society.

The article will illustrate four forms of oppression experienced by Palestinian victims: their national Palestinian affiliation, being part of a native minority that suffers from oppression and institutional discrimination; women who face discrimination that attributes superiority to men; and the control of cultural values that prioritize solving family problems within the family in an informal way.

Keywords

Sexual abuse; Indigenous; Palestinian Female Youth

PS61 The mediating role of self-compassion in the relationship between perfectionism and rumination

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Abstract

Introduction

Self-compassion, perfectionism and rumination, which belong to individual cognitive category, are important factors related to depression and anxiety among students. According to the diathesis-stress model for students with high perfectionism, external and internal sources of anxiety and stress during studies can be even more distressing, as the exceedingly high expectations for themselves and others are unlikely to be met. Perfectionism is considered to explain increasing levels of negative repetitive thinking, such as worry and rumination. In the recent studies, rumination has been studied extensively as a transdiagnostic variable in depression and anxiety. The aim of this study is to examine the perfectionism-rumination relationship and mediating role of self-compassion within university students, as a potential target for future interventions, aimed at reducing perfectionism-driven rumination, as well as depression and anxiety symptoms consequently.

Method

The methodology was based on quantitative analysis of students' responses to the online questionnaire. The questionnaire consisted of Frost Multidimensional Perfectionism Scale (FMPS), Ruminative Response Scale (RRS) and Self-Compassion Scale (SCS). The study was performed with a total of 180 university students in Serbia, with the mean age of 22.5 years and the majority being women (82.8%). The data was statistically analyzed using Pearson correlation method in SPSS and mediation analysis in PROCESS macros for SPSS.

Results

The correlation analysis of the main variables in the research show that there is a statistically significant positive correlation between Perfectionism and Rumination ($r=0.540$, $p<0.01$.), as well as a negative correlation between Self-compassion on the one hand and Perfectionism ($r=-0.503$, $p<0.01$.) and Rumination ($r=-0.471$, $p<0.01$.), on the other. Thus, it has been shown that people with more expressed perfectionism are more prone to a ruminative reaction style, and that people with more compassion towards themselves are less prone to rumination and have less intensive perfectionist tendencies. The data, furthermore, confirm that self-compassion partially mediates the relationship between perfectionism and the ruminative reaction style. It has been shown that people who are prone to perfectionism are less prone to rumination, the more self-compassion is expressed. The study also examines the relationship of Concern over mistakes as maladaptive perfectionism in relation to rumination, self-compassion and its subscales.

Discussion

The findings of our study show that perfectionists tend to have low self-compassion, as well as that perfectionism and self-compassion are positively and negatively associated with ruminative response style, respectively. What is more, perfectionism positively correlates with rumination via low self-compassion. In other words, the latter acts as a partial mediator in that relationship, suggesting it may have a protective role in preventing ruminative response style in highly perfectionist students. However, it is important to note that larger and more diverse sample would better support the generalization of the study findings. The findings underline self-compassion's relevance in perfectionism-driven rumination prevention and management, supporting its use as an intervention target in depression and anxiety treatment. Future studies should also focus on investigating the efficacy of those interventions in CBT practice.

Keywords

self-compassion, perfectionism, rumination

PS62 A study on the relations of religiosity and tendencies towards rational/irrational thinking in the general population

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Abstract

In this research, the degree of religiosity and tendency towards irrational and rational thinking were examined on a suitable sample from the general population. The primary goal of the research was to examine the relationship between the degree of religiosity and, the aforementioned concepts derived from the theoretical framework of REBT psychotherapy, for which Albert Ellis hypothesised to exist in such a way that a high degree of religiosity is significantly correlated with emotional disturbance and irrational thinking. Method: Sample - The results were collected on a sample of 171 respondents from the general population, of which 70.2% were women, 29.8% were men. The largest part of respondents in our sample are respondents with university degree (74.3%), followed by respondents with the high-school degree (14.6%). Age range of respondents was from 20 to 67, $AS=36.2$. More than half of the sample consists of respondents who declare themselves to be religious (59.6%), while there are slightly less non-religious 40.4%. Instruments - The Centrality of Religiosity Scale (CRS) questionnaire was used to examine the degree of religiosity, while the Attitudes and Belief Scale 2-Abbreviated Version (ABS-2-AV) questionnaire was used to examine various rational and irrational beliefs. Results: The results gathered from 171 participants show that the level of irrational thinking measured by ABS-2-AV, is moderate ($M=2.35$, $SD=.78$), and level of rational thinking is more saturated in the sample ($M=4.01$, $SD=.6$). Religiosity level of participants was moderate ($M=2.52$, $SD=.9$). Linear regression analysis, in which predictor was religiosity, and criterium was irrational thinking, did not show a significant contribution ($F=.99$, $p>.05$, $R^2=.001$), neither did the linear regression, in which criterium was rational thinking ($F=.482$, $p>.05$, $R^2=-.003$).

This research contributed to understanding of a very specific and sensitive topic, in terms of showing that people with different religiosity levels do not differ when it comes to rational or irrational thinking. This finding can reduce both positive and negative biases in practitioners who are in psychotherapy process with people who define themselves as religious. Possible limitation of the results is biased sample in terms of education level and this could moderate the overall result.

Keywords

REBT; religiosity; rational and irrational beliefs and attitudes

PS63 Child's Therapeutic Alliance in a Cognitive Behavioural Therapy for Anxiety Disorders: Does exposure make a difference?

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Abstract

This study examines the differences in Observed and Perceived Therapeutic Alliance between the first sessions and exposure sessions in a Cognitive Behavioural Intervention for Anxiety Disorders. The sample is composed of 43 children (Mage=9,44, DP =1,52 44% boys) with a primary diagnosis of anxiety disorder participating in a group intervention (Coping Cat; Unified Protocol for the Transdiagnostic Treatment of Emotional Disorders in Children). Therapeutic Alliance was measured session by session using the Therapy Process Observational Coding System - Alliance Scale (TPOCS-A). The Therapeutic Alliance Scale for Children - Revised (TASC-r) was administered to the children in the 6th and 13th sessions. When comparing the sessions of the first segment of the intervention with the exposure segment, results show no significant differences in Perceived Therapeutic Alliance but a significant difference in Observed Therapeutic Alliance. Children show a higher therapeutic alliance in the exposure sessions. These results indicate that exposure does not negatively impact a child's Therapeutic Alliance.

Keywords

Children; Therapeutic Alliance; Cognitive Behavioural Therapy ; Exposure

PS64: The Effect of Chronotype and Social Jetlag on Checking Behaviors

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Abstract

Recent studies link between late chronotype (i.e., eveningness) and increased prevalence and severity of obsessive-compulsive disorder. However, the underlying mechanisms driving this link remain unclear. This ongoing study investigates whether social jetlag (SJL), the misalignment between one's biological clock and social obligations, mediates the link between chronotype and clinically relevant behaviors, specifically repetitive checking behaviors.

A sample of 70 healthy undergraduate students from Bar-Ilan University performs a delayed matching-to-sample task on two mornings – at the end of a workweek and at the beginning of the next one. The task allows unrestricted repetitive checking behavior. Chronotype and SJL are assessed using the Munich ChronoType questionnaire and daily sleep logs. We hypothesize that individuals with a late chronotype will engage in fewer checking behaviors at the start of the workweek, when the adverse effects of circadian misalignment are at least partially recovered, compared to the end of the workweek. This difference in checking behavior is not expected in individuals with an early chronotype due to their circadian alignment with social time obligations.

Results supporting our hypothesis would indicate a strong association between chronotype and SJL, with the latter accounting for more of the variance in the checking behavior difference between the start and end of the workweek. Such results would highlight the effect of SJL on checking behaviors and shed light on the role of everyday environmental factors in the relationship between chronic disturbances of biological circadian processes and clinically relevant behaviors.

Keywords

OCD, Sleep, Chronotype, Social Jetlag

PS65 Attitudes Of Psychology Students Towards Cognitive-Behavioral, Psychodynamic and Humanistic Therapy

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Abstract

This research examines the perceptions of therapeutic approaches among psychology students in Serbia, focusing on Cognitive-Behavioral Therapy (CBT), Psychodynamic Therapy, and Humanistic Therapy. The main objectives are to determine the popularity of each therapeutic approach among students and to assess their beliefs regarding the effectiveness of these approaches in treating mental disorders, self-development, addressing underlying issues, and understanding client personalities. A questionnaire was created for this purpose, consisting of 21 items, with seven different items repeated for each psychotherapeutic approach. The questionnaire was split into three sections, each dedicated to a different approach, and each section began with a short description of the respective psychotherapeutic approach. Using a diverse sample of psychology students at undergraduate, master's, and doctoral levels, data were collected through surveys distributed on social media and via email. The data were analyzed using the SPSS 23 package, and in addition to descriptive statistics, ANOVA for repeated measures was used as a method of analysis.

While this is an ongoing research, preliminary results on 61 participants indicate that different psychotherapeutic approaches have varying impacts on different aspects of personality development. The findings indicate that there are significant differences between certain pairs of therapeutic approaches in the measurement of “growth and development,” but not between all pairs. Specifically, CBT and Humanistic Therapy are recognized as better for personal growth and development in comparison to Psychodynamic Therapy. However, there is no significant difference between CBT and Humanistic Therapy. Results also indicate a significant difference in psychotherapeutic approaches when it comes to the “deeper understanding of personality” and “practicality and goal setting”. CBT is particularly practical and effective in goal-setting, while Humanistic Therapy is more practical and effective in goal-setting compared to Psychodynamic Therapy. On the other hand, Psychodynamic Therapy is perceived as most interested in a deeper understanding of personality, while CBT is considered poor in this domain, according to our participants. In these preliminary results, there were no significant differences in the general attitude of students towards the different psychotherapeutic approaches. This suggests that while students recognize the varied impacts of each approach, their perceptions and acceptance of these therapies are consistent.

This research provides a deeper understanding of students’ perspectives, highlighting their beliefs about the effectiveness of each approach in different therapeutic domains. Furthermore, the research explores nuanced factors such as educational background that may influence students’ perspectives. By focusing on psychology students in Serbia, this research provides valuable insights into the preferences and perceptions of therapeutic approaches within a specific educational context, offering implications for education, training, and clinical practice in psychology. The conclusion is that important differences between these approaches in psychotherapy remain and it highlights the importance of individualized psychotherapeutic approaches that are tailored to specific needs. This can help us understand and contribute to improvements in training, education, and clinical practice in psychotherapy. Further research is needed to verify these findings and explore the mechanisms that drive these effects.

Keywords

Psychotherapeutic approaches , Cognitive-Behavioral Therapy, Psychodynamic Therapy, Humanistic Therapy

PS66 ICD-11 Personality Domains, Trait Mindfulness, and Quality of Life in the Context of an 8 Week Mindfulness-Based Stress Reduction Program

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Abstract

Background. Mindfulness-based interventions, such as the 8-week Mindfulness-Based Stress Reduction Program (MBSR), are among the most effective evidence-based interventions for improving quality of life (Grensman et al., 2018), while mindfulness tools are often implemented in the treatment of personality disorders (Sng, 2016). Although the scientific literature includes studies on personality traits and their association with mindfulness related characteristics (Tang & Braver, 2020) to our knowledge, there is no published research on the newly developed ICD-11 personality domains (Gecaite-Stonciene et al., 2021) and their links with trait mindfulness. Therefore, in the current study we aimed to (1) assess changes in quality of life before and after the 8-week online MBSR, and (2) to investigate the relationship between trait mindfulness, ICD-11 personality domains and quality of life.

Methods. The current study included 301 adult participants (94.6% women, 42±9 years), who attended a remote MBSR group during 2021-2024 in Lithuania. The certified mindfulness teachers invited group participants to complete the anonymous online survey before and after MBSR. The questionnaire included: (1) informed consent and socio-demographic questions (i.e., age, gender, education, marital status, professional activity, chosen formal practice and its duration, etc.); (2) the Five-Factor Personality Inventory for ICD-11 (PiCD) to assess personality domains such as anankastia, detachment, dissociation, negative affectivity, and disinhibition; (3) the World Health

Organization Quality of Life Questionnaire Brief Version (WHOQOL-BREF) to assess physical health, psychological health, social relationships, and environment; and (4) the Five Facet Mindfulness Questionnaire (FFMQ), measuring trait mindfulness characteristics including observing, describing, acting with awareness, non-judging, and non-reactivity. Correlational analyses and comparisons within groups (series of t-test analyses) were performed. Results. In the study participants that completed the questionnaire the second time ($n=51$), we found a positive change in all areas of quality of life after the MBSR group ($p<0.02$). Furthermore, after analyzing the responses completed before the MBSR ($n=301$), we found that trait mindfulness and almost all its characteristics were negatively associated with the ICD-11 personality domains negative affectivity ($r = [-0.305 \text{ to } -0.585]$, $p<0.001$), disinhibition ($r = [-0.207 \text{ to } -0.375]$, $p<0.001$), and detachment ($r = [-0.225 \text{ to } -0.469]$, $p<0.001$). Also, all quality of life areas were positively linked with trait mindfulness ($r = [0.291 \text{ to } 0.550]$, $p<0.001$).

Conclusion. The findings indicate a significant positive change in quality of life after the MBSR program in Lithuania. However, the major limitation was limited sample size, thus further study with larger samples is warranted. Furthermore, trait mindfulness was negatively linked with ICD-11 personality domains, such as negative affectivity, disinhibition, and detachment, which are known to be problematic in many personality disorders. These results may underscore the importance of studying ICD-11 personality domains and their interplay with mindfulness related aspects.

Keywords

ICD-11 Personality domains, trait mindfulness, MBSR, quality of life

PS67 Low-Intensity Cognitive Behavioral Therapy Interventions by Well-Being Advisors in Lithuania: Reducing Depressive and Anxiety Symptoms and Improving Subjective Well Being

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Abstract

Background. Mental and behavioral disorders are increasing, with one of the world's highest suicide rates linked mainly to depression in Lithuania (Gailienė, 2022). Improving the mental health situation in the country relies on robust health and social systems, ensuring timely, evidence-based support for those with psychological problems. However, scarce and expensive mental healthcare resources hinder the recruitment of specialists, especially in rural areas. To combat resource shortages and overmedication, some countries (Knapstad et al., 2020) train specialists in related fields to provide efficient, evidence-based consultations within a low-intensity Cognitive Behavioral Therapy (CBT) framework for early-stage depression and anxiety. Lithuania sought to adapt the good practices (Knapstad et al., 2020) by expanding mental health providers to include nurses, social workers, and public health specialists, aligning with the Europe 2020 strategy to reduce disparities in healthcare across regions. As a result, we aimed to develop and implement the new well-being advisor model and test its preliminary efficacy. Therefore, for this study, the goal was to evaluate the change in subjective well-being as well as depressive and anxiety symptoms after short-term low-intensity CBT interventions by well-being advisors in Lithuania.

Methods. The current study included data from 4221 clients (67.4% women, age 42.39 ± 14.44) who were consulted by 28 well-being advisors from 14 municipalities in Lithuania. All well-being advisors were trained and worked within the project during the period from July 2022 to April 2024. In addition to sociodemographic information, we collected data on subjective well-being using the WHO-5 Well-Being Index (WHO-5) (Topp et al., 2015), while depressive and anxiety symptoms were evaluated with the Patient Health Questionnaire-9 (PHQ-9) (Kroenke & Spitzer, 2002) and the Generalized Anxiety Disorder Questionnaire-7 (GAD-7) (Spitzer et al., 2006). All data were collected before and after the consultations.

Results. The average number of consultations was 4.53 ± 2.32 for one client. We found a significant difference regarding subjective well-being before (WHO-5 scores: 48.68 ± 17.55) and after (WHO-5 mean scores: 67.77 ± 16.95) the sessions ($t = -59.81$, $p < 0.001$). Further, there was also significant change in depressive (PHQ-9 mean scores 8.97 ± 4.58 vs. 4.39 ± 2.98) as well as anxiety symptoms (GAD-7 mean scores 8.96 ± 4.51 vs. 4.30 ± 2.93) after the low intensity CBT interventions provided by well-being advisors ($t = 63.57$, $p < 0.001$ and $t = 65.87$, $p < 0.001$, respectively).

Conclusion. The current study suggests significant changes in subjective well-being, as well as depressive and anxiety symptoms, after an average of 4.5 low-intensity CBT interventions delivered by well-being advisors in Lithuania. These results highlight the applicability and utility of low-intensity CBT interventions delivered by specialists in related fields with a relatively short amount of training.

Keywords

Depression, anxiety, CBT, well-being advisors, prompt mental health care

PS68 The effectiveness of mindfulness on depression, anxiety, and distress in cancer patients: A meta-analysis.

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Abstract

Background: Cognitive behavioral therapy or mindfulness can be used as supporting treatment in patients with cancer. These psychological interventions aim to reduce patients' stress and support their healthy emotion regulation and coping. This study aimed to evaluate the effects of mindfulness-based interventions on subjectively experienced distress, depression, and anxiety in the published literature. **Methods:** To conduct the meta-analysis, we searched PubMed, Scopus, PsycINFO, and Web of Science for clinical trials that used mindfulness or biofeedback in cancer patients published up to July 25, 2023. Eligible studies provided results on at least one of the studied outcome variables, applied the intervention to adult cancer patients during regular treatment, and had a control group with regular treatment only. Two researchers independently reviewed abstracts and full texts, extracted data, and assessed the risk of bias in Covidence. The meta-analysis was done using RevMan and CMA software. The study protocol was preregistered via PROSPERO (CRD42023450211). **Results:** The meta-analysis included 28 studies (2265 participants). Mindfulness interventions significantly reduced patients' distress, depression, and anxiety when compared to controls with effects at 1.9 SD or larger. Subgroup analyses indicated that interventions with standard protocols, those using a randomized design, and studies with women-only samples showed larger effect sizes. For anxiety reduction, the geographic region was also significant. The overall certainty of the evidence (GRADE) is limited due to considerable heterogeneity and a risk of bias in most studies. **Conclusions:** Mindfulness-based interventions seem to be effective in reducing distress, depression, and anxiety in cancer patients. Further randomized controlled studies are needed, as there is considerable heterogeneity in the present literature. More detailed subgroup analyses based on the diagnosis and disease stage would allow these interventions to be more optimized for patients with cancer.

Keywords

Mindfulness, cancer, depression, anxiety, distress

PS69 The Serbian Validation of the Co-Rumination Questionnaire

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Abstract

Co-rumination is an interpersonal construct that refers to extensive and repetitive discussion of problems within close relationships, with a focus on negative feelings. Previous studies show that co-rumination is positively related to anxiety, depression, and rumination (small to moderate effect sizes), but also to higher friendship quality, indicating that co-rumination may have both maladaptive and adaptive aspects. It has been predominantly studied in children and

adolescent friendships, but student samples and other relationships are also researched. The most frequently used measure is the Co-Rumination Questionnaire (CRQ, Rose, 2002). However, to date, there have been scarce and inconclusive findings regarding the factor structure of the CRQ instrument. Both the one-factor and hierarchical three-factor structure of the instrument have been reported. This study aimed to determine the factor structure, convergent and discriminant validity of the Serbian translation of the CRQ on an adult sample. Data was collected by convenience sampling of psychology students and the general adult population (N=304, Mage=31,5, women=86,8%). Subjects were asked to fill in the CRQ having in mind one of their best friends, a measure of friendship quality (MFQ-FF), coping strategies (CISS-21), emotion dysregulation (DERS), depression, anxiety, and stress symptoms (DASS-21), and ruminative thought style (RTSQ). Confirmatory factor analysis did not provide support neither for one-factor nor three-factor hierarchical solution. Exploratory factor analysis with Maximum likelihood extraction and Promax rotation method suggested a two-factor solution. The first factor is best described as Core co-rumination, containing items that refer to the co-ruminative way of talking about problems: repetitiveness, focusing on details and negative aspects. The second factor could be described as Prioritising problem talk - it contained items referring to prioritising and encouraging talking about problems. The two factors had different associations with other variables. The core co-rumination factor was significantly and positively related to difficulties in emotion regulation ($r = .27, p < .01$), anxiety ($r = .25, p < .01$), and depression ($r = .27, p < .01$), while prioritising problem talk was not. Core co-rumination also had higher positive correlations with emotion-oriented coping strategies (core co-rumination: $r = .40, p < .01$; prioritising problem talk: $r = .16, p < .01$) and ruminative thought style (core co-rumination: $r = .39, p < .01$; prioritising problem talk: $r = .20, p < .01$). On the other hand, prioritising problem talk was more strongly related to higher friendship quality (problem talk: $r = .47, p < .01$; core co-rumination: $r = .28, p < .01$). To summarize, core co-rumination factor seems to reflect the maladaptive aspect of co-rumination - it is related to difficulties in emotion regulation, internalizing symptoms and poorer coping strategies. Conversely, prioritising problem talk is more strongly associated with higher friendship quality and is not related to anxiety or depression, nor difficulties in emotion regulation. These results go in line with the notion of co-rumination being related to both positive and negative outcomes. Further research on the factor structure of the instrument is needed, employing different cultural and age samples, and also types of relationships.

Keywords

co-rumination, friendship quality, difficulties in emotion regulation, coping strategies, anxiety, depression

PS70 Virtual reality supporting the process of dialectical-behavioral therapy

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Abstract

Dialectical-Behavioral Therapy (DBT), developed by Marsha Linehan is a cognitive-behavioral treatment initially designed for individuals with borderline personality disorder (BPD). Over the years, it has been adapted for various other mental health conditions such as depression, anxiety, substance abuse, eating disorders and post-traumatic stress disorder (PTSD). DBT emphasizes the psychosocial aspects of treatment, focusing on skills training in areas like emotional regulation, interpersonal effectiveness, distress tolerance, and mindfulness. Despite its efficacy, traditional DBT can be challenging for some patients due to the need for significant self-motivation, the abstract nature of some skills, and difficulties in real-world application. The main goal of this research was to explore the integration of Virtual Reality (VR) into DBT, proposing that VR can enhance the therapeutic process by providing immersive, controlled, and replicable environments for skills practice and exposure therapy. VR technology offers an immersive experience that can simulate real-life scenarios, allowing patients to practice DBT skills in a safe and controlled setting.

In the context of emotional regulation, VR can simulate stress-inducing environments, providing a platform for patients to practice mindfulness and distress tolerance skills. By experiencing and managing simulated stressful situations, patients can learn to apply these skills in real-world contexts, potentially reducing the intensity and frequency of emotional outbursts. Additionally, VR can be used to practice and reinforce mindfulness techniques by offering virtual environments conducive to meditation and relaxation, such as serene nature scenes or calming guided visualizations. Exposure therapy, a critical component of DBT for treating anxiety and PTSD, can also be significantly enhanced through VR.

The incorporation of Virtual Reality into Dialectical-Behavioral Therapy holds significant promise for enhancing the therapeutic process. By providing immersive, controlled environments for skills practice, exposure therapy, and data collection, VR can help bridge the gap between theoretical skills training and real-world application. This innovative approach not only supports the efficacy of DBT but also enhances its accessibility, offering a promising avenue for improving mental health treatment outcomes.

Keywords

DBT, dialectical-behavioral therapies, virtual reality, third waves therapies

PS71 Underreported Addiction and Irrational Beliefs Associated with Lying

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Abstract

Objective: Despite their adverse consequences, addictive behaviors encompass repetitive actions such as manipulating, cheating and lying as substantial tendencies. Regardless of their frequency, both literature and clinical practice have established that those suffering from addiction tend to also underreport their addictive behavior. Rational Emotive Behavior Therapy (REBT), known for its integrative approach has been shown to be particularly effective in addressing addictive tendencies due to its ability to elucidate the role of irrational beliefs in addictive behaviors. Given this background, the aim of this study is to investigate whether underreported gambling behavior operationalizes irrational beliefs associated with the tendency to lie.

Method: The sample consists of 95 inpatients who underwent addiction treatment at the Clinic for Substance Disorders of the Institute of Mental Health, Belgrade, Serbia. They were administered the self-report version of the South Oaks Gambling Screen (SOGS) as well as the General Ability and Belief Scale (GABS). The attending clinicians evaluated their SOGS, which included additional information obtained from their family members, treatment cosponsors as well as blood and urine tests. An objective measure of lying was obtained from the differential scores of self-report and the clinicians' ratings (SOGS clinicians – SOGS self-report).

While the results indicate the clinicians' reports to be less socially-desirable than self-reports, the inpatients tend to underreport their gambling tendencies. The regression analyses show the GABS had significant impact in accounting for the differential scores. Those who scored higher on the tendency to lie also had a significantly higher demand for achievement and were more generally irrational. Their demand for comfort was only expressed weakly, thereby demonstrating that lying is linked to tendencies to take risks, cheat and manipulate. Moreover, it was found that those who prefer to not undergo stress, seek to ease their distress and remain in their comfort zone were also more honest. **Conclusions:** Our findings reveal that individuals who tend to minimize their gambling problems have lower scores on rationality, a greater need for achievement and a lower demand for comfort. Given these results, it might be concluded that a narcissistic tendency to seek achievement may also hinder any truthful presentation they undertake. General irrationality and the absence of the demand for comfort may therefore provoke dishonest relations.

Keywords

lying, underreporting addiction, irrational beliefs

PS72 Decreased oxygen saturation during sleep in an 8-week app-based mindfulness intervention: A smart-watch randomized controlled trial.

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Abstract

Objectives: In working women, the stress of the dual role of balancing family and work has a negative impact on their physical and mental health (Poms et al., 2016). Although they should get care service, general face-to-face intervention programs are too burdensome for healthy workers to implement for mental health prevention. Therefore, we adopted low-intensity intervention with a smartphone application to enhance accessibility.

Mindfulness-based Intervention (MBI) have recently been increasingly used clinical settings, and research regarding their effects on health has grown. With regard to the research aspect, the physiological effects of MBI evaluated from biological markers such as heart rate variability, heart rate, and respiratory rate have been studied (Rådmark et al, 2019). Whereas, few studies have addressed the effects on arterial and tissue oxygenations (Bernardi et al., 2017), and evaluated it from the perspective of sleep quality. Although, Bernardi et al. (2017), who have conducted one-time intervention in laboratory, have adopted a pulse oximetry to measure arterial oxygenation, they have not evaluated oxygen saturation during sleep. The current study aims to the continuous effect of our app-based MBI on oxygen saturation during sleep with a smart-watch among working women .

Methods: 47 healthy working women (mean age \pm SD 36.9 ± 10.8) fulfilling the conditions were included in the study. Each participant was provided a smart watch (Fitbit sense 2), which was linked to their mobile using the Fitbit app . The data of oxygen saturation during sleep was collected from the devise in the 8-week period. Participants were randomly assigned to either a mindfulness condition (n = 22) or a waitlist condition (n = 25). The study was approved by the Life Science Research Ethics and Safety, the University of Tokyo (reference number: 23-144, 23-227, 24-020) and registered in the University Hospital Medical Information Network (UMIN) Clinical Trials Registry (UMIN000051796).

Results: The 26 participants who were provided with the smart-watch and cooperated in data collection were included in the multilevel analysis (the intervention condition: n = 10; the control condition: n = 16). The multilevel model was adopted the method of Maximum Likelihood and linear mixed model. The interaction effect between the 56 days (longitudinal data) and intervention condition variable was significant ($p < .01$). When linear mixed model was conducted for each group, there was a significant decrease in the intervention group ($p = .04$), but no change in the control group ($p = .48$).

Conclusion: This smart-watch RCT trial revealed that the 8-week app-based mindfulness intervention reduced oxygen saturation during sleep in Japanese healthy working women. The present finding is novel with regard to decreased oxygen saturation during sleep, and almost consistent with the intervention study of Bernardi et al. (2017), which reported that the meditation significantly decreased oxygen saturation compared to baseline meditation. Future research should replicate these findings and mechanism of the continuous effect why decrease the oxygen saturation, and what contribute to mental health prevention for working women (This study was supported by JP19K03278, 22H01091, 22K18582, AL150003).

Keywords

App-based mindfulness, randomized controlled trial (RCT), digital biological marker (Smart-watch)

PS73 Overgeneral Future-Oriented Thinking in Swiss refugees

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Abstract

Introduction - Projecting specific and vivid future thoughts is crucial for emotional regulation, goal setting, strategy development, and forming future identities. Impairments in the specificity of prospective autobiographical memories (PAMs), often seen in individuals with depression or PTSD, are linked to overgeneral memory effects. This study explores the relationship between trauma exposure and the ability to generate specific PAMs in refugees arriving in Europe post-2015 migration crisis, a group exposed to severe and repeated traumatic events.

Method - This study compared the specificity of PAMs in 17 refugees with 16 Swiss non-French speakers matched by age and gender. Trauma exposure and PTSD symptoms was measured with traumatic events inventory, and post-traumatic symptoms self-report scales. Prospective memory specificity and fluency scores were obtained using the Future oriented version of the Autobiographical Memory Test and of the Verbal Fluency Test.

Results - Refugees shows higher levels of trauma exposure and post-traumatic symptoms than Swiss nationals and demonstrated significantly lower specificity and fluency in PAMs. No significant correlation was found between trauma exposure and PAM scores.

Discussion - Trauma experienced before, during, and after migration seems to be associated to a reduction in specificity and fluency of PAMs in refugees, potentially affecting emotional regulation and future goal-setting abilities. Further research with larger populations is necessary to replicate these findings and guide the development of effective memory specificity training that may aid refugee's resettlement process.

Keywords

Prospective memory, Future thinking, Refugees

PS74 The Impact of Cognitive Flexibility on Post-Traumatic Growth in Women Diagnosed with Breast Cancer

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Abstract

Background and Aim: Receiving a cancer diagnosis can be traumatic due to its association with death, slow progression, unclear cause, and stigma. Breast cancer, the most common cancer among women, impacts femininity and sexuality. Following such trauma, individuals may experience negative consequences like depression and PTSD, but also positive changes known as post-traumatic growth (PTG). PTG involves positive changes in beliefs about oneself, interpersonal relationships, and worldview. Cognitive flexibility is the ability to think about alternative solutions in problematic situations. This study aims to determine PTG levels in female breast cancer patients and examine the relationship between PTG and cognitive flexibility.

Methods: The study included 115 female patients who applied to the Medical Oncology and Radiation Oncology outpatient clinics between 01.12.2019 and 01.09.2021. Inclusion criteria were ages 18-65, at least six months since diagnosis, completed or not received chemotherapy and radiotherapy, and no brain metastasis. Participants completed a sociodemographic data form, PTGI, MSPSS, BDI, and BAI. Cognitive functions were assessed using the CANTAB.

Results: The mean age was 46.78 (± 7.90) years. 53.5% had low PTG levels. A significant difference was found between the occupational status of patients with low and high PTG levels ($p=0.008$), with a higher rate of working among patients with high PTG levels. Higher PTG levels were also found in patients who developed lymphedema ($p=0.004$). MSPSS total scores were higher in those with high PTG levels ($p<0.001$). Cognitive flexibility scores were significantly higher in patients with high PTG levels ($p=0.005$), while error rates were higher in those with low PTG levels ($p=0.028$). A one-point decrease in MSPSS total scores caused a 1.353-fold decrease in PTG levels ($p<0.001$), and a one-point decrease in cognitive flexibility scores caused a 1.016-fold decrease in PTG levels ($p=0.021$).

Conclusion: This study is the first to reveal the relationship between PTG levels and cognitive flexibility in breast cancer patients using computer-based cognitive tests. High PTG levels were found in 46.5% of patients. The higher rate of working among patients with high PTG levels may be related to more social support resources in their work environment. Regression analysis indicated that perceived social support is the most significant variable affecting PTG. Patients with high PTG levels had significantly higher cognitive flexibility, suggesting they can find alternative solutions more efficiently and act more flexibly in the face of traumatic changes. These findings highlight the importance of interventions and support programs aimed at enhancing cognitive flexibility.

Funding: This study was supported by the Eskişehir Osmangazi University Scientific Research Projects with the project number 202011A217.

Keywords

Breast cancer, post-traumatic growth, cognitive flexibility.

PS76 An integrated software platform for the automation of Cognitive Behavioral Therapy Sessions with real-time psychophysiological assessment

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Abstract

Software support for Cognitive and Behavior Therapies (CBT) can significantly improve the effectiveness, efficiency, and accessibility of mental health care and provide big data for personalization, monitoring of longitudinal trends, research and exploration of using artificial intelligence for improving CBT. We present an integrated software system

UbqExp designed for automation of clinical studies and support of real-time therapy sessions. UbqExp is the first system that provides support for real-time psychophysiological assessment of users during remote therapy sessions in person, two way live video chat sessions, or self-administered therapy sessions. Therapists define their own customized protocols that can be selected at the beginning of the session, customized questionnaires, and an active set of wearable physiological monitors during the session. All data, including physiological signals, real-time event annotations, notes, and session instructions are saved on the secure cloud server for postprocessing and development of Artificial intelligence analysis tools.

UbqExp has already been used for conducting studies at the University of Alabama in Birmingham with real-time physiological monitoring and supervised video sessions. The system was also applied to develop guided breathing therapies for stress reduction and improvement of the heart rate variability of users. By leveraging technology, the future enhancements of the system will provide automation and AI facilitated analysis for therapists and provide personalized, engaging, and cost-effective solutions that empower users to manage their mental health more proactively and effectively.

Keywords

Physiological monitoring, Telemedicine, Automation, Software platform, Artificial intelligence

PS79 Effect of Parents' Sleep Habits and Their Children's Behavioral Characteristics on Parents' Mental Health: Focusing on Differences by Child Developmental Stage

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Abstract

This study aims to determine the extent of parents' own sleep problems and sleep hygiene practices and the impact of their children's emotions and behaviors on the mental health of parents of school-aged children. An online survey was conducted with parents of children in elementary and junior high schools (ages 6–15) in Japan.

The survey items included demographic characteristics, sleep problems (Pittsburgh Sleep Quality Index; PSQI), child adjustment and mental health (Strength and Difficulties Questionnaire; SDQ), degree of sleep hygiene practices (Sleep Hygiene Practices Scale (SHPS)), and mental health issues, such as depression and anxiety (6-item Kessler Psychological Distress Scale; K6). A hierarchical multiple regression analysis was conducted with three groups of parents according to their children's grades (lower elementary, upper elementary, and junior high school), with K6 score as the objective variable and PSQI total score (Step 1), SHPS domain score (Step 2), and SDQ subscale score (Step 3) as explanatory variables. This study was approved by the Research Ethics Review Committee of Akita University.

The analysis showed that the model including the SDQ was significant for parents of children in lower ($n = 421$) and upper elementary grades ($n = 418$) (lower grades: adjusted $R^2 = .31$, $\Delta R^2 = .03$, $p < .001$; upper elementary grades: adjusted $R^2 = .35$, $\Delta R^2 = .03$, $p < .001$). The PSQI total scores and arousal-related behaviors (a SHPS domain), as well as the SDQ subscales hyperactivity/inattention ($\beta = .14$, $p = .005$) and peer relationship problems ($\beta = .10$, $p = .04$), were positively associated with K6 scores among parents of lower elementary school children. In addition, the PSQI total scores and arousal-related behaviors, as well as the SDQ subscale emotional symptoms ($\beta = .10$, $p = .08$), were positively associated with K6 scores among parents of upper elementary school children. Conversely, SDQ scores did not show a significant change among parents of junior high school students ($n = 430$).

Thus, in addition to parents' own sleep problems and sleep hygiene practices, the younger the child's age, the more their behavioral characteristics impacted parents' mental health. Therefore, support that considers children's emotional and behavioral problems according to their developmental stage, as well as assessment of their sleep habits, is necessary to improve their parents' mental health.

Keywords

Sleep Habit, Parents' Mental Health

PS80 A Study on Developing a Scale of Thought Patterns in Depression in Children and Adolescents

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Abstract

Adaptation of the Thought Patterns in Depression Scale for Children and Adolescents

This study aims to adapt the Hacettepe Depression Thought Patterns Scale (HDDKÖ) for the child and adolescent population. Depression in childhood can lead to emotional, social, and psychological regressions, laying the foundation for future difficulties. Therefore, it is crucial to measure depression in children accurately and reliably, and to take necessary precautions. While research to determine depression levels in adolescents and adults is common in our country, studies focusing on children and adolescents are insufficient. This gap hinders the application of cognitive behavioral therapies. This study aims to develop a thought patterns scale for depression in children and adolescents. The study sample consists of participants aged 8-18. Data were collected via the digital data collection platform Koç Qualtrics, with parental consent obtained online. Data collection tools included a demographic information form, ICD-10 Scale, Automatic Thoughts Questionnaire, and the Hacettepe Depression Thought Patterns Scale for Children and Adolescents (ÇE-HDDKÖ).

The study comprises four stages. In the first stage, experts evaluated the ÇE-HDDKÖ, resulting in the removal of 13 items. In the second stage, a pilot study was conducted with 164 participants using the revised 50-item scale, and the internal consistency coefficient was calculated as 0.958. In the third stage, an exploratory factor analysis led to the removal of 10 items, continuing with a 40-item form. The KMO value of the scale was found to be 0.957. In the final stage, the scale was administered to 1022 participants, and after excluding incomplete and erroneous data, analyses were conducted on a dataset of 540 participants. The internal consistency coefficient was 0.949.

The explanatory factor analysis of the final 31-item form revealed a five-factor structure explaining 61.288% of the total variance: "Self-Blame," "Pessimism," "Negative Interpersonal Relationship I," "Perfectionism," and "Negative Interpersonal Relationship II." The confirmatory factor analysis showed good fit indices ($\chi^2/df = 1.159$, RMSEA = 0.017, NFI = 0.987, CFI = 0.998, SRMR = 0.045, GFI = 0.991, AGFI = 0.989). The ÇE-HDDKÖ was determined to be a reliable measurement tool.

The study found that depression is prevalent among children and adolescents and is influenced by various factors. Depression significantly affects the thought patterns of participants. The effects of depression vary by gender and age, with boys and adolescents exhibiting more severe symptoms and negative thought patterns. Children diagnosed with depression had more negative thought patterns compared to the control group. As the severity of depression increased, more negative changes in thought patterns were observed. These findings highlight the importance of cognitive therapies and psychological support methods in the treatment of depression.

Keywords

Depression, Negative Beliefs, Thought Patterns, Child, Adolescent

PS81 Effects of Attention Training Technique in Patients with Schizophrenia with Auditory Hallucinations

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Abstract

Background: Attention Training Technique (ATT) is utilised in Metacognitive Therapy. Up to date, it has been researched primarily as a brief, separate intervention for various clinical populations. Additionally, studies in non-clinical populations explored potential mechanisms of this technique. At this point, there are evident effects of ATT on various outcome variables like anxiety, depression, stress levels, and repetitive negative thinking (RNT, i.e. worry, rumination, intrusive thoughts). There is also tentative evidence pointing to the utility of ATT in patients with experience of psychosis and persistent auditory hallucinations. Several case studies show the beneficial effects of ATT on hallucinations in patients diagnosed with schizophrenia. This study aims to test the effects of ATT on various outcome variables in schizophrenia patients and a matched control group.

Methods: The study was conducted as a double-blind, randomised controlled trial. Sixty-five patients with schizophrenia and current auditory hallucinations (SH), 70 patients without current auditory hallucinations (SN) and 70 demographically matched healthy controls (HC) were randomised to either receive eight sessions of ATT or sham ATT (placebo control condition) throughout a week. Measurements were conducted before the first and after the last session of ATT. The primary outcomes were measures of RNT (strategies subscale of Cognitive-Attentional Syndrome questionnaire, CAS-1), hallucinations (Revised Hallucinations Scale, RHS) and general psychopathology (Symptoms Checklist 27plus, SCL-27plus). Secondary, mechanistic outcomes were self-focused attention (Self-Consciousness Scale, SCS), metacognitive beliefs (Interpretation of Voices Inventory, IVI, Metacognitions Questionnaire, MCQ-30 and negative metacognitive beliefs subscale from CAS-1), attentional functioning, both self-description (Attention Control Scale, ACS) and auditory attention performance (dichotic listening). Analyses were performed with an ANCOVA, where post-pre differences served as outcome variables and pre-intervention (baseline) measures served as covariates. We analysed the main effects of intervention (ATT vs placebo) in three groups combined and performed planned analyses of the effects of intervention in subgroups.

Results: The analyses are underway, but preliminary results show that participation in ATT, compared to placebo, significantly reduces the severity of auditory hallucinations (RHS scores) and the severity of RNT in the SH group.

Discussion: Preliminary results of our study suggest that ATT has beneficial effects for schizophrenia patients, mainly those who currently experience auditory hallucinations, in levels of RNT and severity of auditory hallucinations. The observed outcomes are in line with previous studies showing the effects of ATT in patients with schizophrenia. Analyses are currently in progress, and the results described above are preliminary, with comprehensive results to be presented at the conference.

Keywords

metacognitive therapy, psychosis, hallucinations

PS82 Tourettism: A Contemporary Account.

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Abstract

Objective: We report an adult single-subject study of a patient referred to an outpatient neuropsychiatry clinic due to a tic disorder resembling Gilles de la Tourette Syndrome (GTS).

Background: Acquired Tourettism, or Tourettism, clinical terms adopted to avoid confusion with the more common idiopathic GTS, is characterised by tics, both motor and vocal, yet almost always having its onset in adulthood and being secondary to other underlying organic issues. Despite valiant attempts to understand the underlying features of this disorder in contrast to GTS, significant uncertainty remains. It is in this context that this abstract is based. That is, taken as a starting point is the premise that there remain features of tourettism that are distinct from GTS of which can lead to important advances in the field of explaining the clinical phenomenon and guiding treatment decision making.

Method: A sixty-two-year-old male with a symptom onset at fifty-three-years-old presented to a tertiary-care neuropsychiatry outpatient clinic. He presented with intermittent motor tics such as a head scratch like movement and a right foot stomp and phonic tics resembling vocalizations (a high pitched prolonged “ah”) and coprolalia. Although not in a constant combination or sequence, all tics lasted several seconds and increased with attention in intensity and frequency. At the end of a bout of vocal tics, the patient often appeared mortified and apologized for the occurrence. During intake assessment, attempts to distract the patient during a series of tics could interrupt a sequence of

vocalizations. Equally, temporarily (up to thirty seconds) and with significant restlessness, purposeful suppressibility of both the motor tics and the vocal tics was achievable. However, an inner tension of discomfort built up which was relieved only by a consistent and repetitive bout of the tics. Similar to other tic disorders, the frequency and intensity of his tics waxed and waned. At intake, a range of standardized instruments were administered. Administration of the Clinical Outcome in Routine Evaluation–Outcome Measure revealed a moderate score (i.e., 57) for psychological distress which covered four dimensions (i.e., subjective well-being, problems/symptoms, life functioning, and risk/harm). Further routine examinations (i.e., the Autism Spectrum Quotient-10 and the Attention Deficit Hyperactivity Disorder Self-Report Scale) were unremarkable. Administration of the Frost Multidimensional Perfectionism Scale revealed a high-range score of 91. Through subjective assessment, inconsistent clinical signs and symptoms (lack of premonitory sensations, lack of rebound phenomena, and ‘just right’ phenomenon) were identified. The patient’s history was unremarkable with respect to pre, peri-, and postnatal development. There was no family history of tics nor any other movement disorder.

Conclusion: Notwithstanding the limitations of a single-subject study design, the patient in question presents with a complex mixture of clinical signs of tourettism, supported by a variety of findings, but at the same time not warranting referral for a behavioural intervention (i.e., habit-reversal training) for the management of both his motor and vocal tics. We propose that future research should continue to document late-onset motor and/or vocal tics resembling GTS features whilst also studying the efficacy of potential interventions.

Keywords

Tic Disorder, Tourette Syndrome, Tourettism, Movement Disorder

PS84 Considering the Importance of Continuous Development in RE&CBT Education: Strategies for Maintaining Motivation and Engagement of Trainees at the Final Level of education, and the Impact on Personal Development

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Abstract

Continuous development and engagement of trainees during RE&CBT (Rational Emotive and Cognitive Behavioral Therapy) education are key pillars in the early stages of building a therapeutic practice. Through regular enhancement of knowledge and skills, as well as through personal therapy, trainees become more competent in psychotherapy. Interestingly, a very limited amount of research addresses this topic.

To modestly contribute to this field, this research focuses on final-level trainees (psychotherapists under supervision), examining their perception of competence during education, their motivation, and the efforts they make toward their professional development, as well as the challenges they face. Additionally, the study explores the application of RE&CBT in everyday life and the impact of RE&CBT education on personal development.

This research aims to identify the strategies and techniques used by trainees for their professional development and to analyze the impact of RE&CBT education and theory on their personal and professional growth. Special attention is given to understanding the link between continuous improvement of knowledge and skills on one hand, and their perception of competence, confidence, and overall growth in the field of RE&CBT on the other.

The research focuses on the individual experiences and perspectives of participants, providing them an opportunity to share their views, with particular emphasis on motivation, difficulties, and strategies they use to overcome these challenges. The chosen approach for analyzing the participants’ narratives is Interpretative Phenomenological Analysis (IPA). This research is exploratory, thus no hypotheses were predefined.

The analysis revealed that trainees’ perception of competence varies depending on their understanding of the issues clients present and the feedback they receive, primarily from supervisors but also from their peers. Most participants reported feeling more competent when following the steps and structure of the theory, while they encountered problems when clients required a more flexible approach.

One of the conclusions of this study is that there is a need for more informal education based on sharing experiences of seasoned therapists. As main resources for professional development, trainees cited reading literature, peer supervision with colleagues, and foreign “single-session therapy” formats.

Furthermore, although trainees frequently reported a positive impact of RE&CBT education on their personal lives and the application of RE&CBT philosophy in daily life, it appears that dedication to personal therapy could further enhance their professional development. This is supported by reports from the majority of participants who are undergoing personal therapy and believe it significantly aids their work with clients.

Finally, according to the results of this research, future efforts and improvements should be directed towards creating more informal educational approaches (e.g., single-session therapy with volunteer clients, webinars for trainees focused on specific topics) where trainees could learn from experienced colleagues and share their doubts with them. This could likely impact their perception of competence and the development of their personal therapeutic practice. Trainees could also gain knowledge on how to approach clients who require a more flexible approach and do not accept a clear structure, which is where trainees feel most comfortable at the beginning.

Keywords

RE&CBT training

PS85 Is there a role for Early Maladaptive Schema in sexual distress related to sexual function? Preliminary results of an exploratory study with a cross-sectional sample of adults in an exclusive dyadic relationship.

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Abstract

Introduction: Early maladaptive schemas (EMS) comprise patterns in how we see ourselves and our relationships with others and work as a framework that guides our interpretation of our experiences. They stem from our childhood and adolescence experiences and are central to understanding emotional and personality disorders. Therefore, they are a key component of schema therapy. Despite the theoretical and clinical relevance of ST in different emotional problems, EMS has been scarcely studied in relation to sexual problems, namely to the cross-diagnostic feature of all sexual dysfunctions: sexual distress related to sexual activity. In the present work, we aim to answer the following research question: Considering the 18 EMS, which are the best predictors of sexual distress related to sexual function after controlling for relationship satisfaction? **Method:** After receiving deontological approval, we launched an online cross-sectional study using the following measures: socio-demographic questionnaire (e.g., age); the Global Measure of Relationship satisfaction; the 18 EMS as assessed by the Young Schema Questionnaire Version 3 – Short Form (YSQ-S3) as independent variables; and the Problem distress subscale of the Sexual Function Evaluation Questionnaire (SFEQ) as a dependent variable. A total of 469 sexually active people in an exclusive dyadic relationship with a mean age of 38 years ($SD = 11.6$; Min- Max= 18-75) answered. All measures showed good internal consistency as measured by Cronbach's alpha. We used multiple hierarchical multiple regression analysis, Enter method to establish the significant predictors. **Results:** We assessed the ability of 18 EMS to predict levels of sexual distress related to sexual function after controlling for relationship satisfaction. We conducted preliminary analyses and ensured no violation of normality, linearity, multicollinearity and homoscedasticity assumptions. At step 1, we entered relationship satisfaction, which explained 7% of the variance. In the final model, with a total of 20% of the variance explained [$F(19, 450) = 6.07, p < 0.001$], only the control measure and the abandonment, vulnerability to harm/illness and subjugation EMS were statistically significant, with relationship satisfaction ($\beta = -.24, p < .001$) and the subjugation EMS ($\beta = .20, p < .001$) and vulnerability to harm/illness ($\beta = .17, p < .001$) recording a higher beta value than the abandonment EMS ($\beta = .13, p < .001$). **Discussion:** The preliminary results from our exploratory study suggest EMS should be considered in the assessment and, eventually, treatment of sexual distress related to sexual function. The preliminary final model includes relationship satisfaction, which suggests an integrative approach that considers the interaction of EMS and explores the current interpersonal intimate context and correlates of relationship satisfaction is needed.

Keywords

Sexual Distress; Early Maladaptive Schemas

PS86 Socioeconomic status as moderator of the association between mothers' emotion regulation and depressive symptoms during the COVID-19 pandemic

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Abstract

Background: The COVID-19 pandemic drastically altered the daily lives of families worldwide. Mothers, in particular, experienced significant distress, depressive symptoms, negative mood, and lower sleep quality during the pandemic. Depression among mothers may have been exacerbated by increased caregiving burden and household responsibilities, pandemic-related pregnancy stress, increased risk for domestic violence, and unemployment. Research suggests that emotion regulation (ER) is critical for determining how well individuals adapt to stressful conditions, including whether they develop depressive symptoms. Empirical evidence indicates it is adaptive for individuals to engage in the ER strategy of cognitive reappraisal to mitigate the risk of depression when they experience uncontrollable stressors. Cognitive reappraisal is an adaptive ER strategy that involves reframing negative situations more positively. Moreover, studies suggest that cognitive reappraisal might be especially crucial for alleviating depression in mothers with a lower socioeconomic status (SES). This result may reflect evidence that the challenges individuals face depend on their SES. Those from lower-SES backgrounds often encounter greater unpredictability (employment instability, housing insecurity, food insecurity) and have less control over resources to alter their surroundings than do individuals from higher-SES backgrounds; they, therefore, would benefit the most from engaging in cognitive reappraisal. It is, however, unclear whether the cognitive reappraisal was associated with mothers' depressive symptoms when facing COVID-19-related stressors and whether their SES moderated this association.

Objective: The purpose of the study was to investigate the moderating effect of SES on how mothers' tendency to use cognitive reappraisal influenced their mental health during the COVID-19 pandemic, as measured via their symptoms of depression.

Methods: Participants were recruited online from across North America to participate in this study. Data were gathered at the start of the COVID-19 pandemic in the spring/summer of 2020. Mothers with children less than 18 years old completed the Emotion Regulation Questionnaire (ERQ) to assess their tendency to engage in cognitive reappraisal, as well as the Beck Depression Inventory-II (BDI-II) to assess depressive symptoms.

Results: Linear regression analysis established that mothers' greater tendency to engage in cognitive reappraisal was associated with lower levels of depressive symptoms. On the other hand, mothers' SES did not moderate the association between cognitive reappraisal and depression.

Conclusions: Our results suggest that cognitive reappraisal is an adaptive emotion regulation strategy regardless of SES. In other words, even though individuals from lower SES might face more challenges, adaptive emotion regulation strategies continue to be helpful. Elucidating the associations between ER strategies and depressive symptoms during the pandemic highlights the critical role of cognitive reappraisal in shaping mothers' depression during periods of high stress. This research is essential as it may inform mental health interventions focusing on the adaptive use of ER strategies to mitigate adverse mental health effects among mothers from various SES backgrounds.

Keywords

emotion regulation, cognitive reappraisal, depression, mothers, COVID-19

PS87 Parents' experiences of change during parent training delivered after a report of child abuse

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Abstract

Objectives: Parenting programs based on social learning theory have been shown effective to prevent child abuse. However, low motivation to participate is a common challenge. There is also little knowledge about what specific improvements parents experience from taking part in such programs and a need to improve program effectiveness. The aim of this study was to gain knowledge about parents' experiences of participating in Safer Kids, a CBT-based parenting program delivered to parents reported for child abuse. Interviews were conducted with parents participating in a randomized controlled trial (RCT) evaluating the effectiveness of Safer Kids.

Method: Interviews were conducted with 15 parents who participated in the Safer Kids RCT. Participants were recruited from the social services in Swedish municipalities. Parents had been reported for physical or emotional abuse of a child 2-12 years old. A semi-structured interview guide was used and data was analyzed with reflexive thematic analysis.

Results: Analyses generated themes relating to parents' experiences of why they took part in the program, change processes, and improvements: Mindful parenting – Improved presence when being with their child and an increased ability to take the child's perspective; Confidence to face challenges – Improved ability to regulate one's own and the child's emotions; Enjoying the relationship – A stronger parent-child relationship characterized by more joyful interactions; The desire to improve parenting strategies – Wanting to improve parenting competence was both a reason to participate and developed during the course of the program.

Conclusions: Parents reported satisfactory experiences from the program and that the content was useful for them in their daily life. Several improvements were described. An ability to direct attention to the present moment seemed crucial for improving emotion regulation and parent-child relationship quality, which could be important to reduce harsh parenting. A general desire to improve as a parent seemed to be the main reason to participate.

Recommendations or takeaway points:

- Parents seem to be satisfied with Safer Kids and experiencing meaningful improvements.
- Parents describe improvements in their ability to regulate both positive and negative affect, and to be present in daily life.
- To describe parent training as a way to generally improve parenting competence could be helpful to motivate abusive parents to participate.
- The results can generate hypotheses for future quantitative studies on potential mechanisms of change.

Keywords

Abuse; parent training; child abuse; child protection

PS88 Psychotherapy by video versus at the office: The Covideo study

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Abstract

Introduction

The Covideo study is a randomized nationwide multicenter study with non-inferiority design of psychotherapy for social anxiety disorder in youth, delivered online by video or at the clinicians office.

Background

At the start of the Covid pandemic clinicians were locked out from offices, having to learn video systems to reach clients.

In a survey one month later, 73% were quite or very satisfied with video, but there is little empirical evidence for its use.

Aims

The study aims to provide empirical support for the use of psychotherapy by video for youth in three work packages:

WP1. Effectiveness: Is video therapy non-inferior to office therapy?

WP2. Attractiveness: Is video attractive to youth and therapists?

WP3. Sustainability: Are emissions and costs lower for video?

Sample

Two hundred youth, with a primary diagnosis of social anxiety disorder, 14-18 years, are recruited from clinics or schools. Exclusion criteria are autism, learning disability, severe depression, psychosis and more than 20% absence from school.

Therapists

Twentyfour clinicians are recruited from primary and secondary mental health services at four centers across Norway.

In a pilot stage of the study they receive training and supervision for one patient treated by video and one at the office.

Intervention

The CT-SAD-A has 14 weekly individual 90-minutes sessions and a booster session six months later.

Outcomes

WP1: Response and remission. WP2: Qualitative interviews. WP3: Client reports and registers.

Assessments

WP1: Pre/post and after 2 and 4 years.

Inclusion period

2023 - 2025.

Funding

The national Klinbeforsk program.

Keywords

cognitive, screen, video, effectiveness, acceptability, sustainability, RCT, youth

PS89 Social Anxiety and sensitivity to loss of belongingness and status

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Abstract

Evolutionary models suggest that social anxiety (SA) is associated with sensitivity to status loss (humiliation) and affiliation loss (exclusion). These models make several additional predictions concerning the strength and specificity of the association between post-event distress (PED) following these losses and SA. First, the strength of this association is postulated to be uniquely related to SA. Second, for status-loss events, the strength of the association is postulated to be enhanced in men, especially following status losses inflicted by other men. We examined these predictions in six online samples: four concerning humiliation (total N = 1123) and two concerning exclusion (total N= 522). In all studies, participants recalled social loss events and rated the emotional and distressing impact of these experiences.

Our findings were consistent with evolutionary predictions. SA was associated with PED following social status-loss events and affiliation-loss (exclusion) events above and beyond the association with other relevant psychopathologies (depression, generalized anxiety). The PED-SA association following status loss events was stronger in men than in women. Moreover, the SA-PED association following status loss was especially enhanced following intra-male, compared to intra-female and inter-gender status losses. These relationships were not observed with respect to exclusion events. Our data highlights the significant impact of socially stressful events and delineates the scarring signature of such events in SA.

Keywords

social anxiety, social stress, post-traumatic distress, evolutionary theory

PS90 Control Beliefs and The Sense of Social Agency in Depression: Dysphoric Individuals Fail to Benefit from Social-Control Beliefs

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Abstract

The capacity to experience ourselves as initiators and masters of our actions and their consequences – the sense of agency (SoA) – is inherent to the human condition and appears to be closely tied to the more global and multilevel cognitive construct of control. Both SoA and control were documented as reduced in depression, according to some contemporary findings for SoA and the decades-long literature for control. So far, studies examining both the agentic experience and control beliefs in depression were mostly based on explicit judgments and self-reports, drawing heavily on the participants' inner-models and perceptions, rather than on their unbiased and ecological experiences. Moreover, the few studies addressing SoA and depression have mainly focused on non-social settings, even though depression is theorized as a phenomenon strongly-rooted in social and social-evolutionary factors.

Given the inherently social nature of the depressive experience - examining agency and control beliefs in social settings is likely to activate and realize a context particularly vital to the depressive experience. To that end, we aimed to evoke vicarious SoA (sense of agency through another) for the social experimental condition, comparing its interaction with depression to the effect of the non-social condition. Depressive symptoms were measured with the BDI-II questionnaire, dividing the sample to a non-dysphoric group ($BDI \leq 9$) and a dysphoric group ($BDI \geq 13$).

We conducted an online experimental study ($n = 202$ for the final sample; all BIU students participating for credit) assessing the agentic experience in a social, as well as non-social, context, using a novel version of an intentional binding task. For the social-context condition, our task utilizes a social manipulation leading participants to believe they are interacting with a conspecific and leading their actions, while the non-social version was essentially similar - only without the manipulation creating the impression of another individual that follows the participants' lead. We found a main effect for context/condition showing that intentional binding (i.e., SoA intensity) was significantly stronger in the social context compared to the non-social one ($p < 0.000$), and that this socially-enhanced agency was confirmed only for non-dysphoric individuals – so the expected interaction effect was seen in the results as well ($p < 0.05$). Unlike a few other recent studies examining SoA and depression, no main effect for depressive symptoms.

These findings support the notion that individuals with higher depressive-symptoms experience difficulties to benefit from social-power and social-agency aspects, as well as control beliefs. Although the social (vicarious) agency manipulation realized higher SoA for the dysphoric compared to dysphoric SoA in the non-social condition – this was non-significant in post-hoc tests. Therefore, these findings join the long line of research regarding depressed individuals' difficulties in benefiting from social factors that non-depressed easily "pick the fruits" of, while bringing about a novel finding – the difficulty of experiencing enhanced social sense of agency evoked by control-belief manipulation. Implications for the understanding of control beliefs and SoA in depression are discussed, as well as implications for future research and clinical thinking.

Keywords

Sense of Agency, Control Beliefs, Depression, Social Psychology, Cognitive Psychology

PS91 Practice of European CBT psychotherapists with LGBT clients

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Abstract

The aim of this study was to see how well are CBT psychotherapists informed about issues of LGBT population and to investigate if they feel comfortable treating these clients. The second aim was to examine attitudes towards this population and how they are affecting psychotherapy practice. We also gave respondents 4 vignettes to determine if the therapist was doing something wrong in hypothetical cases when working with LGBT clients. The four issues were assuming heterosexuality of the client, assuming sexual orientation was the cause of client's depression, assuming that a bisexual person is actually gay and spending multiple sessions in which the client educates the therapist about transgender issues. Research was done on a sample of 101 therapists and psychotherapy trainees (83% of which identify as heterosexual). Results show that 63% of respondents have experience in working with this population and that 98% would accept working with these clients. The respondents seem interested in problems of LGBT clients but a third of them say that in reality they are little informed about their issues. The biggest hurdles they see in this work are anxiety about saying the wrong thing, inexperience and overcoming unintended micro-prejudice. For all of the vignettes the participants mostly agreed that the therapists made a mistake.

Keywords

LGBT, CBT therapists, attitudes, vignettes

PS92 The role of irrational beliefs (REBT) in intentional nonadherence to medical recommendations

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Abstract

Irrational beliefs are the main theoretical construct of rational-emotive and behavioral therapy (REBT), referring to beliefs that are rigid, extreme, inconsistent with reality, illogical, and maladaptive for the person endorsing them. Though endorsing irrational beliefs leads to various maladaptive behaviors (e.g. procrastination or avoidance), there is scarce data on their role in unhealthy behaviors. Intentional nonadherence is a new construct (Purić et al., 2023) that refers to a general tendency to not adhere to official medical recommendations, among the general population. It comprises self-medicating, avoiding medical appointments, and rejecting or changing the prescribed therapy. This behavior can have serious health consequences for the individual and the society - we know that antimicrobial resistance is one of the top 10 global public health threats according to WHO. In a wider project on health behaviors (REASON4HEALTH), we found that intentional nonadherence is widespread. In this paper, we investigated the role of irrational beliefs broadly defined, in predicting intentional non-adherence. Therefore, besides REBT irrational beliefs, we included conspiracist beliefs, magical health beliefs, superstition, and extrasensory perception. These beliefs refer to socially developed and shared ideas that lack an evidence base or contradict established scientific principles. We report data from three samples (a community sample from Bosnia and Herzegovina, N 1 = 530; a quota sample from Serbia N 2 = 265; and a representative sample from Serbia, N 3 = 1003). REBT irrational beliefs were correlated with intentional nonadherence in all three samples (from .08, $p < .05$ to .22, $p < .001$). We conducted hierarchical regressions

to investigate whether irrational beliefs predict intentional nonadherence above sociodemographic variables and self-perceived health status entered in the first block and experiences with and/or trust in the medical system entered in the second block. REBT-derived irrational beliefs were entered into a block alongside other irrational beliefs. The latter refers to socially developed and shared ideas that lack an evidence base or contradict established scientific principles. Due to the large scale of the project, REBT irrational beliefs were measured with a very short 6-item scale (Owings et al, 2013). In samples 1 and 2 the irrational beliefs block made a significant incremental change, and specifically, REBT-derived irrational beliefs were a significant predictor of intentional nonadherent behavior (β s were .12, $p < .01$ in sample 1 and .17, $p < .01$ in sample 2). Our data offers preliminary evidence for the role of REBT irrational beliefs in nonadherent behavior, suggesting the possibility of preventive medical programs. Future studies should include the long version of the measure of irrational beliefs, and seek to refine the evidence for specific irrational beliefs (e.g. frustration intolerance).

Keywords

irrational beliefs, REBT, intentional nonadherence to medical recommendations (iNAR), health behaviors

PS93 4P Model of an adolescent with sexual orientation obsessions: a case report

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Abstract**INTRODUCTION**

Obsessive-compulsive disorder (OCD) is a disabling condition estimated to affect 1% to 3% of individuals throughout their lifetime. This psychiatric disorder is characterized by obsessions and compulsions, which consume a significant amount of time and lead to notable distress and impairment. Obsessions refer to intrusive and repetitive thoughts, urges, or mental images that are challenging to control. With the intensified public awareness and media coverage of issues concerning gender identity and gender incongruence, distinguishing true gender dysphoria or incongruence from the sexual obsessions of OCD is especially important.

CASE

A 17-year-old male patient without any history of psychopathology was admitted to our outpatient clinic with complaints of severe anger crises triggered by seeing his father or even just hearing his voice, accompanied by feelings of malaise and emptiness and suicidal thoughts. When the history was elaborated, it was learned that he had thoughts that his sexual orientation had changed in the last few weeks and that he had recurrent disturbing thoughts that his father's looking or touching him indicated that this situation would never be the same again. These thoughts had been haunting him for most of his daily life and to test these thoughts, the patient had been checking whether he was aroused by looking at certain images and checking himself in the same way when he was with his girlfriend. It was learned that the patient self-harmed himself by cutting his hand with a knife after an argument with his father. As a result of the history taken from the patient and his mother and mental status assessment, the patient was diagnosed with OCD and CBT and concurrent medical treatment was started. Sertraline 50mg and Risperidone 0.5mg was started and increased to Sertraline 200mg and Risperidone 1mg. Although his depressive mood and self-harm thoughts regressed significantly, his obsessive thoughts did not respond adequately to medical treatment. During the follow-up period, his thoughts and expressions of anger changed from his father towards his brother, his friends and even his employers. Although he could not get rid of his obsessive thoughts, his avoidance behaviors such as smoking, alcohol use, pornography addiction and anger expressions improved.

The patient was exposed to many challenging life experiences such as witnessing the death of a childhood friend, migration to another country, peer bullying and domestic violence. The patient's grandmother had a history of contamination OCD, suggesting a genetic predisposition. The patient has an unstable school and worklife which makes it difficult for the patient to establish a healthy life routine and fight against OCD and other addictions. On the other hand, the patient's compliance to therapy and his insight are factors that affect the patient's prognosis well.

DISCUSSION

With this case, we wanted to present an example of sexual orientation OCD, which is a rare form of OCD. We tried to address the factors affecting the emergence and course of the disease. More studies are needed to differentiate sexual orientation OCD from gender dysphoria and to intervene with the right approach.

Keywords

obsessive-compulsive disorder, sexual orientation, formulation

PS94 Culturally adapted cognitive-behavioral group therapy plus problem solving training for mental disorders in refugees: a multicenter randomized-controlled trial

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Abstract

Introduction

Since a high proportion of refugees in Germany suffer from a broad range of mental disorders, transdiagnostic treatments are needed that target a broad range of symptoms. There is much evidence for the efficacy of culturally adapted cognitive-behavioral therapy (CA-CBT). Based on the promising results of CA-CBT in pilot studies, the combination with problem solving training (CA-CBT+) represents a novel approach that potentially improves the refugees' ability to cope actively with psychosocial problems. A randomized-controlled multicenter trial was conducted evaluating the efficacy of CA-CBT+ compared with treatment as usual (TAU) in a sample of refugees suffering from at least one DSM-5 disorder.

Methods

130 adult refugees with at least one primary DSM-5 diagnosis were allocated to CA-CBT+ or TAU. Refugees came from Afghanistan (59%), Iran (20%), Syria (9%), Iraq (4%) and other, mainly African countries (8%). CA-CBT+ consisted of 12 weekly group sessions providing psychoeducation, techniques of emotional regulation, stretching and problem solving training. Primary outcome was treatment response as defined by a clinically significant change in General Health Questionnaire score at post-treatment. Secondary outcomes comprised changes in psychopathological symptoms, somatic symptoms and quality of life. Follow-ups have been scheduled for 3 and 9 months after treatment.

Results and conclusion

After treatment, there was a significant superiority of CA-CBT+ as compared to TAU (63,3 vs. 40%). Furthermore, significant and substantial effects were observed in psychopathological distress, depression, symptoms of PTBS and quality of life. Furthermore, there was a significant interaction with gender, indicating that male refugees showed very strong effects in CA-CBT+ vs. TAU, whereas women did not differ between both conditions. The results support the important role of CA-CBT+ in the implementation as a stepped care component in mental health care for refugees in Germany.

Keywords

Refugees, cultural adaptation, CBT, trauma, depression

PS95 Process-based therapy: a new approach to personalized assessment and treatment

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Abstract

The process-based approach offers a new conceptualization of personalized assessment and treatment planning. A key element of this concept is the view that the cause of mental health problems cannot be explained by the latent disease model but should be conceptualized as dynamic networks of individual psychological processes.

One of the innovative components of process-based therapy is that the hypothetical model of the disorder, derived collaboratively by therapist and patient in the initial treatment sessions, is tested empirically. This is achieved using ecological momentary assessment in the real-life context of the patient, based on a smartphone app allowing for personalized items. To reduce the burden of daily EMA, assessment is restricted to a limited number of variables. Patients are instructed to enter ratings of these variables several times a day in relevant situations related to their individual problems. Furthermore, to avoid an exclusive focus on psychopathology and increase the variance of variables, ratings are given not only on negative aspects but also on the positive pole of the dimension (e.g., avoidance vs. approach behavior, dysfunctional cognitions vs. adaptive appraisal, etc.). After collecting a sufficient number of negative and positive ratings, data are analyzed using dynamic network analyses, and central factors ("nodes") maintaining maladaptive networks are identified. These "nodes" serve as targets for the implementation of interventions. In addition, treatment planning is refined by matching interventions to the central node of the individual patient based on the active ingredients rather than considering the global efficacy of treatment packages (e.g., cognitive reappraisal vs. cognitive therapy, behavioral activation vs. CBT). The empirical basis for evaluating the effective components of an intervention is provided by research on mediators. If there is evidence that a specific mediator explains

the effectiveness of a certain intervention, then the intervention will have a strong effect on the central nodes of the pathological network. Additionally, to assess change processes, daily measurements of the central node are conducted.

Clinical case descriptions are presented to demonstrate the feasibility of process-based therapy, including dynamic network models and algorithms for treatment decisions. Furthermore, future applications of using artificial intelligence and big data to improve the prediction of network changes are discussed.

Keywords

process-based therapy; ecological momentary assessment; dynamic network analysis; active ingredients

PS96 The Role of Irrational Beliefs in Diabetes Distress

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Abstract

Background: Empirical and clinical evidence indicate that negative emotions associated with diabetes can significantly impair the quality of life for those affected. Emotional challenges that arise from managing the demands of living with the disease has been recognized as diabetes distress, where distress about stigma, healthcare provider and interpersonal issues have been identified as some of the most important aspects. Distress about stigma refers to the disease related shame and feeling that it needs to stay hidden from others. Distress about healthcare provider encompass the perception of lack of the authentic caring human relationship with their doctor. Distress about interpersonal issues involves the perception of lack of care and understanding from one's own family and friends.

The Aim: The aim of the study was to determine irrational beliefs related to distress about stigma, distress about healthcare provider and distress about interpersonal issues in patients with type 2 diabetes.

Methods: Total of 313 respondents with type 2 diabetes aged 30-83 years from Serbia participated in the study. A cross-sectional design was applied using an online questionnaire and convenience sampling procedure. Irrational beliefs were measured using the Shortened General Attitude and Belief Scale (SGABS) and perception of relationships with healthcare professionals and friends and family and shame related to the disease were assessed by Type 2 Diabetes Distress Assessment Tool (T2DDAT-Sources). Multivariate regression analysis was employed.

Results: People who experienced more stigma due to their condition ($\beta=.52$, $p<.001$) and felt they lack support and understanding from their healthcare professional ($\beta=.33$, $p<.001$) were more prone to self-downing. Respondents who believed they lack support and understanding from their friends and family had more pronounced need for approval ($\beta=.22$, $p<.05$) and were more inclined to others-downing ($\beta=.18$, $p<.05$).

Conclusion: Understanding the relationship of self-downing, others-downing and need for approval with the aspects of diabetes distress can inform interventions aimed at reducing suffering and improving overall well-being in individuals with diabetes. Strategies focused on unconditional acceptance may help mitigate diabetes distress and improve quality of life of people suffering the disease. In addition, our findings indicate the need for certain public health interventions such as inclusion of health psychologists in diabetes counselling centre activities and provision of communication skills training for endocrinologists and diabetologists.

Keywords

Irrational beliefs, Diabetes distress, Type 2 diabetes

PS97 Brief CBT for eating disorders (CBT-T) is a case of protocol adaptation for anorexia nervosa in a teenager with low weight and in combination with SSRIs.

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Abstract

Introduction

Brief CBT for eating disorders (CBT-T), authors Waller, G. et al. is designed for adult patients without body weight deficiency. There is no special selection of patients, cases of bulimia nervosa and anorexia nervosa, binge eating disorder, and other specific eating disorders can be included.

The exclusion criteria are the absence of active forms of suicidality or serious self-harm. Adherence is about 90% and is well received by patients, as it is more flexible and much cheaper [Hoskins et al. 2019]. Also effective as 20 sessions of classic CBT-E [Signorini et al. 2018; Turner et al. 2015]. However, the demand for therapy for eating disorders exceeds available resources and patients, including those with a body weight deficit, have to wait for long time, and weight continues to decrease. This may justify the use of CBT-T for patients with, but subject to additional conditions. Materials and methods

A male teenager, 14 years old. Diagnosis: F50 Anorexia nervosa. Complaints: low mood, increased anxiety; obsessive thoughts about the calorie content of food, about body weight, about losing weight; considers himself "fat" — he does not like cheeks, stomach, buttocks.

From anamnesis: during the pandemic, due to the quarantine of the school and gym, he stopped exercising and spent more time at home at the computer, it began to seem that he "got fatter"; height / weight at that time 172 cm / 59 kg, BMI 19.9; began to limit the amount of food and its calorie content to 800 kcal. per day due to carbohydrates and fats, ate three times a day, counted calories in all foods, weighed himself daily; lost 13 kg of weight in six months, at the time of therapy height / weight 172 cm / 46 kg, BMI 15.5 kg; the level of motivation for treatment and recovery is high, looking for help.

Used: Clinical Interview (ICD10); EAT26 and ED-15 tests; Nutrition diaries; Weight chart.

Result

Therapeutic interventions:

Psychopharmacotherapy — Sertraline 100 mg per day.

Phase 1. Early nutritional changes and exposure, sessions 1-4.

Phase 2. Behavioral experiments and cognitive restructuring, sessions 3-7.

Phase 3. Working with emotional triggers, sessions 5-7.

Phase 4. Working with body image, sessions 5-9

Phase 5. Prevention of relapses, sessions 9-10

Follow-up consultations in 1 month and 3 months.

At the end of therapy: eats five times a day, tries not to fix on portions and calorie of food, focuses on hunger and satiety; weighs himself once a week (so as not to go into weight deficit again); height / weight 173 cm / 56.4 kg, BMI 18.85— weight gain 10.4 kg by week 9-10 of therapy;

Conclusion

This case showed the effectiveness of the use of Brief CBT for eating disorders for a teenager with a weight deficit and high motivation for treatment and recovery and in combination with SSRIs. This justifies the further study of the effectiveness of this protocol on a wider sample of adolescent patients with weight deficiency, provided they are highly motivated and possibly in combination with SSRIs.

Keywords

Eating disorders. Anorexia nervosa and bulimia nervosa. Adolescents with body weight deficit. Brief CBT for eating disorders (CBT-T).

PS98 Preliminary Psychometric Analysis of the Emotional Needs Scale

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Abstract

Attending to universal human needs is an integral compound of psychotherapy. According to the biopsychosocial and contextual pressures model, several emotional needs require modulation for individuals to achieve adequate levels of psychosocial functioning and mental health. However, a coherent assessment measure is lacking to assess these needs. Therefore, this poster describes the preliminary Emotional Needs Scale (ENS) developed, Exploratory Factor Analysis (EFA) and correlational analysis. Standard procedures were used for item development. Individuals (N=327) answered several questionnaires in a cross-sectional design. Nine emotional needs emerged through EFA: stability and nurturance, development and autonomy, acceptance and emotional fulfillment, expression and spontaneity, worth and self-coherence, internal limits and modulation, social pleasure and compassion, reciprocal fairness and justice, cognition and meaning. Almost all emotional needs correlated negatively with psychopathological symptoms measured with the Brief Symptom Inventory (BSI-53). Results suggest that the ENS may become an accurate instrument for emotional needs assessment. Nevertheless, more research is required to explore scale features with similar constructs in other samples.

Keywords

emotional needs scale; exploratory analysis; correlational analysis

PS99 Assessing the Integration of Cognitive Behavioral Therapy Education in Turkish Undergraduate Psychology Programs

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Abstract

Cognitive Behavioral Therapy (CBT) is globally used for addressing maladaptive thought patterns and behaviors assisting individuals who experience psychological distress. It is a significant component of psychology education and practice in Turkey, comparable to how it's applied globally. University programs, clinical training, psychotherapy, specialized training and supervision are examples of how CBT is applied into the field of psychology, both in education and professional contexts in Turkey.

This study aims to assess the prevalence of CBT education in Turkish undergraduate psychology programs and adhere to which extent the CBT courses meet international standards. Specifically, by analyzing the ratio of how many Turkish universities offer CBT integrated programs, where universities are spread out geographically, and how closely the course curriculums align to international criteria. The study will explicitly focus on 18 universities, which are accredited by the Turkish Psychological Association (n=18). This ensures that the examined universities have a baseline of professional licensure and recognition of educational quality.

Universities in Turkey which integrate CBT into their curriculum ensure that students receive evidence-based methods. Turkish universities can promote cultural sensitivity in therapy for mental health issues by teaching psychologists CBT in a Turkish context. Trained CBT practitioners can effectively address prevalent problems like anxiety, depression, and trauma. The structured CBT education meets certification and licensing requirements of professional organizations such as the TPD and TACBT. Turkish universities are investing in society's mental health by emphasizing CBT in their curricula.

Yet, there is still a lack of information on the incorporation of Cognitive Behavioral Therapy (CBT) in psychology programs at universities in Turkey. This research will address this gap by examining the curricula of undergraduate psychology programs at 18 universities accredited by the Turkish Psychological Association (TPD) to assess the prevalence, content, and emphasis on CBT-related courses.

Results indicate that only three universities offer specific courses on CBT, while others mention CBT in broader courses like Selected Topics in Clinical Psychology and Family Therapies.

Challenges were encountered in obtaining detailed curriculum information from some universities. This analysis aims to provide insight into the current status and significance of CBT education in Turkish psychology programs.

In order to understand how Cognitive Behavioral Therapy (CBT) is integrated into undergraduate psychology education in Turkey, this study examines the following inquiries:

- The presence of CBT-specific courses in accredited Turkish undergraduate psychology programs.
- The emphasis on theoretical understanding, practical application, or an integrated approach to CBT in these programs.
- The alignment of CBT curricula in Turkish universities with international standards for CBT education.
- The challenges in implementing comprehensive CBT training across diverse regions in Turkey.

The study sheds light on the current status of CBT education in Turkey, revealing that only a few universities offer dedicated CBT courses, while many incorporate CBT into broader therapeutic courses. This highlights a potential gap in focused CBT training. Addressing these shortcomings is crucial for bringing Turkish psychology programs in line with global standards and improving mental health services.

Keywords

psychology, syllabus, cbt

PS100 Case Report: OCD In A Homosexual Adolescent

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Abstract

Abstract: Obsessive-Compulsive Disorder (OCD) is a psychiatric disorder included in the DSM-5 Obsessive-Compulsive Spectrum Disorders. The main OCD symptoms include intrusive thoughts (obsessions), and ritualistic behavior (compulsions). Obsessions are unwanted, intrusive, recurrent thoughts or impulses associated with significant distress. Compulsions are excessive or unrealistic repetitive behaviors reinforced by escape from obsession-related distress. Obsessions in OCD are typically ego-dystonic, i.e., inconsistent with an individual's self-image, values, and beliefs. Sexual orientation-based OCD has become a well-investigated form of OCD doubt, and is characterized by repetitive, intrusive, ego-dystonic thoughts about sexual orientation, often accompanied by reassurance seeking, and ritualistic verification of a patient's sexuality.

Case: Mr. F. is a 17-year-old biological male, a high school senior. 4 years ago, during the Covid-19 pandemic, he received psychopharmacological treatment for a year due to his obsession with cleanliness and contamination. The reason for applying to our clinic was that he had obsessions about his sexual orientation. The young man, who stated that he was a homosexual, stated that he had been disturbed by doubts and compelling thoughts about being a pedophile for about 3 months. He expressed that if he sees a child somewhere or hears a child's voice, he wants to cover his ears and get away from the environment. He stated that since the Child Psychiatry outpatient clinic in our clinic is located within the Children's Clinic, he always had to listen to music in the background with his headphones during the interview. He stated that he tried to get rid of doubts about his sexual orientation by going to girls' gyms from time to time to test whether he liked the opposite sex, and that when the female students in his class touched him, he thought about whether he liked them or not, and that he was disturbed by these thoughts. Mr. F. completed the Yale-Brown Obsessive-Compulsive Scale (Y-BOCS) checklist in clinic, score was 21. It was revealed that he had religious obsessions as well as sexual orientation obsessions (he stated that he was an atheist, but at times he had doubts about his belief). CBT and psychopharmacological treatment were planned for the patient.

Discussion: Sexual orientation-related obsessions might serve as a "template" for understanding how transgender identity can also be a topic of OCD-related doubt. Obsessions about sexual orientation are often "classified" as unacceptable or taboo obsessions because they load predominantly onto the corresponding factor in factor analytic studies. Compared to patients with OCD who do not have sexual orientation-related obsessions, those with such obsessions report significantly more distress and interference from obsessions, as well as greater proneness to avoidance. In our case, responses to sexual orientation-related obsessions are observed, such as avoiding specific situations that may trigger the obsessions and behaviors that "test" the person's sexual orientation. Mental health professionals play a central role in distinguishing between OCD with gender identity-related obsessions, and the questioning of

one's gender identity that is based on the deeply felt incongruence between assigned gender and the gender that the person identifies with.

Keywords

obsession, compulsion, gender identity, sexual orientation

PS102 Self-care as a tool for preventing mental illness

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Abstract

Background: This paper explores the relationship between self-care and the well-being of teachers in the context of Portuguese higher education (HE), focusing on self-care as a tool for preventing mental illness and promoting individual and organizational health.

Method: The sample consisted of 401 higher education teachers, whose data was collected using the Self-Care Activities Screening Scale (SASS-14), Brief Resilient Coping Scale (BRCS), Kessler Psychological Distress Scale (K10), Fear and Anxiety of Covid-19 Scale (FAS-19), Copenhagen Psychosocial Questionnaire (COPSOQ III), and Sociodemographic Questionnaire.

Results: Self-care is moderately practiced by (HE) teachers. Of the self-care factors considered, inter- and intrapersonal coping strategies are the least used. Sleep quality improves with age, while nutrition and physical activity are more frequent in polytechnics. Self-care is negatively related to work-family conflict, especially during the COVID-19 pandemic, when teleworking and caring for dependents increased this conflict. The relation of selfcare with satisfaction with lifestyle during the pandemic reinforces the role of self-care as a response to daily and work stress. In addition, self-care acts as a predictor of well-being, evidencing itself as protective against adverse effects on the individual and organizational health.

Conclusion: Psychology can provide resources and support to facilitate self-care practices for mental illness prevention, which arise from the negative impacts of daily and work-related stress, as well as impacting resilience, emotional regulation and stress management. Promoting self-care in organizational policies and practices is crucial for valuing mental health and work-life balance. Health literacy and health-consciousness are fundamental for adherence to self-care behaviors.

Keywords

Self-care, mental wellbeing, health-consciousness, individual and organizational health

PS103 Virtual Reality as a Therapeutic Tool for Depression: A Systematic Review

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Abstract

Depression is a common disease worldwide, affecting approximately 3.8% of the population, which represents approximately 280 million people (Global Health Data Exchange, 2019). Although there are effective treatments for mental disorders, more than 75% of people in low- and middle-income countries do not receive any treatment (Evans-Lacko et al., 2018). Barriers to providing effective treatment include lack of resources, lack of qualified staff and social stigma associated with mental disorders. A promising alternative to overcome these barriers could be the deliv-

ery of therapeutic interventions through virtual reality. However, literature for treating depressive symptoms with VR is relatively sparse, and there is no clear direction on which type of intervention to choose when treating depression with VR. The aim of this systematic review is to analyze interventions that have used virtual reality to treat depressive symptoms and to determine the magnitude of their effectiveness.

Methodology

Interventions aimed at reducing depressive symptomatology were included in the analysis, provided that reduction of depressive symptomatology was the primary outcome, using interactive immersive (6DoF) or semi-immersive (3DoF) virtual reality as a direct or adjunctive delivery method of the intervention. The samples studied were of clinical nature. Search terms used in five databases included terms such as "virtual reality," "depression," "intervention," and their derivatives. The selected studies were qualitatively assessed based on the psychological mechanism targeted, how the intervention was delivered via virtual reality, the type of VR system used and the functionalities implemented, as well as the cost-benefit analysis.

Results

The qualitative analysis identified eight studies eligible for review. The studies were analyzed individually and divided into categories according to the type of intervention: behavioral activation (n=3), self-compassion (n=1), Eriksonian psychotherapy intervention (n=1), supportive-expressive therapy (psychotherapy psychodynamic) (n=1), increased positive affect through autobiographical memories (n=1), and psychedelic experiences in VR (n=1). In all interventions, the level of depressive symptoms decreased after the intervention was completed.

Conclusions

Virtual reality is an innovative way to deliver therapeutic interventions for the treatment of depression that has the potential to overcome some of the traditional barriers to treatment access. The reviewed studies suggest that virtual reality interventions may be effective, but require further optimization and further research to determine the most effective methods and practices. Indications for a more appropriate use of VR in interventions have been made, so that the use of VR is an asset and a more effective method of delivering interventions, leading to better outcomes. The limits of using VR in interventions were also discussed.

Keywords

Virtual Reality, Depression, Systematic Review, VR Interventions

PS104 Cultivating Resilience: The Impact of Mindfulness-Based Stress Reduction (MBSR) on Self-Compassion And Mindfulness

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Abstract

Aim: This study aims to improve participants' awareness, self-compassion and resilience through a mindfulness-based stress reduction program. Secondary aim is to improve expressivity and interpersonal emotional regulation to assess impact of MBSR on interpersonal skills.

The aim of this study was to investigate individuals' and interpersonal effects of a mindfulness-based stress reduction program (MBSR). This study examines the impact of a mindfulness-based stress reduction program on participants' in experimental group the mindfulness awareness, interpersonal emotion regulation, emotion expressivity, self-compassion and resilience. A sample of 20 participants, aged 18 and above, were recruited for the study. The experimental group (n = 9) and control group (n=11) completed Mindful Attention Awareness Scale (MAAS), the Self-Compassion Scale-Short Form (SCS-SF), Interpersonal Emotion Regulation Questionnaire (IERQ), The Brief Resilience Scale and the Berkeley Expressivity Questionnaire (BEQ), before and after completion of MBSR course.

The foundation of this study lies in Kabat-Zinn's pioneering development of the 8-week Mindfulness-Based Stress Reduction Program (MBSR) at the University of Massachusetts Medical School in 1979. Initially designed to help patients manage chronic pain, the MBSR program altered patients' relationship with pain rather than eradicating it. Formal and informal mindfulness practices, including body scan, walking meditation, sitting meditation, breath awareness meditation, mindful eating, and mindful communication, constitute the core components of the program. Home practices reinforce the development of mindful skills each week. Our examination of numerous research findings highlights

MBSR's positive impact on psychological well-being, as evidenced by significant reductions in symptoms of anxiety and depression (Norouzi et al., 2020). The 8-week MBSR program, developed by Jon Kabat-Zinn, was implemented, involving formal practices such as body scan, walking meditation, sitting meditation, breath awareness meditation, and visual meditation, as well as informal practices like mindful eating and mindful communication. Home practices were assigned after each session to support the development of mindfulness skills. The study aimed to assess MBSR effect on both experimental group and control group participants' individual and interpersonal skills by comparing pre-test and post-test scores. To determine if there was any change between the pre-test and post-test scores in both groups, a paired-sample t-test was conducted.

According to research results, participants in experimental group reported higher mindfulness awareness scores in the post-test compared to the pre-test ($p < .05$). The experimental group also showed significant improvements in self-compassion scores ($p < .01$) compared to the control group. The study contributes to the existing literature by focusing on the individual and interpersonal effect of MBSR in a sample of participants with no previous mindfulness training experience. Previous research has primarily examined the individual benefits of mindfulness in specific populations, such as healthcare professionals and students. This study extends the understanding of mindfulness interventions by demonstrating their potential impact on expressivity, self-compassion and interpersonal emotion regulation as well as their well-being.

In conclusion, the findings show that participating in a mindfulness-based stress reduction program can enhance only the MBSR course participants' individual skills such as mindfulness awareness and self-compassion but no significant difference was found according to their emotional expressivity, resilience and interpersonal emotional regulation. These results have implications for individuals seeking to improve their well-being through mindfulness practices. Mindfulness-based programs tailored specifically for interpersonal emotion regulation and emotional expressivity could be developed. Our aim was to enhance these aspects through the program; however, this was not achieved. Extending the MBSR program beyond eight weeks might alter the outcome, or it is possible that MBSR does not sufficiently cultivate skills in these areas. Therefore, it is recommended to adapt the MBSR program with a focus on improving interpersonal emotion regulation and expressivity skills.

Keywords

Mindfulness based stress reduction, mindfulness, self-compassion, interpersonal emotion regulation, emotional expressivity, brief resilience.

PS105 CBT via Videoconferencing for Youths in COVID Era: Outcomes on Anxiety and Depression Symptoms

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Abstract

The purpose of this study was to determine how well online CBT anxiety and depression management psychoeducation programs contribute to reducing the COVID-19 pandemic's detrimental psychological effects on Turkish children between the ages of 14 and 20.

Method

This study evaluated the impact of online Cognitive Behavioural Therapy (CBT)-based anxiety and depression management psychoeducation programs on mental health and coping skills in youth ages 14–20 by using a within subject pretest-posttest methodology. To lower the possibility of dropout rates, a total of 4 anxiety psychoeducation and 2 depression psychoeducation groups were created. Each group was arranged based on the participants' after-school schedules. Out of the two depression psychoeducation groups, 15 attended the 4 sessions, while the remaining 28 attended the first session. Furthermore, of the 4 anxiety psychoeducation groups, 50 attended the initial session, and only 17 finished all four. Every session was conducted using Zoom and lasted approximately 90 minutes. To evaluate the effectiveness of the psychoeducational program, the Revised Child Anxiety Depression Scale, KidCope, and the Demographic Information Form were given both before and after the program.

Results

In the anxiety psychoeducation group, adaptive coping strategies went up ($T = 55.00$, $z = 2.87$, $p = .004$, $r = .49$), avoidant coping strategies went down ($T = 18.00$, $z = -1.95$, $p = .050$, $r = -.33$) and anxiety scores went down ($T = 30.00$, $z = -2.20$, $p = .028$, $r = -.37$). The depression scores and maladaptive coping strategies did not show a significant

difference ($p > .05$). The depression psychoeducation group exhibited For the depression psychoeducation group, a significant decrease in depression scores was found ($T = 25.00$, $z = -1.99$, $p = .046$, $r = -.36$). Anxiety scores and coping skills showed no changes ($p > .05$).

Conclusion and Discussion

Following the online CBT anxiety management psychoeducation program, the results show a large reduction in anxiety levels, a major decrease in avoiding circumstances that cause anxiety, and a significant increase in coping skills. Participants in this psychoeducation program showed a substantial decline in depression levels. This study contributes to the body of literature suggesting that short psychoeducation programs could be more easily implemented in a variety of contexts, such as schools, counseling centers, virtual settings, and hospitals, saving time and money. Given the study's limitations (e.g., no control group, high attrition), these results should be interpreted cautiously; however, they do indicate that psychological prevention or intervention programs might be helpful for young people who are unable to attend school due to physical limitations or who are unable to interact in person with social support networks. Although efforts were made to create a dynamic setting for participants, there was little opportunity for both individual and group contact and involvement. Future research that incorporates active participation programs may therefore be taken into consideration. Furthermore, a control group and follow-up test would strengthen the study's methodological design.

Keywords

psychoeducation, anxiety, depression, COVID-19, CBT

PS106 Kognitivne distorzije u crnogorskim izrekama i poslovicama

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Abstract

Narodne izreke i poslovice, kao dio tradicije i nasleđa u Crnoj Gori, dobro su polazište za izučavanje kolektivnih vrijednosti života u crnogorskom društvu. Nesporan je doprinos narodnih poslovice usvajanju određenog univerzalnog sistema vrijednosti koji veliča čast, poštenje, hrabrost, odlučnost... Ove narodne umotvorine dio su svakodnevne komunikacije u društvu, pa iako ih ljudi često koriste, nisu u potpunosti svjesni njihovog značenja. Međutim, postavlja se pitanje ograničenja koje opšteprihvaćeni narodni izrazi predstavljaju pred pojedinca. Kao REBT&CBT terapeuti često se u praksi susrećemo sa samoosujećujućim porukama koje proizilaze upravo iz tih izraza, a ni sami nismo sasvim imuni na njihovo korišćenje.

U ovom radu smo identifikovali i analizirali kognitivne distorzije u nekim od najfrekventnijih crnogorskih izreka. Kao primjer etiketiranja imamo izreku: „Zlo goveče, do vijeka june.“ Primjer fokusiranja na negativno: „Obećanje ludom radovanje.“ Primjer katastrofiziranja: „Čovjek se vremenom izliže kao para.“ Primjer sve ili ništa razmišljanja: „Dok jednom ne mrkne, drugom ne svane.“ Primjer skoka na zaključak: „Što je brzo, to je kuso.“ Primjer petjerane generalizacije: „Ako želiš izgubiti prijatelja, pozajmi mu novac.“ Primjer tunnelske vizije: „Niko srećan, niko zadovoljan, niko miran, a niko spokojan.“

Svrha ove analize je da se ukaže na negativan uticaj pojedinih opšteprihvaćenih i uveliko upotrebljivanih narodnih izreka i poslovice na funkcionisanje pojedinca, te da se podstakne kritičko razmišljanje o sadržaju istih.

Keywords

narodne izreke, narodne poslovice, kognitivne distorzije, analiza sadržaja

PS107 On the Question of Existential Anthropology as a Philosophical Level of the Cognitive Behavioral Approach

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Abstract

Many leading experts have spoken about the potential for collaboration between Cognitive Behavioral Therapy (CBT) and Existential Psychotherapy. We agree with this view, but we also propose that this integration should be carried out not only through the use of individual ideas or techniques from Existential Psychotherapy, but also at the theoretical and methodological levels. In particular, we believe that the Socratic paradigm, in the broadest sense of the term, including the teachings of Socrates himself -- The Stoics -- an Existential-phenomenological school, implicitly took place as philosophical foundation of Cognitive Behavioral Therapy (CBT). Existential-phenomenological philosophy, which reveals the fundamental existentials of human existence, offers a broader understanding of a person as a bearer of the psyche, which is significant for a specialist engaged in cognitive behavioral therapy. Moreover, this contextualization allows for the development of an integrated concept of needs, which is a topic widely discussed in contemporary psychology.

Within the framework of our model of human needs, we have creatively integrated the ideas of P.V. Simonov, J. Young, and C. S. Dwek. We also draw on the ideas of Martin Heidegger regarding the ultimate importance of meaningful existence for humans being and E. Van Dorzen's idea about the main existential dimensions of human existence built on the basis of M. Heidegger's fundamental ontology. We proceed from the existential understanding of man as an ecstatic, transcendent being here. Generalizing and comprehending these ideas, we consider from the fact that psychoemotional needs according to J. Young or social and zoosocial needs according to P. V. Simonov and even basic needs according to C. S. Dwek are not ultimate for a human being, but go back to the need for transcending existence, which makes this existence meaningful. It is essential for an individual to maintain their safety not only for the sake of it, but also in order to live as long and fulfilling a life as possible. It is also crucial for a person to feel loved or to develop professional competence, that is, to establish their significance for others, not just as an individual, but also in order to contribute meaningfully to the lives of others and transcend the boundaries of individual existence. To summarize briefly, the reorganization of Existential Anthropology and the hierarchy of psychoemotional needs makes it possible to base the principles and techniques used in various models of Cognitive Behavioral Therapy (as well as Existential Therapy), on a single methodological foundation. This allows for a more systematic and consistent operationalization of these principles and techniques in therapy.

Keywords

CBT, philosophy, existentialism

PS108 Positive and Negative Impacts of Rumination in People with Mild and Severe Depressive Symptoms

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Abstract

Introduction

Rumination (from Latin "ruminato" – repetition, chewing) is an obsessive type of thinking characterized by the occurrence and repetition of the same thoughts. In psychotherapy, rumination refers to the tendency to constantly think about the causes, situations, and consequences of one's own negative experiences. Rumination is one of the predictors of depression and its role in occurrence and maintenance of depressive disorders are studied by M. T. Banich, K. L. Mackiewicz, B. E. Depue, A. J. Whitmer, G. A. Miller, W. Heller, E. Watkins and others.

The hypotheses:

- The emotional and cognitive spheres influence the occurrence and maintenance of rumination in people with depressive symptoms.
- The occurrence of rumination in people with mild symptoms of depression has a positive impact.

Methods

A total of 44 people participated in the study, 24 of them women and 20 men, the age of the subjects ranged from 22 to 45 years. The three following methods were used in the study.

1. The Beck Depression Inventory (BDI)

Two groups of subjects were identified, namely people with severe depressive symptoms (more than 15 points) and people with mild symptoms of depression (up to 15 points).

2. Scale of Emotional Stability-Instability (Neuroticism) by. G. Eysenck.

The subjects with severe symptoms of depression have a higher level of neuroticism than subjects with mild symptoms of depression.

3. Response Styles Questionnaire (RSQ)

All indicators of the group with severe symptoms of depression are higher than in the group with mild symptoms.

Results

Subjects with mild symptoms of depression are more likely to resort to reflexive rumination than those with severe symptoms of depression. Reflexive rumination can conditionally be considered an adaptive mechanism, since this type of rumination implies that a person scrolls through certain thoughts and situations in their head, thinking about how they could act, what they can do with them, etc., that is, these ruminations can contribute to finding solutions to problems.

Subjects with severe symptoms of depression have significantly higher rates of gloomy-brooding rumination and obsessive depressive experiences, they resort to them much more often than to reflexive ones, and also much more often than people with mild symptoms. These ruminations are expressed in scrolling unpleasant memories and thoughts, negative scenarios, as well as thoughts about possible problems, one's own insolvency. Thus, these types of rumination can exacerbate the state of depression, since a person's cognitive focus is always focused on unpleasant and frightening experiences, which absorbs a significant mental resource, without giving any positive effect, a way out of a difficult situation.

Discussion

I suggest that the results of the study are useful for further investigation of the best possible interventions for reducing rumination in subjects with severe symptoms and improvements of the outcomes of reflexive ruminations in subjects with mild depressive symptoms. I propose further discussion of the applicability of mindfulness-based stress reduction (MBSR) and mindfulness-based cognitive therapy (MBCT) interventions for these purposes.

Keywords

rumination, depression, and reflexive rumination

PS109 Mindfulness for Nonclinical Paranoia in Virtual Reality: A Randomised Controlled Trial

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Abstract

Paranoid beliefs are common within the general population with prevalence estimates indicating that 27% of the general population experience elevated levels within everyday life (Freeman et al., 2019). For university students, however, prevalence rates are even higher, reaching up to 47% (Ellett et al., 2003; Freeman et al., 2005; Freeman et al., 2011; Cella et al., 2011). Relatedly, the experience of paranoid thinking in students is distressing, persistent, and pre-occupying (Ellett et al., 2003; Allen-Crooks & Ellett, 2014; Lincoln & Keller, 2010). In combination, these factors provide an impetus for effective interventions to reduce the distress caused by paranoia within the student population. The current pre-registered study aimed to explore whether a mindfulness-based intervention (MBI) could attenuate self-reported paranoia, potential behavioural indices of paranoia, and increase mindfulness within a nonclinical sample of university students. This study used a single-blind mixed measures experimental design to examine the effects of a 2-week self-administered MBI, including 10 minutes of daily guided mindfulness practice (n = 40), versus a wait-list control (n = 39). Measures of state paranoia, trait paranoia, mindfulness and psychological distress were administered at baseline, post-intervention and 1-month follow-up. Eye-tracking and location data were also recorded in virtual reality at each time point to measure between and within group differences on prospective behavioural indicators of paranoia. Preliminary analyses have revealed a significant Time*Intervention interaction, whereby state paranoia scores reduced for the MBI condition between baseline and post-intervention, and baseline and 1-month follow-up. The remaining pre-registered analyses are in progress and will be completed prior to conference presentation.

Keywords

Paranoia, Mindfulness, Eye Tracking, Virtual Reality

PS110 Multidimensional Cognitive Attention Syndrome Scale Validity and Reliability in Turkish

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Abstract

Cognitive Attention Syndrome (CAS) defined as a group of strategy adopted by client who has psychological disorder. Applying this strategy includes criticizing a thought in depth or ruminative pattern of thinking, using maladaptive behavioral strategies like avoidance and reassurance seeking, and maladaptive attentional focus like threat monitoring. It is one of the core elements in Wells' metacognitive model of psychopathology. Cognitive operations split into two specific pattern: Worry and Rumination that have a nature of fruitless, extended, repetitive, verbal chains. As a general feature, the focus of attention is on the issues that the person perceives as threats. All of these cognitive and attention processes are used by the client as a coping strategy. Mental, emotional and behavioral avoidance processes are also used as additional coping strategies within the CAS. After a while, a perception of loss of control of mental processes occurs due to reinforcement and lack of awareness. Although the CAS is considered as a central element in metacognitive model, there is no scale that measures all lower dimensions of CAS in Turkish. Multidimensional Cognitive Attention Syndrome Scale (MCASS) evaluates the subdimensions of CAS: rumination, substance use, external fixation, thought suppression, behavioral avoidance, internal fixation and worry.

The main purpose of this study is to adapt the MCASS, which is widely used in the field, into Turkish. It is aimed to test the validity by examining its relation with the Depression-Anxiety Stress Scale, Psychological Symptom Screening Test-90, Automatic Thoughts Questionnaire, Cognitive Attentional Syndrome-1 Questionnaire, Metacognitions Questionnaire-30, Ruminative Respond Scale (Short form), Multidimensional Experiential Avoidance Scale-30 by testing internal consistency and test-retest reliability of the scales and evaluating the MCASS. The CFA results, applied to the control group data of our study, have initial results that suggest that the MCASS is sufficient to measure the sub-dimensions of CAS in Turkish. The results are meaningful when evaluated together with the theoretical background found in literature ($p < 0.05$). Standard Estimate values range between 0.24-0.96 for sub-dimensions. The results of our study will be base on comparison of the data between client group selected from larger group consisting of people with depression and anxiety disorder who applied to our clinic and control group selected from the larger control group who do not currently have a psychiatric disorder. The trial is still ongoing. The results will be available before the conference.

Keywords

Cognitive Attention Syndrome(CAS), subdimension, validity, reliability, scale

PS111 Confirmatory Analysis of the Outcomes of Poor Sleep Scale OOPS-S 29

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Abstract

Sleep difficulties or poor sleep are defined as a person's subjective assessment that the length and quality (depth) of sleep are not satisfactory. In previous research, an exploratory factor analysis confirmed a four-factor solution for the Outcomes of Poor Sleep Scale. The aims of this study were to verify the four-factor solution and its correlations

with theoretically relevant constructs. The sample consisted of participants from the general population (Total N=1728; Nfemale=975, Mage= 31.6, SD = 14.09). By conducting a confirmatory factor analysis and while excluding items no. 3, 27, and 28, four first-order factors were confirmed for both groups, with acceptable fit indices (online TLI=.90; CFI=.91 and RMSEA=.06; paper & pen TLI=.91; CFI=.91 and RMSEA=.06), and acceptable to excellent reliability indicators of the questionnaire constructs (from $\alpha=.62$ to $\alpha=.94$). It was found that all factors Outcomes of poor sleep, Poor sleep and distress, Sleepiness and fatigue, Sleep compensation, and Disrupted waking and sleeping routine significantly correlated with theoretically relevant constructs including Neuroticism, Sleep effort, Rumination, Anxiety, Depression, Self-criticism, Isolation, and Disrupted sleep hygiene. The Scale of Consequences of Poor Sleep (OOPS-s 29) was shown to be an adequate questionnaire for assessing difficulties and dissatisfaction related to poor sleep. The next important research step is to evaluate the psychometric characteristics of the questionnaire on a clinical sample.

Keywords

Poor sleep, Neuroticism, Sleep effort, Sleep hygiene

PS112 A digital psychosocial support service for Arabic-speaking refugees living in Switzerland: preliminary findings from a three-armed RCT trial

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Abstract

Background: The mental health of refugees is influenced by factors at multiple levels, including structural, social, cultural, and psychological. Quality of life serves as a comprehensive concept of well-being to holistically address the interlinked problems and challenges that refugees face upon arrival in host countries. At present, there is insufficient psychosocial support available to effectively improve refugees' quality of life and address their mental health alongside asylum-related life challenges. In addition to the limited availability of services, various other barriers such as stigmatization, prioritization, financial resources, and language prevent refugees from accessing mental health support. Thus, there is a need for additional approaches that use scalable techniques to reach more people with a lower threshold and at different levels of everyday life.

Aim: This study aims to investigate the efficacy of both an unguided and guided version of a newly developed mobile application designed to improve quality of life of refugees living in Switzerland.

Methods: In a three-armed randomized controlled trial, 170 Arabic-speaking people who have recently arrived in Switzerland were randomly assigned to either an 8-week guided or unguided app phase, or a waitlist control group (2:2:1 allocation ratio). The app consists of nine chapters covering socio-structural Swiss-specific information, as well as five psychological chapters comprising resource-oriented and psychoeducational explanations and exercises. The primary outcome is quality of life, assessed with the WHOQOL-BREF, a 26-item questionnaire across four domains (physical, psychological, social, environmental). Secondary outcomes include depressive, somatic, anxiety, and post-traumatic symptoms, as well as self-stigma and post-migratory living difficulties.

Results: Intention-to-treat analyses using linear mixed models showed no significant Time x Group interactions in any of the four domains of quality of life (e.g., psychological: $F(1,243.79) = 0.8810$, $p = 0.349$). Secondary analyses will be evaluated on other outcomes and potential moderating or predicting variables.

Discussion: Contrary to hypotheses, the use of the app did not lead to improvements in quality of life. The potential factors influencing this outcome and suggestions for future practice adjustments will be discussed. This study pro-

vides empirical groundwork for further development of this psychosocial support service targeted to reach refugees early after arriving in Switzerland and provide them with tools to improve their well-being.

Keywords

digital mental health; refugees; socio-structural challenges; quality of life

PS113 Integration of cognitive model and predictive coding models

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Abstract

Cognitive-behavioural therapy (CBT) is a practical, goal-focused approach that helps understand the relationship between thoughts, feelings and behaviours. The aim is to identify the dysfunctional and distorted cognitions associated with their psychological problems and to create more functional and balanced cognitive patterns that create less emotional distress and more helpful behaviours.

Beck's cognitive model has provided an evidence-based way to conceptualize and treat psychological disorders. CBT theoretical models and mechanisms of change have been the most researched and are in line with the current mainstream paradigms of human mind and behavior (e.g., information processing). When information processing provides faulty information, other systems (e.g., affective, motivational, behavioral) no longer function in an adaptive way. Errors can result in other cognitive biases (e.g., interpretation, attention, memory), excessive or inappropriate affect, and maladaptive behavior. A negative bias will assure reactions to true danger; however, at the cost of many false alarms. Consequently, individuals are likely to experience unwarranted anxiety in many seemingly dangerous but innocuous situations. Similarly, a positive bias exaggerates the probability or degree of positive outcomes and consequently increases or maintains motivation to engage in a task (Beck, Hugh, 2015). An erroneous or exaggerated interpretation of threat, for example, will result in inappropriate or excessive anxiety and avoidance (Clark & Beck, 2011).

A biased information-processing system reflects predictive coding models. Predictive coding models of brain processing propose that top-down cortical signals promote efficient neural signaling by carrying predictions about incoming sensory information (Gilbert et al, 2022). The framework is rooted in Bayesian probability theory and the so-called Bayesian brain hypothesis [Knill and Pouget, 2004] that conceptualizes perception as a constructive process that uses internal or generative models to encode prior beliefs about sensory inputs and their causes. Generative models help an individual formulate predictions about incoming sensory information that are tested against incoming sensory inputs and produce prediction errors. Prediction errors, in turn, are used by the brain to revise its model of the world by updating predictions in order to minimize prediction errors [Friston, 2010]

These ideas are actually used in cognitive conceptualizations of clinical cases. Distant antecedents as childhood events can be viewed as incoming perceptual signals that may run counter to the predictive model of well-being. And this discrepancy, accompanied by frustration of needs, forms a generalized conclusion about the causes of these discrepancies as a basic belief. Thus, basic beliefs and cognitive schemas are part of a universal predictive model and relate to a fairly wide range of particular situations.

Although numerous studies have extended these ideas to cognitive phenomena, their findings have not been integrated with Beck's cognitive model. This review will highlight the connections between Beck's generic cognitive model including concepts of automatic and reflective processing and predictive coding models. The concept of predictive coding complements the generic cognitive model well and can be used as another important theoretical basis for training cognitive behavioral therapists and conducting psychoeducation for clients.

Keywords

cognitive model, predictive model, Bayesian brain hypothesis, generative models, integration

PS114 The relationship between facets of mindfulness and attitudes towards psychotherapy

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Abstract

Mindfulness, a long-lasting tradition in Eastern culture and Buddhist meditation practices, was incorporated into the "third wave" of cognitive behavior therapy as a new approach relating to inner processes (Hayes & Hofmann, 2017). It includes an ability to bring full attention to what is happening in the present moment with complete acceptance and no judgment. It can be described as both a state/skill and a trait (Baer et al., 2006; Brown & Ryan, 2004; Segal et al., 2004). Mindfulness is related to openness to experience and transformative learning (Barner & Barner, 2012), however there are no studies that explore how mindfulness as a trait shapes a person's attitudes towards seeking psychological help. The research was done on a sample of 331 students from three faculties in Serbia (31.1% study psychology, 18% male, $M_{age}=23.9$). The questionnaire measured sociodemographic variables (gender, age and experience with psychotherapy), mindfulness - Five Facet Mindfulness Questionnaire (FFMQ, Baer, 2006) and attitudes towards psychotherapy ATSPPH-SF (Picco et al., 2016). Since FFMQ was already standardized for the Serbian population, five facets were calculated: observing, acting with awareness, non-judging, describing and nonreactivity. For ATSPPH-SF, Promax factor analysis revealed a two-factor solution: openness to seeking professional help (5 items, $\alpha=.646$, $M=2.16$) and preference to cope on one's own (6 items, $\alpha=.780$, $M=3.74$). Using a general multivariate regression model, gender, experience with therapy and all mindfulness facets except acting with awareness have a significant relationship with at least one dimension of attitudes towards psychotherapy. Women are more open to seeking professional help ($F=10.56$, $p<.01$) while experience with psychotherapy makes a person more willing to seek professional help ($F=14.22$, $p<.01$) and less prone to cope on one's own ($F=7.76$, $p<.01$). Observing ($F=7.38$, $p<.01$) and describing ($F=12.42$, $p<.01$) make a person more open to seeking professional help. On the other hand, observing ($F=6.27$, $p<.05$) and non-judging make a person less prone to cope on one's own ($F=6.07$, $p<.05$) while nonreactivity ($F=10.35$, $p<.01$) makes a person more willing to cope on one's own with psychological problems. This study highlights the difference in gender dynamics of mental health-seeking behavior and the beneficial impact of prior experience in therapy through willingness to further seek professional help. More importantly, examined facets of mindfulness suggest the positive role they have on openness to therapeutic interventions, but they also underline the potential to diminish reliance on only one's own coping mechanisms. This implies the significance of mindfulness-based interventions in fostering an openness towards psychotherapy, further underscoring the role of mindfulness practice in modern counseling and psychotherapy.

Keywords

mindfulness, attitudes towards psychotherapy, gender, experience with psychotherapy

PS115 The Relationship Between Self-Compassion Attachment Styles and Emotion Regulation Difficulties in Individuals Diagnosed with Psychosomatic Skin Disease

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Abstract

Introduction: This study aimed to examine the relationship between self-compassion, attachment styles, and emotion regulation difficulties in individuals diagnosed with psychosomatic skin. As a result of the research; Aims to address the biopsychosocial dimension of the disease in individuals diagnosed with psychosomatic skin disease, to discover the psychological and psychopathological processes that may cause complaints, to examine the effects of self-compassion, attachment, and emotion regulation difficulties, and to contribute to the literature accordingly. For this purpose; The relationship between self-compassion attachment styles and emotion regulation difficulties was examined. **Method:** The sample of the study consists of individuals (N=256) between the ages of 18-65 who received one of the diagnoses of psoriasis, alopecia areata, neurodermatitis, or dermatitis. In the study, the Sociodemographic Information Form, Self-Compassion Scale, Attachment Styles Scale, and Emotion Regulation Difficulties Scale-Short Form form created by the researcher was filled in by the participants via "Google Forms" in the digital environment. In this context; Frequency, reliability, descriptive, normality, and Pearson correlation analysis tests were applied to individuals diagnosed with psychosomatic skin disease. **Results:** According to the findings obtained as a result of correlation analysis; While there was no significant relationship between self-compassion and attachment styles and avoidant attachment styles ($r=-0.03^*$ $p>0.05$; $r=0.06^*$ $p>0.05$), it was found to be positively correlated with secure attachment ($r=0.46^{**}$ $p<0.01$) and negatively associated with anxious ambivalent attachment ($r=-0.34^{**}$ $p<0.01$). Emotion regulation difficulty was found to be significantly related to all variables in general. It was observed that it was positively related to attachment styles and anxious ambivalent attachment, while it was observed to be negatively related to all other variables. **Discussion:** When the results are obtained according to the correlation variables it can be said that as the level of self-compassion increases, secure attachment increases, and as secure attachment increases, self-compassion increases Also it can be said that anxious ambivalent attachment increases as self-compassion decreases, or self-compassion decreases as anxious ambivalent attachment decreases. Considering the finding that self-compassion it can be said that emotion regulation difficulty increases as self-compassion increases, or self-compassion decreases as emotion regulation difficulty increases. According to the negative relationship between secure attachment and emotion regulation difficulties, it can be said that emotion regulation difficulties decrease as secure attachment increases. Considering that secure attachment is also positively related to self-compassion, it can be said that individuals with a high level of self-compassion also have higher secure attachment rates and less emotion regulation difficulties. Anxious ambivalent attachment, which was found to be negatively related to self-compassion, was found to be positively significantly associated with emotion regulation difficulties. Considering that self-compassion is also negatively related to emotion regulation difficulties, it can be said that self-compassion decreases and emotion regulation difficulty increases as anxious ambivalent attachment increases.

Keywords

Attachment styles, Emotion regulation difficulties, Psychosomatic skin disease, Self-Compassion

PS117 Using the principles of single-session therapy and adapting PERMA concept to pro bono Counselling

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Abstract

Due to the increased need for pro bono sessions in the Russian-speaking community it was decided to investigate the effectiveness of pro bono sessions.

The majority of such counselling sessions are delivered through psychological service aggregators and are often a single session between a client and a therapist. Taking into account that over the last 30 years single-session therapy approach has been actively developing, it seems logical to use the SST methodology for such counselling. Very often the therapist's task is scientifically based "hope-building" - the solution for this can be to rely on the evidence-based concept of PERMA from positive psychology.

So the idea is to measure the symptoms and feedback before and after a training workshop on single-session therapy and the use of the PERMA concept. The report will describe the research design and findings.

The study began in February this year and involves a monthly training session for psychologists providing charitable counselling services (a group of 20). In total there will be 10 such groups with a final number of 200 psychologists. Estimated number of clients 60-80 per group and 600-800 at all.

The study is comparative in nature - a month before the training, therapists take measurements from their pro bono clients before the session and a week after the charity session. The original questionnaire, SRS V3, Beck's anxiety and depression scales are used. After training, therapists use the same scales to analyze interactions with new clients. This allows to compare changes in parameters before and after the training.

The control groups chosen are 1) CBT therapists who use the same questionnaires for the 1st sessions with their ordinary clients and 2) clients who enrolled for charity sessions but did not receive help within a week of enrolment - they are tested at the time of referral and a week later.

Should the hypothesis that the quality of charity sessions increases when using SST principles and engaging the PERMA concept be confirmed, further work would involve creating a sustainable robust training programme for the wide range of professionals who currently provide free psychological care.

Keywords

Single-session therapy, pro bono, charity sessions, PERMA, positive psychology

PS118 Ispitivanje prevalencije tipa D ličnosti među psihoterapeutima - veza sa sagorijevanjem i otpornošću

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Bosnia and Herzegovina

Abstract

Tip D ličnosti je potaknuo značajan interes u zdravstvenoj psihologiji zbog svoje povezanosti s različitim nepovoljnim zdravstvenim ishodima. Karakterizirane kombinacijom negativne afektivnosti (NA) i socijalne inhibicije (SI), osobe s tipom D ličnosti sklone su doživljavanju neugodnih emocija, ali nesklone njihovom izražavanju u društvenom okruženju. Pretpostavlja se da ova jedinstvena kombinacija stvara kronično stresno stanje, potencijalno povećavajući osjetljivost na tjelesne i mentalne zdravstvene probleme. Ova studija istražuje prevalenciju tipa D ličnosti u skupini psihoterapeuta, ali i vezu između ovog tipa ličnosti i sagorijevanja odnosno otpornosti na stres. Nedavna istraživanja u Bosni i Hercegovini (Vlašić, 2021) sugeriraju da se prevalencija tipa D ličnosti u općoj nekliničkoj populaciji procjenjuje na oko 30%. Dok brojne studije istražuju njegovu prevalenciju u različitim skupinama pacijenata i općoj populaciji, trenutno postoji nedostatak istraživanja ovog konstrukta među stručnjacima za mentalno zdravlje, kao i odnosa s otpornošću i sagorijevanjem.

Ova presječna studija provedena je u proljeće 2024. godine i uključila je 122 psihoterapeuta (87,7% žena) prosječne dobi $40,7 \pm 9,3$ godina. Radni staž ispitanika u području psihoterapije varirao je u rasponu od 0 do 50 godina ($M=5,96$). U istraživanju smo primijenili tri upitnika: DS14 (Denollet, 2005) za identifikaciju ispitanika s tipom D ličnosti, Kratku skalu otpornosti (BRS) i Oldenburški inventar sagorijevanja (OLBI). DS14 je skala za samoprocjenu od 14 stavki, od kojih 7 procjenjuje negativnu afektivnost (NA), a 7 socijalnu inhibiciju (SI). Skalu su prevele i validirale Vlašić i Ivanišević (2019). Kratka skala otpornosti (BRS; Smith i sur., 2008) sadrži 6 čestica, kojima se procjenjuje sposobnost pojedinca da se uspješno oporavi od stresne situacije. Ima zadovoljavajuću pouzdanost tipa unutarnje konzistencije ($\alpha=0,81$) na ovom uzorku. OLBI (Demerouti i Bakker, 2008) se sastoji od 16 čestica raspoređenih u 2 subskale koje mjere iscrpljenost i otuđivanje kao dimenzije sagorijevanja. Burić i Slišković (2018) su potvrdile dobre psihometrijske karakteristike hrvatske adaptacije skale.

Rezultati ovog istraživanja pokazali su da se 18,8% psihoterapeuta može klasificirati u tip D ličnosti, što je puno niži udio u odnosu na opću nekliničku populaciju. Usporedbom psihoterapeuta klasificiranih u tip D ličnosti i ne-tip D ličnosti t-testom, pokazalo su da psihoterapeuti s tipom D ličnosti imaju statistički značajno niže rezultate na otpornosti ($p<0,05$), ali statistički značajno više rezultate na obje dimenzije sagorijevanja – iscrpljenosti i otuđivanju ($p<0,01$). Ovi rezultati imaju niz značajnih implikacija za mentalno zdravlje psihoterapeuta, dobrobit klijenata i širu profesiju: Terapeuti tipa D ličnosti su zbog niže otpornosti na stres ranjiviji na stresne situacije, neizbježne u radu s klijentima, što može dovesti do emocionalnog iscrpljenja, depresije i izgaranja, otežano im je suočavanje s izazovima u radu, što može utjecati na sposobnost da učinkovito pomognu klijentima. Psihoterapeuti s tipom D ličnosti možda neće moći

pružiti istu razinu podrške i empatije, što može utjecati na ishod terapije. Nedostaju programi za podršku psihoterapeutima koji se bore sa sagorijevanjem. Važno je provesti dublje istraživanje o ovoj temi kako bi se dobili precizniji zaključci o utjecaju tipa D na ličnosti psihoterapeuta. Treba se razviti i implementirati programe prevencije i intervencije za podršku psihoterapeutima s tipom D ličnosti i zaštititi njihovo mentalno zdravlje.

Keywords

Psychotherapists, Type D Personality, Burnout, Resilience

PS119 Faktori koji utiču na zadovoljstvo životom kod psihoterapeuta: Uloga negativne afektivnosti

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Abstract

Uvod: Istraživanja koja se bave faktorima koji utiču na zadovoljstvo životom psihoterapeuta su relativno ograničena. Watson i Pennebaker (1989) su istraživali centralnu ulogu negativne afektivnosti u zdravlju, stresu i emocionalnoj uznemirenosti. Njihovi rezultati sugeriraju da negativna afektivnost ima značajan uticaj na zdravstvene tegobe, ali i na opšte blagostanje. Zadovoljstvo životom negativno je koreliralo i sa subskalama negativne afektivnosti (NA) i socijalne inhibicije (SI) (Chillicka i sur., 2020), kao i sa dimenzijama sagorijevanja kod zaposlenika univerziteta (Kord Tamini i Kord, 2011). Sagorijevanje na poslu je predviđelo nezadovoljstvo životom stomatologa (Hakanen i Schaufeli, 2012). "Koliko netko sebe smatra religioznim" bio je konstrukt religioznosti najznačajnije povezan sa zadovoljstvom životom, dok je "učestalost molitve" bila najmanje povezana u istraživanju Habib, Donald i Hutchinson (2018). Zadovoljstvo životom raste tijekom psihoterapije (Behn i sur., 2017). Cilj istraživanja je istražiti potencijalne prediktore zadovoljstva životom psihoterapeuta.

Metoda: U ovom presječnom istraživanju, ispitivani su faktori koji utiču na zadovoljstvo životom 122 psihoterapeuta u dobi od 23 do 80 godina (prosječna starost $40,7 \pm 9$ godina). Ispitanici su ispunili online upitnike. Kao kriterijsku varijablu u linearnoj regresijskoj analizi koristili smo jednu stavku kojom smo ispitivali opšte zadovoljstvo životom na Likertovoj skali od 5 stepeni. Kao prediktorske varijable uključili smo negativni afekt i socijalnu inhibiciju kao dimenzije tipa D ličnosti (DS14, Denollet, 2005), osobnu psihoterapiju (stavka: idete li na osobnu psihoterapiju), učestalost molitve (stavka: koliko često se molite), iscrpljenost i neangažovanost kao dimenzije sagorijevanja (Oldenburški inventar izgaranja, OLBi), te otpornost na stres (Kratka skala otpornosti, BRS).

Rezultati: Korelacije između opšteg zadovoljstva životom i dimenzija sagorijevanja su niske i negativne, ali statistički značajne. Što je viši rezultat na dimenzijama sagorijevanja, to je niže zadovoljstvo u životu. Otpornost na stres je u značajnoj, ali niskoj i pozitivnoj korelaciji sa zadovoljstvom – što je viša psihološka otpornost na stres, to je veće i zadovoljstvo životom. Dimenzije tipa D ličnosti (negativna afektivnost i socijalna inhibicija) su u statistički značajnoj, niskoj i negativnoj korelaciji sa zadovoljstvom – što je viša negativna afektivnost i što je viši stepen socijalne inhibicije, to je zadovoljstvo životom niže. Zadovoljstvo životom nije u značajnoj korelaciji sa molitvom ili osobnom psihoterapijom u ovom istraživanju.

Rezultati linearne regresijske analize pokazali su da model u koji smo uključili sedam prediktora može objasniti 28,3% varijance kriterijuma, tj. zadovoljstva životom psihoterapeuta. Negativna afektivnost se pokazala kao jedini nezavisni značajni prediktor zadovoljstva životom ($\beta = -0,33$, $p < 0,001$) od svih ispitivanih prediktora. Zanimljivo je da faktori koje tradicionalno povezujemo s blagostanjem i zadovoljstvom, kao što su osobna psihoterapija, molitva, otpornost na stres ili dimenzije sagorijevanja, nisu se pokazali kao značajni prediktori zadovoljstva životom ($p > 0,05$) na ovom uzorku.

Zaključak: Rezultati sugeriraju da negativna afektivnost značajno utiče na zadovoljstvo životom kod psihoterapeuta, dok drugi faktori poput osobne psihoterapije, molitve, otpornost na stres i dimenzije sagorijevanja nisu bili značajni prediktori. Ovi nalazi ukazuju na važnost dalje analize emocionalne osjetljivosti i njenih efekata na životno zadovoljstvo psihoterapeuta, kao i na potrebu za razvojem efikasnih strategija suočavanja i emocionalne regulacije, koje bi poboljšale dobrobit i posljedičnu efikasnost psihoterapeuta.

Keywords

Psihoterapeuti, zadovoljstvo životom, sagorijevanje, otpornost na stres, negativni afekt, molitva

The effectiveness of the Mindfulness-based Stress Reduction program in increasing mindfulness, compassion and positive affect and decreasing negative affect in a RE&CBT trainee sample

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Objective: The main goal of the study was to test the effectiveness of the Mindfulness-based Stress Reduction (MBSR) program in increasing mindfulness and compassion in a psychotherapy trainee sample. In addition, we tested the effectiveness of the program in decreasing negative and increasing positive emotions. Furthermore, we explored the effects of the increase in mindfulness and compassion on the changes in different emotional states.

Method: We conducted a quasi-experimental study on a sample of 276 RE&CBT trainees, of whom 180 were in the program group (87% female, $M_{age} = 32$). Measures of mindfulness, compassion (self- and other-directed), and negative and positive feelings were completed prior to and following the program.

Results: Significant positive changes occurred in the program group in comparison to the control group. The program was very effective in increasing mindfulness ($\eta^2 = .24$), increasing total compassion ($\eta^2 = .13$) and increasing positive emotions ($\eta^2 = .1$), especially those relating to relaxation and warmth ($\eta^2 = .17$), while reduction in negative emotions was moderate ($\eta^2 = .05$). Effects were high in increasing self-directed compassion ($\eta^2 = .14$), and small but significant in increasing other-directed compassion ($\eta^2 = .03$). Mindfulness and compassion achieved strong direct effects on reducing negative and increasing positive emotional states, with the effects of compassion being somewhat larger. The tested model had good fit ($\chi^2(1,180) = 2.155$, $p = 0.084$, CFI = .994, GFI = .9894, TLI = .966, RMSEA = .076).

Conclusions: The MBSR program is very effective in increasing mindfulness and compassion, especially self-directed compassion. The program is effective in reducing negative emotional states, and especially in increasing positive feelings of relaxation and warmth. Increases in mindfulness and compassion have strong effects on reducing negative and increasing positive emotional states. The implications of including the MBSR program in the development of various competencies and skills of trainees in RE&CBT will be discussed.

Keywords

MBSR; mindfulness; compassion; positive emotions; negative emotions

Validation of the Serbian versions of the long and short forms of the Self-Compassion Scale (SCS)

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The Self-Compassion Scale (SCS) is a widely used instrument for measuring self-compassion. This Scale was translated into 17 languages, but none of the studies were conducted in Serbia. In this study the objective was to validate SCS long and short form in a Serbian sample. There were two samples one of students ($N=263$) and clinical ($N=69$) sample. The results showed the total score reliability was satisfactory both in the long form ($\alpha = .922$) and short form ($\alpha = .848$). The correlation between the long and the short form is very high ($r = .97$). In this study convergent validity was explored. The results showed that both on SCS – LF and SCS-SF persons with lower scores on SCS had higher anxiety, depression, thought suppression, rumination and persons who got higher scores on SCS had higher life satisfaction, self-competence and self-liking. A confirmatory factor analysis was performed and higher order model was examined and it showed good fit only for SCS-SF on clinical sample. In line with previous studies, two more models (the six-factor and bi-factor models) were tested, but none of the models showed good fit for SCS-LF and SCS-SF. It can be concluded that further research is needed to develop a more psychometrically robust measure of self-compassion in Serbian sample.

Keywords

self-compassion, Self-Compassion Scale, validation, Serbia

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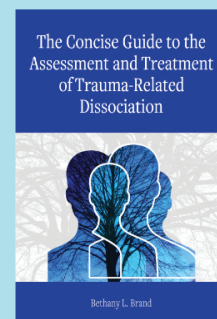
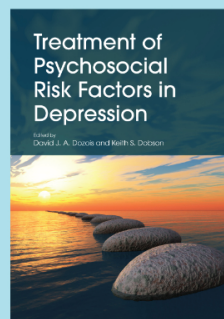
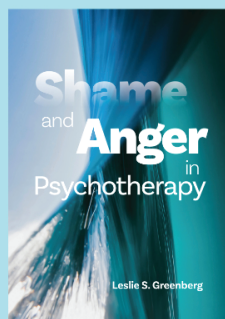
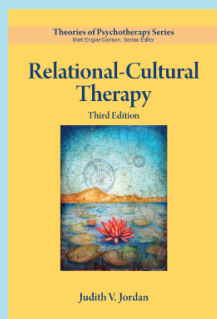
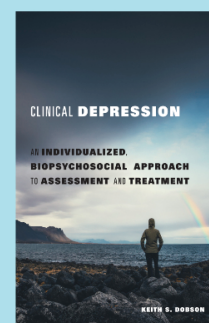
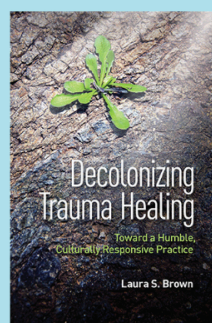
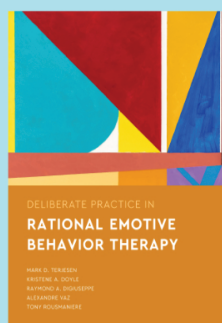
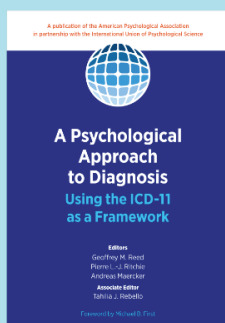
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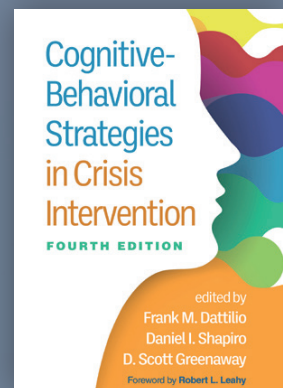
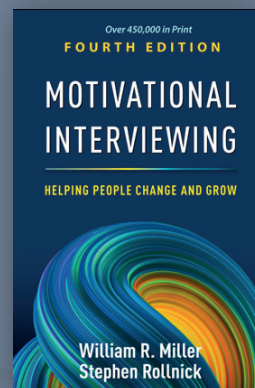
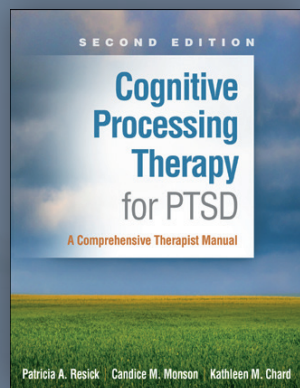
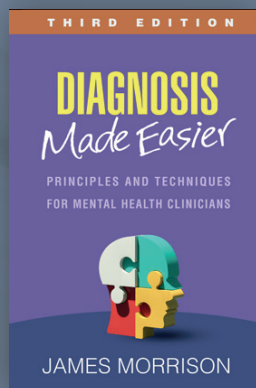
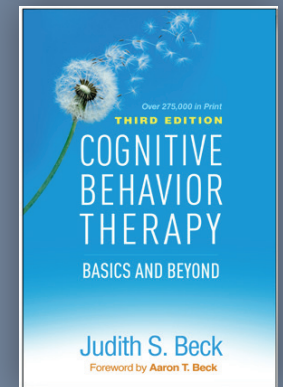
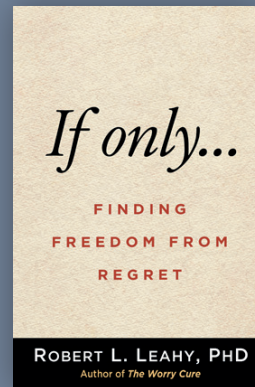
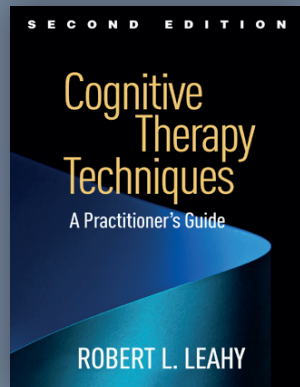
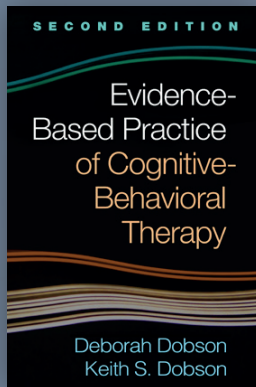
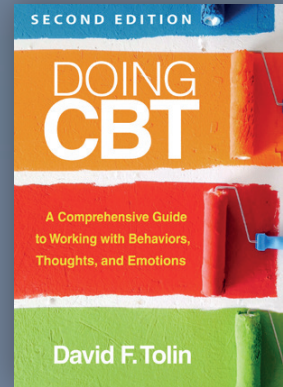
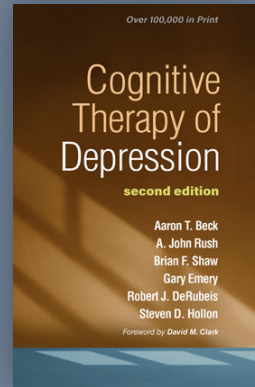
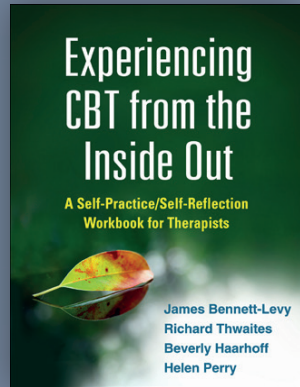
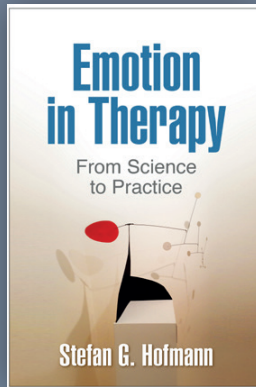


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7th September: Launch at EABCT Congress in Belgrade
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2025

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31st March: Open paper and poster submissions ends
2nd May: Outline programme announced
16th June: Provisional programme with times
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